

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

**Public Hearing - Case Study 24  
(Day 123)**

Level 17, Governor Macquarie Tower  
Farrer Place, Sydney

On Tuesday, 10 March 2015 at 10am

Before  
The Presiding Member: Justice Jennifer Ann Coate  
Commissioners: Robert Fitzgerald AM  
Professor Helen Milroy

Counsel Assisting: Ms Gail Furness SC

1 MS G FURNESS SC: I appear to assist the Royal Commission,  
2 and I am assisted by Ms Lucy, Ms McNair and Mr Camporeale.

3

4 THE PRESIDING MEMBER: Thank you. I will take  
5 appearances.

6

7 MR L BROWN: If it please the Commission, my name is  
8 Liam Brown. I am appear for the State of Victoria, and I  
9 am instructed by Ms Michelle Jenkins of the Victorian  
10 Government Solicitors Office.

11

12 MS G WRIGHT: May it please the Commission, Ms Wright.  
13 I appear for the State of New South Wales, instructed by  
14 the Crown Solicitor's Office. I understand the State has  
15 leave.

16

17 MR M O'FARRELL: If the Commission pleases, my name is  
18 O'Farrell. I appear for the State of Tasmania. I am  
19 instructed by Amber Mignot of the Solicitor General's  
20 Office.

21

22 MR T GOLDING: May it please the Commission, my name is  
23 Golding. I appear for the State of South Australia on  
24 instructions from Ms Therese Karpinski of the Crown  
25 Solicitor's Office, South Australia.

26

27 MS K EASTMAN SC: May it please the Commission,  
28 Ms Eastman. I appear for the Reverend Keith Garner, Wesley  
29 Mission New South Wales. I am instructed by  
30 Mr Scott Graham from Wesley Mission.

31

32 MR M GRANT QC: May it please the Commission, my name is  
33 Grant. I appear for the Northern Territory, instructed by  
34 Ms Milligan.

35

36 MS FURNESS: Your Honour, this is the 24th case study the  
37 subject of public hearing by the Royal Commission. This  
38 public hearing is examining the policies and practices of  
39 those agencies which provide care for children who have  
40 been placed away from their primary caregivers for  
41 protective or other family welfare reasons, and the context  
42 in which those policies and practices occur. This care is  
43 usually known as out-of-home care. Out-of-home care is an  
44 institution for the purpose of the Royal Commission's terms  
45 of reference.

46

47 Unlike other public hearings, this hearing will not

1 hear evidence from those who have been in out-of-home care.  
2 Its primary purpose is to understand how providers of  
3 out-of-home care protect children in their care from sexual  
4 abuse and how they respond when allegations of sexual abuse  
5 of a child in care are raised.  
6

7 The Royal Commission has heard in private sessions  
8 from many people who were in out-of-home care as a child  
9 and experienced sexual abuse. Their voices will be heard  
10 by reading a number of those accounts. These accounts will  
11 not use real names or locations. In addition, stories of  
12 positive practice by agencies in this area will also be  
13 heard. These latter accounts have been sourced from recent  
14 publications from the New South Wales Department of Family  
15 and Community Services, as well as the Victorian Department  
16 of Health and Human Services. It is not to be taken by  
17 that that they are the only two States that which have  
18 positive stories. It is accepted that each State and  
19 Territory has positive stories in this area, as well as  
20 less positive stories.  
21

22 The scope and purpose of the hearing is to inquire  
23 into, firstly, the incidence of child sexual abuse in  
24 contemporary out-of-home care settings; recruitment,  
25 assessment and training of carers in out-of-home care;  
26 monitoring and oversight of children in out-of-home care in  
27 the context of preventing child sexual abuse and responding  
28 to allegations when they occur. It is also inquiring into  
29 systems, policies, practices and procedures for, firstly,  
30 reporting allegations; secondly, responding to those  
31 allegations; and, finally and importantly, supporting  
32 children who have been sexually abused in out-of-home care.  
33

34 The Royal Commission is acutely aware that there are  
35 a number of pressures which currently affect the provision  
36 of out-of-home care in Australia. They include: that the  
37 number of children who cannot live safely at home is  
38 increasing; children coming into care are younger and they  
39 are staying in care longer; there are increasingly complex  
40 needs of some children in care; there is a large number of  
41 indigenous children in care; and we are also conscious of  
42 the difficulties agencies face in recruiting foster carers.  
43

44 Each of these pressures impact on the issues which are  
45 the subject of this case study and this hearing. However,  
46 the Royal Commission's primary focus is on preventing and  
47 responding to child sexual abuse in out-of-home care.

1  
2 Out-of-home care refers to the overnight care of  
3 children and young people, up to 18 years, by alternative  
4 caregivers on a short- or long-term basis. This is often  
5 as a result of the child or young person being unable to  
6 live with their families due to abuse or neglect. This  
7 includes children living in circumstances where the State  
8 or Territory government funds or provides the placement or  
9 offers a financial payment to a carer, which the carer may  
10 or may not accept.

11  
12 The three main types of out-of-home care in Australia  
13 are home-based care - and home-based care includes kinship  
14 care or relative care and foster care, as well as  
15 residential care. These account for almost 95 per cent of  
16 children in out-of-home care. Kinship or relative care is  
17 where extended family or a person who is well known to the  
18 child or young person is offered payment by the State or  
19 Territory government to care for the child or young person,  
20 whether or not the person accepts the payment.

21  
22 Foster care is where the child or young person is  
23 placed with substitute parents, referred to as foster  
24 carers. Foster carers are generally chosen from a list of  
25 persons registered, licensed or approved as carers by  
26 a government department or non-government organisation, and  
27 are paid a regular allowance to care for the child or young  
28 person. The authorised government department or  
29 non-government organisation who provides that registration  
30 generally supports and supervises the placement of the  
31 child or young person with the foster carers.

32  
33 Residential care is where the child or young person is  
34 placed in a residential facility, the main purpose of which  
35 is to provide placements for children where there are paid  
36 staff. Residential care is mainly used for children or  
37 young people with complex needs or to keep siblings  
38 together. The Royal Commission has heard of many case  
39 studies of children in residential care in the 1950s, 1960s  
40 and 1970s.

41  
42 The delivery of out-of-home care services varies  
43 across jurisdictions. In Victoria, almost all out-of-home  
44 care services are managed and provided by non-government  
45 organisations. In 2011, the New South Wales Government  
46 made a commitment to transfer all statutory out-of-home  
47 care placements to non-government organisations, and the

1 proportion of care delivered by those organisations has  
2 gradually increased since that time. As at 30 June 2014,  
3 just over half of all children in statutory out-of-home  
4 care in New South Wales were placed with non-government  
5 organisations.  
6

7 The Royal Commission has been informed that most  
8 out-of-home care services in Tasmania and the ACT are also  
9 currently delivered by non-government organisations. It is  
10 understood that Queensland proposes to transfer those  
11 services to non-government organisations following its  
12 recent inquiry. In the remaining jurisdictions - Western  
13 Australia, South Australia and the Northern Territory -  
14 most of the out-of-home care services are delivered by the  
15 government, and the minority of services are delivered by  
16 non-government organisations.  
17

18 Now, it is clear from this that the protection of  
19 children at risk is a State and Territory responsibility.  
20 Valid national data about children in out-of-home care in  
21 Australia are not readily available. Even more difficult  
22 to obtain is data that indicates how many children in  
23 out-of-home care are the victims of sexual abuse and how  
24 such abuse is responded to when it occurs.  
25

26 Data used by the Royal Commission for this public  
27 hearing comes from three sources. First, from the annual  
28 data provided by States and Territories for collation by  
29 the Australian Institute of Health and Welfare, which  
30 I will refer to as "the Institute". Secondly, from data  
31 published by the Productivity Commission in its 2015 Report  
32 on Government Services. And, finally, from reports and/or  
33 allegations of sexual abuse of a child in out-of-home care  
34 provided under summons from all States and Territories and  
35 from 13 non-government organisations.  
36

37 According to data from the Institute, 43,009 children  
38 were in out-of-home care as at 30 June 2014, with 51,557  
39 children in at least one care placement during the  
40 financial year ending on 30 June 2014. This indicates how  
41 many children have moved in and out of the care system over  
42 that period of a year. However, there are difficulties in  
43 these countings. For South Australia, the count of  
44 children only includes those for whom the department is  
45 making a financial contribution to the care of the child.  
46 In New South Wales, it does not cover relative or kin care,  
47 where there is no order from the Children's Court. Other

1 States and Territories include cases where a financial  
2 payment has been offered to a carer but refused.

3  
4 Now, turning to each State and Territory, as at that  
5 date, 30 June 2014, there were 18,912 children in  
6 out-of-home care in New South Wales. In Queensland, there  
7 were 8,185 children in out-of-home care. Victoria had  
8 7,710 children in out-of-home care. South Australia had  
9 3,723 children in out-of-home care. Western Australia had  
10 2,631 children in out-of-home care. Tasmania had 1,054  
11 children in out-of-home care. The Northern Territory had  
12 908 children and the Australian Capital Territory had the  
13 least, with 606 children in out-of-home care.

14  
15 The Institute also provides a count of children in  
16 care in each jurisdiction compared to the number of  
17 children in the overall population. The average nationally  
18 is 8.1 children in care per thousand children aged 0 to 17  
19 in the general population.

20  
21 Now, looking at that rate in each State or Territory,  
22 the rate in Victoria is 6.1 children per thousand in the  
23 general population in the State. This is the lowest rate  
24 of children in care. The highest rate is the Northern  
25 Territory, which has 14.3 children per thousand in the  
26 general population.

27  
28 The number of children in out-of-home care is the only  
29 statistic that can be given on a national level without  
30 significant caveats and limitations. Other statistics  
31 provided by the Institute can only be offered in respect of  
32 an individual State or Territory. This is because even the  
33 most basic of statistics, like the type of care placement  
34 of children, are not comparable across States and  
35 Territories.

36  
37 For example, where a child is placed with a relative  
38 who is also fully registered to provide foster care for  
39 other children, the child is counted in the foster care  
40 category in Victoria and Western Australia, whereas the  
41 same child would be counted in the relative/kin category in  
42 Queensland and South Australia.

43  
44 According to data published in the 2015 Report on  
45 Government Services, nationally, as at 30 June 2014, there  
46 were 51.4 indigenous children in out-of-home care for every  
47 1,000 indigenous children in the general population. This

1 compares with 5.6 non-indigenous children in out-of-home  
2 care for every 1,000 non-indigenous children in the general  
3 population as at 30 June 2014. That tells us that the rate  
4 for indigenous children in out-of-home care was  
5 approximately nine times the rate for non-indigenous  
6 children.

7  
8 Now, the rate ranged from 21.8 indigenous children in  
9 Tasmania to 71.3 indigenous children in New South Wales for  
10 every 1,000 indigenous children in the general population.

11  
12 The Royal Commission is concerned with child sexual  
13 abuse. There is no national body that collects and  
14 publishes statistics on the number of children in  
15 out-of-home care subject to sexual abuse or the outcomes of  
16 any investigation of allegations of sexual abuse against  
17 children.

18  
19 There are, however, data published in the 2015 Report  
20 on Government Services on "whether children in out-of-home  
21 care were the subject of a substantiation of sexual abuse,  
22 physical abuse, emotional abuse or neglect".  
23 Substantiations are defined as reports that "were  
24 investigated and where it was concluded that there was  
25 reasonable cause to believe that the child had been, was  
26 being, or was likely to be, abused, neglected or otherwise  
27 harmed." It's clear from these definitions that the data  
28 do not differentiate between physical, sexual and emotional  
29 abuse and neglect. It must be said that the 2015 Report on  
30 Government Services refers to this measure as  
31 experimental.

32  
33 According to this data, the percentage of children in  
34 care who have been the subject of a substantiation of child  
35 abuse or neglect varied across time, within States and  
36 Territories. Data are not available for New South Wales or  
37 Victoria. Queensland introduced a new policy regarding  
38 reporting and substantiation in July 2013, which makes it  
39 difficult to compare the previous two years with the  
40 financial year ending in June 2014. However, with that  
41 said, in Queensland, there were 3.7 per cent of children in  
42 care having a substantiation of child abuse or neglect in  
43 2011 to 2012. The following year, the percentage was 2.7,  
44 and the following year, ending in June 2014, it was  
45 1.6 per cent.

46  
47 In Western Australia, the percentage of children in

1 care who have been the subject of a substantiation of child  
2 abuse or neglect has changed over time. In the year  
3 ending June 2012, the rate was 1.9 per cent. The following  
4 year, the rate dropped to 0.9 per cent, and in the year  
5 ending June 2014, it rose to 1.3 per cent.

6  
7 In South Australia, data was not available for the  
8 year ending 2012. However, in the following year, ending  
9 2013, the rate was 0.3 per cent, rising to 0.7 per cent in  
10 the year ending June 2014.

11  
12 Tasmania's rate was 2.1 per cent, reducing to  
13 0.4 per cent in 2013 and remaining at that level in 2014.

14  
15 In the ACT, the rate began at 2 per cent, dropped to  
16 1 per cent and then rose to 3.7 per cent in the year  
17 ending June 2014.

18  
19 Northern Territory's rate was 1.9 per cent in the year  
20 ending 2012. It dropped to 1.1 per cent the following year  
21 and rose to 1.7 per cent in the year ending June 2014.

22  
23 Now, those rates relate not just, as I've indicated,  
24 to sexual abuse, but to the much broader category,  
25 including physical abuse, emotional abuse, sexual abuse and  
26 neglect.

27  
28 The 2015 Report on Government Services also publishes  
29 statistics on the number and proportion of children in  
30 out-of-home care who were the subject of a child abuse  
31 substantiation - again, not specifically sexual abuse -  
32 where the abuser was living in the household. Again, the  
33 report indicates that this measure is experimental.

34  
35 Each State and Territory defines the person  
36 responsible living in the household differently. For  
37 Queensland, the count of substantiations where the person  
38 believed responsible was living in the household includes  
39 adults who frequent the household as well as those who live  
40 there. It also includes staff members of the care service  
41 and where "the person believed responsible could not be  
42 identified".

43  
44 Western Australia does not include substantiations  
45 relating to other children in the household or the  
46 relatives of foster carers.

47



1 Tasmania includes those who were visiting the  
2 household as well as those residing there.

3  
4 New South Wales only includes substantiations where  
5 the child is in government-provided care, excluding those  
6 in non-government-provided care.

7  
8 Victoria includes, in its count of substantiation,  
9 concerns of quality of care as well as physical and sexual  
10 abuse. This statistic is of particular relevance to the  
11 Royal Commission, because in private sessions and  
12 elsewhere, it hears of children being abused by an adult  
13 person who, in a broad sense, frequents the household in  
14 which they have been placed.

15  
16 The different counting rules between the States mean  
17 that comparison between them and a national overall count  
18 is impossible.

19  
20 The 2015 report indicates that with the exception of  
21 Victoria and New South Wales - the most popular States for  
22 the purpose of this public hearing - where there are no  
23 data available, in 2013 to 2014, there were 270 child  
24 protection substantiations regarding children in  
25 out-of-home care in the other States and Territories  
26 combined. This includes substantiations for physical,  
27 emotional and sexual abuse or neglect.

28  
29 The National Framework for Protecting Australia's  
30 Children 2009-2020, which is commonly known as the  
31 "National Framework" was endorsed by the Council of  
32 Australian Governments in 2009. Among many other things,  
33 it was recommended that national child protection data be  
34 collected on a unit record basis. That, in simple  
35 language, means that the experience of individual children  
36 and their journey through the system is better tracked and  
37 more meaningful data can be obtained about each child's  
38 complete experience of the child protection and out-of-home  
39 care system.

40  
41 We understand that unit record data were first used in  
42 2013. They also highlight the difficulties of comparing  
43 data between jurisdictions.

44  
45 Now, this change in recording and analysing child  
46 protection data, while improving the data collected, also  
47 has limitations. Statistics that can now be produced from

1 that data cannot be matched with equivalent data from  
2 previous years so as to map trends and make comparisons  
3 over time. Additionally, the annual Child Protection  
4 Australia report compiled by the Institute makes plain how  
5 challenging it is to determine child protection in  
6 Australia as a whole.

7  
8 Having said all that, the Institute and the 2015  
9 Report on Government Services data, despite their  
10 limitations, are probably the best data currently available  
11 in Australia describing children who have been harmed while  
12 in out-of-home care, but, as I have said, not specific to  
13 sexual abuse. Therefore, to supplement these data, the  
14 Royal Commission sought and obtained information on reports  
15 and/or allegations of the sexual abuse of children in  
16 out-of-home care from departments providing that care in  
17 each State and Territory, as well as from 13 non-government  
18 organisations, which are some of the major providers of  
19 out-of-home care under contract to the various State and  
20 Territory governments.

21  
22 Some of these non-government organisations have  
23 out-of-home care providers in more than one State or  
24 Territory. The Royal Commission has generally received  
25 data from each provider.

26  
27 Now, those non-government organisations from which the  
28 Royal Commission sought and received data are: Anglicare,  
29 Bapcare, Barnardos Australia, Berry Street, CatholicCare,  
30 Life Without Barriers, Marymead Child and Family Services,  
31 MacKillop Family Services, United Protestant Association of  
32 New South Wales, UnitingCare, Victoria Aboriginal Child  
33 Care Agency, Wesley Mission New South Wales and Wesley  
34 Mission Victoria.

35  
36 These non-government organisations were generally  
37 selected for their diversity in location - generally  
38 located in various places throughout Australia; size - they  
39 ranged significantly, but generally are the larger  
40 providers; and the type of care provided - that is,  
41 relative/kin care, foster care, residential care.

42  
43 Now what the Royal Commission sought from each of  
44 these agencies, as well as the State agencies, was each  
45 report or an allegation made to the agency or organisation  
46 between 31 July 2004 and 30 June 2014 - that is, data was  
47 sought over a 10-year period. That data was about sexual

1 abuse of a child who is or was in out-of-home care, and  
2 details were sought in respect of each report or  
3 allegation.  
4

5 Some States and Territories and some non-government  
6 organisations did not have records that permitted them to  
7 submit data from the 10-year time period, and, importantly,  
8 they didn't have those records to submit the data within  
9 the time frame provided by the Royal Commission. As with  
10 most summonses, we required it within a certain period of  
11 time, and some States and Territories were unable to do  
12 that - in some cases because they were reliant upon manual  
13 records and it was time-consuming to search each of those.  
14 For example, Australia's most populous State of New South  
15 Wales, was only able to provide data for the last two  
16 financial years, 12/13 and 13/14.  
17

18 Now, because of this, the Royal Commission could only  
19 consider data from those last two financial years. States  
20 and Territories provided data to the Royal Commission of  
21 about 2,683 reports of child sexual abuse in out-of-home  
22 care over the last two financial years. The selected  
23 non-government organisations provided data to the  
24 Royal Commission of about 956 reports of child sexual abuse  
25 in out-of-home care, again over those last two financial  
26 years.  
27

28 While these data concern specifically reports of child  
29 sexual abuse, rather than an aggregate of all forms of  
30 abuse, as reported by the Institute and the 2015 Report on  
31 Government Services data, the Royal Commission won't be  
32 surprised to hear that that data contained many  
33 limitations.  
34

35 The main limitations are, firstly, that most States  
36 and Territories did not distinguish between children in the  
37 care of government-run out-of-home care and those in the  
38 care provided by non-government organisations. Secondly,  
39 non-government organisations report allegations of sexual  
40 abuse of a child in their care to the government agency  
41 responsible in their State. The data provided by States  
42 and Territories may, therefore, duplicate the data provided  
43 by non-government organisations. This limitation applies  
44 in all States other than Victoria, because of Victoria's  
45 system for record keeping they were able to advise us that  
46 there was no duplication in the data Victoria provided.  
47

1 Thirdly, the data provided on whether a report was  
2 substantiated from a number of States and Territories and  
3 non-government organisations were incomplete. Additional  
4 information needs to be sought from each State and  
5 Territory and non-government organisation before reliable  
6 data can be obtained and analysed.

7  
8 Fourthly, the data provided do not distinguish - and  
9 this is an important limitation - between whether the  
10 report of child sexual abuse in out-of-home care related to  
11 abuse which occurred recently or abuse which occurred  
12 historically. The data also do not distinguish whether  
13 that abuse actually occurred in out-of-home care,  
14 notwithstanding that the report was made when the child was  
15 in out-of-home care. Therefore, it could be that the abuse  
16 the subject of the report could have been familial abuse or  
17 could have been abuse outside any institutional context.

18  
19 Next, the data only came from selected non-government  
20 organisations, selected by the Royal Commission -  
21 intentionally selected - rather than all non-government  
22 organisations offering out-of-home care in every  
23 jurisdiction.

24  
25 Some States, Territories and non-government  
26 organisations did not have sufficient information to answer  
27 all questions for each year they submitted data.

28  
29 The final limitation that I wish to draw attention to,  
30 but I suspect by no means the last limitation, is that the  
31 Royal Commission requested data on the number of reports of  
32 alleged child sexual abuse. This is not the same as the  
33 number of children who were subject to allegations of child  
34 sexual abuse. Multiple reports may pertain to the same  
35 child.

36  
37 Further, reports of sexual abuse in care are to be  
38 distinguished from the occurrence of sexual abuse in care,  
39 which may well be much greater. Sexual abuse may not be  
40 disclosed by the child or young person. If it is, it may  
41 not be reported. The work of the Royal Commission to date  
42 has indicated that there is a significant lag between when  
43 the abuse occurs and when it is reported, if it is  
44 reported.

45  
46 States, Territories and non-government organisations  
47 were asked whether children who were sexually abused were

1 offered counselling. Reliable data on counselling are not  
2 available about government-provided care in New South  
3 Wales, Victoria, Queensland, the Australian Capital  
4 Territory and South Australia. This data was not available  
5 in the time frame sought.  
6

7 However, in the majority of cases in the Northern  
8 Territory, in Tasmania and in Western Australia, it is  
9 known whether children were offered counselling, and in  
10 Northern Territory and Western Australia, most children  
11 were offered counselling. In Tasmania, relatively few -  
12 about 20 per cent - were offered counselling.  
13

14 Therefore, the data on counselling being offered,  
15 where there were reports of child sexual abuse, provided by  
16 non-government organisations are also not useful. That  
17 data are not useful because they were either unavailable or  
18 the proportion of unknown information was too high and, in  
19 addition, in some cases, the sample was too small to allow  
20 proper analysis.  
21

22 Returning to the Institute data, it tells us that  
23 about 5 per cent of all children in out-of-home care in  
24 Australia were in a residential care facility as at June  
25 2014.  
26

27 Subject to the limitations I referred to earlier, the  
28 Royal Commission is told that about one-third of sexual  
29 abuse reports to States and Territories and non-government  
30 organisations were made at the time the child was in  
31 residential care. Now, of course, that doesn't tell us  
32 when the abuse occurred; it tells us where they were when  
33 the report was made.  
34

35 According, again, to Institute data, 48 per cent of  
36 all children in out-of-home care, as at the end of June  
37 2014, were classified as being in relative or kinship care.  
38 Again, subject to those limitations I referred to earlier,  
39 the Royal Commission is told that 20 per cent of sexual  
40 abuse reports to States, Territories and non-government  
41 organisations concerned children in relative or kinship  
42 care.  
43

44 Now, there may be a number of possible reasons for the  
45 relatively high number of sexual abuse reports for  
46 residential care and the relatively low number of sexual  
47 abuse reports for kinship care. Some of those include:

1 monitoring, reporting and oversight mechanisms may be more  
2 robust and rigorous in residential care than in relative or  
3 kinship care or other forms of care.  
4

5 Another possible reason is that the rates of abuse in  
6 residential care are, in fact, higher than other forms of  
7 care. It could be that the cohort of children in  
8 residential care who tend to have more complex needs may be  
9 more susceptible to abuse and/or more likely to report. It  
10 could be that children in relative/kinship care may be less  
11 likely to report sexual abuse by a kin or relative.  
12 Another factor may be that the different definitions used  
13 by States and Territories about relative/kinship care,  
14 which I referred to earlier, may play a part.  
15

16 Now, there is not much more that can be said about the  
17 statistics at this stage. However, as I've indicated, the  
18 Royal Commission proposes to do more work in that area,  
19 hopefully with a view to being able to understand more  
20 about the Australian system with respect to child sexual  
21 abuse. However, there are, as I've indicated, significant  
22 limitations on the data that is already available and may  
23 well apply to additional data obtained.  
24

25 I referred earlier to the National Framework. There  
26 are several aspects of that framework which are of  
27 relevance to this case study. I refer to this without  
28 using the language of the National Framework, but I'm sure  
29 those who understand it will be able to interpret what I'm  
30 saying.  
31

32 The National Framework sets out the goal, which they  
33 call a supporting outcome, of developing new  
34 information-sharing provisions between Commonwealth  
35 agencies, State and Territory agencies and non-government  
36 organisations dealing with vulnerable families. They say  
37 that effective information sharing between agencies form  
38 a crucial part of intelligence-driven prevention strategies  
39 and responses to sexual abuse in out-of-home care.  
40

41 An information sharing protocol, which outlines  
42 procedures on how each agency can share information, has  
43 been developed. It is also the case in previous work of  
44 the Royal Commission, in particular case studies 1 and 2,  
45 that there were real deficiencies in what information could  
46 be shared and between which agencies.  
47

1           Secondly, the National Framework seeks to raise  
2 awareness of child sexual exploitation and abuse,  
3 including, importantly, online exploitation. The  
4 Australian Government's Cybersafety Help Launch Button was,  
5 indeed, launched in December 2010, and we understand has  
6 been installed in over 300,000 computers across Australia.  
7 The help button provides internet users, particularly  
8 children, with easy online access to Cybersafety  
9 information and assistance available in Australia.

