ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE

Public Hearing - Case Study 24
(Day 124)

Level 17, Governor Macquarie Tower
Farrer Place, Sydney

On Wednesday, 11 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

<JACQUELINE MAREE WALK, on former affirmation: [10am]

<SIMONE LOUISE JACKSON, on former oath: [10am]

<ANTHONY GERARD HARRISON, on former oath: [10am]

<ANTHONY PHILIP KEMP, on former affirmation: [10am]

<CATHERINE ELYSE HAIRE, on former affirmation: [10am]

MS FURNESS: Good morning, your Honour. Your Honour will recall that at the end of my opening yesterday I indicated that this public hearing is not the end of our examination of contemporary out-of-home care, nor is it the beginning, because we have had case studies and indeed there have been reports published of those case studies which have dealt with contemporary out-of-home care. As I indicated earlier, the process that is expected to follow from this hearing is that the Royal Commission will release a consultation paper, and that paper will contain information that we have gathered, both evidence and otherwise, about contemporary out-of-home care issues, with a view to seeking submissions very widely - that is, from anyone who is interested, both domestically and overseas, certainly not limited to agencies but any organisation with an interest in this area will be encouraged to make a submission.

It may be, after that consultation process, that there is a need for a further hearing in relation to the policy issues, but that decision will be made at a later time.

In addition, we have some months, if not years, remaining, and there are many other case studies which we are yet to either consider, let alone bring forward in a public hearing.

THE PRESIDING MEMBER: Thank you.

MS FURNESS: Yesterday, when we adjourned, we were discussing training. Just before I come back to training, can I ask you first, Ms Walk, about carer qualifications in residential care. As it is understood, there are no national standards for what qualifications a carer who works in a residential facility should hold. You don't know to the contrary of that, Ms Walk?

MS WALK: No. As I said, we only have ourselves, in terms of delivery, the one centre, Sherwood, which is a secure centre. We require people to have a Cert III to work in there, and also clearance, obviously, from security agencies and their own Working With Children Check. Many of the residences that we fund and run by other agencies have much higher qualifications and skills of the staff that work there and they can speak to them, no doubt, when they deliver --

MS FURNESS: Do you require those agencies that you fund to provide residential facilities for children to have qualifications in respect of staff?

MS WALK: In our funding contract we require them to be able to have staff who are skilled in delivering the service that they deliver. We found it is not necessarily helpful for us to determine what those skills are. It is more helpful for the agency to be able to determine it. So for us, it is about the outcome that we're after - ie, staff who are skilled in being able to deliver it - and for the agency themselves to determine how they get to that outcome.

MS FURNESS: So in terms of skill, that can encompass qualifications or not?

MS WALK: Indeed.

MS FURNESS: And if a person has a qualification, there is an assumption that they have the skill level necessary to acquire that qualification, but, having said that, there is no requirement that a particular qualification be held by an employee in a residential care facility.

MS WALK: No; that's correct.

MS FURNESS: What happens in the Northern Territory?

MS JACKSON: Identical for external service providers who we fund. So we don't prescribe the training or skill set. We have the same language - it is about their suitability to work with children in those environments. For our internal DCF staff, it is about the recruitment process and a set of key selection criteria that we are seeking, that is to flush out suitability. We often are encouraged if someone has a Cert III in youth worker type skills, but

again, it is not prescribed. We use the recruitment process to flesh that out. We have an internal training framework that we support those staff to get more skills in that area, and we have mandatory training, which also enhances their skill set.

MS FURNESS: But the short answer is there is no qualification required for your facility?

MS JACKSON: No; that's correct.

MS FURNESS: Mr Harrison?

MR HARRISON: Similar once again. Through the service agreements we prescribe competence based training in a series of modules which we very much support. As I alluded to yesterday, we are currently reviewing our service agreements right at this moment and we're going through a renewal process in the next 12 months. The comment I would make, I would suggest, is that we're trying to get greater levels of alignment between the training and the qualifications of departmental employees, together with service providers external through the NGO model. So the alignment for us is what is important to make sure that we have that level of consistency in relation to the quality of care that is provided.

MS FURNESS: So are qualifications required for your staff in residential care facilities?