10  
11           Thirdly, the National Framework aims to enhance  
12 prevention strategies for child sexual abuse. The  
13 Australian Institute of Family Studies was funded by the  
14 Australian Government to undertake a research project on  
15 Prevention and Early Intervention in Child Sexual Abuse.  
16 In addition, and relating to the same goal, a national  
17 study on Australia's response to sexualised or sexually  
18 abusive behaviours in children and young people was  
19 conducted by the Australian Crime Commission and released  
20 in July 2010.

21  
22           Finally, the National Framework sets out the goal of  
23 ensuring that survivors of sexual abuse have access to  
24 effective treatment and appropriate support and, to that  
25 end, the Australian Government has funded Adult Survivors  
26 of Child Abuse, ASCA, to develop practice guidelines to  
27 better support the mental health needs of adult survivors  
28 of childhood trauma. The guidelines have been completed  
29 and are available online at the ASCA website.

30  
31           In addition to these goals, the National Framework  
32 identifies a number of priority projects. The framework  
33 establishes national standards for children in out-of-home  
34 care. The most relevant to this public hearing is National  
35 Standard 12. It sets out that carers are assessed and  
36 receive relevant ongoing training, development and support  
37 in order to provide quality care.

38  
39           State and Territory government agencies have informed  
40 the Royal Commission that they have implemented and  
41 monitored National Standard 12 through the development of  
42 out-of-home care standards, the licensing and accreditation  
43 and care approval process and through funding agreements  
44 with non-government agencies and the contract management  
45 process that go with it.

46  
47           The first national biennial survey of children and

1 young people in care was identified as a priority of the  
2 National Framework and will be completed this year. This  
3 survey is expected to cover key areas such as sense of  
4 security, safety, participation, community activity, family  
5 connection, sense of community, significant others and  
6 leaving care.

7  
8 Additional goals of the National Framework of  
9 relevance to this public hearing include to develop and  
10 trial programs to prevent sexual abuse and to keep children  
11 safe, including specific programs for remote indigenous  
12 communities, such as the cyber smart outreach program; to  
13 review and support strategies to assist children, young  
14 people and adults who have experienced complex trauma to  
15 engage with the service system; to share best practice in  
16 therapeutic and trauma-informed care across States,  
17 Territories and non-government organisations; and also to  
18 explore ways to respond nationally to the sexualisation of  
19 children.

20  
21 It is clear from looking at the National Framework as  
22 well as the work done by the Institute and the Report on  
23 Government Services that this area has received a deal of  
24 attention. It is also the case that there have been  
25 a number of inquiries in relation to out-of-home care, most  
26 of which have dealt with the issue of child sexual abuse.

27  
28 Some of the key recent inquiries which have been  
29 undertaken include a 2008 Inquiry in New South Wales into  
30 Child Protection Services; a 2010 inquiry again into the  
31 child protection system in Northern Territory; the  
32 Queensland Child Protection Inquiry in 2013; an inquiry  
33 into allegations of sexual abuse in State care in South  
34 Australia in 2008, known as the Mullighan inquiry; there  
35 were three reports in Tasmania published in 2006, 2010 and  
36 2011; there was a report published earlier that decade in  
37 the Australian Capital Territory; there have been three  
38 reports in Victoria, published in 2012 and 2014; also three  
39 reports in Western Australia in 2005, 2006 and 2013.

40  
41 Now, as a result of each of these inquiries, there  
42 have been changes to legislation as well as changes to  
43 policies, practices and procedures. This public hearing  
44 will be interested in the most recent of those and the  
45 views of witnesses as to whether or not those changes have  
46 improved the safety of children in out-of-home care with  
47 regards to sexual abuse.



1  
2 In addition to those inquiries, the Royal Commission  
3 has done a deal of work in this area. It is probably  
4 reasonably well known that the Commission conducts private  
5 sessions. Private sessions enable survivors to speak  
6 directly with a Commissioner about their experiences.  
7

8 The Royal Commission has heard from over 3,000  
9 survivors of sexual abuse. Out-of-home care represents the  
10 largest category of institutional types raised during  
11 private sessions, representing over 40 per cent of all  
12 institutions mentioned.  
13

14 The majority of survivors of out-of-home care abuse  
15 who have been to a private session to date have described  
16 child sexual abuse taking place during the 1950s and 1960s,  
17 in residential homes run by government or religious  
18 institutions.  
19

20 Despite the large numbers of children currently in  
21 out-of-home care, only a small number of survivors has come  
22 forward to the Royal Commission to share their experiences  
23 during the last 30 years. These small numbers, as I've  
24 said earlier, are consistent with what the Royal Commission  
25 already knows about survivors reporting child sexual abuse.  
26 On average, based on the private sessions information, it  
27 has taken victims 22 years to disclose the abuse  
28 perpetrated against them, with men taking longer than women  
29 to disclose.  
30

31 In addition to private sessions, the Royal Commission  
32 has held 23 public hearings, a number of which, as I've  
33 referred to earlier, have examined historical out-of-home  
34 care institutions, including orphanages and children's  
35 homes. Contemporary out-of-home care issues were explored  
36 in case study 1, which concerned the Scouts and  
37 a department agency, as well as the police.  
38

39 In addition, the Royal Commission has released an  
40 issues paper "Preventing sexual abuse of children in  
41 out-of-home care", that was published on the website in  
42 September last year. The purpose of this paper was to  
43 gather submissions from interested individuals and  
44 organisations about the 11 questions posed, although it was  
45 not limited to those questions. Submissions were sought  
46 generally on the topic.  
47

1           Sixty-three submissions were received from a variety  
2 of government, religious and community organisations, as  
3 well as from academics and individuals.  
4

5           Other issues papers published by the Royal Commission,  
6 including Working With Children Checks and Child Safe  
7 Institutions have also sought submissions on issues  
8 relevant to out-of-home care.  
9

10           Indeed, the first round table held by the  
11 Royal Commission in April 2014 and provided government and  
12 non-government representatives, advocacy groups, policy  
13 makers, academics and regulators an opportunity to discuss  
14 key policy issues in out-of-home care.  
15

16           The round table discussion increased the  
17 Royal Commission's understanding of current out-of-home  
18 care issues and identified areas requiring further focus.  
19

20           In addition to private sessions and public hearings,  
21 the Royal Commission also has an extensive research  
22 program, and research has been commissioned and undertaken  
23 in relation to out-of-home care.  
24

25           The completed projects to date relating to both  
26 contemporary and historical out-of-home care abuse, which  
27 are all on the website, include: history of institutional  
28 care in Australia; the role of government policy in the  
29 establishment of institutions for children; Australian  
30 Government and Senate inquiries into institutions caring  
31 for children; scoping reviews on evaluations of out-of-home  
32 care practice and pre-employment screening practices for  
33 child-related work that aim to prevent child sexual abuse.  
34

35           The essential finding from this research last  
36 mentioned is that there is very limited, rigorous evidence  
37 available about the effectiveness of practices or programs  
38 that prevent child sexual abuse in out-of-home care.  
39

40           While it appears that there is sound practice in that  
41 sector, there are very few studies that have tested which  
42 types of practices or programs lead to decreased rates of  
43 child sexual abuse. The studies that do exist, the  
44 research tells us, have fairly low methodological quality  
45 and their recommendations and conclusions are generally not  
46 supported by reliable and robust evidence. From the data  
47 available, it is clear that that would not be of great

1 assistance.

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Most of the evidence related to child-to-child sexual abuse. Sixteen evaluations were identified during the research, including seven evaluations of training, support or treatment aiming to prevent child-to-child sexual abuse; nine retrospective case studies and surveys attempting to identify best practice, and most of those covered child-to-child sexual abuse.

Child-to-child sexual abuse, we are told, is an increasing issue for children in out-of-home care and the witnesses over the next two weeks will be asked about their views of its prevalence and, more importantly, what programs or measures they can talk about to reduce child-to-child sexual abuse.

This research also indicated that, at least in the United States, public health messages may be an effective long-term population level strategy for decreasing child sexual abuse, and that the major focus should be on efforts to prevent child-to-child sexual abuse rather than care-giver child sexual abuse, since this type largely represents the vast majority of observed child sexual abuse in out-of-home care.

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. That research said that 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. Again, witnesses will be asked about the matching process that is undertaken specifically in relation to an awareness of child-to-child sexual abuse in out-of-home care.

The research also says that 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 cold and clinical as a result.

This public hearing is the first policy-focused hearing of the Royal Commission. Your Honour and Commissioners will hear evidence from a number of witnesses from the government and non-government sectors, all of whom work in agencies with responsibilities for the delivery of

1 out-of-home care services. It is understood that New South  
2 Wales is in care-taker mode, and that Queensland and  
3 Victoria have recently elected new governments. The  
4 witnesses will not be expected to speak on behalf of their  
5 respective governments. Their views will be sought in  
6 order to understand current practices and help define best  
7 practice by engaging in discussions with their counterparts  
8 in other States and non-government organisations to talk  
9 about what works, what doesn't and how we can improve the  
10 safety of children in out-of-home care.

11  
12 Each agency was asked to tell the Royal Commission of  
13 its work in relation to five key topics. The responses of  
14 each agency were then made available to every other agency,  
15 so all are aware of what other agencies say they do.

16  
17 Those five topics are, firstly, recruitment,  
18 assessment and training of foster and kinship carers and  
19 staff in residential care. Secondly, monitoring of  
20 children in out-of-home care, which includes matching, as  
21 I referred to earlier. Thirdly, the systems, policies,  
22 practices and procedures for reporting allegations of child  
23 sexual abuse. Fourthly, the systems, policies, practices  
24 and procedures for responding to allegations of child  
25 sexual abuse. And, importantly, those practices for  
26 supporting children who have been sexually abused in  
27 out-of-home care.

28  
29 Each of those responses will be shortly tendered and,  
30 in due course - hopefully soon - made available on the  
31 Royal Commission website.

32  
33 As I indicated earlier, short narratives have been  
34 prepared from the experiences of survivors as told to the  
35 Royal Commission through private sessions. These  
36 narratives will be read to illustrate some of the key  
37 issues raised in relation to the topics to be examined from  
38 the perspective of those who have experienced abuse in  
39 out-of-home care. Stories of practice by agencies which  
40 improved the safety of children in out-of-home care will  
41 also be heard.

42  
43 Questions will not be asked of witnesses about the  
44 circumstances actually described in the narratives. They  
45 are there to illustrate one or more of the five issues.

46  
47 Prior to the evidence being taken in respect of each

1 topic, a summary of the responses of each agency and the  
2 relevant laws - a brief summary - will be given, as well as  
3 the narrative, before evidence is called.  
4

5 Evidence on each of the topics will be given  
6 concurrently. This means that two or more witnesses will  
7 be giving evidence at the same time during the public  
8 hearing. Concurrent evidence provides an opportunity for  
9 witnesses to engage in a discussion about the issues of  
10 relevance to this Royal Commission. That evidence will go  
11 towards assisting the Royal Commission in further  
12 progressing work and developing recommendations.  
13

14 In terms of the witnesses, I understand that a witness  
15 list has been published. The first topic of recruitment,  
16 assessment and training, the Royal Commission will hear  
17 from five witnesses who work in the government sector and  
18 then there will be three witnesses who work in the  
19 non-government sector.  
20

21 Your Honour, in order to organise the taking of  
22 concurrent evidence and to accommodate the removal of the  
23 cameras, can I suggest --  
24

25 THE PRESIDING MEMBER: Would you like a short adjournment?  
26

27 MS FURNESS: Yes, perhaps until 11.30, your Honour, if  
28 that is convenient?  
29

30 THE PRESIDING MEMBER: Yes.  
31

32 **SHORT ADJOURNMENT.**  
33

34 MS FURNESS: Your Honour, before I begin with the  
35 narratives, it would be useful to inform those listening  
36 and interested that unlike other public hearings, there  
37 will be no submission process, and there will be no  
38 findings made as a result of this public hearing. Instead,  
39 the evidence given and the material tendered will form the  
40 basis for and contribute to a consultation process, and it  
41 is proposed that the Royal Commission will, in due course,  
42 issue a consultation paper and then invite anyone  
43 interested to provide submissions to that. The process  
44 thereafter will depend upon what comes out of that  
45 consultation process. But this is not the end of  
46 out-of-home care. This is, in one sense, the beginning of  
47 considering contemporary out-of-home care by the

1 Royal Commission.

2

3 Having said that, there are five witnesses. However,  
4 I propose to read the narratives and the short summary  
5 account before each of them is sworn.

6

7 Before I read the narrative, can I tender the  
8 responses to topics. It is a one-volume folder that  
9 everyone who is interested has access to, and those who  
10 don't will be able to on the website shortly.

11

12 THE PRESIDING MEMBER: Yes. 24-001.

13

14 **EXHIBIT #24-001 ONE-VOLUME FOLDER OF RESPONSES TO TOPICS**

15

16 MS FURNESS: The first narrative comes from a private  
17 session and, as I've indicated, the names and locations  
18 have been changed.

19

20 Madison lived with her mother and father until she was  
21 two or three years old. He father was a violent drunk and  
22 eventually her parents separated. Her mother was not able  
23 to look after her three children. When she was about five  
24 years old, Madison was placed into foster care with Effie  
25 and Ronan. The couple had three sons of their own, as well  
26 as five foster children. Madison said that the natural  
27 children were always treated better than the foster  
28 children. Madison said she was almost drowned by one of  
29 the sons.

30

31 When Madison was about seven, Ronan asked her to come  
32 into his bedroom and lie down next to him on the bed. He  
33 put his hands down her pants and took her hand and rubbed  
34 it against his penis. At other times, Ronan came into the  
35 bathroom while Madison was taking a bath. He touched  
36 himself and made noises, which at the time Madison didn't  
37 understand. But she now knows he was masturbating.

38

39 Madison stayed with the family for five years, but can  
40 only remember being visited once by a caseworker to check  
41 on her.

42

43 When she was 12, Madison left that home and was placed  
44 back with her father. He was still drinking and she spent  
45 a lot of time with him at bars and pubs.

46

47 A few years later, she was taken out of his care and

1 put into another placement. This lasted for about a year,  
2 when she again returned to her father.  
3

4 As a result of her childhood, Madison has trouble  
5 managing her anger and was abusive towards other people in  
6 the homes. She went on to have problems with drugs and  
7 alcohol.  
8

9 Madison first spoke of her abuse in 2011. As she  
10 became more confident, she made a claim under freedom of  
11 information legislation and found that Ronan had previously  
12 been charged with offences relating to child abuse of  
13 children.  
14

15 The second narrative comes from a New South Wales  
16 Department of Family and Community Services publication.  
17 That department received a report about serious safety  
18 concerns for a family group of eleven children under the  
19 age of 11. It was a blended family. Some were dad's kids,  
20 some were mum's, and others were theirs together.  
21

22 FACS caseworkers worked with the family through group  
23 supervision over an extended period of time, though it was  
24 eventually decided that due to chronic neglect, the  
25 children had to be taken into care.  
26

27 The caseworkers sought help from Delphi, which was  
28 a local partner organisation - primarily a disability  
29 service. Delphi set up a house so all of the kids could  
30 stay together. They organised two experienced house  
31 parents and all the wrap-around support services that were  
32 needed to support the children. The caseworkers developed  
33 a strong relationship with the house parents, who took on  
34 the massive task of getting to know and care for each of  
35 the children individually. They spent many hours each week  
36 visiting and talking to the house parents over the phone.  
37 This frequent contact was crucial to support Delphi look  
38 after the children.  
39

40 The department was kept up to date with what was  
41 happening, the challenges they faced and also the  
42 children's healing. FACS was able to share information  
43 with Delphi, helping them understand the child's previous  
44 experiences and home life.  
45

46 The children also needed a primary carer to meet their  
47 emotional needs. The current placement couldn't provide

1 that. Unfortunately, finding one placement to take all 11  
2 children was not possible. As hard as it was to split them  
3 up, the caseworkers focused on limiting the negatives and  
4 aimed to give them the best of both worlds - a family life  
5 where each child would get the time and attention they  
6 deserved, but also could continue to grow together as  
7 brothers and sisters.

8  
9 The local community organisation came on board and  
10 agreed on three sets of carers, which includes the house  
11 parents, who all lived in the same area. These carers  
12 completed preparative parenting training, which helps  
13 traumatised children develop secure attachment  
14 relationships and start to form a relationship with one  
15 another to support sibling contact. The local community  
16 organisation and the FACS caseworkers worked really closely  
17 to make the transition as smooth as possible. The local  
18 community organisation provided their own dedicated  
19 caseworker and, together, they sat down with the children  
20 to get to know them. They made sure that the kids felt  
21 involved and kept up to date with what was happening.

22  
23 The local community organisation caseworker made books  
24 for each child, reflecting their interests and personality,  
25 to inform them about the transition process and prepare  
26 them for the move. We're told it went off without a hitch.

27  
28 Because the accounts that were provided by each of the  
29 States and non-government organisations are comprehensive,  
30 I will provide a brief summary of the main issues and  
31 where, generally, the States and NGOs lie in respect of  
32 those issues.

33  
34 All States and Territories currently require  
35 out-of-home carers and residential care workers to have  
36 a Working With Children Check, with the exception of  
37 Tasmania. In Tasmania, out-of-home carers and residential  
38 care workers will be required to have a Working With  
39 Children Check by 1 October 2015.

40  
41 In Victoria, kinship carers who are closely related to  
42 the children they are caring for are exempt from the  
43 requirement to have a Working With Children Check. All of  
44 the 13 non-government agencies which provided responses  
45 require prospective foster carers to have a Working With  
46 Children Check.



1 For some non-government agencies, their requirements  
2 for screening kinship carers were less rigorous than those  
3 applicable for foster carers. There are also differences  
4 between the jurisdictions in relation to whether adults  
5 residing in a carer's home are required to have a Working  
6 With Children Check or undergo other screening.

7  
8 The content of the screening requirements when  
9 conducting a Working With Children Check varies from  
10 jurisdiction to jurisdiction. All conduct a national  
11 criminal record check. The process for recruiting foster  
12 carers also varies across the non-government agencies.

13  
14 In addition to Working With Children Checks, many  
15 State and Territories require carers to be authorised and  
16 the authorisation process generally involves further  
17 assessment and/or screening.

18  
19 Legislative requirements for the authorisation of  
20 residential care staff are generally less demanding, or, in  
21 many cases, non-existent. The government agencies  
22 confirmed in their responses to the Royal Commission that  
23 it was generally up to the agency operating the residential  
24 care facility to assess residential staff and, in some  
25 cases, that might be in accordance with an overarching  
26 framework, but in other cases there are few departmental or  
27 legislative constraints on what is required in a  
28 residential facility.

29  
30 Only two of the States have legislation mandating  
31 training of individuals prior to their commencing as  
32 a foster carer. Another State requires courses of training  
33 to be made available to a foster parent. As a matter of  
34 practice, however, the Royal Commission is told that  
35 training, including training about sexual abuse, is  
36 compulsory for foster carers in all jurisdictions except  
37 Western Australia, where it is compulsory for metropolitan  
38 foster carers but not for regional carers.

39  
40 Such training is only compulsory for kinship carers in  
41 three States or Territories, and for metropolitan carers in  
42 a fourth.

43  
44 Non-government agencies generally told the  
45 Royal Commission that it is their practice to provide  
46 foster carers with training concerning child sexual abuse.  
47 Many agencies used the Shared Stories, Shared Lives

1 training program, which I understand is a three-day,  
2 eight-module training session, and includes a sexual abuse  
3 module. No doubt your Honour and the Commissioners will  
4 hear more about Shared Stories, Shared Lives.

5  
6 Having read that, perhaps if I can first ask  
7 your Honour to swear in the first witness, Ms Maree Walk,  
8 who is the Deputy Secretary, Programs and Service Design,  
9 of the Department of Family and Community Services in  
10 New South Wales.

11  
12 <JACQUELINE MAREE WALK, affirmed: [11.45am]

13  
14 MS FURNESS: Ms Walk, would you tell the Royal Commission  
15 your full name and occupation?

16  
17 MS WALK: Jacqueline Maree Walk, deputy secretary of the  
18 Department of Family and Community Services.

19  
20 MS FURNESS: In New South Wales?

21  
22 MS WALK: In New South Wales.

23  
24 MS FURNESS: In New South Wales, out-of-home care services  
25 are delivered by the department and a range of accredited  
26 non-government organisations?

27  
28 MS WALK: Correct.

29  
30 MS FURNESS: How long has it been that non-government  
31 organisation have had a role to play in the delivery of  
32 out-of-home care services in New South Wales?

33  
34 MS WALK: Actually, non-government organisations have  
35 delivered out-of-home care for many years - decades - but  
36 most recently that's been a government policy where we have  
37 what we call transitioning children who have been in the  
38 care of the department to the non-government sector.

39  
40 MS FURNESS: What was the catalyst for the decision to  
41 transfer the care of those children to the non-government  
42 sector?

43  
44 MS WALK: The Wood Special Inquiry gave one of the  
45 recommendations, so in 2008 there was a recommendation for  
46 department of - at the time, Department of Community  
47 Services not to be a major provider of out-of-home care,

1 and the government adopted that recommendation. In 2011,  
2 what we call a transition plan was developed in concert  
3 with the non-government provider peak agencies, ACWA, the  
4 non-Aboriginal, the Association of Child Welfare Agencies,  
5 and AbSec, the organisation of Aboriginal agencies, worked  
6 together to develop a plan, and we pretty much began it  
7 in March 2012 - the actual transition of children from the  
8 State care, if you like, the auspiced foster care and  
9 kinship care, to the non-government sector.

10  
11 MS FURNESS: Is there any measure that you have developed  
12 in order to understand where the position of the children  
13 who have moved from State care to non-government care has  
14 improved in terms of safety in relation to child sexual  
15 abuse?

16  
17 MS WALK: We are in the middle of an evaluation, actually,  
18 so we'll have those results later this year. We have  
19 looked at a number of measures along the way. They are how  
20 the - ensuring that we have made certain that when we have  
21 transitioned the children, that the carers have no  
22 reportable conducts outstanding, some of those current  
23 issues. We've looked at do all these children have case  
24 plans. The impetus for transitioning children was in order  
25 for FACS to be able - our caseworkers - to really focus on  
26 child protection and for the non-government agencies to be  
27 able to focus on providing safety and security.

28  
29 The Children's Guardian obviously works very closely  
30 in informing the department around concerns around the  
31 quality of the accredited care, the accredited agencies.  
32 So we work very closely and have an MOU with the Children's  
33 Guardian to ensure that the children who have moved to the  
34 non-government sector are receiving accredited care.

35  
36 Inside Community Services, inside FACS, we have  
37 a Reportable Conduct Unit, and we receive reports about  
38 children who have been notified as being at risk or where  
39 there are notifications regarding the care of children,  
40 both in FACS or working in non-government care, and those  
41 reports will also go to the Ombudsman, who monitors the  
42 non-government agencies.

43  
44 MS FURNESS: How many children did you have within the  
45 government care as at any time period you would like to  
46 nominate? I could suggest 30 June 2014, but you might have  
47 a more recent account.