MR HARRISON: We are actually going through that process now, Cert III, through a registered training organisation, which we have through the education component of my department. We are looking at Cert IIIs and possibly Cert IVs as well.

MS FURNESS: So you are looking at it, but it's not in place now.

MR HARRISON: Some workers actually do it currently right now and it has been done previously.

MS FURNESS: I am sorry, let me just stop you, Mr Harrison. I just need to understand: is it mandated now that workers in your residential facilities have a qualification that is set?

MR HARRISON: Not now, no.

MS FURNESS: But you have made move towards that in the process of review?

MR HARRISON: That's right.

MR KEMP: There is no mandatory qualification for residential care staff in Tasmania.

MS FURNESS: Given the reform process that you are going through, has any thought been given to what would ensure better outcomes for children in residential facilities in relation to qualifications of staff?

MR KEMP: Yes. Certainly, as you correctly identify, we are in a reform process. One of the things that we have been seeking to consider is a benchmarking qualification in residential care. My understanding - and I'm open to comment - is that there is no diploma or certificate or degree in Australia, that I'm aware of, which qualifies people in residential social work or residential care work, but certainly it is something that we should be working towards, but in Tasmania we don't have a certified course that qualifies somebody to work in residential care.

MS FURNESS: Thank you. Ms Haire?

MS HAIRE: Similarly, we don't mandate a qualification for staff employed by community service organisations in residential care. We do have a preferred qualification, which is a Certificate IV in child, youth and family intervention, but we don't require it. In our own secure services, I think similar to Maree in New South Wales, we do either require a qualification or we support the staff to undertake a Certificate IV once they have been employed, which is in our own facility.

MS FURNESS: Is that a Certificate III or a Certificate IV?

MS HAIRE: Certificate IV.

MS FURNESS: Is Certificate IV a higher level of qualification? Is that how I am to understand it?

MS HAIRE: It is a higher level than Certificate III, yes.

MS FURNESS: You recently had an inquiry in Victoria, I think the Cummins Inquiry?

MS HAIRE: Yes.

MS FURNESS: And there was a recommendation from that inquiry that a training body be established?

MS HAIRE: Yes.

MS FURNESS: What has happened in respect of the recommendation?

MS HAIRE: The recommendation from Judge Cummins was to establish a training body to oversee industry-wide education and development for the workforce. We haven't implemented that recommendation in the way that Judge Cummins proposed it.

MS FURNESS: Let me just stop you for a moment. Has the government of the day accepted the recommendation?

MS HAIRE: There has never been a government response directly to each of the recommendations of the Cummins report.

MS FURNESS: So in terms of implementing it, and leaving aside any government decision as to whether it should or shouldn't, what is your view in relation to having a training institution of the type that Judge Cummins recommended?

MS HAIRE: I think there are some principles behind what Judge Cummins said which I would agree with, but I think in terms of the implementation of it, there are some kind of more complex issues that have led to it not being implemented in the way he proposed. I think what is sitting behind what Judge Cummins recommended was a view that we needed to have a coherent approach across the system for training the workforce who work with children and families, and that it should be coherent and consistent across the different care types across the different stages of the system.

MS FURNESS: That's the principle that you agree with.

MS HAIRE: And that's the principle that I agree with and that the department supports.

Setting up an independent body to implement and oversee that has some particular complexities about it. It relates partly to the fact that the child protection workforce - which is a large workforce that is very significant in the management of the entire system - is our own internal workforce, and our preference is for the training and development of that workforce to remain very closely linked to the policy and program development that we do within the department and separating that out to an external body would create a distance between the policy and programs and the training.

The recent implementation of our new child protection operating model, where we reshaped our workforce, again consistent with some other findings of Judge Cummins to ensure that more child protection workers have more contact with children more of the time, having more of our workforce case carrying was --

MS FURNESS: "Case carrying"?

MS HAIRE: I am sorry, having more --

MS FURNESS: Perhaps you could unpack that for us.

MS HAIRE: I will unpack that for you. Having more of our workforce doing direct client work as opposed to perhaps a more traditional model that we had that as people became more senior, they moved into management roles and had less client contact. We had in 2012 a major reshaping of the workforce to ensure that we had more of the highly skilled workers working often directly with the clients. That was a policy change that involved significant program change and then had a large training component. For us, I guess that exemplifies why you would want to keep the training together with the policy and programs for that critical workforce.