1  
2 MS WALK: Sure. Look, I will read out the figures  
3 because, as you explained to us earlier, there are a number  
4 of ways of counting, both payments to carers, numbers of  
5 children. So in FACS statutory foster care - that is,  
6 children who have been referred, who have come into care  
7 via the Children's Court system - there are now 2,090 at  
8 31 December 2014, and non-government statutory foster care,  
9 there are nearly 5,500, so 5,451. So the largest  
10 proportion of children in statutory foster care are now  
11 with the non-government organisations.  
12

13 FACS relative and kinship care are 3,503, and  
14 non-government organisations relative and kinship care,  
15 there are 1,214 children in residential care. That's  
16 almost exclusively non-government organisations because  
17 FACS has a very, very small secure care organisation. But  
18 all the residential care almost exclusively are  
19 non-government; there are 456. And a category we called  
20 supportive care, are 3,406, and they are all in the care  
21 of, obviously, their relatives, but they are overlooked by  
22 FACS.  
23

24 Others, there are 1,000 children generally in  
25 supported independent living, once again, generally under  
26 the care of a non-government organisation as well as family  
27 group homes. And we publish that data on a monthly basis,  
28 and it's on our website.  
29

30 MS FURNESS: Thank you, Ms Walk. We will come back to the  
31 issues under the topic, but if I can turn to Ms Jackson.  
32

33 <SIMONE LOUISE JACKSON, sworn: [11.55am]

34  
35 MS FURNESS: Ms Jackson, would you tell the  
36 Royal Commission your full name and occupation?  
37

38 MS JACKSON: Certainly. My name is Simone Louise Jackson.  
39 I am the executive director of the out-of-home care  
40 division within the Department of Children and Families,  
41 Northern Territory.  
42

43 MS FURNESS: How long have you had that position?  
44

45 MS JACKSON: That particular position, just over  
46 12 months.  
47

1 MS FURNESS: Prior to that, did you work in the area of  
2 out-of-home care.  
3  
4 MS JACKSON: No, I was the regional executive director for  
5 the central Australian region of the Department of Children  
6 and Families, Northern Territory.  
7  
8 MS FURNESS: That included out-of-home care services?  
9  
10 MS JACKSON: It did.  
11  
12 MS FURNESS: So you have had what length of time and  
13 experience in out-of-home care?  
14  
15 MS JACKSON: In the Northern Territory, coming up to four  
16 and a bit years.  
17  
18 MS FURNESS: Prior to the Northern Territory?  
19  
20 MS JACKSON: I was a regional director in Queensland, who  
21 had charge of child protection for north-west Queensland  
22 and I believe I was in that position for at least a couple  
23 of years prior to coming across.  
24  
25 MS FURNESS: Thank you. In the Northern Territory, the  
26 government manages and operates the majority of home-based  
27 out-of-home care services?  
28  
29 MS JACKSON: We do.  
30  
31 MS FURNESS: And you run or outsource residential care  
32 facilities; is that right.  
33  
34 MS JACKSON: Both, that's correct.  
35  
36 MS FURNESS: Are you able to tell us of the number of  
37 children in home-based out-of-home care which the  
38 government manages and operates?  
39  
40 MS JACKSON: So we have exactly 100 children in  
41 residential care, which is 10.4 per cent. That is a mix of  
42 both DCF-operated and externally purchased residential  
43 care.  
44  
45 MS FURNESS: What about the other forms of care?  
46  
47 MS JACKSON: So we have for foster care, which does

1 include kinship carers. Our database doesn't allow us to  
2 pull out kinship without doing that manually. Currently it  
3 is sitting at 482, which is 50.1 per cent.  
4

5 MS FURNESS: Let me just stop you there. The 482 is both  
6 kinship/relative care and what I will call foster care; is  
7 that right?  
8

9 MS JACKSON: So relative care for the Northern Territory  
10 means something different. Kinship care and foster care  
11 are grouped together. We have the same standards for both  
12 kinship carers and foster carers. That's why they are  
13 grouped together, acknowledging that one will be looking  
14 after a child that is related, and one will be a generalist  
15 carer looking after a child that is non-related.  
16

17 MS FURNESS: What does relative care mean in the Northern  
18 Territory?  
19

20 MS JACKSON: It is highly likely to mean a non-Aboriginal  
21 relative carer.  
22

23 MS FURNESS: Whereas kinship care means --  
24

25 MS JACKSON: Specifically Aboriginal.  
26

27 MS FURNESS: Do you keep indigenous-only statistics?  
28

29 MS JACKSON: I haven't got those in front of me and  
30 I would have to take that on notice.  
31

32 MS FURNESS: Do you keep them? I wasn't asking you what  
33 they were at the moment, just whether you kept them.  
34

35 MS JACKSON: I believe we do.  
36

37 MS FURNESS: With kinship and foster care being combined,  
38 you could determine the percentage or number of children in  
39 kinship care only by reference to looking at individual  
40 files; is that right?  
41

42 MS JACKSON: That's correct, currently.  
43

44 MS FURNESS: Is there anything under way in the Northern  
45 Territory to make that more accessible?  
46

47 MS JACKSON: Yes. We're seeking an enhancement of our

1 information management system so that we can separate the  
2 two.

3

4 MS FURNESS: Thank you. Thank you, Ms Jackson.  
5 Mr Harrison.

6

7 <ANTHONY GERARD HARRISON, sworn: [11.58am]

8

9 MS FURNESS: Would you tell the Royal Commission your full  
10 name and occupation?

11

12 MR HARRISON: Anthony Gerard Harrison. I am currently the  
13 chief executive for the Department of Education and Child  
14 Development, child protection being part of a larger  
15 government organisation.

16

17 MS FURNESS: In South Australia, where does responsibility  
18 lie for out-of-home care?

19

20 MR HARRISON: It lies within the department, and owing to  
21 machinery government change back in October 2011 was the  
22 coming together of a government entity known as Families  
23 SA, which is largely the child protection entity within  
24 South Australia, together with the Education Department,  
25 and some other components of Child and Family Services,  
26 with the intention of trying to have a zero to 18 approach  
27 for the delivery of services, inclusive of child  
28 protection, statutory child protection.

29

30 The current structure operates with myself as the  
31 chief executive of the department, which has about 29,000  
32 employees and operates schools and child protection  
33 regional offices and services, and I operate three deputy  
34 chief executives and a series of other executives across  
35 the whole structure.

36

37 MS FURNESS: What is the split between non-government  
38 organisations and the department in respect of  
39 responsibility for delivering out-of-home care?

40

41 MR HARRISON: If I can maybe go through the statistics,  
42 just to try and put some context around that for you.

43

44 MS FURNESS: Certainly.

45

46 MR HARRISON: The Families SA part of the department is  
47 around about 1,800 employees and we provide services

1 grouped into, I would suggest, four main criteria. One is  
2 emergency care, which is typically short-term care provided  
3 by commercial providers, NGOs, if you like. We operate  
4 around about 60 facilities across the State in the form of  
5 residential care facilities, which is largely operated by  
6 Families SA employees, but also supplemented by NGOs and  
7 commercial providers.  
8

9 The other two main categories are operating as next of  
10 kin, which is a relative form of care, and also, then,  
11 foster care. At the moment we have around about 2,600  
12 children in some form of care under the guardianship of the  
13 minister, which means subject to some sort of court order  
14 and, in those categories, in round figures, we're looking  
15 at around about 1,000 children in foster care, around about  
16 1,200 children in next of kin, around about 300 in  
17 residential care. And as of the last two or three weeks,  
18 we have around about 80 children in emergency care. That  
19 does fluctuate significantly on a daily/weekly basis,  
20 largely because of the cohort of siblings which can come  
21 into that emergency care-type arrangement.  
22

23 MS FURNESS: Taking all of those together, is the majority  
24 of care provided by the department or NGOs?  
25

26 MR HARRISON: Certainly the residential care is largely  
27 the department, and right at this moment we're going  
28 through an evolving or an ongoing recruitment process to  
29 actually increase the number of departmental carers for the  
30 residential care facilities. At the moment we have a mixed  
31 or blended approach for service delivery and we have been  
32 analysing, I guess, as to whether that is providing the  
33 highest level of service delivery by continually changing  
34 and rotating across a roster system - day, afternoon and  
35 night shift - as to whether that is providing the highest  
36 level of service from both, I guess, a quality perspective  
37 as well as a consistency as to the mix of service providers  
38 with young people.  
39

40 MS FURNESS: You heard Ms Walk indicate what the catalyst  
41 was in New South Wales for the transition of most children,  
42 ultimately, out of State-based out-of-home care. Has there  
43 been anything similar in your jurisdiction?  
44

45 MR HARRISON: I'm not aware of that. I've been in the  
46 position currently for around about 19 months as the chief  
47 executive. I'm not aware of a particular trigger. I would



1 make an assumption that it may do with capacity more so  
2 than actually a particular configuration of care.

3

4 MS FURNESS: Do you have measures for the department to  
5 understand whether the NGO sector provide a safer  
6 environment than the department in relation to preventing  
7 child sexual abuse in out-of-home care?

8

9 MR HARRISON: I'm not aware that we actually have  
10 particular measures, metrics or KPIs. I would presume,  
11 though, that through our notification process, that we  
12 could do some analysis to better determine as to reporting  
13 processes through care concern investigation processes and  
14 also reports directly to police as well.

15

16 MS FURNESS: I notice you say that you presume you could -  
17 I take it you don't as a matter of course?

18

19 MR HARRISON: I really would have to take that on notice.  
20 I'm not so sure whether we do as a matter of course. Yes,  
21 I would have to take that on notice.

22

23 MS FURNESS: Perhaps if you can, and provide a written  
24 response.

25

26 MR HARRISON: Yes.

27

28 MS FURNESS: Thank you, Mr Harrison. Mr Kemp?

29

30 <ANTHONY PHILIP KEMP, affirmed: [12.04pm]

31

32 MS FURNESS: Mr Kemp, would you tell the Royal Commission  
33 your full name and occupation?

34

35 MR KEMP: My name is Anthony Philip Kemp. I am deputy  
36 secretary for Children and Youth Services, which is part of  
37 the Department of Health and Human Services in Tasmania.

38

39 MS FURNESS: Children and Youth Services involves what?

40

41 MR KEMP: Child protection - statutory child protection,  
42 statutory youth justice, out-of-home care, child and  
43 adolescent - sorry, children and parenting support, which  
44 is the nursing arm of it, and adoptions.

45

46 MS FURNESS: In Tasmania, out-of-home care services are  
47 provided by both the government and the non-government

1 services providers?

2

3 MR KEMP: That is correct.

4

5 MS FURNESS: Perhaps you could tell us what statistics you  
6 have in respect of children in the care of the State and in  
7 the care of the NGO sector.

8

9 MR KEMP: Yes. Like my colleagues, I have a hybrid model  
10 of care and provision - obviously all children are in the  
11 care of the State. We have just over 1,000 children -  
12 1,050 as of today, this morning - of children who are  
13 receiving care.

14

15 MS FURNESS: Very up to date.

16

17 MR KEMP: Yes. So the predominant form of care would be  
18 fostering or family-based care, which includes kinship and  
19 our foster care arrangements, in that all kinship carers  
20 are department carers. In regards to our foster care, we  
21 have a hybrid model. Predominantly most of our carers  
22 would be departmental registered carers and a number of  
23 smaller bespoke providers provide for kinship care on  
24 a contractual basis for the department. Our residential  
25 care sector is completely outsourced.

26

27 MS FURNESS: Completely outsourced.

28

29 MR KEMP: Yes.

30

31 MS FURNESS: What is the reasoning behind, firstly,  
32 outsourcing residential care, and, secondly, keeping  
33 kinship care in the department?

34

35 MR KEMP: I think in regards to residential care, there  
36 has been providers in Tasmania for over 100 years. They  
37 are still providing our care arrangements. So I don't  
38 think that there was any discernible decision at government  
39 level in terms that it has become organic over a number of  
40 years. The decision may well be that we haven't taken them  
41 in-house; they have remained outside of the department's  
42 provision.

43

44 In regard to kinship care, I believe that there's just  
45 never been a robust discussion at State level in regard to,  
46 you know, where best they are provided. I believe that  
47 it's correct that they are provided by the department, and

1 all our kinship carers are registered through the  
2 department's approval and training process.

3

4 MS FURNESS: When you say your view is that it is correct  
5 that they are provided by the department, what is it about  
6 the department provision that you think works for those  
7 children?

8

9 MR KEMP: Because kinship care very often happens in a -  
10 can happen in an emergency or non-planned environment, we  
11 are obviously in the best position to identify very quickly  
12 kinship arrangements, particularly if it is a case that we  
13 are open to prior to placement and care. I believe that we  
14 are probably able to mobilise very promptly the placement  
15 arrangements, the exchange of information and an early  
16 assessment process, particularly in regard to emergency  
17 situations where children need to be placed tonight.  
18 Because we're a government department, we are able to  
19 secure the information we require to do the preliminary  
20 assessment very quickly. That doesn't preclude others from  
21 doing it, it's just how this department does it in  
22 Tasmania.

23

24 MS FURNESS: In relation to the children in residential  
25 care, has your department developed any measures to  
26 determine whether those children are safe or safer in the  
27 care of NGOs in respect of child sexual abuse?

28

29 MR KEMP: There are currently no measures that are  
30 specific to whether a child in an out-of-home care provided  
31 by non-government services are safer or as safe as a child  
32 in a departmental arrangement. We have generic measures  
33 that provide us with some information about the safety of  
34 a child, but they don't differentiate between provider in  
35 that regard. They relate to the child as opposed to the  
36 placement of that child.

37

38 MS FURNESS: Is it your understanding that children in  
39 residential care are at greater risk than children in  
40 family-based or kinship care in respect of child sexual  
41 abuse?

42

43 MR KEMP: I believe there are unique challenges associated  
44 with rotational care, which obviously do not apply to  
45 children in a family-based arrangement, simply because you  
46 have a rostering arrangement. You have the issue to do  
47 with capability and competency and skills of those paid

1 employees.

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47

Residential care has a unique sort of arrangement of care giving, which is not a facsimile of what it would be in an ordinary family home. So, yes, statistically, I couldn't comment, but I could certainly suggest that there are unique identifiers in residential care which provide a requirement for a high level of monitoring and safety.

MS FURNESS: Are the requirements for residential care staff the same as the requirements for foster carers?

MR KEMP: No.

MS FURNESS: Which is more rigorous?

MR KEMP: The residential care certainly should be more rigorous, in terms of the requirement to appoint and recruit and monitor and safeguard staff. If they are an employed staff, you certainly have more arrangements around safeguarding, which you wouldn't ordinarily do because they are not employees - foster carers are not employees. They are - we have a volunteerism model.

MS FURNESS: Thank you, Mr Kemp. Next, Ms Haire.

<CATHERINE ELISE HAIRE, affirmed: [12.10pm]

MS FURNESS: Ms Haire, would you tell the Royal Commission your full name and occupation.

MS HAIRE: My name is Catherine Elise Haire and I'm deputy secretary, Service Design and Operations in the Department of Health and Human Services, Victoria.

MS FURNESS: What does Service Design and Operations mean?

MS HAIRE: It encompasses the four operational divisions of the department - the State is divided into four what we call divisions, geographic areas, north, south, east and west.

MS FURNESS: Perhaps you could move closer to the microphone.

MS HAIRE: So the State is divided into four operational

1 areas, north, south, east and west. Each of those is  
2 headed up by a deputy secretary. They deliver all of the  
3 human services part of our portfolio in Victoria. Those  
4 four divisions report to me, and I also have the service  
5 design teams who operate out of central office, who are  
6 responsible for the program and service design for our  
7 human services, in central office, who report to me.

8  
9 MS FURNESS: So each of the four regions is responsible  
10 for child protection and out-of-home care within each  
11 region?

12  
13 MS HAIRE: The delivery of child protection in each  
14 division is the responsibility of the division, and they  
15 come into central through me.

16  
17 MS FURNESS: In central, if I can refer to it as that, you  
18 set the overarching policy and practices and procedures,  
19 which each region carries out or implements?

20  
21 MS HAIRE: That's right. Well, in fact, there is - and  
22 we - there is a collaborative relationship between the  
23 people who deliver the services in the divisions and the  
24 people who work in the central office, about best design  
25 and implementation of policy.

26  
27 MS FURNESS: In Victoria, nearly all home-based and  
28 residential care is operated by the NGO sector?

29  
30 MS HAIRE: Not quite. Kinship care is operated largely by  
31 the department, which makes up 50 per cent of our care  
32 type. But the vast majority of - all of foster care is  
33 operated by the NGO sector, and the vast majority of  
34 residential care.

35  
36 MS FURNESS: So perhaps you could help us out with your  
37 statistics.

38  
39 MS HAIRE: Sure. At the 30 June last year, as you said  
40 earlier, 7,710 children in out-of-home care in Victoria.  
41 50 per cent of those are in kinship care, which was 3,877.  
42 28 per cent in foster care, 2,132. 7 per cent in  
43 residential care, which was 515. We also had 15 per cent  
44 on permanent care orders, which would be permanent care to  
45 a family, which was 1,136. We have a small number of  
46 independent living transitional arrangements for children  
47 who are reaching the end of the care - they are ageing out

1 of care.

2

3 MS FURNESS: Of the 50 per cent who are in kinship care,  
4 was that the result of any decision-making process as to  
5 why those would remain in State responsibility?

6

7 MS HAIRE: There are 750 of the 3,877, which are managed  
8 by non-government organisations, but the majority of them  
9 are managed by the department and have always been so. The  
10 750 were outsourced in approximately 2009, at a time when  
11 the system was under a great deal of pressure and it was  
12 proposed to do that as part of releasing the pressure on  
13 the child protection workforce to concentrate on the  
14 reports and investigation, so the case management of the  
15 kinship care was moved to the non-government sector for  
16 750.

17

18 MS FURNESS: Are there any current plans afoot to move  
19 more children to the non-government sector?

20

21 MS HAIRE: Not currently, no.

22

23 MS FURNESS: Do you have any measure by which you can be  
24 confident that the safety in respect of child sexual abuse  
25 of the children not under the care of your department but  
26 under the care of non-government organisations can be, if  
27 not assured, at least thought better?

28

29 MS HAIRE: We don't have a specific measure for that. We  
30 do collect data on reports and on substantiations of abuse  
31 by carers, which you have referred to earlier, but we don't  
32 have a specific safety measure.

33

34 MS FURNESS: Of those substantiations that you have  
35 received, is there any work that is ordinarily done to  
36 consider where those children were at the time of the  
37 report that was substantiated - whether they were in care  
38 managed by the State or a non-government organisation?

39

40 MS HAIRE: Yes, there is.

41

42 MS FURNESS: Is that done in order to follow up the  
43 circumstances of the --

44

45 MS HAIRE: It's largely done in relation to the individual  
46 cases as opposed to a systemic approach to the types of  
47 care.

1  
2 MS FURNESS: Thank you, Ms Haire. Having all witnesses  
3 sworn in, can I turn to the first topic that we asked you  
4 to consider, which is the screening of carers and staff as  
5 well as carers' household members, in addition to the  
6 second topic, which was the assessment of carers. I think  
7 each of you would accept that whether and what is checked  
8 varies according to the type of care provided. Does anyone  
9 disagree with that proposition?

10  
11 MS WALK: No.

12  
13 MS JACKSON: No.

14  
15 MR HARRISON: No.

16  
17 MR KEMP: No.

18  
19 MS HAIRE: No.

20  
21 MS FURNESS: It seems in Victoria, Ms Haire, that kinship  
22 care is exempt, I think by legislation, from the Working  
23 With Children Check process; is that right?

24  
25 MS HAIRE: Kinship care is not subject to Working With  
26 Children Checks, that's correct.

27  
28 MS FURNESS: Why is that so?

29  
30 MS HAIRE: It goes a little bit to the nature and the  
31 purpose of kinship care, and it is the result of largely  
32 history. It also relates partly to the requirements in our  
33 Act, the Children, Youth and Families Act. So, as my  
34 colleague Tony described, kinship care is often sought at  
35 a crisis time, and at a time when there is some urgency in  
36 finding a place. So it's often child protection seeking to  
37 find a home very quickly - a safe home very quickly for  
38 children.

39  
40 Our Act requires as one of the best interest  
41 principles that we privilege placing children within their  
42 family, and so we - and generally, the process of seeking  
43 a kinship care placement is one where child protection is  
44 seeking to find a family member who would be happy to care  
45 for the child, which is somewhat different to the situation  
46 of foster carers or residential carers who tend to come to  
47 us, well, come to the NGOs, with an offer of caring for

1 children. So it is a somewhat different scenario.

2

3 MS FURNESS: But having placed the child with the family  
4 member, in an urgent or emergency situation, and the child  
5 remains there, there is no checking process that happens  
6 then?

7

8 MS HAIRE: There are a number of checking processes that  
9 take place. We do a police records check before placing  
10 the children, and a police records check includes all adult  
11 members of the family who would be staying - who live there  
12 or frequently stay overnight in the house. We also do an  
13 international police records check, if that is relevant.  
14 And we also check the child protection records - what we  
15 call the CRIS - the name of our database - to determine  
16 whether the carer or any member of the family has been  
17 named in a child protection case previously. So we have a  
18 number of checks. The child protection workers also visit  
19 the house to ensure that it's a safe environment for the  
20 child to live in and discuss safety and related matters  
21 with the family.

22

23 MS FURNESS: Let me stop you there for the moment. Are  
24 each of the checks you have described checks that occur  
25 before placement?

26

27 MS HAIRE: Yes.

28

29 MS FURNESS: All of them?

30

31 MS HAIRE: So the police records check and the  
32 international records check, if that is relevant, and the  
33 check of the child protection record takes place  
34 beforehand. The visit to the home to check on the safety  
35 of the physical home may happen after the placement has  
36 occurred.

37

38 MS FURNESS: Thank you. Mr Kemp, can I ask you whether  
39 you have different screening requirements in respect of  
40 kinship care?

41

42 MR KEMP: No, they would be very similar in both - in  
43 terms of architecture and time of delivery. The safety  
44 check of the house is ordinarily conducted prior to  
45 placement, whenever it's possible to do so. Sometimes,  
46 it's not. But the police record check and the child  
47 protection check, the reference check, if applicable, are



1 as soon as possible, and a safety check is conducted prior  
2 to placement wherever possible.

3

4 MS FURNESS: And the Working With Children Check is going  
5 to be implemented later this year in Tasmania?

6

7 MR KEMP: Indeed. The first phase has just been rolled  
8 out in regard to early years. We're the next cab off the  
9 rank, which starts on 1 April through to October, in which  
10 all carers, including kinship carers and all people over  
11 the age of 16 in a kinship arrangement or a foster care  
12 arrangement have to have a Working With Children Check,  
13 yes.

14

15 MS FURNESS: What precipitated that?

16

17 MR KEMP: The Working With Children Check?

18

19 MS FURNESS: Yes.

20

21 MR KEMP: I think it was simply that - it was a recognised  
22 national and international standard of safety checking for  
23 our caregivers and Tasmania had not moved from what was  
24 a character checking to a legislative basis for that, so it  
25 was simply an evolution of our legislation to ensure that  
26 we were in step with the rest of the Commonwealth in that  
27 regard.

28

29 MS FURNESS: Did the National Framework have any part to  
30 play in you adopting a Working With Children Check regime?

31

32 MR KEMP: I'm sure it created the narrative or the context  
33 within which it happened, but I think certainly - you know,  
34 the Working With Children Check has been an integral part  
35 of safety checking for a number of jurisdictions for a very  
36 long time. Tasmania passed legislation in 2013, but I'm  
37 sure it was within the larger narrative of and all the  
38 language surrounding the framework, and the greater  
39 visibility about care giving and this Commission, I'm sure,  
40 contributed to a greater sense of urgency about putting it  
41 in place.

42

43 MS FURNESS: Mr Harrison, do you have different  
44 requirements in screening for kinship or non-kinship  
45 carers?

46

47 MR HARRISON: Generally speaking no, but I think once

1 again there is a bit of context around that in the sense of  
2 picking up on some comments earlier about the emergency  
3 nature of placements sometimes. If it is at intervention,  
4 typically late at night, during the early hours of the  
5 morning, we would certainly look at a placement with a next  
6 of kin and that wouldn't necessarily allow us to do a full  
7 range of Working With Children Checks. But if it becomes  
8 a more permanent arrangement, either through an  
9 investigation assessment, court order, a 12-month order or  
10 up to 18 years order, all of our next of kin would be  
11 subject to a full Working With Children Check, as a foster  
12 care arrangement would be at the same time. And I saw some  
13 figures very recently in relation to a small number - and  
14 I would just be guessing here - around about 15 or  
15 18 per cent - could be 20 per cent - of our next of kin  
16 potential placements were not facilitated or followed  
17 through because of those concerns with Working With  
18 Children Checks when the results of that came back.

19  
20 Generally speaking, if it is a more permanent  
21 arrangement, it would be subject to a full-blown Working  
22 With Children Check. If it was that short-term emergency  
23 scenario, we would look at a placement generally through an  
24 agreement process, then we would move into the more formal  
25 order process where we take greater levels of control and  
26 involvement about the longer-term placement.

27  
28 MS FURNESS: Is there any legislative requirement that you  
29 do check - in terms of the Working With Children Check -  
30 kinship carers?

31  
32 MR HARRISON: I think there may be under the Children  
33 Protection Act, in the sense of the prescribed persons  
34 within the legislation. I would go as far to say that  
35 I believe that would actually be inclusive of next of kin  
36 carers, as prescribed persons who would be set up subject  
37 to a Working With Children Check now as well. So it is  
38 certainly policy. I'm reasonably sure it is also the  
39 legislative provision as well.

40  
41 MS FURNESS: Thank you. Ms Jackson, do you have different  
42 screening or checking requirements for kinship carers?

43  
44 MS JACKSON: We certainly do. So, like my colleagues  
45 here, there is a provision for executive directors to make  
46 an emergency placement, but I need to be clear that would  
47 not distinguish kinship placements versus general

1 placements, so it is the same approach and measure. For  
2 kinship carers, the same as generalist carers, we do  
3 a carer home environment check; a criminal history check;  
4 an Ochre Card check, which is our Working With Children  
5 Check equivalent; a medical check; two-by referee reports;  
6 a CP history check; and then a full forensic assessment of  
7 the individuals before the child is placed. We also, if in  
8 urban locations, insist on the training - so that is the  
9 carer induction and training. If they are in a remote  
10 community setting, that is certainly - I'm acknowledging  
11 that the training component wouldn't occur.

12  
13 MS FURNESS: Just in terms of residential situations, do  
14 you have a different approach to residential carers being  
15 checked?

16  
17 MS JACKSON: So --

18  
19 MS FURNESS: A different approach, in that the way in  
20 which you carry out checks on those people who probably  
21 reside in a residential facility to look after those who  
22 live there, is the checking process different or the same  
23 as foster carers?