However, some of the elements that Judge Cummins talked about in terms of having a coherent model across the whole workforce we do have and we have strengthened in recent years. The best interests case planning model that I talked about yesterday, which is a consistent model across all the elements of the system, from family services

through to out-of-home care, is the model that the family services sector uses, that child protection uses and out-of-home care use and that's the basis for all of the training. We think that gives the framework that provides that consistency. I think the residential care, learning and development program I also spoke about yesterday, which we developed jointly with the out-of-home care sector, is another example of that.

MS FURNESS: The Cummins inquiry also had a recommendation concerning a professional carer model.

MS HAIRE: Yes.

MS FURNESS: Has that been accepted?

MS HAIRE: Yes. Victoria has been at the forefront, along with --

MS FURNESS: Before you answer that - it has been accepted; is that right?

MS HAIRE: My apologies. The government hasn't made a formal response to any of the Cummins recommendations per se. That particular issue is a policy position that the government holds and the department has pursued very strongly for the last several years the professionalisation of foster care.

MS FURNESS: Perhaps you could help us with what was meant, as you understand it from the report, firstly, of a professional carer's model.

MS HAIRE: I think what Judge Cummins saw, what the Cummins inquiry found, was that for some home-based care, it is very difficult to maintain the placement where children have got particularly complex behaviours, where they are particularly vulnerable, where their trauma has been extreme, and that it is very difficult in a traditional foster care model, which does not assume that the foster parent or parents are available full time to work with the child and support them.

MS FURNESS: Effectively, you engage people who have the relevant experience and qualifications and have them as carers and pay them; is that the essence of it?

MS HAIRE: One way of doing it is that you engage the appropriate professional people to be the carers. The other way that you would do it is that you train and support existing carers so that they have those skills and qualifications and they are able to undertake the caring more as an employment rather than as a community service. At the moment, kinship and foster care are both largely volunteer --

MS FURNESS: Effectively, volunteers?

MS HAIRE: Effectively, volunteers, yes. There is reimbursement of some costs but it is something that people do on top of their other professional, personal, social obligations.

MS FURNESS: Just turning to those two models, one is engaging a professional to do the work and another is supporting and increasing the skills of those who are effectively volunteers. Now, they are not alternatives - you could do both.

MS HAIRE: You could do both, yes.

MS FURNESS: In what way is Victoria moving in respect of that?

MS HAIRE: We have been exploring both of those options and I don't think that we would rule out either at the moment. It is consistent with a general movement in terms of the kinds of care you provide to children in out-of-home care where the care is tailored to the needs of the particular child. If we're talking about, as we are, a particularly complex cohort within foster care, there may be some children for whom it is necessary to engage professional carers directly to provide the home-based care. In other circumstances, we would see that simply the flexibility to have existing carers more highly skilled and able to spend more time with the child would be part of the answer.

MS FURNESS: There would be a significant cost component of either, would there not?

MS HAIRE: Yes.

MS FURNESS: Does anyone else want to comment on the

professional carer model? Tasmania? Have you considered that, Mr Kemp?

MR KEMP: Yes. We are seeking to move towards a differentiated response. I spoke yesterday about the need to identify various cohorts of carers. One of the difficulties, as I understand it, is that I'm a member of the National Framework for Protecting Australia's Children. There is a working group looking at the professionalisation of foster carers and there's also been an independent report, I believe by the Allen Consultancy Group, looking at some of the barriers to the implementation of it.

My understanding of it is that whilst States, including our own, have identified work-arounds, the sort of consolidation of a professional model of foster care has not progressed based on industrial relations and tax issues and so on and so forth. There has been a constant movement to try to see if we could resolve those issues, because, undoubtedly, we do require people to actually move away from the vocational and volunteerism model towards a discrete model of paid carers.

MS FURNESS: I take it has been considered as part of the National Framework because the view is that children may well be better off in terms of their needs being met if they were cared by a professional carer; is that the underlying belief?

MR KEMP: The first principle being that family based care wherever possible is the most preferred option, but we have to then ensure that we have a gradation of care giving. There are some children who come into care and what we now call general foster care is a perfectly appropriate response to their needs.

MS FURNESS: But those with more complex needs may indeed benefit from an environment where they were cared for professionally?

MR KEMP: Absolutely, and where we can maintain them in that care environment with a wrap-around support and only utilise residential based care treatments for time limited interventions to support particular behaviour.

MS FURNESS: Mr Harrison, did you want to add anything to that?

MR HARRISON: Simply just general discussion that comes up quite regularly. In our context it is probably related more to the pressure that's being applied to placements within residential care and looking at alternatives for those children with very complex, challenging needs, but nothing formalised has been taken from a policy perspective at this time.

MS FURNESS: Ms Jackson?

MS JACKSON: As I stated yesterday, we are moving towards our first ever what we would call a professional placement. To get around the taxation issues, we have increased the general foster care allowance significantly for the purpose of this type of placement. We will enter into this on a trial basis, and we have engaged someone who has a profession related to the care for a child with complex behaviours, and supported that placement in principle - the placement hasn't occurred yet - with disability support, which is likely to be six hours a day, I think, for a number of days a week, to enhance the best outcomes, which is what we hope. We will review this after six months and then 12 months, hoping that we get that far along, and see if that is how we will move into that space more formally.

MS FURNESS: Thank you. Ms Walk, do you have anything further to add?

MS WALK: Not a great deal. I think Tony might have said there is the issue about what are the child's needs that we need to do a bit more unpacking about, before we too quickly move to what are the characteristics of the carer, to saying is there a situation where we are asking the placement to actually meet the needs that actually, in another circumstance - our own children - we would not ask our families to meet those needs, but we would actually wrap the services around the child as opposed to expecting the individual carer to meet all those needs. We do think that professionalisation of carers needs a bit more discussion about what is the system doing to wrap the services around the child.

MS FURNESS: Thank you.

THE PRESIDING MEMBER: Just before you change topics, just

for the benefit of the public hearing, I wonder if someone from the panel can articulate what is being now indirectly referred to as the "tax issue", for foster carers. I know it is not strictly related to training, but it would be of benefit, I think, if someone could articulate that.

MS JACKSON: The foster care allowance across most jurisdictions is an allowance which means it's not means tested. If you have a traditional family environment whereby the two parents are working, the allowance is a reimbursement of the care you provide for the child. Therefore, it is not on your tax a part of your wage. The child in your care can be deemed a dependent, which is beneficial for taxation purposes, within a household, and also that the carers would be entitled to things like the Childcare Rebate and perhaps, depending on other circumstances, Family Tax Benefit A and B.

There are taxation rules, is my understanding, on the amount that can be paid under the allowance banner. When you increase - and this terminology around a professional carer, which we haven't quite worked out yet, whether that is a payment in lieu of a wage, or certainly, we've all recognised it's more than the current allowance, you get into a grey area, if it is not called an allowance, where it will be means tested and can have a significant impact on the parties providing that care with their taxation.

THE PRESIDING MEMBER: And that's an issue that currently remains unresolved in the foster care arena across all the States and Territories; is that correct?

MR KEMP: That is correct, yes.

MS FURNESS: Returning to where we left off yesterday, Ms Haire, in relation to training, can I ask you what it is that you believe Victoria does particularly well in the delivery of training to those who care for children and in educating children in relation to matters of child safety. Before you answer, I will tell you that after you have answered I will be asking you what it is that allows you to say that that is the best thing you do.

MS HAIRE: Certainly. It's probably important to distinguish between the different care types in answering that question. I think, in relation to residential care, where we consider that we have made a very significant

progress in the last couple of years is in the introduction of therapeutic residential care. We currently have I think around 160 therapeutic places as part of our residential care program. That involves providing a therapeutic specialist to support each of the units and that therapeutic specialist provides additional in-house support and training to our workers.

We are currently looking at further augmenting what we do in residential care. Probably in answer to your second question, that program has been evaluated and I think we have made the evaluation available to the Royal Commission.

MS FURNESS: The result of that evaluation is?

MS HAIRE: The evaluation found that the therapeutic model made a significant difference to the children who were cared for in those units where that support and training was in place.