24  
25 MS JACKSON: I will need to clarify that because the  
26 residential facility that's operated by the department, we  
27 have staff, and they are subject to a criminal history  
28 check, a Working With Children Check and a CP check. If it  
29 is an external residential facility - so we're purchasing  
30 the service - we have either a service agreement, an  
31 individual agreement or a tendered arrangement with that  
32 organisation, which would subject them to the same due  
33 diligence for their staff. So our expectation is that they  
34 have a Working With Children Clearance, a current criminal  
35 history and we are moving into child protection checking  
36 for those organisations whereby we're purchasing the  
37 service provision.

38  
39 MS FURNESS: So is it the case that you don't check your  
40 child protection database in respect of who?

41  
42 MS JACKSON: External service providers.

43  
44 MS FURNESS: So you don't check it in relation to those  
45 individuals engaged by the independent service provider who  
46 are actually on the ground in the residential care; is that  
47 right?

1  
2 MS JACKSON: In external residential care facilities, yes,  
3 because the very nature of the service agreement or  
4 a tendered arrangement would mean that we have an  
5 expectation that those organisations have subjected their  
6 staff to the same rigour that we would.

7  
8 MS FURNESS: How would a non-government provider get  
9 access to your child protection database to make that  
10 check?

11  
12 MS JACKSON: They can seek for a child protection history  
13 check.

14  
15 MS FURNESS: Is that something that is routinely done?

16  
17 MS JACKSON: No.

18  
19 MS FURNESS: And you don't do it for them, as it were?

20  
21 MS JACKSON: No, but we are moving into that. So all of  
22 the new arrangements with our external providers will make  
23 them subject to that.

24  
25 MS FURNESS: Why have you moved in that direction?

26  
27 MS JACKSON: I think it's been very evident across other  
28 jurisdictions that there is a problem with residential  
29 care, with the staff and not having enough due diligence  
30 and the wrong kind of people being employed.

31  
32 MS FURNESS: What else do you do in relation to  
33 residential facilities and staff to deal with what you have  
34 identified there as the problem?

35  
36 MS JACKSON: So internal staff - internal facilities, the  
37 staff are trained. I don't profess that it's the best  
38 training across Australia, but there is training that is  
39 provided to them. We have lots of other parties entering  
40 the facilities, so the facilities are open and transparent.  
41 You might have police or health or youth justice, other  
42 government workers in there. The children are certainly  
43 inducted, offered the charter of rights, part of the house  
44 meetings, and probably the most significant thing that  
45 we've done in the last 12 months is we now have placement  
46 meetings. Namely, we have concentrated on the residential  
47 facilities, but we are quickly moving into the

1 fostering/kinship arena, and that's inviting that child to  
2 be part of that placement discussion, so that their views  
3 and wishes are recorded and it's another opportunity,  
4 I guess, for the child to disclose or to make some  
5 relationships with other adults external to the facility  
6 itself.

7

8 MS FURNESS: So those meetings you are referring to, are  
9 the people who operate the residential facility - that is,  
10 the individuals working there or living there - part of  
11 that meeting?

12

13 MS JACKSON: So we will have the child. If it's an  
14 internal DCF facility, we will have the placement unit  
15 manager, who reports to me directly, not a staff member  
16 from the facility.

17

18 MS FURNESS: So somebody who is external to the facility?

19

20 MS JACKSON: That's correct.

21

22 MS FURNESS: But has some responsibility.

23

24 MS JACKSON: Correct. If it is an external service  
25 provider, we will have a representative from that service.  
26 We also seek in every instance that an invite - a formal  
27 invite - is sent to the case manager. So it is our  
28 expectation that a case manager, if they don't attend in  
29 person, will dial in, and we offer that facility.

30

31 MS FURNESS: Is that a case manager that doesn't work  
32 there?

33

34 MS JACKSON: That's correct. The case manager assigned to  
35 the individual client or child. On some occasions,  
36 depending on the nature of the placement or the nature of  
37 the child, we may have others attend the meeting.

38

39 MS FURNESS: Including people who are actually performing  
40 the service on the ground?

41

42 MS JACKSON: So we don't have - our staff on the ground in  
43 a DCF residential facility are called physical 4s. That's  
44 the classification of their employment, their role. No, we  
45 don't have those, but we would invite a team leader - so  
46 the professional staff member - in the DCF internal is  
47 often invited. There is also an opportunity for a written

1 report to be provided around the child, if there was  
2 something significant that has occurred in the placement.

3

4 MS FURNESS: So, just coming back to the problems you have  
5 identified in residential care, what do you think you could  
6 do that you are not doing now that might go some way to  
7 solving those problems?

8

9 MS JACKSON: So for the external providers, we're moving  
10 to ensuring that a CP check is facilitated. I think it is  
11 a moving feast for everyone. I think we have to  
12 continually provide those opportunities for children to  
13 form and have relationships with others, and others could  
14 mean anyone, whether it's a sporting event or another  
15 service provider that is part of the child's case  
16 management; making sure that they are transparent, as in  
17 there are lots of proper persons of authority going through  
18 the facilities; that we're doing spot checks of those  
19 facilities both day and night.

20

21 MS FURNESS: Do you do them?

22

23 MS JACKSON: We do. I have done them personally. So  
24 that's to put both the staff on notice and, if it is an  
25 external organisation, to let them know that we're out and  
26 about and we're checking everything from the compliance of  
27 whether they have a heat blanket in the kitchen or a fire  
28 extinguisher, through to the set-up of that facility and  
29 how the children are - like the bedroom arrangements,  
30 et cetera, the active staff member, passive staff member,  
31 to make sure if it is an active, that they are awake and  
32 opening the door when we're knocking on it.

33

34 I think, too, that the children just need a continual  
35 reinforcement that it is their right to complain and to  
36 tell us if something's not right, and I think the placement  
37 meetings are starting, slowly, to enforce that as part of  
38 their narrative, that complaining is okay, complaining is  
39 good. We can't fix something if we don't know. And just  
40 exposing them, as I said before, continually to lots of  
41 professionals all of the time.

42

43 MS FURNESS: Has the incidence of child-on-child abuse  
44 been raised in your jurisdiction --

45

46 MS JACKSON: Yes, it has.

47

1 MS FURNESS: -- in the Northern Territory?

2

3 MS JACKSON: Yes, it has.

4

5 MS FURNESS: Tell us about that.

6

7 MS JACKSON: I'm not comfortable enough giving a figure,  
8 but I could certainly go back and get a figure. My  
9 understanding, though, it is quite reduced. We are aware  
10 that we did provide statistics over the last 10 years, and  
11 they were sitting roughly at about 149, is my  
12 understanding. However, over the last six months, our  
13 figures are about 89, which would suggest either we weren't  
14 recording very well or people weren't reporting it. We're  
15 certainly forensically examining the latest numbers, which  
16 is the 89, so that we can have a better narrative around  
17 what's going on.

18

19 I think we need to acknowledge that it's occurring,  
20 it's very small numbers. I mean, the very nature of  
21 residential care and how we purchase it, particularly in  
22 the Territory, we're seeking for external NGO providers to  
23 provide care for 12- to 18-year-old males and females.  
24 That is a really high-risk period for behaviours. They are  
25 teenagers. When you are mixing genders, that's  
26 a difficulty. It is a difficulty when they are our  
27 children, in our own home. They are children that others  
28 might say are very street savvy and yet we know they are  
29 preyed upon outside of those facilities. So they are not  
30 as sophisticated, I don't think, as other children in  
31 relation to understanding that people are waiting to prey  
32 on them when they leave the facility.

33

34 MS FURNESS: So what strategies have you thought of or  
35 implemented to reduce that incidence?

36

37 MS JACKSON: I think we're bringing in lots of experts,  
38 whether it's about positive sexual health or how to provide  
39 safety for yourself. They have a case manager who is  
40 speaking with them at least once a month. I think the  
41 charter of rights certainly reinforces --

42

43 MS FURNESS: Do you think they read the charter of rights,  
44 Ms Jackson?

45

46 MS JACKSON: We do - per the induction they read the  
47 charter of rights. Whether they ever pick it up again I'm

1 not sure, no.

2

3 MS FURNESS: Is it stuck up on the wall in big print?

4

5 MS JACKSON: It is, and there are hard copy folders in  
6 every facility as well as the induction. They are  
7 physically getting a copy and we are physically going  
8 through what that is.

9

10 MS FURNESS: Just going back to bringing in lots of  
11 experts, tell me how practically that works in respect of  
12 residential care? Who have you brought in and with what  
13 frequency?

14

15 MS JACKSON: I believe it is health that we've engaged for  
16 the sexual health discussions. I know there's tight  
17 partnerships with - and I'm not being vague, what I'm  
18 saying is I don't know which particular organisation, so  
19 either NAPCAN or CREATE, being brought in to talk to the  
20 young people about safety. We have really good  
21 relationships with particularly NAPCAN, CREATE and FCANT,  
22 which is our Foster Care Association Northern Territory.

23

24 MS FURNESS: How do you manage, given the remote areas  
25 that exist in your Territory, with those experts being  
26 available on a sufficiently regular basis to provide the  
27 sort of advice and care you have spoken of?

28

29 MS JACKSON: I'm talking specifically about residential  
30 care, and residential care is in the urban locations; it  
31 isn't in the remote communities.

32

33 MS FURNESS: I see. Thank you, Ms Jackson.

34

35 THE PRESIDING MEMBER: Just before we move on to Ms Walk,  
36 may I check a couple of matters with you, Ms Jackson.  
37 Firstly, going back to what you have told us about the  
38 non-differentiation between kinship care placement and  
39 general placement, just to make sure we've understood that  
40 correctly, I understood that you said there was provision  
41 for executive directors to make emergency placements. So  
42 does that mean that emergency placement is done at  
43 departmental level without the checks?

44

45 MS JACKSON: No. I will qualify that. Every executive  
46 director - my colleagues talked about the emergency  
47 placement issue. So if we have a statutory matter and it's



1 a child in a remote community - I will give that example -  
2 there is a provision that you could make an emergency  
3 arrangement for three days only. So that doesn't matter --  
4

5 THE PRESIDING MEMBER: Without all of those checks that  
6 you spoke of.  
7

8 MS JACKSON: No, but you have 72 hours to ensure that all  
9 those checks are under way and that you have the outcome,  
10 particularly for either an exception for the Working With  
11 Children Check, the police check's been in and that we've  
12 qualified the child protection check.  
13

14 The reason I'm using the terminology "executive  
15 director", because they would be my colleagues, the  
16 colleagues that are running the three regions in the  
17 Northern Territory in charge of child protection. They  
18 would then, from that intelligence, make a decision whether  
19 they would seek an interim placement arrangement. So the  
20 case manager would go through all those other things that  
21 I described before. If it is kinship carers, prospective  
22 kinship carers, they would talk to them. They would fill  
23 out the first lot of forms. They would submit all of  
24 those, inclusive of all the checks - so you still have to  
25 have all the referee reports, the home safety check,  
26 et cetera - and I, as the executive director of out-of-home  
27 care, would approve or not approve that interim  
28 arrangement.  
29

30 After the interim arrangement has been approved, there  
31 is then a 12-week period for the full assessment to occur  
32 to make that full determination that whoever has been  
33 nominated will be authorised carers within the department  
34 of DCF. We don't use that that often, but I wanted to be  
35 honest that there was still, of course, that emergency  
36 provision for placing a child if it was after hours and in  
37 a remote community.  
38

39 THE PRESIDING MEMBER: Thank you. Could I ask you now  
40 a question about the placement meetings. It's not strictly  
41 this particular topic, but I noticed that Ms Jackson's not  
42 in a monitoring section, so I might ask you this question  
43 about those placement meetings that you spoke of. How long  
44 have they been in place in the Territory? How long have  
45 you been using that?  
46

47 MS JACKSON: The division was only established on

1 25 November 2013. I would be very comfortable telling you  
2 that the placement meetings have been going at least seven  
3 months. After the last hearings of the Royal Commission in  
4 Darwin, we certainly came back and really tightened up what  
5 those meetings would look and feel like, and we took  
6 particular note of the child's views and wishes and that it  
7 was an opportunity to bring the child in.  
8

9 So wherever possible, that child is physically brought  
10 in to those meetings now as a matter of course, and  
11 a recording of their views and wishes. We have found -  
12 I haven't got data to provide you, but I am very  
13 comfortable in stating that we have been able to stabilise  
14 placements that weren't stable previously by taking on  
15 board what the child thinks about either their current  
16 arrangement or where they think they would be best placed.  
17

18 THE PRESIDING MEMBER: So would it be correct to assume at  
19 the moment that the program hasn't been running long enough  
20 to have conducted an evaluation of its success?  
21

22 MS JACKSON: No.  
23

24 THE PRESIDING MEMBER: In particular, directed at what the  
25 child or young person has to say about the effectiveness of  
26 it for him or her?  
27

28 MS JACKSON: No, not yet.  
29

30 THE PRESIDING MEMBER: Is that planned?  
31

32 MS JACKSON: That is planned, and we have no intention of  
33 ceasing this arrangement. In fact, our intention is to  
34 expand it into foster and kinship placements.  
35

36 THE PRESIDING MEMBER: So what evaluation mechanisms are  
37 in place at the moment to give us a sense of what is under  
38 way?  
39

40 MS JACKSON: Probably nothing much in that arena, but we  
41 have - the meeting minutes are formalised, so there are  
42 minutes from those, with agreed-to actions. We will get  
43 more into how we might evaluate and monitor that, but  
44 certainly the meetings are monthly, so it's quite a tight  
45 follow-up, because we only - unless we're noting that this  
46 particular action won't happen for 12 weeks, it's usually  
47 quite tight, because we're all coming back in a month.

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THE PRESIDING MEMBER: So just to be clear about that, there is a developing plan for an evaluation of the program?

MS JACKSON: Absolutely.

THE PRESIDING MEMBER: And can you give us a sense of when that will be a properly formed plan?

MS JACKSON: Within six months, I would hope.

THE PRESIDING MEMBER: Thank you. Thank you, Ms Furness.

MS FURNESS: Ms Walk, can I firstly ask you about kinship carers. Do you have any different checking or assessment requirements for kinship carers than others?

MS WALK: In terms of the probity checks that we carry out, there are two checks that are done for foster carers that are not done for kinship carers. One is a personal referee check, and the other is a previous carer check. They obviously are not as relevant in terms of the previous carer check for kinship carers because they are generally being asked to take on the child. But the identity check, the KiDS record check - that's our checking our database - the FACS database, the national criminal history record check is the same, and the completed Working With Children Check.

In terms of the time scale about when one needs to do an emergency placement with kin, we have a system with the national criminal history record check that we check with the local area command within the first - to give us five working days, about whether there are any criminal history records that might give us concern before placement, and similarly, the Working With Children Check needs to be under way, so that you can then have five days. The Working With Children Check is obviously done externally.

The adult household members - so other people in the household - that's another area that we do probity checks on for either kin or foster. They are the same. The 100 point referee check, the KiDS record check, the national criminal record check and the Working With Children Check. The Working With Children Check, since 2013, has been somewhat strengthened than it had in the past, and it is an

1 ongoing check. So any further criminal actions that might  
2 take place will be notified.

3

4 MS FURNESS: Can I put that in terms of refreshing? So it  
5 is the case that if the criminal record of a person  
6 relevant to you changes, in that a charge is made or even  
7 a conviction, you will be automatically informed of it?

8

9 MS WALK: Not necessarily the agency but certainly the  
10 agency who runs the Working With Children Check will be  
11 informed and will obviously inform others. We have  
12 a regulator of out-of-home care who accredit out-of-home  
13 care, so you cannot be delivering accredited out-of-home  
14 care unless you have authorised carers and the process that  
15 I described is one mechanism for authorising your carers.

16

17 MS FURNESS: So it is the case with the Working With  
18 Children Check that it should capture charges in addition  
19 to convictions, notwithstanding whether that charge is gone  
20 ahead with or not; is that right?

21

22 MS WALK: That's my understanding, if I can just --

23

24 MS FURNESS: The criminal record check that you do in  
25 terms of an emergency placement, do you know whether that  
26 covers charges as well as convictions?

27

28 MS WALK: I am not certain. I do know that if we have  
29 done the local area command check, that we still obviously  
30 need to do the national criminal records check. So I will  
31 just check for you.

32

33 MS FURNESS: Ms Haire, do you know that when you do the  
34 national criminal check as a form of assessment in relation  
35 to an emergency placement, that that captures charges as  
36 well as convictions?

37

38 MS HAIRE: No, just convictions.

39

40 MS FURNESS: Is that your understanding too, Mr Kemp?

41

42 MR KEMP: Yes.

43

44

45 MS FURNESS: Mr Harrison?

46

47 MR HARRISON: It maybe slightly different in the sense

1 that we're now operating virtually under a centrally  
2 administered screening process, which is housed within  
3 a government department, communities and social inclusion.  
4 My understanding is that the so-called Working With  
5 Children Check is always inclusive of the national police  
6 clearance check but also now extends to unsubstantiated  
7 child protection information, which can obviously look at  
8 behaviours as well as substantiated through  
9 conviction-based processes as well.

10  
11 MS FURNESS: Let me stop you there. I understand the  
12 Working With Children Check, generally speaking, covers  
13 charges. My question was whether the Australian or  
14 national check that I think most of you have referred to  
15 that you conduct before you even place a child with  
16 a temporary or kinship carer is just conviction based?  
17

18 MR HARRISON: My understanding is certainly it is  
19 conviction based only. The national police clearance check  
20 is conviction based only. In South Australia, we don't do  
21 a national police clearance check only any more. All of  
22 our checks are Working With Children Check, which is  
23 inclusive of the national police clearance check for  
24 conviction based, but also that secondary aspect of  
25 information from child protection databases, inclusive of  
26 unsubstantiated information as well.  
27

28 MS FURNESS: But a Working With Children Check takes some  
29 time. If it is an emergency placement, you might put that  
30 in place but you are not going to get the answer before you  
31 place the child.  
32

33 MR HARRISON: Very much so. As I previously alluded to,  
34 if it is going to be a more permanent arrangement rather  
35 than short term, it would be subject to a full Working With  
36 Children Check, not just a national police clearance check.  
37

38 MS FURNESS: Thank you. Ms Jackson, do you have anything  
39 to add in respect of that check?  
40

41 MS JACKSON: Certainly. A national police history check  
42 will just be charges. If you --  
43

44 MS FURNESS: Will just be charges?  
45

46 MS JACKSON: Sorry, will just be conviction. Thank you.  
47 If you have any concerns by the nature of the convictions

1 or the types of offences, we often get a caveated police  
2 history as well; we do that quite regularly. That's the  
3 only time you will get to look at spent convictions, which  
4 we may be interested in if there is enough of a history,  
5 either a pattern of offending behaviour or a pattern of  
6 particular offence types that we believe it warrants  
7 a further look.

8  
9 MS FURNESS: When you say "caveated police history", does  
10 that include other than spent convictions - charges,  
11 acquittals?

12  
13 MS JACKSON: It does. It includes everything, and will  
14 give every jurisdiction. National police history will  
15 just - of course you will know by the conviction where that  
16 occurred, but a caveated one might start with South  
17 Australia, Queensland, and put all of the - now I'm getting  
18 confused - all of the --

19  
20 MS FURNESS: I would like to help you, Ms Jackson, but I'm  
21 not quite sure --

22  
23 MS JACKSON: All of the --

24  
25 MR HARRISON: Conviction based.

26  
27 MS JACKSON: Thank you. That's what I mean.

28  
29 THE PRESIDING MEMBER: And restraining orders?

30  
31 MS JACKSON: Yes.

32  
33 MS FURNESS: Back to you, Ms Walk. In relation to  
34 residential care, you have heard me ask questions about  
35 strategies to ensure the safety of children, given that  
36 that is, as Ms Jackson said, a problem area. What do you  
37 do in New South Wales?

38  
39 MS WALK: The residential agencies need to be accredited,  
40 and the standards that the accreditation agency - the  
41 Office of the Children's Guardian - uses has a number of  
42 standards specifically related to children's safety. They  
43 can't maintain their accreditation unless they address the  
44 safety - I'm saying "they" because they are generally the  
45 non-government agencies. FACS, in terms of the one secure  
46 agency that we run, what we do there in terms of safety is  
47 - obviously in terms of staff - national criminal check,

1 Working With Children Check, licensing by the security  
2 licensing and enforcement directorate in terms of the  
3 staff, a minimum Cert III in a relevant field and obviously  
4 lots of training and support for the staff that work in  
5 that area. We track - it is a lag indicator - but any  
6 allegations of any abuse that occurs.

7  
8 FACS, as a funder of the non-government sector, not as  
9 a regulator, our local contract managers would have lots of  
10 contact with the local providers in residential care; would  
11 visit on occasions and would also be really managing to the  
12 contract as well.

13  
14 Case management is another area in terms of who is the  
15 case management. So clearly, the caseworkers who have  
16 casework responsibilities for the child or young person in  
17 care is another area.

18  
19 MS FURNESS: Does a New South Wales department caseworker  
20 still have case management responsibility?

21  
22 MS WALK: For some children in residential care, yes, and  
23 we have --

24  
25 MS FURNESS: Even if the NGO is operating the residential  
26 facility?

27  
28 MS WALK: With some children, yes, that might still be the  
29 case. So they are what we call our ISS - our intensive  
30 support service workers, and there are about 50 of them  
31 throughout New South Wales. They, I know, have  
32 a particular concern; have worked with Victoria around some  
33 of the concerns around child sexual exploitation and how  
34 vulnerable these young people are, both internally and  
35 externally, to some security issues. So they have been  
36 working with local police where they have any concerns  
37 where young people might be being targeted. So they work  
38 quite closely.

39  
40 Obviously we have a system called the regional  
41 implementation group that has developed since we've been  
42 doing the transition and they will often have discussions  
43 and other things around both matching children as well as  
44 the safety and security of local children. So they will  
45 take a local approach and look at what is happening for  
46 children in care locally.

1 MS FURNESS: Are you able to tell us the frequency with  
2 which your caseworkers visit residential facilities in  
3 circumstances where those facilities are operated by  
4 non-government organisations?  
5  
6 MS WALK: I can get that data for you.  
7  
8 MS FURNESS: Do you keep that?  
9  
10 MS WALK: The local contract managers would certainly keep  
11 that data as well as the caseworkers would keep that data  
12 on the particular children, yes.  
13  
14 MS FURNESS: So would it be the case that you would have  
15 to go into each KiDS file to determine whether, as a matter  
16 of fact, they visited, as opposed to a matter of policy  
17 they visited.  
18  
19 MS WALK: I would need to check exactly. The contract  
20 managers may well have it via agency, which I think is what  
21 you are asking - do we keep that data by agency as opposed  
22 to by child or geography? I can check that.  
23  
24 MS FURNESS: You understand that the frequency of contact  
25 between a caseworker and a child has been an issue for  
26 years?  
27  
28 MS WALK: Yes.  
29  
30 MS FURNESS: In the event that the caseworker is indeed  
31 additional to the caseworker arrangement that the NGO has  
32 with its facility, one might be forgiven for thinking that  
33 the visiting might be less frequent?  
34  
35 MS WALK: It really depends on the circumstances. Some of  
36 these residences might be quite small or some might be  
37 somewhat larger. Some of them might be groups of children  
38 living in a residence, like sibling groups, so they may  
39 well be visited very frequently. It would be difficult to  
40 make a guess on that, but I can certainly get two parts of  
41 the data that might answer your question. One is the  
42 frequency that contract managers visit the local agency.  
43 The second was the FACS caseworkers who might well have  
44 children or young people in the residences. The third one,  
45 I suppose, is caseworkers in an NGO, where children are in  
46 a residence, because they might not be the workers in the  
47 residence who have case management of an NGO.



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MS FURNESS: The purpose of the contract manager visiting is to ensure compliance with the terms of the contract?

MS WALK: Yes. Compliance with the terms of the contract, section 3 of the contract, is around the safety and welfare and wellbeing of the child. So it's not just about some of the physical or the financial aspects. It would be about good care of the child or young person.

MS FURNESS: In relation to residential care, the expectation would be that the contract manager and the caseworker would be visiting - the frequency depending on a number of circumstances - and each would have or should have concern for the safety of the child as part of the visiting process; is that right?

MS WALK: The contract manager would have concern for the way that the residence was being run. They wouldn't necessarily be checking on individual children.

MS FURNESS: No, that person may well not sight an individual child.

MS WALK: That's right.

MS FURNESS: But you would expect the caseworker to sight the child for which they were responsible, as it were?

MS WALK: Absolutely.

MS FURNESS: Just moving to child-on-child abuse, are there any strategies that the department has in place in relation to that issue?

MS WALK: We have been following this discussion for some years. Our Office of the Senior Practitioner has been engaged in doing quite a bit of training and awareness raising generally around sexual abuse, so whether - not necessarily focusing on child-on-child, but raising it generally. Last year we had a really well-attended casework seminar with both government and non-government agencies to raise some of the issues, in particular around adolescents, and we've done some training further on that.

Our connecting carers organisation that we specifically fund does a lot of training for carers around

1 sexual abuse in care, and children who have come into care  
2 who might exhibit problematic sexual behaviours, as well as  
3 children who may have come in having been sexually abused.  
4 So that's a very frequent topic on the calendar in terms of  
5 training because our carers are generally concerned about  
6 it.

7  
8 We have seen the Commission's paper and have further  
9 commissioned the Parenting Research Centre to do some  
10 further work on that aspect of the situation for kids in  
11 care.

12  
13 MS FURNESS: Sorry, what have you commissioned?  
14

15 MS WALK: The Parenting Research Centre that did the paper  
16 that I think you quoted in your opening. We've been quite  
17 interested in some of the comments that they have made in  
18 that paper and we've commissioned them to do some further  
19 exploratory work. For us, that's partly about are we more  
20 able to identify children coming into care, other tools  
21 that we use - are they sensitive enough to this issue? And  
22 are we equipping children who may be exhibiting problematic  
23 sexual behaviours - are we equipping the care circle around  
24 them, if you like, both the caseworkers and carers, well  
25 enough to be able to do some early identification and some  
26 support work for those children.  
27

28 MS FURNESS: Ms Walk, can you provide us with whatever it  
29 is that you provided to the Parenting Research Centre to  
30 indicate the work that you wanted them to do?  
31

32 MS WALK: Yes, we've just verbally commissioned them at  
33 the moment to do that work. When we have it fully scoped  
34 up, we will.  
35

36 MS FURNESS: Presumably you will put it in writing?  
37

38 MS WALK: Absolutely.  
39

40 MS FURNESS: I note the time, your Honour.  
41

42 THE PRESIDING MEMBER: We will take the luncheon  
43 adjournment. I omitted to announce, Ms Furness, the timing  
44 of how the hearing day will be structured.  
45

46 MS FURNESS: I am sorry, your Honour. Ordinarily, the  
47 morning tea adjournment will be at 11.30 until about 10 to

1 12. It was earlier today because of the various technical  
2 requirements. Lunch will be from 1 to 2, and we will  
3 generally sit until 4, beginning at 10 in the morning.  
4

5 THE PRESIDING MEMBER: Yes. So we're going to take the  
6 luncheon adjournment now and resume at 2.  
7

8 MS FURNESS: Thank you.  
9

#### 10 LUNCHEON ADJOURNMENT

11  
12 MS FURNESS: Your Honour, just before I return to Ms Walk,  
13 Ms Haire, you were asked some questions earlier about the  
14 national criminal check and I understand that there is  
15 something more you wish to say?  
16

17 MS HAIRE: Yes, Ms Furness. I just wanted to clarify that  
18 the national criminal records check includes charges that  
19 have not --  
20

21 MS FURNESS: Been dealt with?  
22

23 MS HAIRE: Have not been dealt with, what's known as  
24 pending charges.  
25

26 MS FURNESS: Those charges, if they result in an  
27 acquittal, are they covered?  
28

29 MS HAIRE: No, they wouldn't be covered on the record.  
30

31 MS FURNESS: So charges that haven't proceeded further,  
32 convictions, but if a person is acquitted, there is no  
33 record at all?  
34

35 MS HAIRE: Correct.  
36

37 MS FURNESS: Thank you. Does anyone else want to say  
38 anything about that while it is raised? No?  
39

40 Coming back to you, Ms Walk, in relation to the  
41 checking process, there are checks that New South Wales  
42 carries out in relation to household members; is that  
43 right?  
44

45 MS WALK: Correct.  
46

47 MS FURNESS: According to your response, which is tab 2 of

1 the tendered volume, you indicate that household members 16  
2 years and above must undergo an NCHRC check. That's  
3 a national criminal history record check.  
4  
5 MS WALK: Yes.  
6  
7 MS FURNESS: And a KiDS - which is your database - record  
8 check, and that criminal record checks are optional for  
9 14-and 15-year-old household members. Who has the  
10 discretion as to whether to require children or adolescents  
11 of that age to undergo a check?  
12  
13 MS WALK: Who has the discretion to require?  
14  
15 MS FURNESS: Yes.  
16  
17 MS WALK: The agency.  
18  
19 MS FURNESS: So the agency responsible for the placement?  
20  
21 MS WALK: Correct.  
22  
23 MS FURNESS: And if it's your department?  
24  
25 MS WALK: That would be - we would have the discretion --  
26  
27 MS FURNESS: Would it be the caseworker or the caseworker  
28 manager who would make that call?  
29  
30 MS WALK: I'm not certain exactly who would make that  
31 call, so let me get back to you on that.  
32  
33 MS FURNESS: Thank you. In addition, a household member,  
34 for the purposes in New South Wales, includes anyone  
35 staying in the household for three weeks or more, anyone  
36 who regularly stays overnight in the home, and has their  
37 belongings there --  
38  
39 MS WALK: Yes.  
40  
41 MS FURNESS: And anyone who lives in a caravan, granny  
42 flat or any other type of dwelling on the property.  
43  
44 MS WALK: Yes.  
45  
46 MS FURNESS: That definition of household members, for the  
47 purpose of screening, has been in place for some time?

1  
2 MS WALK: We introduced screening in 2000 and tightened  
3 the screening in 2013.  
4  
5 MS FURNESS: So this definition reflects a tightening in  
6 2013?  
7  
8 MS WALK: That's my understanding, of the adult household  
9 members in particular.  
10  
11 MS FURNESS: Do you know whether there was any particular  
12 event or events which precipitated that change to enable  
13 quite a broad definition?  
14  
15 MS WALK: There were a number of changes. Since the  
16 introduction of the screening in 2000, there have been  
17 a number - a series of events. The Wood Special Inquiry  
18 was certainly one of them. The experience of the  
19 Commission itself screening was another. And obviously  
20 individual events as well that have meant that we want  
21 a more thorough screening of adult household members as  
22 well as carers.  
23  
24 MS FURNESS: Ms Jackson, in the Northern Territory, how do  
25 you define adult members of households for the purposes of  
26 screening?  
27  
28 MS JACKSON: Sixteen years and over, and very similar to  
29 what has been stated. So if you live in a caravan on a  
30 property, you would be deemed --  
31  
32 MS FURNESS: Sorry, slow down a minute. Sixteen years and  
33 over.  
34  
35 MS JACKSON: Yes.  
36  
37 MS FURNESS: What about 14- and 15-year-olds?  
38  
39 MS JACKSON: No.  
40  
41 MS FURNESS: Not optional, just don't do it?  
42  
43 MS JACKSON: Just don't do it. I believe it's 16 and  
44 over.  
45  
46 MS FURNESS: A national criminal history record check?  
47

1 MS JACKSON: Yes.  
2  
3 MS FURNESS: For adults 16 years and over?  
4  
5 MS JACKSON: I believe so, but I am happy to qualify that  
6 post this.  
7  
8 MS FURNESS: Perhaps you could check that. Anyone staying  
9 in the household for three weeks or more?  
10  
11 MS JACKSON: That particular note I am not familiar with.  
12 I would have to check that as well.  
13  
14 MS FURNESS: So as far as you know now, it's not covered,  
15 but you want to check to make sure; is that how I am to  
16 understand that?  
17  
18 MS JACKSON: Yes. I think our interpretation of household  
19 member is someone who lives in the house who is 16 years  
20 and over.  
21  
22 MS FURNESS: So that's the extent of it - lives in the  
23 house, 16 years and over?  
24  
25 MS JACKSON: Or on the property.  
26  
27 MS FURNESS: Or in a granny flat or caravan or other  
28 dwelling. So it's not optional for 14- and 15-year-olds.  
29 It doesn't include anyone staying in the household for  
30 three weeks or more?  
31  
32 MS JACKSON: No.  
33  
34 MS FURNESS: And it doesn't include anyone who regularly  
35 stays overnight?  
36  
37 MS JACKSON: No.  
38  
39 MS FURNESS: Has that requirement in relation to screening  
40 of household members in the terms you have described been  
41 in place for some time?  
42  
43 MS JACKSON: My understanding it has been in place for  
44 some time and certainly since my tenure.  
45  
46 MS FURNESS: You indicated that it was 16 years and above.  
47 Could it be 18 years and over?

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MS JACKSON: No, no, it's definitely 16 years and above.

MS FURNESS: There is a report that you provided to us, I think, in relation to this matter, behind tab 3. At page 3 of that report, at paragraph 19, what is said is:

*In addition, DCF -*

which I take it is your department -

*requires all adults - that is, those aged 18 years and over - who reside with the carer to also hold a working with children clearance.*

MS JACKSON: Yes. That's different, a Working With Children clearance. I was talking about we would do a check, a criminal history check, on 16 years and over. We don't prescribe that they have a Working With Children card. We only do that for 18 years and over.

MS FURNESS: So it is the case that a Working With Children clearance is required for those 18 years and over?

MS JACKSON: Yes.

MS FURNESS: And is it the practice, as you say, of the department, for those 16 years and over who are living in the house to receive a national criminal check?

MS JACKSON: Yes, or residing on the property.

MS FURNESS: Yes, and no further checking other than that?

MS JACKSON: No, and to qualify that statement, it's because the Working With Children card would not be the measure of suitability for us. I need to be very clear. It is one of the seven measures of suitability, as I have described with the assessment, the home check, the referee report, et cetera. So it's not being held up as a stand-alone item.

MS FURNESS: But in relation to 16 - between 16 and 18, it's a national criminal check?

MS JACKSON: Yes, or if those particular 16 and over are

1 subject to a child protection history.

2

3 MS FURNESS: Mr Harrison, South Australia?

4

5 MR HARRISON: I may have to check, but I'm reasonably  
6 confident saying our situation is definitely 18 years and  
7 over in all circumstances. It's a full Working With  
8 Children Check - so a Department for Communities and Social  
9 Inclusion - a DCSI check, as we refer to it - and it would  
10 be in the criterion that a person who was in a more  
11 permanent living arrangement at a premises would be  
12 captured by the criteria. I am unsure as to whether it  
13 would extend to someone in a granny flat or caravan on the  
14 property. My sense is it certainly would or should extend  
15 to anyone within the confines of the premises who is 18  
16 years and over.

17

18 MS FURNESS: What about 14 to 15, is it optional?

19

20 MR HARRISON: Well, it could be optional in the sense if  
21 somebody felt a need to pursue that, but certainly from the  
22 policy perspective it is mandated 18 years and over. My  
23 sense is practice would be that it's also 18 years and over  
24 as well.

25

26 MS FURNESS: New South Wales also has somebody staying in  
27 the household for three weeks or more.

28

29 MR HARRISON: That does not come to mind at all in the  
30 sense of our policy description but, as I said, I may have  
31 to check that level of detail for you.

32

33 MS FURNESS: And regularly stays overnight. That wouldn't  
34 be included in yours?

35

36 MR HARRISON: Well, I think "regularly", yes. Unless  
37 there was a definition within the policy document, my sense  
38 is regularly should be captured. If somebody's moved from  
39 an infrequent type scenario to a more regularly based  
40 scenario, I think they should definitely be captured by the  
41 policy guidelines.

42

43 MS FURNESS: You can't tell us whether they are or not?

44

45 MR HARRISON: No, I would have to check that level of  
46 detail for you.

47



1 MS FURNESS: Mr Kemp, Tasmania?

2

3 MR KEMP: Tasmania is currently in the situation whereby  
4 we are implementing our Working With Children Check  
5 regulations. Over the last couple of weeks we have been  
6 working with the Department of Justice in terms of defining  
7 the definitions. We're in quite a privileged position of  
8 being able to articulate as clearly as we possibly can all  
9 of the terms and conditions that apply to a Working With  
10 Children Check. The one that has been landed is the age 16  
11 years and over, and the issues that related to residency on  
12 or near or within a family home are all part of or subject  
13 to a definition of regulation at the moment that we're  
14 working through.

15

16 MS FURNESS: How did you come to 16 years and older?

17

18 MR KEMP: I think there was a sense that 18 was - you  
19 know, you have reached the age of majority and an awful lot  
20 of young people, certainly above the age of 16 years, are  
21 quite capable of conducting themselves in inappropriate  
22 ways and we therefore thought it was a reasonable age level  
23 and it also followed other jurisdictions, and some  
24 jurisdictions where they had determined that to be the  
25 case, we thought that was best practice and therefore have  
26 built it into our regulations.

27

28 MS FURNESS: What about thinking of 14- and 15-year-olds?

29

30 MR KEMP: Well, the situation at the moment is it is 16.  
31 There is nothing to disbar us from seeking a formalised  
32 check. Now, obviously, given that there are issues of  
33 consent, given their age and obviously there would need to  
34 be reasonable grounds for believing that it was appropriate  
35 action to do, but we do know of young people who are 14 and  
36 15, who we may wish to have a check on, and that would be  
37 negotiated through our requirements.

38

39 MS FURNESS: But at the moment, your policy that you are  
40 proposing will be silent on 14- and 15-year-olds, I take  
41 it?

42

43 MR KEMP: That's correct.

44

45 MS FURNESS: What about those staying in the household for  
46 three weeks or more, have you given that thought?

47

1 MR KEMP: All of the parameters of residency, whether that  
2 be visitation, whether that be overnight or whether that be  
3 resident within the confines of the old part of the  
4 definitional work that we're doing at the moment.

5  
6 MS FURNESS: So people who visit overnight may well be  
7 covered?

8  
9 MR KEMP: Will be covered.

10  
11 MS FURNESS: Will be covered. When you look at overnight,  
12 is that overnight once or more regularly? What frequency  
13 have you considered about staying overnight?

14  
15 MR KEMP: At the moment, we haven't finalised any sort of  
16 scheduling arrangement. My best practice would indicate  
17 that any person who is a resident overnight where a child  
18 is in the care of the State should be subject to, where it  
19 is appropriate to do so.

20  
21 MS FURNESS: How are you going to determine that?

22  
23 MR KEMP: I think we have a catch-all arrangement whereby  
24 we should actually say anyone who's staying overnight will  
25 be, but as I've said, we're in the middle of negotiations  
26 at the moment about what is practical, what is appropriate  
27 and what is best practice in regard to safety for children.

28  
29 MS FURNESS: Can I just go back to you, Ms Walk. In  
30 relation to anyone who regularly stays overnight, how do  
31 you determine that a person fits that definition?

32  
33 MS WALK: Well, obviously we - well, not obviously. In  
34 determining who needs to be checked in a house, we ask the  
35 carers who regularly stay in the house, and recently when  
36 we reissued the Working With Children Check, if people  
37 hadn't done it, we were visiting, like, 14,000 carers  
38 throughout New South Wales to be able to talk to them about  
39 the safety of children there. So it's a frequency of how  
40 often the people come to stay and also whether their  
41 belongings are there - those kinds of things - that  
42 determine the definition of "regular".

43  
44 MS FURNESS: But realistically, how could your case  
45 managers determine that someone had their belongings there  
46 and were regularly staying overnight?

47

1 MS WALK: Are you saying are we checking?  
2  
3 MS FURNESS: Yes. They would have the capacity to observe  
4 belongings but not to know whose they were, and they would  
5 have the capacity, presumably, to ask of the carer whether  
6 anyone stayed regularly overnight. Are there any other  
7 measures by which you determine that, other than the  
8 observation of the caseworkers and their communication with  
9 the carers on those occasions when they are visiting the  
10 house?  
11  
12 MS WALK: On those occasions - the other point is we do  
13 ask carers to sign a code of conduct and the code of  
14 conduct requires them to tell us - to sign that they are  
15 giving us information about who - that the information they  
16 have given us is accurate, and also that they report the  
17 safety of children in their care. So it is quite  
18 a detailed element. It is relying on carers but it is  
19 something that they do sign and it is part of the  
20 authorisation of carers.  
21  
22 MS FURNESS: Perhaps we can ask you to provide a copy of  
23 the code of conduct signed by carers, if you would.  
24  
25 MS WALK: Yes.  
26  
27 MS FURNESS: Ms Haire, what does Victoria do in relation  
28 to household members and how does it define adult household  
29 members?  
30  
31 MS HAIRE: So it is different between kinship care and  
32 foster care. If I can start with kinship care, which, as  
33 we have discussed earlier, we do police checks but not  
34 Working With Children Checks, and police checks are for the  
35 usual adult members of the household, and that's people  
36 aged over 18.  
37  
38 MS FURNESS: What does "usual" mean?  
39  
40 MS HAIRE: I don't have a definition with me, but I think  
41 that is similar to the people who stay regularly in the  
42 house. That's certainly the terminology we then use in the  
43 case of foster carers.  
44  
45 MS FURNESS: Who determines who usually stays overnight?  
46 Is it the caseworker or is it the carer?  
47

1 MS HAIRE: In kinship it would be a matter that the case  
2 manager, the child protection worker, would ascertain in  
3 discussion with the kinship carer.  
4  
5 MS FURNESS: It doesn't include anyone else who might live  
6 on a detached property in the dwelling?  
7  
8 MS HAIRE: I'm not sure if it includes that or not. I'm  
9 not sure if that would be caught in the definition of the  
10 usual adult member of the house.  
11  
12 MS FURNESS: Having heard what other jurisdictions do, in  
13 particular New South Wales and the intention of Tasmania,  
14 what do you think a check should be on an adult household  
15 member of a carer in respect of kinship care in Victoria?  
16  
17 MS HAIRE: You are asking what sort of checks we should  
18 undertake?  
19  
20 MS FURNESS: No, having heard what other States do, what  
21 do you think about the level of description of household  
22 member that Victoria has and, therefore, checks in kinship  
23 care?  
24  
25 MS HAIRE: I think the description of "usual household  
26 member" could be clarified a bit further, to be clearer.  
27  
28 MS FURNESS: What about the age?  
29  
30 MS HAIRE: Yes, we currently have 18 and over, so adults.  
31 I think, as - I think it was Tony from South Australia -  
32 I expect, but I'm not certain, that child protection could  
33 consider others in the household on a discretionary basis.  
34 That's obviously not required at the moment. I think  
35 that's something that we could consider.  
36  
37 MS FURNESS: Is there any data or research of which you  
38 are aware that indicates what may or may not work better in  
39 respect of adult household members and screening?  
40  
41 MS HAIRE: I'm not aware of data about that. There's  
42 obviously some differences between a police check and  
43 a Working With Children Check.  
44  
45 MS FURNESS: Significant differences, aren't there?  
46  
47 MS HAIRE: The major difference being that once somebody

1 has a Working With Children Check, it's a live check, and  
2 so if anything transpires while the person's holding the  
3 Working With Children Check, there's an alert, so it is  
4 live.

5  
6 MS FURNESS: Just returning to my question, I think your  
7 answer was there is no data. Is there any research of  
8 which you are aware that would base a definition and an age  
9 period - that is, 18 years - as being appropriate or best  
10 practice?

11  
12 MS HAIRE: No, not that I'm aware.

13  
14 MS FURNESS: Ms Walk, are you aware of any research that  
15 supports your definition?

16  
17 MS WALK: Not particularly, but I did just want to add, in  
18 terms of our experience recently of doing the revitalised  
19 or refreshed Working With Children Check, and talking with  
20 carers, particularly kin carers, about having safety  
21 discussions with them about adult household members was  
22 really helpful. It really raised the issue of how they can  
23 protect the child in their care and think about their  
24 safety in relation to other people coming into the house,  
25 and the caseworkers who spent that time doing it with the  
26 carers said that it was a very, very helpful way in to that  
27 discussion, which sometimes, in some families, is quite  
28 a difficult discussion. So whilst I'm not necessarily  
29 aware of the evidence between 16 to 18, or 18 plus, or in  
30 those definitions, certainly having the discussion and  
31 putting it front and centre that the kin carer's role, in  
32 particular - foster carers as well but a kin carer's role -  
33 is to keep that child safe and other members who come to  
34 that household may well pose a risk to that. All of our  
35 caseworkers said that that was a very helpful thing.

36  
37 MS FURNESS: Relatives who may visit the house regularly  
38 but not stay over are not included in your check?

39  
40 MS WALK: No. It would be very difficult to check - you  
41 would be virtually checking the whole of some communities,  
42 in terms of people being able to come and go and visit each  
43 other's house. It may well - you know, the house may not  
44 have the same homelike atmosphere that you are actually  
45 trying to have in that.

46  
47 MS FURNESS: What about checking whether kinship carer's

1 relatives have criminal convictions or doing a criminal  
2 check on those. Is that something that you do?

3

4 MS WALK: A kinship carer - any kinship carer relative?  
5 We would need to say what - whether we thought they were  
6 going to have a relationship with the child in question.  
7 It wouldn't just be a fishing expedition, obviously.

8

9 MS FURNESS: I understand. So you are saying it is  
10 discretionary depending on the circumstances but it is not  
11 a requirement.

12

13 MS WALK: It's not a requirement that any kin carer's  
14 relatives be screened.

15

16 MS FURNESS: Coming back to you, Ms Haire, you told us  
17 about kinship. You were going to move on to foster care.

18

19 MS HAIRE: Yes. With foster carers, we have a range of  
20 checks, which include the Working With Children Check,  
21 which is for the carer and any adult member of the  
22 household who will have a parenting role with the child.  
23 We have a police check, which is for the carer and all  
24 members of the household who are 18 and over who reside or  
25 regularly stay overnight. There is a difference between  
26 those two. We also check the carer's register, which is  
27 part of the statutory element of our foster care and  
28 residential care carer checks, and we have referees and  
29 some of the other elements that my colleagues have spoken  
30 about.

31

32 MS FURNESS: Why is it the case that with a foster carer  
33 you include those who have a parenting role with the child,  
34 but you don't do it with a kinship carer?

35

36 MS HAIRE: The description of the parenting role of the  
37 child was in relation to the Working With Children Check,  
38 which we don't have with kinship carers.

39

40 MS FURNESS: I understand that, but the working check is  
41 just a component of checks, which we happily call the  
42 Working With Children Check because it is simpler.

43

44 MS HAIRE: Yes.

45

46 MS FURNESS: It doesn't mean that the component parts can  
47 be disassembled and used individually, does it?

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MS HAIRE: No.

MS FURNESS: It doesn't mean that you can't use any of the parts of a Working With Children Check separately from a Working With Children Check and apply it in circumstances where you thought it appropriate?

MS HAIRE: Yes.

MS FURNESS: So then coming back to the parenting role of a child, why shouldn't that not apply to kinship carers, that anyone with a parenting role should be covered in some checking process in relation to kinship carers?

MS HAIRE: Yes, I think this goes back to the earlier discussion that we were having, where we have the police checks for kinship care but not Working With Children Checks. We're certainly aware that that's different to the other jurisdictions, and that Tasmania is about to change its policy. So that's something that we're looking at and considering at the moment.

MS FURNESS: My question is different. They are related to an adult member of the household who has a parenting role in respect of the child who is placed with the kinship carer. That person doesn't require any checking process in Victoria?

MS HAIRE: In the kinship scenario?

MS FURNESS: Yes.

MS HAIRE: Any adult member of the house in the kinship - sorry, in the kinship scenario, there is no Working With Children Check and every prospective carer and all members of the household who are over 18 - so that's regardless of the parenting role or not - all have the police check.

MS FURNESS: And if somebody regularly came into the house with a parenting role, they wouldn't be covered?

MS HAIRE: I think they would be covered by the concept of "every prospective carer", which is covered in our guidelines.

MS FURNESS: So they would have to fit within that

1 definition and then they would be covered?  
2  
3 MS HAIRE: Yes, which is probably similar to the aspect of  
4 parenting - as a prospective carer.  
5  
6 MS FURNESS: Do you have any process in Victoria where you  
7 revisit the way in which out-of-home care is delivered in a  
8 formal way to consider whether the work that you are doing  
9 is best practice?  
10  
11 MS HAIRE: We don't have a formal review point as part of  
12 our policy cycle, but we have, I guess, more of a history  
13 of continuous review and improvement, which, really,  
14 I think goes over the last 40 years or so, since  
15 deinstitutionalisation. We have progressively and  
16 continuously improved the approach taken to out-of-home  
17 care.  
18  
19 MS FURNESS: I think there is an inquiry under way in  
20 Victoria?  
21  
22 MS HAIRE: The Commission for Children and Young People  
23 inquiry.  
24  
25 MS FURNESS: Is that relevant to out-of-home care?  
26  
27 MS HAIRE: If it is the one that I'm thinking of by  
28 Commissioner Bernie Geary into sexual exploitation of  
29 children in residential care?  
30  
31 MS FURNESS: That sounds like it's relevant to out-of-home  
32 care, doesn't it?  
33  
34 MS HAIRE: Yes.  
35  
36 MS FURNESS: That inquiry was called because of some event  
37 or events that had happened in Victoria; is that right?  
38  
39 MS HAIRE: Yes. The Commissioner announced the inquiry  
40 shortly after there had been some media coverage about  
41 sexual exploitation in out-of-home care early last year.  
42  
43 MS FURNESS: Was that in residential care?  
44  
45 MS HAIRE: Yes. The media coverage was in relation to  
46 largely residential care but also out-of-home care.  
47



1 MS FURNESS: You don't consider residential care to be  
2 out-of-home care?  
3  
4 MS HAIRE: I'm sorry. Sorry, I was trying to catch the  
5 distinction you were making. Residential care is  
6 out-of-home care, and it's a small subset of out-of-home  
7 care in Victoria.  
8  
9 MS FURNESS: Just remind me, in relation to residential  
10 care, did you say that's entirely with the non-government  
11 sector or a mix or with you?  
12  
13 MS HAIRE: It's almost entirely with the non-government -  
14 it's almost entirely contracted to the non-government  
15 sector, apart from about 28 beds that we retain. However,  
16 we - the department retains a case planning role with all  
17 children who are in out-of-home care, whether they have  
18 been contracted to a non-government organisation or not,  
19 and in some cases, we also retain the case management, and  
20 in some cases we contract out the case management. But we  
21 always retain the case planning role.  
22  
23 MS FURNESS: There is a register called the Australian  
24 National Child Offender Register. Are you aware of that,  
25 Ms Haire?  
26  
27 MS HAIRE: Yes.  
28  
29 MS FURNESS: What does that register capture?  
30  
31 MS HAIRE: I haven't got the detail of that with me at the  
32 moment. The Australian National Child Offenders Register -  
33 ANCOR - that's the acronym that we use.  
34  
35 MS FURNESS: Is that a register that you use?  
36  
37 MS HAIRE: That is a register that the police use,  
38 I believe. I may have to check the details of that for  
39 you, but that relates very closely to our relationship with  
40 the police.  
41  
42 MS FURNESS: So you would expect, if you got a police  
43 check, that they would check this register?  
44  
45 MS HAIRE: I think that's the process.  
46  
47 MS FURNESS: I think the Mullighan inquiry in South

1 Australia made a recommendation in relation to that,  
2 Mr Harrison?

3  
4 MR HARRISON: Yes, just to clarify, the ANCOR - the  
5 Australian National Child Offender Register - is largely  
6 conviction based. I think that's across all States and  
7 Territories, for prescribed sexual offences. Generally  
8 speaking it does vary around the country but, in the main,  
9 it generally mandates registration of child sex offenders  
10 for periods of time - five years, 10 years, 15 years or  
11 indefinitely - and also then mandates and prescribes  
12 certain activities that a person may undertake, which  
13 I think would be very useful in relation to precluding  
14 child sex offenders for being in and around children, for  
15 example, under 18 years of age.

16  
17 It would be seen as a very good proactive tool in that  
18 sense of infrequently visiting households or staying  
19 overnight or being in the caravan in the rear yard in the  
20 proximity of children, as an example, and a breach of those  
21 conditions constitutes a criminal offence and action can be  
22 taken, obviously, through the criminal justice process.

23  
24 So that is the case. My understanding is, because it  
25 is conviction based, the national police clearance check  
26 process would ordinarily pick up the convictions and hence  
27 pick up those people who are registered on the ANCOR  
28 national database at the same time, with the  
29 interchangeability of that information around the country  
30 across States and Territories.

31  
32 MS FURNESS: So you would expect that whatever you could  
33 get from the register, the police would have ordinarily,  
34 because it is a conviction?

35  
36 MR HARRISON: It should be picked up through the national  
37 police clearance check. I am fairly certain in saying,  
38 though, that the actual granular detail about the  
39 prescriptions placed upon a person, ie, leaving the State,  
40 changing the registered owner of a vehicle, personal  
41 description, and so forth - that level of detail would not  
42 be captured and provided through screening or checking  
43 processes without some sort of proactive request going into  
44 a system on an individual person or basis.

45  
46 MS FURNESS: But you, too, have the expectation that the  
47 police would look at that register and you didn't need to

1 independently, to the extent you could access it?

2

3 MR HARRISON: That's right, because it is conviction  
4 based, the registration should be picked up through the  
5 national police clearance checking process as part of  
6 Working With Children.

7

8 MS FURNESS: Does South Australia have any requirement or  
9 practice where carers' relatives have their criminal  
10 history checked?

11

12 MR HARRISON: Only in the case if they are a member of  
13 a household, for example. That would be the case. So  
14 doing that sort of 18 years and over test, if somebody was  
15 a resident, well, then, they would automatically go through  
16 that same screening check.

17

18 MS FURNESS: But a relative who wouldn't otherwise be  
19 ordinarily screened?

20

21 MR HARRISON: Not unless there was some other ongoing  
22 connection.

23

24 MS FURNESS: Northern Territory?

25

26 MS JACKSON: I agree, we wouldn't be checking relatives  
27 and to be really frank, part of the issue with kinship care  
28 generally and the lower numbers for us, even though we have  
29 a complete transparency between generalist foster carers  
30 and kinship carers for checks, is that it is often those  
31 checks of household members that will reduce the likelihood  
32 of someone being authorised to be a carer. So our numbers  
33 are impacted greatly by doing the household adult checks.

34

35 MS FURNESS: What about Tasmania; is that something that  
36 you have considered? I am sorry, I don't wish to just  
37 refer to you by State.

38

39 MR KEMP: The situation for us is that whilst there is  
40 a structure in regard to the residency, if we became aware  
41 of a person or information about a relative was exchanged  
42 with us of that care arrangement that we wished to have  
43 a check done on - in other words, there were reasonable  
44 grounds to believe, either through our child protection  
45 check or through the information that we receive from the  
46 police on a monthly basis about people who are on the  
47 protection register, for example - so every month they

1 would let us know who is on that register - we then will  
2 either initiate a process of obtaining consent from that  
3 person for us to do a check or, if it became relevant that  
4 we would have to undertake that check on the basis of  
5 probity around safety, we would institute that through our  
6 police colleagues.

7  
8 MS FURNESS: Is it the case that you can't undertake  
9 a check on somebody without their consent?

10  
11 MR KEMP: We would ordinarily seek their consent in order  
12 for any police check to be undertaken. We will not receive  
13 response from the police without that consent, as  
14 I understand it.

15  
16 MS FURNESS: So it is a police requirement, as far as you  
17 know?

18  
19 MR KEMP: As far as I understand it, it is a police  
20 requirement, yes.

21  
22 MS FURNESS: It is the same in Victoria? Do you require  
23 consent?

24  
25 MS HAIRE: Yes, we do.

26  
27 MS FURNESS: If they don't consent, does that mean they  
28 can't be a carer, or the child won't go to a household  
29 where there is an adult member who doesn't consent?

30  
31 MS HAIRE: Yes.

32  
33 MS FURNESS: So lack of consent is a bar to being a carer?  
34 Is that the same in South Australia?

35  
36 MR HARRISON: I certainly understand that to be the case.

37  
38 MS FURNESS: And in Northern Territory?

39  
40 MS JACKSON: Yes.

41  
42 MS FURNESS: And in New South Wales?

43  
44 MS WALK: My understanding is we can't do the check unless  
45 they initiate it.

46  
47 MS FURNESS: They don't get the clearance.

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MS WALK: No.

MS FURNESS: Therefore, they can't do the work because they haven't consented?

THE PRESIDING MEMBER: Ms Furness, if you are about to change topic, may I intervene for a moment just with respect to a couple of issues arising from that part of the discussion.

MS FURNESS: Yes.

THE PRESIDING MEMBER: The first is Ms Furness did ask I think a couple of you with respect to the rationale for fixing the checking of the household members 16 years and up as opposed to 18 years and up. Are any of the panel members able to assist us with any information about why you would check 16 years and up as opposed to 18? Sorry, that was a little bit confusing, but what I'm asking is does anyone have a rationale for why you fix at 16?

MS JACKSON: I don't know if it is the endorsed rationale, but I would think that 16 years is the age of consent in our jurisdiction and a number of other jurisdictions. I don't think that is standard across Australia. Therefore, it would be comfortable to be the basis of a rationale about sexual abuse, because they are old enough to have made that decision and be not covered by the law if there was a criminal prosecution matter post proving that that had occurred in the household by the 16-year-old.

THE PRESIDING MEMBER: So that's you giving us that opinion rather than it being --

MS JACKSON: That's me giving you an opinion, rather than anything - I don't recall anything that would demonstrate in the Northern Territory how they have come to that. But what I've said is they are facts. Across most jurisdictions, it is 16. It would make sense that that is the age of consent and I think it wraps up nicely within a child protection statutory frame.

THE PRESIDING MEMBER: Does anyone else want to respond to that question?

MR HARRISON: I guess I may take a slightly different

1 view, in the sense the age of consent in Australia is 17,  
2 for example, and there are defences if intercourse occurs  
3 for persons that are between 16 and 17 years of age. But  
4 I'm not so sure that 16, in my mind, has a sufficient  
5 delineation to why it wouldn't be 15, 14 or 13, when you  
6 are talking generally about child protection. I guess  
7 a position has been taken at 18 and that seems to be  
8 a simpler position because of the change between being  
9 a juvenile and an adult. But as I say, I would probably  
10 take a slightly different view in that I'm not sure that  
11 the delineation is as obvious to me between 17, 16, 15, 14,  
12 when you are talking more generally about child-protection  
13 related issues in an out-of-home care arrangement, for  
14 example.

15  
16 THE PRESIDING MEMBER: Does anyone else want to respond to  
17 that? Really the question was directed at whether or not  
18 any of the jurisdictions at the moment represented on the  
19 panel have actually got figures that suggest that there is  
20 a risk between that 16- to 18-year-old group for a child or  
21 young person coming into the household in a foster or  
22 kinship care arrangement. That's really where that  
23 question was going. I can tell by the looks on everyone's  
24 faces that the answer to that is no.

25  
26 MS HAIRE: No.

27  
28 THE PRESIDING MEMBER: One of the reasons I ask, as  
29 Ms Furness would know, and certainly Commissioners  
30 Fitzgerald and Milroy would know, as we sit in private  
31 sessions and hear from those people who come and speak with  
32 us, there is certainly information coming through to the  
33 Commission that that is a risk group for children and young  
34 people going into care in kinship and foster care  
35 placements. But it would seem from the response from the  
36 panel that that is not something that is filtering back  
37 through to the departments.

38  
39 Can I just, just following on from that, whether or  
40 not in the checks that are done - I'm just talking about  
41 the police checks now rather than the entirety of the  
42 Working With Children Checks - as to whether or not  
43 juvenile offences are picked up for the adults in the  
44 household? Does anyone want to volunteer a response to  
45 that? Mr Harrison?

46  
47 MR HARRISON: Once again I couldn't say with any

1 certainty, but my suggestion would be, yes, it would be  
2 picked up. That level of checking in national police  
3 clearance checks, my understanding is that there would not  
4 be an inhibitor by turning 18 years of age that you  
5 wouldn't reveal conviction-based offences prior to that in  
6 the form of a juvenile. So I believe that it would  
7 definitely be picked up, but I may have to just check on  
8 that as well through the national police clearance check or  
9 the CrimTrac process.

10  
11 THE PRESIDING MEMBER: Yes. Does anyone else want to join  
12 in?

13  
14 MS WALK: I'm not certain if all juvenile offences would  
15 be - that would be my only question, whether all of them --  
16

17 THE PRESIDING MEMBER: So that brace of offences generally  
18 described as sexual offences is really where the question  
19 is directed to.

20  
21 MS WALK: That's what I'm not certain about.

22  
23 MS HAIRE: I would have to check.

24  
25 THE PRESIDING MEMBER: Would you mind doing that for us,  
26 please. And any offence where there was a charge found  
27 proven as opposed to a conviction. Do you appreciate the  
28 difference? Often in the juvenile jurisdiction  
29 a conviction won't actually be entered, even though  
30 a charge will be found proven. Thank you.

31  
32 COMMISSIONER FITZGERALD: I was wondering if I could ask  
33 some broader questions. In the work that the  
34 Royal Commission has been doing on Working With Children  
35 Checks, we've come to understand the importance of those,  
36 but their limitation, and the discussion today has largely  
37 been about checking. If we reflect on the private  
38 sessions, it's possible that all the checking that we've  
39 been doing about would not necessarily have identified  
40 potential perpetrators. I notice, in the South Australian  
41 submission, you talk about psychometric testing of  
42 residential workers, and you talk about psychosocial  
43 testing of kinship carers. I'm not sure what you do with  
44 foster carers.

45  
46 My question is, over and above the checking we've been  
47 talking about, have we made significant improvements and do

1 we have significantly better tools at identifying potential  
2 risk than we would have had 10 or 15 or 20 years ago. So  
3 we can check, but what the checks don't do is pick up the  
4 potential perpetrators, unless there have been complaints.  
5 The question for me is, sitting here in 2015, have we  
6 advanced significantly the tools by which we can reduce,  
7 not necessarily eliminate, the risks in the assessment of  
8 and recruitment of carers?  
9

10 As I say, South Australia has identified a couple of  
11 tests which others have not identified, although I think  
12 the ACT has that. I am just wondering if there are any  
13 comments on that.  
14

15 MR HARRISON: If I can go first, please, Commissioner. My  
16 personal view would be that Working With Children Checks  
17 have a place, but they do have significant limitations,  
18 I guess, in relation to identifying or proactively trying  
19 to identify a potential perpetrator, even though I think  
20 they have a place to play.  
21

22 Certainly the approach that we are taking more broadly  
23 in South Australia, which I'm sure is common across  
24 jurisdictions, is that - and it is a phrase which is used  
25 for other proactive strategies - child protection needs to  
26 be everybody's responsibility, and hence whether that is  
27 a school teacher, a health worker or whatever, that it  
28 needs to be a more holistic approach of proactively  
29 identifying signs or behaviours, which could then generate  
30 an inquiry to actually determine as to whether a child is  
31 the subject of some sort of abuse or neglect or sexual  
32 assault.  
33

34 We have taken a position in relation to psychometric  
35 testing for residential care workers, bearing in mind that  
36 most of those in South Australia are actually employed by  
37 the State more so than other jurisdictions where it is in  
38 the domain of the NGO, and I'm not aware of NGOs actually  
39 undertaking psychometric testing. We're actually going one  
40 step further, if are referring to that point in the  
41 submission, as of 16 January, whereas part of the interview  
42 process, in addition to the psychometric testing, having an  
43 organisational psychologist or a psychologist as part of  
44 the interview process, to try and, once again, proactively  
45 identify behaviours of individuals that might raise the  
46 level of inquiry to another level to actually assess  
47 suitability of employment in a child protection environment



1 or arena, particularly residential care.

2  
3 We're of the view that that investment is necessary in  
4 today's environment, and anything that can be done  
5 proactively like that could be something that could assess  
6 us looking at fit for purpose employment suitability to try  
7 to ensure that we have the highest level of carers  
8 available, particularly in that residential care.

9  
10 I guess I would just finish by saying, though, that  
11 I'm not so sure, though, that I would support the view that  
12 there is a high propensity for abuse, neglect or sexual  
13 assault in residential care versus that of foster care or  
14 next of kin. So it actually has limitations in relation to  
15 its application.

16  
17 COMMISSIONER FITZGERALD: I am wondering whether there are  
18 other comments about that, particularly in relation to  
19 foster or relative carers, but particularly foster carers.

20  
21 MS WALK: I think the caseworkers - their own experience  
22 of delivering services in the last 10 or 20 years has meant  
23 that they are more curious and more questioning of  
24 motivation to care than possibly they had been in the past,  
25 and I think the referee checks are less of a tell what  
26 a fine upstanding person you are, more to a what is the  
27 motivation, and I know assessments, certainly, that  
28 caseworkers write up of potential carers are generally  
29 about what's the motivation. So that would be, I think,  
30 a shift in the last 10 or 20 years.

31  
32 The second thing would be that we do look more closely  
33 in the pattern of the potential carer, so we would look at  
34 the KiDS database for our own sense, and we're more likely  
35 to check how did their parenting go with their children, if  
36 they have been a parent in the past, and we would look more  
37 closely at the history of their relationships with other  
38 children.

39  
40 I think we also understand child sexual assault better  
41 than we did 10 or 15 years ago as well, so understand that  
42 it isn't just with a particular gender or a particular age  
43 of child, but understand that we need to suspend judgment  
44 and really take a good deep look. And probably grooming as  
45 well. I think we understand that, as professionals, we get  
46 groomed by - in this case, potential carers, but  
47 paedophiles, as much as children - well, no not as much as,

1 but as children and others do, so hence that sense about  
2 suspending and really remaining curious as to motivation,  
3 I think that does mean that we might have a better  
4 assessment there.

5  
6 COMMISSIONER FITZGERALD: So has there been a noticeable  
7 or identifiable shift in the profile of carers today? We  
8 understand that the shift towards kinship carers has been  
9 taking place for some time, and relative carers. Putting  
10 that aside, given our knowledge and the tools - whatever  
11 tools they may be - have we seen a different profile or  
12 characteristics of foster carers today than we would have  
13 seen 10 or 15 or 20 years ago? And, if so, what are those  
14 characteristics. The second part of that is have we been  
15 able to identify whether any of those changed  
16 characteristics have made a difference to the risks of a  
17 child or, the positive side, the safety of the child?  
18

19 In the context that we've constantly heard both in  
20 this inquiry and in others of the pressure of finding  
21 carers - now, everyone says that the pressure of finding  
22 carers has grown, therefore, the stresses on the system  
23 have intensified. In that case, you might expect, in fact,  
24 that there has been some compromise in the quality of  
25 carers. But you have not indicated that. I am just  
26 wondering is there any noticeable change in the nature or  
27 characteristics of carers having regard to our knowledge  
28 but also the stresses and pressures that are currently on  
29 the system?  
30

31 MS WALK: I think we would say in New South Wales we  
32 definitely have a greater diversity of carers. We're more  
33 likely to have single-parent carers or single carers than  
34 we would have 20 years ago. We probably also have more  
35 same-sex couples who would be accepted as carers in many  
36 non-government agencies and own agencies, so we would have  
37 a more diverse mix of carers.  
38

39 It would be good for us to do some work to provide to  
40 the Commission the profile of carers, because I'm not quite  
41 certain about the age of carers as well, whether - often we  
42 have things about whether carers are ageing out of the  
43 system or not, so it would be useful for us to be able to  
44 provide that to you.  
45

46 MS HAIRE: I think there is some research that was done  
47 for the ACT by the Parenting Resource Centre that suggests

1 that the most common kinship carer is a woman over 50,  
2 which - so a relative of the child who is an older woman.  
3 And that's what the data shows strongly, I believe.

4  
5 COMMISSIONER FITZGERALD: But in terms of general foster  
6 care has there been a change, or has there been very little  
7 work done in identifying whether or not there has been  
8 a change in characteristics?

9  
10 MS HAIRE: I haven't seen similar research to the kinship  
11 care on that, but I agree with New South Wales - we are  
12 able to draw on a broader group of people than the kinship  
13 care.

14  
15 MR HARRISON: And I guess despite the high level of  
16 appreciation to create environments of safety, it is always  
17 a balance, I guess, in the sense of how many mechanisms you  
18 put in place that potentially start to become deterrents.  
19 I use a real life example of the provision of first aid  
20 courses. I know a particular case where a person who does  
21 respite as a foster carer who was questioning the need to  
22 undertake first aid on a re-qualification process - I think  
23 intervals of every three years for a two-day course. Her  
24 particular husband is a medical specialist and the only  
25 time they have the children is when both of them are  
26 together, including himself as a medical specialist. They  
27 are querying, I guess, the policies and practices that have  
28 been put in place in relation to the overall care and the  
29 environment as to whether or not it is starting to become  
30 difficult to actually become a foster carer because of the  
31 number of hoops that you need to jump through to make  
32 yourself eligible. So there is also that weighting  
33 perspective I think to try to get the balance correct to  
34 ensure that we do have that safe and protective environment  
35 but at the same time not discouraging good foster carers  
36 from actually putting their hand up to actually take on  
37 that responsibility.

38  
39 COMMISSIONER FITZGERALD: But have we seen any evidence in  
40 terms of we now accredit or register carers variously in  
41 different States. The attrition rate of carers coming out,  
42 not because they want to come out but because they have  
43 been, in a sense, deregistered - or whatever the word is -  
44 discredited, if I can use that. Have we seen anything  
45 and, if so, if the system is working better, would you not  
46 expect to see that attrition rate, not for voluntary  
47 reasons but for others, decreasing?

1  
2 Is there any evidence at all that people who are now  
3 being recruited are remaining in the system longer and are  
4 continuing to be appropriately recognised as being  
5 appropriate carers or accredited carers or is there no  
6 evidence of that?

7  
8 MR KEMP: Commissioner, there is a building body of  
9 knowledge about the issues to do with the retention of  
10 carers. I mean, there is a lot of research around  
11 recruitment and strategies around recruitment. But the  
12 issue is that you look after the carers you have and  
13 maintain those. I think one of the reasons why retention  
14 is proving so problematic is because of the additional  
15 scrutiny and requirements that are placed on carers on  
16 a day-to-day basis.

17  
18 Just picking up on a point that we've spoken about,  
19 we've become better at differentiating or having  
20 a differentiated response in regard to family based care.  
21 Twenty years ago, foster carers were foster carers were  
22 foster carers. There was very little demarcation between  
23 a cohort of carers versus an adolescent carer group, for  
24 example. I think we have become more specialised at being  
25 able to identify key characteristics for particular cohorts  
26 of children, particularly those presenting with very  
27 challenging behaviours, those who are older, sibling  
28 groups, for example. I think there is an iterative process  
29 of building knowledge around what types of competencies we  
30 require from our carers that we didn't have 20 years ago.

31  
32 Picking up from my colleague's point about assessment,  
33 I think we are becoming - have a strengthened approach  
34 towards that, but what is happening, of course, is that we  
35 have then created a new environment for care called kinship  
36 care, which has grown, and there is - we haven't quite got  
37 the balance right in that space, so you address one and you  
38 create another issue.

39  
40 THE PRESIDING MEMBER: Thank you, Ms Furness.

41  
42 MS FURNESS: The research that I referred to earlier that  
43 the Commission commissioned from the Parenting Research  
44 Centre that concluded that child-on-child abuse was  
45 becoming more prevalent than carer abuse - accepting that  
46 research for the moment, could that be a reason for  
47 reconsidering the stringency of the tests in relation to

1 adult members of the household? Ms Walk?

2

3 MS WALK: It could. When we extract our data and go  
4 through it, it is difficult to align the numbers of  
5 children who experience sexual abuse in care at the hands  
6 of another child in care - at the hands of another child in  
7 the household, sorry. Some of them experience sexual abuse  
8 at the hands of another young person outside the setting.  
9 So I think we definitely all want to do more work on  
10 protecting children who are in care, who may have  
11 problematic sexual behaviours themselves, and protecting  
12 other children who are in care who might be subject to  
13 experiencing sexual abuse at the hands of those children.  
14 So that's our interest in that area of work.

15

16 The difficulty is to think that we will solve it just  
17 by reducing the age. I think it's highly particular,  
18 almost, to both the nature of the child, the setting, and  
19 the nature of both the person with the problematic sexual  
20 behaviours and the victim that is really hard to unpack.  
21 I think we definitely all need to do some more work on it.

22

23 MS FURNESS: In light of that research and in light of the  
24 known difficulties of recruiting carers and your example of  
25 those who have said there were too many hoops to go  
26 through, might it not be worth considering whether or not  
27 this most recent research is a cause to reconsider the  
28 settings you have in relation to screening? Does anyone  
29 want to say anything about that? Ms Jackson?

30

31 MS JACKSON: I don't think it's just about resetting the  
32 screening. I also think it's about our narrative in the  
33 public about what a carer is, and I'm only talking about  
34 the Northern Territory. I think there's been a period  
35 where anyone would be acceptable as a carer, if we go back  
36 20 years ago - you know, anyone. And it was possibly  
37 viewed more highly. I think there are real and legitimate  
38 risks for professional - not to separate professional  
39 people from non-professional people, but to give an  
40 example, you know, a doctor and his wife's a nurse and they  
41 want to be carers and the child in care makes an allegation  
42 against the doctor. That has real ramifications when it's  
43 proven not to be true and those discussions out in the  
44 professional sector about the risk of being a carer are  
45 what we are finding is reducing, you know, that type coming  
46 through the door.

47

1 I think we are responsible for talking about what  
2 carers - and I think if we're really honest, underneath all  
3 of this is a monetary issue. So we are asking for a lot.  
4 We have children that are coming through our front doors  
5 with highly complex behaviours, highly challenging  
6 behaviours. We are asking people to open their hearts and  
7 homes to children who could possibly, in a week, destroy  
8 their home. They may physically attack another child in  
9 the home - I'm not saying all children are like this, but  
10 we do ask a lot of the care provider with minimum monetary  
11 value, minimum support, and often, I would imagine, they  
12 would feel like they are at fault when it all goes  
13 pear-shaped.

14  
15 I think you have to balance all of these things.  
16 I think you remain vigilant with your checking. We also  
17 have a responsibility to have a lot more open discussions  
18 in the community about what providing care really is, and  
19 I think we need to pay them appropriately.

20  
21 MS FURNESS: You were asked some questions before,  
22 Ms Jackson, in relation to Northern Territory and the age.  
23 I note in the Northern Territory's submission at page 3  
24 there is a reference to "pre-assessment screening for all  
25 foster and kinship placements, and that includes the  
26 national police check for all persons resident in the house  
27 over 15 years."

28  
29 MS JACKSON: Mmm-hmm.

30  
31 MS FURNESS: "In addition, a child protection check for  
32 those people in the household over 15 years".

33  
34 MS JACKSON: I got the age wrong before. It is 15 years,  
35 not 16.

36  
37 MS FURNESS: I think you have some definition of regular  
38 overnight visitors, which your carers are required to tell  
39 you about?

40  
41 MS JACKSON: They are required to tell us about.

42  
43 MS FURNESS: That requirement comes from some contractual  
44 arrangement you have with them for when they are carers?

45  
46 MS JACKSON: We ask them to advise us if they are having  
47 people staying in the home, but for more than one night -

1 like if they are staying there for a few nights - but not  
2 for the purpose of then screening those people; for the  
3 purpose of us having the responsibility for the child  
4 through a case management frame and being advised of who  
5 the child may come in contact with.  
6

7 MS FURNESS: Ms Haire, in Victoria, do you have  
8 a structure within your department or a responsibility  
9 within your department for being aware of new research  
10 domestically and internationally and making recommendations  
11 with respect to practise arising from that research?  
12

13 MS HAIRE: Yes, we do. We have the Office of Professional  
14 Practice, which was established in 2012. That is headed up  
15 by a chief practitioner and has a number of principal  
16 practitioners who are experts in child protection and  
17 family welfare. Also, we have the Senior Practitioner  
18 (Disability) and staff who are expert in disability  
19 practice. Their role in the department is to support best  
20 practice, evidence-based practice, and to advise on  
21 international trends, to support the development and  
22 continuous improvement of our training, and also to provide  
23 specialist support on particularly complex cases.  
24

25 MS FURNESS: Are you able to tell us whether there has  
26 been any change in out-of-home care as a result of the  
27 department being aware of research and accepting its  
28 validity?  
29

30 MS HAIRE: Yes, there has on a number of different --  
31

32 MS FURNESS: Perhaps the most recent?  
33

34 MS HAIRE: Perhaps a good example to give you is the work  
35 that the Office of Professional Practice has led on sexual  
36 exploitation of children and that has been a process that  
37 has been led by our chief practitioner since the late -  
38 around 2007 and has involved extensive research, extensive  
39 use of the international research, development of  
40 specialist practice guidance on challenging behaviours, on  
41 sexually abusive children and young people, and the  
42 development of a collaborative relationship with the police  
43 in relation to how you best protect children and also bring  
44 perpetrators to account in relation to sexual exploitation.  
45 That's probably the most current example of the kind of  
46 evidence-based work that the Office of Professional  
47 Practice does.

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MS FURNESS: Coming to the topic of assessment of carers rather than the checking process in relation to carers, as I understand the legislation or practice, there are varying degrees of the extent to which carers are assessed by reference to time. For example, in New South Wales, there is a period of 12 months and carers are assessed every 12 months; is that right?

MS WALK: Yes. Carers are authorised under the - you become an authorised carer. That's part of the assessment. The agency that is accredited, having authorised carers - the accredited agency means that they can authorise carers, and we have two standards in particular that really relate to carers under the Office of Children's Guardian --

MS FURNESS: Let me stop you there. We understand that carers are initially assessed. With what frequency are they continually assessed or assessed after their initial assessment once their placements are in place? As I understood it, within New South Wales, 12 months after either the authorisation or the initial placement, there is a further assessment process; is that right?

MS WALK: That's correct. As well as if a child moves a placement. So if there is a big disruption to the placement, ie a child moves, there will be a further assessment, as well as if there are other disruptions, which the caseworker would engage in in terms of the case planning.

THE PRESIDING MEMBER: Just to be clear, are you talking about foster carers as opposed to kinship carers for this assessment process?

MS WALK: Both kinship carers and foster carers are assessed and authorised in New South Wales.

THE PRESIDING MEMBER: Annually?

MS WALK: Annually, yes.

MS FURNESS: What is that assessment process annually?

MS WALK: The initial assessment is provision of medical reference, collection of the life story of the application, assessment interviews with the applicants and their



1 children.

2

3 MS FURNESS: When you say "the initial assessment", this  
4 is part of the authorisation?

5

6 MS WALK: The authorisation, yes. Post that would be  
7 ongoing assessment of - we are still in the household,  
8 obviously, those kinds of things, but also their training,  
9 what training they had done. The training is provided  
10 either by the non-government agency or the connecting carer  
11 agency that FACS funds. So what other training they had  
12 done, obviously any reportable conduct, whether there had  
13 been any allegations that obviously would be back on the  
14 table, any of the other changes that might have taken  
15 place. Sometimes carers may well want to change the kind  
16 of placement they provide, so they might have moved from  
17 being an emergency carer to a long-term carer.

18

19 MS FURNESS: Let me stop you there for the moment. In  
20 respect of training, is there any amount or nature of  
21 training that they must have done in order to keep their  
22 accreditation?

23

24 MS WALK: My understanding is no. The training is quite  
25 varied. So that we - we understand that the best use of  
26 training is training that the carer finds appropriate at  
27 the time. So we offer quite specific training -  
28 adolescence, training for little children, training for  
29 children who might have had an exposure to foetal alcohol  
30 syndrome, all sorts of things. We would anticipate they  
31 would be engaged in a range of training but training  
32 relevant to their needs. That would be noted on their file  
33 and their caseworker would go through the sorts of training  
34 they would access, the sorts of supports they had accessed,  
35 as well as the sorts of supports that may well have helped  
36 the child access.

37

38 MS FURNESS: Was there any evidence base in determining  
39 that a period of 12 months was the time for reassessment,  
40 leaving aside if something had happened or the child had  
41 moved?

42

43 MS WALK: Generally in the standards we would have  
44 a minimum that children's plans would be reviewed within  
45 12 months in the same way that you would have a review of  
46 the carer. So a 12-month cycle at the outset. Obviously  
47 for some children that might be more frequent, but

1 a minimum of 12 months.  
2  
3 MS FURNESS: How did you come about 12 months is the  
4 question, Ms Walk?  
5  
6 MS WALK: I can take that on notice, but generally it is  
7 thought that particularly if it is a long-term stable  
8 placement, it would be the minimum.  
9  
10 MS FURNESS: Can I ask you, Ms Jackson, whether you have  
11 a similar period of time?  
12  
13 MS JACKSON: We do. For both foster and kinship carers,  
14 after the initial assessment process, they will be  
15 authorised for a period of 12 months. If there are any  
16 changes to the circumstances, a full review is undertaken  
17 in that 12-month period. If there are no changes, then  
18 they are re-0authorised for a period of two years.  
19  
20 MS FURNESS: How do you know whether there are any  
21 changes.  
22  
23 MS JACKSON: Because we do a second assessment at the  
24 12-month period. We go back through everything. So any  
25 changes to the criminal history, any changes to the  
26 household members, referee reports, the physical  
27 environment of the house, et cetera. It's all reviewed  
28 again at the 12-month period.  
29  
30 MS FURNESS: In relation to criminal records, do you have  
31 a system which updates itself regularly as to any change in  
32 the criminal history of the carer?  
33  
34 MS JACKSON: No, we don't. We have to seek that through  
35 the police. We have to go through and seek a full criminal  
36 history.  
37  
38 MS FURNESS: Ms Walk, you have that system, don't you?  
39  
40 MS WALK: Sorry?  
41  
42 MS FURNESS: You have a system whereby if the criminal  
43 history or criminality as reflected in charges or  
44 convictions changes in respect of a carer, the guardian is  
45 notified, who then notifies you?  
46  
47 MS WALK: Indeed, yes. Or the NGO that has the care of

1 the - that the carer is authorised with.

2

3 MS FURNESS: That's something, I presume, the guardian put  
4 in place with the police?

5

6 MS WALK: Yes, it's part of their powers under the Act.

7

8 MS FURNESS: That's not something that has come to the  
9 attention of you, Ms Jackson, the capacity to get regular  
10 updated information from the police?

11

12 MS JACKSON: No. My understanding is the Working With  
13 Children Check component, they would be updated to  
14 a significant change of circumstances, so an offence of  
15 a sexual nature. But we're certainly not being told that  
16 directly, no. We would get advice if the Ochre Working  
17 With Children card has been cancelled, yes.

18

19 MS FURNESS: What about South Australia?

20

21 MR HARRISON: Certainly similar in the sense of annual  
22 reviews, certainly from a placement perspective and all the  
23 surrounding circumstances. We require a re-qualification  
24 for screening every three years, which obviously has its  
25 limitations in the sense that unless there is  
26 a self-declaration process by an individual of  
27 a conviction, for example, you have a time lag,  
28 potentially, through the re-qualification screening  
29 process.

30

31 In the last 12 months in South Australia, there has  
32 been a whole of government working party in relation to  
33 screening testing, which did produce a substantial report,  
34 which is currently in the throes of being converted into  
35 a Cabinet submission to be considered by the government in  
36 relation to an enhanced screening model, which I understand  
37 contains multiple recommendations in relation to what that  
38 might look like in the future. So we do have the annual  
39 checking processes.

40

41 In relation to training, going back to, I think, where  
42 you started from, it varies in the sense of State-based  
43 employees, which go through a comprehensive training,  
44 induction, mandated components of training, such as --

45

46 MS FURNESS: Can I stop you there, Mr Harrison. I will  
47 come to training in greater detail.

1  
2 MR HARRISON: Sure.  
3  
4 MS FURNESS: Perhaps we can leave the discussion about  
5 training. Can you help us with the reason for deciding on  
6 an annual review as opposed to every two years or even less  
7 frequently?  
8  
9 MR HARRISON: I am stretching a little bit here, but  
10 I think it may have even come out of the national protocol  
11 in relation to - I think it might have been  
12 a recommendation or a suggestion of that annual review  
13 process.  
14  
15 MS FURNESS: Mr Kemp, is there a process in Tasmania where  
16 there is a regular review or assessment of existing carers?  
17  
18 MR KEMP: There is. There is an annual review process  
19 built into the requirements for all carers to undertake an  
20 annual reassessment. It's a competency-based assessment.  
21 Sometimes we make the error of thinking an assessment  
22 happens at the start and everything afterwards is a review,  
23 but assessment is a process, an event. So very early on  
24 our carers will be continually monitored, but every year  
25 they must go through that annual process of recredentialing  
26 - for want of a better word - the capabilities and  
27 competencies that were demonstrated at the first --  
28  
29 MS FURNESS: Do you have a carers' register in Tasmania?  
30  
31 MR KEMP: We do not.  
32  
33 MS FURNESS: Are you proposing one as part of your  
34 reforms?  
35  
36 MR KEMP: We are.  
37  
38 MS FURNESS: What about a carers' code of conduct?  
39  
40 MR KEMP: We do not have a carers' code of conduct. There  
41 is an expectation in regards to standards, but we don't  
42 have as either standard a designated code of conduct.  
43  
44 MS FURNESS: You would have some contractual arrangement  
45 with carers where they would sign some agreement that  
46 stipulates what is expected of them?  
47

1 MR KEMP: That is exactly right.  
2  
3 MS FURNESS: In Victoria, Ms Haire, I understand that you  
4 have a carers' register?  
5  
6 MS HAIRE: Yes, we do, which is under our Act.  
7  
8 MS FURNESS: And a code of conduct?  
9  
10 MS HAIRE: We don't have a code of conduct, we have  
11 a carers' register.  
12  
13 MS FURNESS: You don't have a code of conduct specifically  
14 for carers?  
15  
16 MS HAIRE: No.  
17  
18 MS FURNESS: In terms of assessing carers after their  
19 authorisation, you do that every 12 months?  
20  
21 MS HAIRE: Yes. We have annual reviews for both kinship  
22 and foster care, which are very detailed documented  
23 reviews, which go through training, current police checks,  
24 current Working With Children Check for foster care,  
25 medical checks, home and environment, personal readiness,  
26 a discussion with the kinship or foster carer about their  
27 continuation in the role, assessing the safety of the  
28 environment, the health and development of the children and  
29 considering any issues around quality of care. We also  
30 require that the police record check is rerun every three  
31 years.  
32  
33 MS FURNESS: Every three years?  
34  
35 MS HAIRE: Every three years, yes.  
36  
37 MS FURNESS: But as you understand the police, if  
38 a relevant charge was to be laid against a carer, how would  
39 that come to your attention?  
40  
41 MS HAIRE: In the case of foster care, it's a requirement  
42 for the community service organisations to notify us of any  
43 relevant charge. If it was a child-related charge, of  
44 course, that would come up through the Working With  
45 Children Check.  
46  
47 MS FURNESS: How do you understand the community

1 organisation will come to understand that there has been  
2 a charge?  
3  
4 MS HAIRE: They have a requirement with the carers for the  
5 carers to disclose to them.  
6  
7 MS FURNESS: So there is no requirement of the police to  
8 advise you --  
9  
10 MS HAIRE: No.  
11  
12 MS FURNESS: -- of somebody in your care or in NGO care?  
13  
14 MS HAIRE: No.  
15  
16 MS FURNESS: Has that been explored with the police?  
17  
18 MS HAIRE: No, that - no. Other than through the  
19 operation of the Working With Children Check, which is run  
20 by the Department of Justice as a separate --  
21  
22 MS FURNESS: And the Working With Children Check covers  
23 charges --  
24  
25 MS HAIRE: Yes.  
26  
27 MS FURNESS: -- of a relevant nature?  
28  
29 MS HAIRE: Yes.  
30  
31 MS FURNESS: And that's charges of the carer rather than  
32 anyone else that might be related in some way - and I don't  
33 just mean by kin - to the carer, who doesn't require  
34 a Working With Children Check?  
35  
36 MS HAIRE: The Working With Children Check pertains to the  
37 individual who holds it, not to the members of their family  
38 and household.  
39  
40 MS FURNESS: I understand that. So the police information  
41 will only come in respect of a charge if it's somebody who  
42 is required to hold a Working With Children Check?  
43  
44 MS HAIRE: Yes.  
45  
46 MS FURNESS: And there are other people who you require  
47 other things of, including national police checks, but not

1 a Working With Children Check; is that right?  
2  
3 MS HAIRE: In the case of - well, in the case of kinship  
4 care, where we don't have the Working With Children Check,  
5 yes.  
6  
7 MS FURNESS: And you don't have any arrangement in place  
8 with the police in relation to those?  
9  
10 MS HAIRE: No, we don't.  
11  
12 MS FURNESS: And the police check that you have is one  
13 that you initiate, obviously with their consent?  
14  
15 MS HAIRE: Yes.  
16  
17 MS FURNESS: And it has to be reinitiated and you say in  
18 three years?  
19  
20 MS HAIRE: Every three years, yes.  
21  
22 MS FURNESS: How did the period of three years come about?  
23  
24 MS HAIRE: I'm not sure of what the basis for the three  
25 years is. I would have to check on that.  
26  
27 MS FURNESS: Thank you. Can I come now to training.  
28  
29 THE PRESIDING MEMBER: Sorry, before you move to training,  
30 just starting with you, Ms Haire, continuing with the  
31 annual review that you have described, does that annual  
32 review incorporate an interview with the child or young  
33 person?  
34  
35 MS HAIRE: It's not included in the requirements - the  
36 program requirements, but I would imagine that practice  
37 would often include an interview with the child. But it's  
38 not part of the program requirements.  
39  
40 THE PRESIDING MEMBER: Let's move along the panel and have  
41 a response to that question.  
42  
43 MR KEMP: Our practice guide would require that the child  
44 or children in a care home would be interviewed or at least  
45 spoken to during the course of a carer assessment. Very  
46 often what happens is that the child's review coincides  
47 with the carer review, given the periods of time, so those

1 two could come together. But I do not believe that there  
2 is a specific mandated or legislative requirement for the  
3 child to be interviewed as part of the annual review.  
4

5 MR HARRISON: I would suggest the same response that has  
6 been provided by Mr Kemp would be the same scenario.  
7 Obviously, there would be limitations based on the age of  
8 the child, but certainly it would be more of the practice  
9 to actually have the face-to-face question and answer  
10 interview type process around all of the circumstances  
11 pertaining to that placement.  
12

13 THE PRESIDING MEMBER: So not a requirement of the review?  
14

15 MR HARRISON: I would have to get some further detail on  
16 that. It may well be a policy requirement. I'm unsure of  
17 that, but certainly as a practice it would be the course  
18 that there would be a face-to-face conversation/interview  
19 understanding of that placement and circumstances  
20 surrounding that placement.  
21

22 MS JACKSON: I don't think we are dissimilar either,  
23 noting that we have the out-of-home care division within  
24 our agency and then we have the child protection regions.  
25 So my staff are assessors. They are doing the assessment  
26 and they are not responsible for the child. They are  
27 responsible for the carer. So they would have  
28 a conversation, as part of the reassessment process, with  
29 the practitioners in child protection to gather information  
30 about the child and the placement. You would have the  
31 face-to-face monthly contact requirements, which is the  
32 case manager that I'm talking about in the child protection  
33 frame that would have that requirement, but it is certainly  
34 not mandated for my division or the assessors to interview  
35 the child.  
36

37 MS WALK: Under the accreditation system --  
38

39 THE PRESIDING MEMBER: We're talking about the annual  
40 review that everyone's spoken about, making an assessment  
41 about the carers, as to whether or not, in the course of  
42 making that assessment, that there is an interview with the  
43 child or young person in the household to see whether or  
44 not there is a disjunct between what the carer is saying as  
45 opposed to what the child or young person is saying about  
46 the placement?  
47



1 MS WALK: It's not mandated in the standards about what  
2 the assessment and reassessment specifically contain, but  
3 certainly contact with the child is mandated, but not in  
4 the context of the reassessment of the carer.

5

6 THE PRESIDING MEMBER: So if that's a separate process,  
7 the contact with the child or young person, how is the  
8 information being picked up from the child or young person  
9 assimilated into the assessment of the carer's competency?

10

11 MS WALK: In FACS, it would be recorded in the files and  
12 the child's file would be integrated into what was in the  
13 carer's file. So you would have both sets of information  
14 together. In the non-government agencies, they can discuss  
15 when - how they do that, and some of them, it might well be  
16 sitting in the same file and may well be the same worker  
17 who is the caseworker interviewing the child and the carer.

18

19 THE PRESIDING MEMBER: It sounds like what you are saying  
20 is it's possible, as opposed to it's done.

21

22 MS WALK: Absolutely. I can't see anything in my  
23 documentation here that one has to be done at the same  
24 time, but it's highly likely that it would be.

25

26 COMMISSIONER FITZGERALD: My question flows on from  
27 Ms Furness's reference to register the registers. Could  
28 I ask Victoria only: is there a compilation of the number  
29 of people on an annualised basis that are removed from the  
30 register other than voluntarily, and is there a list of the  
31 reasons for that removal available? So if I were to say to  
32 you how many people get removed from the register in  
33 Victoria and the reasons for that removal, would that be  
34 readily available, and the same in New South Wales?

35

36 MS HAIRE: Commissioner, I don't think that we compile  
37 that or publish it, but we certainly would be able to find  
38 that information.

39

40 COMMISSIONER FITZGERALD: If you had that, would it be  
41 likely to record that there were allegations of abuse, or  
42 is it likely to be that the reason would be consumed into  
43 a range of other unsatisfactory conduct?

44

45 MS HAIRE: The only way in which someone can be removed  
46 from the carer - removed by the suitability panel from the  
47 carer register is because physical or sexual abuse has been

1 substantiated and because the suitability panel considers  
2 that that person poses an ongoing risk to a child.

3

4 COMMISSIONER FITZGERALD: And those numbers are available,  
5 potentially?

6

7 MS HAIRE: They could be made available, yes.

8

9 MS WALK: In New South Wales, we are just beginning the  
10 carer register, so we wouldn't be able to tell you that  
11 yet, but it does certainly have a mechanism for the  
12 de-authorisation of carers and for people to note the  
13 reason why a carer has been de-authorised.

14

15 COMMISSIONER FITZGERALD: Thank you.

16

17 COMMISSIONER MILROY: I have a question in regard to the  
18 assessment of carers. This is for everyone on the panel,  
19 but perhaps Ms Walk, if we could start with you, you said  
20 that the collection of the life story of the applicant is  
21 part of the assessment process. Is the life story only the  
22 carer's story or are the other life stories of people in  
23 the household collected as well?

24

25 MS WALK: The applicant's partner, if there is a person,  
26 would also be included in that. There are also assessment  
27 interviews with applicants of the potential carer's  
28 children as well, if they are over eight years old. We  
29 don't refer to that as a life story, but it in some ways it  
30 is included in that.

31

32 COMMISSIONER MILROY: In regard to the life story, how is  
33 this actually assessed and by whom, and the relevance of  
34 that to their suitability as a carer?

35

36 MS WALK: Different agencies will do that differently.  
37 Perhaps non-government agencies might talk to that this  
38 afternoon. Sometimes, in FACS, it may well be an agency,  
39 Assessments Australia, that may well be doing it and they  
40 will provide a written report. So they will generally have  
41 a number of interviews with the clients, with the potential  
42 carers, or, indeed, kin carers themselves.

43

44 COMMISSIONER MILROY: Does that differ across the board  
45 for the other jurisdictions?

46

47 MR HARRISON: In South Australia one of the distinctions

1 would be the difference between next of kin and foster;  
2 foster carers are identified, recruited and trained by the  
3 NGOs, where next of kin are done internally through  
4 department employees. So with that distinction, certainly  
5 the next of kin, there would be an assessment made of the  
6 family scenario, the motivation, all of those suitability  
7 aspects. I'm making an assumption that the NGOs would go  
8 through a similar process to determine suitability and  
9 motivation for foster carers as well.

10  
11 MR KEMP: I think in terms of the process of gathering the  
12 social history or the life stories that you have referred  
13 to, one of the advancements I believe that we have made is  
14 not simply the gathering of that information but the  
15 application of meaning. Sometimes carers, if they are  
16 interviewed and assessed well, will provide us with  
17 insights into their life story and what that looks like for  
18 them as they have aged out, so they may have experienced  
19 some trauma themselves and may not understand what that  
20 looks like to a child who is in their care. But the  
21 assessment process, if it is done well, applies meaning to  
22 what might just be a narrative for the caregiver or the  
23 potential caregiver, and I believe that is one of the  
24 advancements that has been made as a result of a more  
25 robust assessment process.

26  
27 COMMISSIONER MILROY: Given that, would then there be some  
28 assessment of the carer's needs made at that time as well  
29 that might assist them in the placement?

30  
31 MR KEMP: Yes. Very often - it is a process whereby  
32 carers may well start to explore with the assessor personal  
33 issues, and it is a very personally invasive process, it is  
34 designed to be. The art of the assessment is the  
35 application of meaning, and to understand what that might  
36 look like. On the basis that we identify that clearly, we  
37 can support carers to help understand what that might mean  
38 for them as a caregiver. For some people it is  
39 a self-selecting process. They haven't joined the dots and  
40 we help them do that and they select themselves out. Other  
41 people recognise and see that it is not necessarily  
42 a deterrent, but if it is used well it can actually support  
43 a child in their care.

44  
45 MS HAIRE: Perhaps what I could add from Victoria, I think  
46 we go through a similar detailed and sort of strength-based  
47 assessment process, which is called Step By Step Victoria,

1 which is similar to what my colleagues have described. The  
2 other element that we have is a foster care panel, which is  
3 a final step - so I'm talking about foster care here,  
4 Commissioner - before a foster carer is put on to the carer  
5 register. We have formal panels which include community  
6 service organisations and representatives of the  
7 department, and that goes through a very detailed process,  
8 which includes a family tree, confirmation of all the  
9 background checks, a life history, assessment against the  
10 competencies and I think, importantly, picking up Tony's  
11 point, the applicant's preferred options for where they  
12 think their strengths would lend their skills to being best  
13 used.

14  
15 When the panel approves that person for proceeding on  
16 to the register, that includes advice about the type of  
17 care that that particular foster carer - the age or perhaps  
18 whether it is respite or ongoing care, the number of  
19 children the person might be able to look after, the  
20 genders and, again, picking up your point, what the  
21 training needs might be. So it is a very rigorous process  
22 that all takes place prior to the person being approved as  
23 a carer.

24  
25 THE PRESIDING MEMBER: Thank you.

26  
27 MS FURNESS: Is the carer register public?

28  
29 MS HAIRE: No.

30  
31 MS FURNESS: Is there an appeal process for a carer who  
32 has been deregistered from the register?

33  
34 MS HAIRE: Yes. An appeal can be made to VCAT.

35  
36 MS FURNESS: The Victorian Civil and Administrative  
37 Tribunal?

38  
39 MS HAIRE: Yes.

40  
41 MS FURNESS: Has there been any appeal that you are aware  
42 of from a carer who has been deregistered on the basis of  
43 either allegations or substantiated physical or sexual  
44 assault?

45  
46 MS HAIRE: There have been some appeals but I don't know  
47 the details of them. I'm aware that there have been

1 appeals.

2

3 MS FURNESS: Perhaps you could tell us the names of those  
4 appeals so we could perhaps have a look and see what the  
5 outcome of those appeals were.

6

7 MS HAIRE: Yes, certainly.

8

9 MS FURNESS: Turning to training, what I propose to do is  
10 ask each of you a series of questions in relation to  
11 particular forms of training. If we could just limit  
12 ourselves initially to those forms of training and, trust  
13 me, we will deal with other forms of training, and if you  
14 think there is training that I haven't dealt with, I'm sure  
15 you can provide some evidence as to those.

16

17 Firstly, training in relation to indicators of child  
18 sexual abuse. If I can include with that, problem sexual  
19 behaviours and sexualised behaviours. So looking at that  
20 cohort of training, and perhaps starting with you,  
21 Mr Harrison, firstly, who, if anyone, receives that  
22 training from your department or auspiced by your  
23 department in relation to out-of-home care?

24

25 MR HARRISON: If I can differentiate between, I guess, the  
26 two groups. Primarily, where we employ somebody for  
27 residential care - which is departmental employees by and  
28 large, supplemented by NGOs - after the selection process,  
29 which has recently been enhanced, they are subject to  
30 generally six weeks of a process of induction, professional  
31 development training development to prepare for the role of  
32 a residential care worker, which is generally done in the  
33 form of modules which come together.

34

35 Importantly, the mandated reporting of abuse and  
36 neglect, which includes the identification as well as the  
37 reporting protocols, is mandated for both departmental  
38 employees and all foster and next of kin carers at the same  
39 time as well. That's a mandatory course that has been  
40 delivered face-to-face. I understand it's also moving to  
41 partially face to face as well as an online component,  
42 which is currently under development.

43

44 The residential care workers, the departmental staff,  
45 go through a number of different modules, and I could list  
46 those off for you or provide those different modules to the  
47 Commission. Differently, I guess, from the NGO providers

1 through the service agreement contract, the NGO providers  
2 are also mandated to provide competency based training in a  
3 number of similar sorts of areas.  
4

5 MS FURNESS: Let's come to the NGOs. Just dealing with  
6 the departmental workers, do any of those modules include -  
7 other than indicators of sexual abuse - dealing with  
8 children and young people with problem sexual behaviour or  
9 sexualised behaviour?

10  
11 MR HARRISON: Absolutely. Behaviour management, including  
12 adolescent behaviour, addresses identifying signs of sexual  
13 abuse, grief, loss attachment, dealing with aggressive and  
14 potentially violent behaviour, right through to sexualised  
15 behaviour and sexual abuse, so it covers the full range  
16 from behaviour to sexual abuse and also required responses  
17 in an incremental or tiered approach through that as well.  
18

19 MS FURNESS: You say that that training is mandatory on  
20 being employed by the department?

21  
22 MR HARRISON: Yes, that's right.  
23

24 MS FURNESS: Is there any requirement, as opposed to  
25 discretion, for that training to be revisited and, if so,  
26 at what frequency?  
27

28 MR HARRISON: I would suggest there isn't a requirement at  
29 the moment, but literally as we sit here today there are  
30 reviews and implementation processes going on. For a bit  
31 of context once again, with bringing together the  
32 departments for child protection and education, we're  
33 actually going through a full integration process where all  
34 aspects of HR practices and policies that have generally  
35 been restricted to the child protection environment are  
36 being fully embedded from a whole of departmental approach  
37 to ensure that we get greater levels of uniformity both  
38 across educators, social and youth workers to try to build  
39 the relationships between those two professions for  
40 a better outcome for vulnerable children, in particular.  
41

42 So we are looking at enhancing those, for example,  
43 through the rostering process, which generally operates in  
44 residential care, to ensure that on the 5th or 6th week of  
45 the rostering, for example, a full day is allocated for  
46 a form of refresher for policy, practice, procedures and  
47 programs to actually go through that and build that into

1 the rostering system so it becomes very much normalised as  
2 part of the deployment rostering process. Those are being  
3 built at the moment. When we complete the current  
4 accelerated recruitment program to build additional  
5 capacity, that additional capacity will allow us to build  
6 that into the rostering process to have that more routine,  
7 frequent refresher qualification training processes.

8  
9 MS FURNESS: Is the training in relation to the types of  
10 behaviours and indicators I've referred to delivered by  
11 external experts in that area?

12  
13 MR HARRISON: I know we have within the child protection  
14 area a 13-person training and development team that  
15 operates as a centralised unit that facilitates and  
16 provides aspects of training. I believe - I'm not sure,  
17 but I believe that's also supplemented by external  
18 presenters and providers as well.

19  
20 MS FURNESS: Your answer has been given in relation to  
21 residential care workers because that is primarily the  
22 workers that the department has under its auspice; is that  
23 right?

24  
25 MR HARRISON: Yes, that's right.

26  
27 MS FURNESS: In relation to carers, what training do they  
28 receive in respect of the sorts of behaviours I've  
29 described?

30  
31 MR HARRISON: Different aspects. Certainly, there are  
32 some mandatory components, such as reporting abuse and  
33 neglect, and understanding identification and reporting  
34 requirements, which is mandated. There is also some  
35 mandated training for carers that provide services for  
36 children between 0 and two years of age, particularly  
37 things such as sleeping patterns, travel, use of vehicles,  
38 transportation and other things such as that. Then there  
39 are a series of modules, I understand, that are provided  
40 through the NGOs, through our service agreements, to  
41 provide competency-based training for those individuals.

42  
43 I do understand, though, that it is somewhat different  
44 to our six-week program, and it is really within the  
45 auspices of the service providers, the NGOs, as to those  
46 competency-based training requirements.

47

1 MS FURNESS: But you would be able to condition what  
2 training they provided and the frequency in relation to  
3 your contractual arrangements, wouldn't you?  
4

5 MR HARRISON: And I understand we certainly do for those  
6 mandated training requirements. I don't believe we  
7 actually do that to the extent of the more discretionary  
8 training requirements, and that's largely left up to the  
9 service providers. I can also, please, add that a piece of  
10 work has just been completed through a project management  
11 approach to look at, generally speaking, our service  
12 agreements with all of our NGOs, and one of the topics that  
13 has come up is in relation to that aspect of what we could  
14 or what we should mandate so we get greater levels of  
15 consistency in relation to training by employees employed  
16 by the department versus providers provided through the NGO  
17 service agreements to get that greater level of  
18 consistency. Because the fact of the matter is that at  
19 times the two different working groups are deployed largely  
20 doing the same piece of work, despite the fact that we do  
21 have some discrepancies between the requisite levels of  
22 training which are engaged by individuals.  
23

24 MS FURNESS: I take it, then, in relation to foster carers  
25 who work under the NGO arrangement, there is no mandatory  
26 training in relation to sexualised behaviour and the like;  
27 there is training in respect of the report process. Is it  
28 the case that there is any training that they may choose to  
29 undertake that is made available from the department  
30 without cost?  
31

32 MR HARRISON: I would have to take that question on  
33 notice, sorry. I just haven't got that level of detail at  
34 my hands.  
35

36 MS FURNESS: What about children in care? Do they  
37 receive - training is probably not a good word. Do they  
38 receive education in respect of these issues? Obviously it  
39 would be age specific.  
40

41 MR HARRISON: Once again, maybe I would have to get that  
42 level of detail for you, please.  
43

44 MS FURNESS: Yes. There would be a degree of casual  
45 employment involved with your work, I take it?  
46

47 MR HARRISON: Yes, certainly through the NGO providers,



1 some of that would be casual.

2

3 MS FURNESS: Are there any specific requirements in place  
4 in respect of mandated training for casuals in the areas  
5 I'm talking about?

6

7 MR HARRISON: Certainly my clear understanding is that any  
8 person, whether it's in a full-time basis or a temporary  
9 basis, providing services within care environments must all  
10 have completed the reporting abuse, neglect notification,  
11 and those sorts of mandated training, irrespective of your  
12 employment status.

13

14 MS FURNESS: That training is primarily process training?

15

16 MR HARRISON: Yes, I would say it would be, yes.

17

18 MS FURNESS: In relation to kinship care, just remind me  
19 what the situation is in South Australia?

20

21 MR HARRISON: Kinship care is identified, arranged and  
22 managed by departmental employees.

23

24 MS FURNESS: Are there any requirements in respect of  
25 training that is mandated for those who provide kinship  
26 care?

27

28 MR HARRISON: I understand - and once again I may have to  
29 just qualify this for you - that the mandated requirements,  
30 such as reporting abuse and neglect, are the same for next  
31 of kin carers as they are for commercial providers for the  
32 foster care environment.

33

34 MS FURNESS: Would you also take on notice whether those  
35 carers can have available to them, at no cost through the  
36 department, training in these areas if they wished?

37

38 MR HARRISON: Yes, I will.

39

40 MS FURNESS: Thank you. Mr Kemp, I understand that  
41 Tasmania is going through a reform process and your  
42 questions might be about proposed practice rather than  
43 actual practice. Bearing that in mind, and dealing firstly  
44 with residential workers, is there mandated training in  
45 respect to indicators of child sexual abuse, sexualised  
46 behaviour and the like, that is not related to the  
47 reporting process?

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MR KEMP: No, there is no mandated training.

MS FURNESS: You have mandated training in relation to the reporting process?

MR KEMP: We don't have mandated training in regards to the sexual abuse and indicators of, but we do have mandatory reporting in regard to prescribed officers who are mandatory reporters, yes.

MS FURNESS: Is that training available to your staff in terms of those behaviours if they chose to take it up?

MR KEMP: Yes. We have available to us both in-house and external trainers who can provide us with either very bespoke or specialised arrangements. For example, we had a number of trainings last year in regard to Take Two and Berry Street on neurobiology and trauma, so we could purchase that and target it towards designated people.

MS FURNESS: Do you have a program of training whereby you set out over a period of time - six or 12 months - what training will be offered, if not required, to staff in relation to child sexual abuse?

MR KEMP: We do not currently have that.

MS FURNESS: Is that part of your proposal?

MR KEMP: It is.

MS FURNESS: How is it that training comes about without a program?

MR KEMP: Very much, I would suggest, in an ad hoc way. It can be driven by the provider in a residential sector. They may well have an in-house training provision. But currently there is no oversight of that in terms of its structure or its content or its regularity.

MS FURNESS: So turning then, to foster carers, leaving aside kinship carers for the moment, are they required, prior to or shortly after being assessed and registered as a carer, to go through training that deals with these matters relating to sexual abuse?

1 MR KEMP: Yes. Foster carers are required under the  
2 Shared Stories, Shared Lives to complete all of the modules  
3 of training, one of which is in regard to neglect and  
4 trauma and abuse. It would be very general training. But  
5 at the point of assessment for capability, they would have  
6 to have completed that module, yes.

7  
8 MS FURNESS: Who delivers it?

9  
10 MR KEMP: It depends on whether the foster carers are  
11 ours. If they are our departmental carers, we would have,  
12 like our colleague here, in-house, out-of-home care teams  
13 that would be in a position to provide that implementation  
14 of the assessment process. If it is a contractor or  
15 a contracted service, because they use the same training  
16 program - Shared Stories, Shared Lives - they would deliver  
17 it on our behalf.

18  
19 MS FURNESS: That would presumably be part of the  
20 contractual arrangement that they would deliver a type of  
21 training at a particular frequency?

22  
23 MR KEMP: That is correct.

24  
25 MS FURNESS: What about kinship carers?

26  
27 MR KEMP: Kinship carers are not required to undertake the  
28 Shared Stories, Shared Lives training. I would say it is  
29 information exchange rather than training with our kinship  
30 carers, whereby they are provided with fact sheets and  
31 information by their case manager, but it is not training.

32  
33 MS FURNESS: As part of the modules that either staff or  
34 carers undertake, are any child sexual abuse prevention  
35 strategies covered?

36  
37 MR KEMP: I would have to take it on notice as to whether  
38 it is in Shared Stories, Shared Lives. I wouldn't be that  
39 familiar with the particular elements of that.

40  
41 MS FURNESS: Ms Haire is telling you it is.

42  
43 MS HAIRE: It is in the Victoria one.

44  
45 MR KEMP: Okay. Certainly I am aware of the fact that,  
46 you know, the notion of prevention being better than cure  
47 is by far a more appropriate way to proceed, and that could

1 be things around safety within the house; it could be  
2 around the layout of the building; it could be around  
3 opportunities for children to talk outside. So there are  
4 lots of those built in, but I would have to defer to my  
5 colleagues in regard to the specifics of Shared Stories,  
6 Shared Lives.

7  
8 MS FURNESS: In relation to children in the care of the  
9 department or in the care of an NGO with whom you have  
10 a contract, is there any specific sexual abuse prevention  
11 education or strategy that the child is told about?  
12

13 MR KEMP: I'm not aware of any dedicated process or  
14 program of education.  
15

16 MS FURNESS: Because, indeed, one way of preventing child  
17 sexual abuse is educating or teaching the child how to put  
18 themselves in a more protected position, isn't it?  
19

20 MR KEMP: Yes. There is a difference between the exchange  
21 of information and supporting children to be able to do  
22 that compared to a dedicated training or education process.  
23

24 MS FURNESS: I understand that. So is there another  
25 method by which you convey to children in care that sort of  
26 information?  
27

28 MR KEMP: Yes, I mean, normally through our day-to-day  
29 contacts, but to give an example, I was with my colleagues  
30 in the Department of Education just last week and we were  
31 working out how the school environment could best also  
32 support children in care in regard to being able to have  
33 that preventative understanding and how teachers can play  
34 a role in that, too. So we look not just to our own points  
35 of contact but also other people's points of contact with  
36 that, too, yes.  
37

38 MS FURNESS: Is it the case that your area is within  
39 a department that also houses education?  
40

41 MR KEMP: That is not - no, we have the Department of  
42 Health and Human Services.  
43

44 MS FURNESS: And education is separate?  
45

46 MR KEMP: Education is a separate department.  
47

1 MS FURNESS: Thank you. Can I turn to you, Ms Haire. You  
2 understand the types of behaviours I'm talking about in  
3 respect of training. Can we start with residential workers  
4 and what is required for them to undertake.

5  
6 MS HAIRE: For residential workers, there is an induction  
7 program which is, as my colleagues have described, just  
8 largely about knowledge of the reporting requirements and  
9 so on. We don't have any mandatory training on sexual  
10 abuse prevention or sexual exploitation.

11  
12 What we do have in Victoria, however, is a program  
13 which is a collaborative venture between ourselves and the  
14 funded sector run through the centre for - Child and Family  
15 Welfare - sorry, I got that wrong. It is an annual program  
16 of training which responds to changes in policy, best  
17 practice evidence. It is informed by the work of our  
18 Office of Professional Practice and delivers a range of  
19 training, which is available for residential care staff,  
20 and which our CSOs are able to access because the community  
21 service organisations employ the residential care staff.  
22 That program includes managing young people with problem  
23 sexual behaviours, working with adolescents at risk of  
24 sexual exploitation and last year it involved bringing out  
25 an international expert to deliver training to a large  
26 group of residential care workers on sexual exploitation.

27  
28 MS FURNESS: But is it the case that these residential  
29 workers can choose to attend or not?

30  
31 MS HAIRE: It's not mandatory. That's correct.

32  
33 MS FURNESS: Is there any requirement as part of their  
34 employment that they clock up, as it were, training in  
35 specific areas?

36  
37 MS HAIRE: Not from the perspective of the department.  
38 I think that different CSOs may have different requirements  
39 of their own staff, but we don't have that requirement of  
40 the CSOs.

41  
42 MS FURNESS: The CSO being community service  
43 organisations?

44  
45 MS HAIRE: Community service organisations, sorry.

46  
47 MS FURNESS: Who you contract to provide services?

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MS HAIRE: Yes.

MS FURNESS: And as part of your contractual arrangement you don't mandate any training?

MS HAIRE: We don't mandate the training but we do work with the CSOs and their peak body on the training program for residential care workers, which they access, and we jointly plan and deliver and work on the program of that.

MS FURNESS: Mr Harrison said that the proposal was to set aside a dedicated day for training for all relevant people, and I think New South Wales certainly had that. I'm not sure if you still do?

MS WALK: In terms of the education workers? We certainly have education workers who particularly look out for and do education planning for children in out-of-home care in the education setting.

MS FURNESS: My memory, from now some years ago, was that there was one day a week, a fortnight, a month, that was entirely set aside for training for caseworkers?

MS WALK: I think you are thinking about the closed sessions, that's during the day. We don't necessarily have those, we use group supervision instead, another mechanism to be able to train people on issues that are relevant to their practice.

MS FURNESS: I see. Have you considered that: a set time for your workers to attend on a mandatory basis? The content might change, but there would be a set time for training?

MS HAIRE: Because we don't deliver the residential care service, that's a level of detail that we wouldn't necessarily mandate. Our role is more the assurance of the quality of the service that is delivered to us rather than mandating to how the rosters might work.

MS FURNESS: So when you say "the quality of the service", is there any way that you can measure the quality of the training that the NGO or the CSO sector provides?

MS HAIRE: No. Well, as we discussed earlier, we collect

1 data about the incidence within residential care and within  
2 other care types, and we also --

3  
4 MS FURNESS: But do you collect data on training?

5  
6 MS HAIRE: No, we don't.

7  
8 MS FURNESS: So you don't really know what they do in  
9 terms of training?

10  
11 MS HAIRE: We do know what the program of training is  
12 because we work with them collaboratively to devise that  
13 program, but we don't receive reports on the number of  
14 training sessions per staff member, for example.

15  
16 MS FURNESS: And your contract with them doesn't condition  
17 them to comply with a certain amount of training, frequency  
18 and nature?

19  
20 MS HAIRE: No, it doesn't go to that level of detail.

21  
22 MS FURNESS: So, just leaving aside residential - again,  
23 you are going to have to remind me - your department's  
24 involvement in foster care, including kin care?

25  
26 MS HAIRE: Kinship care is almost solely the  
27 responsibility of the department, except for 750 cases, and  
28 we retain case planning responsibility.

29  
30 For foster care, foster care placements are delivered  
31 by the NGOs, and the case management, about half of that is  
32 delivered by the NGOs or CSOs, and we retain the case  
33 planning responsibility.

34  
35 MS FURNESS: So in relation to kinship carers, is there  
36 any training that they have to do in order to keep their  
37 role as being a kinship carer?

38  
39 MS HAIRE: No, we don't have any mandatory training for  
40 kinship carers. In some ways, given the requirement under  
41 our Act to privilege kinship care and home-based care, we  
42 tend to take a view that it is in the case management and  
43 the case practice that we work with the kinship families to  
44 support them and ensure that they have the supports and the  
45 services to work with the children, as opposed to a more  
46 formal training approach.

47

1 MS FURNESS: So what do you do as a matter of practice to  
2 equip your kinship carers to understand indicators of  
3 sexual abuse, how to deal with problem sexual behaviours  
4 and the like? Practically, what do you do to equip them  
5 with sufficient knowledge for them to act in a safety role  
6 in respect of children in their care?

7  
8 MS HAIRE: So there is a kinship care handbook which  
9 provides information and support on reporting and related  
10 issues. There is also training which kinship carers can  
11 access on a voluntary basis, which is delivered by the  
12 Australian Childhood Trauma Group, Anglicare Victoria and  
13 Berry Street. So we have some training that kinship carers  
14 can access, but we don't mandate it. And we provide  
15 support through the case management process, to provide  
16 support to the family.

17  
18 MS FURNESS: Is there anything specific that you do in  
19 Victoria in relation to trauma informed care? What do you  
20 do?

21  
22 MS HAIRE: Probably the most significant and most  
23 broad-ranging thing is that our entire care system is  
24 informed by a single case model, the best interests case  
25 model, which is based on the best available evidence and  
26 sets an underlying approach towards trauma informed support  
27 for all children in our care, regardless of which part of  
28 the system they are in - whether they are in the early  
29 stages of the child protection system, right through to  
30 placing children into permanent care or ageing out of care.

31  
32 MS FURNESS: Just tell me, in practice, what does that  
33 mean?

34  
35 MS HAIRE: In practice, that means that we have an  
36 approach to ensuring that children have stability, safety  
37 and that their development needs are met.

38  
39 MS FURNESS: I don't doubt that for a moment, Ms Haire,  
40 but how do you achieve it? What do you actually do?

41  
42 MS HAIRE: The main way in which that is achieved is  
43 through the work of the case managers with the individual  
44 children. So each child has a case manager who is either  
45 a child protection worker in our department or is a case  
46 manager within the community service organisation, who all  
47 use that trauma informed method of case planning with the



1 child.

2

3 MS FURNESS: Are you saying that to the extent that the  
4 child understands prevention strategies, for want of  
5 a better term, that understanding will solely come from  
6 their relationship with the casework manager and what that  
7 casework manager imparts to them?

8

9 MS HAIRE: No, no. I think there are other elements to it  
10 as well as that. One of the reasons, of course, that we do  
11 screening for carers is not just to ensure that the carer  
12 is a person who is suitable and safe for children, but  
13 also, more importantly, to ensure that the carer, whether  
14 it is a kinship carer or a foster carer or a residential  
15 carer, has the skills and capability to work with children,  
16 to support them to have protective behaviours and remain  
17 safe. So there is kind of that dual element to the carer  
18 role: they need to be a safe and suitable person; they  
19 also need to have those skills to work with the children in  
20 their care.

21

22 It is in those primary relationships that children  
23 have with adults that we know that they draw their  
24 strengths from, and we also know that it is in those  
25 relationships that they are most likely to disclose if they  
26 are suffering from any form of abuse or have fears for  
27 their own safety. So it is in those intense stable  
28 relationships with adults who are appropriately skilled to  
29 work with them.

30

31 MS FURNESS: Are you confident that you have the systems  
32 in place to properly impart to children that you are  
33 responsible for sufficient information for them to  
34 understand how to better make themselves safe?

35

36 MS HAIRE: I would never say that we have everything,  
37 that the system that we have in place right at the moment  
38 has --

39

40 MS FURNESS: What would you do differently, in relation to  
41 your system, to have greater confidence?

42

43 MS HAIRE: In relation to the children's ability to  
44 protect themselves?

45

46 MS FURNESS: In relation to imparting to the child some  
47 prevention strategies to educate them as to what might

1 occur in care and how to place themselves? It would  
2 include a disclosure process as well, I'm sure. What would  
3 you do differently?  
4

5 MS HAIRE: I think that the most important thing is for  
6 each child or young person to have a trusted adult in whom  
7 they have confidence.  
8

9 MS FURNESS: But you would say you have in place trusted  
10 adults now?  
11

12 MS HAIRE: That is our intention, to have that in place.  
13 The concept of training children, I think, as you have  
14 said --  
15

16 MS FURNESS: "Education" is a better term.  
17

18 MS HAIRE: Yes. It really has to come from the whole  
19 environment, not just through specific interventions. But  
20 we have therapeutic residential care and we also have some  
21 therapeutic foster care for some children who are  
22 particularly vulnerable, and that provides access to  
23 children and young people for particular extra specialist  
24 support.  
25

26 The engagement of the education system and a broad  
27 kind of public health approach to children's safety is  
28 another important element --  
29

30 MS FURNESS: You are telling me what you do. My question  
31 was: what can you do better in this area?  
32

33 MS HAIRE: I think one of the things that we could do  
34 better is have a more comprehensive public health approach  
35 to the safety of children in Victoria, including the  
36 education system and all the other children's services,  
37 and --  
38

39 MS FURNESS: You mean a coordinated approach?  
40

41 MS HAIRE: I think a shared framework about children's  
42 safety. And part of that is the proposed child safe  
43 standards which will likely be introduced shortly.  
44

45 MS FURNESS: They are Victoria based?  
46

47 MS HAIRE: Victoria based, arising from the Betrayal of

1 Trust parliamentary inquiry last year. I think one of the  
2 insights from that inquiry was how important it is that  
3 every element of the child's environment is geared around  
4 protective behaviours and their safety. So, unfortunately,  
5 there is no single silver bullet that we can identify. It  
6 is about the consistency and the comprehensiveness of an  
7 entire system, which includes the safety of the  
8 environment - as I think one of my colleagues mentioned -  
9 the training and capacity of the carers, the case  
10 management for the individual children - it's an entire  
11 suite. I think that's where we have to continue to try to  
12 build all of the pieces, to do better.

13  
14 MS FURNESS: I note the time, your Honour, but perhaps if  
15 I could just say to the other witnesses, I would appreciate  
16 it if you thought about the same issue overnight, as to  
17 what you could do better in this area of training and  
18 education.

19  
20 COMMISSIONER FITZGERALD: Could I just ask one question.  
21 Ms Haire, you indicated in response to Ms Furness that  
22 trauma informed care for all children in out-of-home care  
23 is now the model or the framework by which Victoria is  
24 operating?

25  
26 MS HAIRE: Yes.

27  
28 COMMISSIONER FITZGERALD: You indicated two elements which  
29 are critical, both safety and stability in placement. Is  
30 there any evidence yet that the stability - in other words,  
31 the reduction in the churn that occurs within the  
32 out-of-home care system - is actually being demonstrated?  
33 In other words, are we seeing more-stable placements and is  
34 that demonstrable by some evidence? Because it is at the  
35 core of so much of the problem in the out-of-home care  
36 system?

37  
38 MS HAIRE: Commissioner, I have some data - I may have to  
39 provide it to you separately. I think we have some data  
40 that there is a slightly greater level of stability in our  
41 Victorian placements. There are some amendments which went  
42 through the Victorian parliament late last year which will  
43 go further towards the stability of placements, which you  
44 may be aware of, or we can provide you with further,  
45 arising from the --

46  
47 COMMISSIONER FITZGERALD: If there is any evidence or

1 information which sheds some light on an impact on  
2 stability in placement, that would be hugely beneficial.

3  
4 MS HAIRE: Certainly.

5  
6 THE PRESIDING MEMBER: Thank you. 10 tomorrow.

7  
8 MS FURNESS: Thank you, your Honour.

9  
10 **AT 4PM THE COMMISSION WAS ADJOURNED**  
11 **TO WEDNESDAY, 11 MARCH 2015 AT 10AM**

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