To further support training and workforce quality in our residential units, we're currently considering an approach to coaching of residential care workers, which actually arises out of some work we've done since an auditor general's review last year. We've been undertaking a skills analysis of the residential care workforce. We're looking at developing a capability framework in conjunction with the peak body and we also have been working on piloting a model of in-house coaching for residential care workers, which builds on some successful work that is taking place in other settings in the Mindful Centre for Training and Research, which is a child and youth mental health model.

MS FURNESS: In respect of what you are proposing to do, as you have just indicated, what is the evidentiary basis for going down that path?

MS HAIRE: What we are proposing to do is to adapt a model which has been delivered by the Mindful Centre for Training and Research which has been evaluated and found to be very effective with traumatised children and young people.

MS FURNESS: In terms of the work that you now do, what is it about that work that you believe you could do better?

MS HAIRE: Look, I think in a perfect world, if resources

weren't an issue, we would love to have more capacity to provide the therapeutic support in residential care.

MS FURNESS: By "more capacity" do you mean more beds?

MS HAIRE: Yes. As I have indicated, we have around 160 therapeutic beds at the moment. We have therapeutic places in our houses. We have 515 children in residential care. Given that the evaluation has shown us that additional therapeutic support makes a significant difference to the children and young people, we think that is an evidence-based approach that would improve the outcomes. We know that that would improve the outcomes for the children.

MS FURNESS: Thank you. Mr Kemp, I know you are in a difficult position, given your reform process, and perhaps I will allow you to answer whether you answer on the basis of what you do now or what you propose you will do, but what do you think you do, starting with now, that you think you do well, and that you have a basis for believing you do it well?

MR KEMP: I will answer that question by referring to the reason why we're doing the reform is because of our honest assessment of maybe some of the things that we're not doing well. We have an out-of-home care system which has grown sporadically and in a way which was unplanned. We have some exceptional carers and we have some exceptional NGO providers who are doing extraordinary work with very challenging behaviours, but the reform agenda has been based entirely on a very honest reflection of the fact that there is a need to contemporise the way in which we think about care in Tasmania, and to use the base that we have, and I would suggest it is a base of an out-of-home care structure. We have in place an architecture for out-of-home care which will stand the test of time in terms of service provision being done both inside our department and outside.

MS FURNESS: Are you proposing as part of your reform to conduct training of staff in relation to how they should identify and respond to concerns about other staff in relation to the abuse of children?

MR KEMP: Yes. One of the things that I have paid particular attention to in any reform agenda is not so much

the structure but the practice that sits behind it. Children are not made safe necessarily by structure.

MS FURNESS: It can contribute but alone it doesn't.

MR KEMP: That's right. Sometimes reforms tend to focus very much on that. The area where I see that we have got significant room for improvement and to strengthen our practice is in regard to one of the points you raised there about how do we help our staff, first of all, understand the children's negative experience of talking? We're not talking about the general population here. We're talking about children who perhaps tried many times to tell adults in their lives, and then suddenly saying to them, "It's okay, you can tell us now", is a very traumatic experience for them, too. How do we help our staff understand that the voice of a child is not a slogan but actually a part of our practice?

MS FURNESS: Can I stop you there and ask you more specifically - and this has come from the work that the Royal Commission has done to date and what it hears in private sessions - what do you specifically do to train or assist staff to identify behaviours in other staff that are indicative of breaches which may include sexual abuse of children? And then how to respond to that?

MR KEMP: There are two parts to that, I believe. The first one is a knowledge-based transfer. In other words, what is it that you need to know about other people's behaviour that you should be concerned about.

MS FURNESS: But do you actually provide that or are you proposing to provide that?

MR KEMP: I apologise. No, we do not, not by way of a structured learning and development program, but it is certainly part of our practice reform in out-of-home care.

MS FURNESS: Do you accept that that is an important part of training of staff?

MR KEMP: Absolutely.

MS FURNESS: Particularly in residential facilities, obviously.

MR KEMP: I think it is important for all elements of out-of-home care, residential care most particularly because of the structure of the arrangement, the rotational care, but, yes.

MS FURNESS: Ms Haire, do you provide training in that area?

MS HAIRE: No. We don't provide specific training on identifying risky behaviour in other staff. We have mandatory pre-service training for all residential care staff which covers the issue of reporting any critical incident involving the children, which includes incidents with other staff, so it covers that eventuality, but we don't have specific mandatory training for identifying risky behaviours in colleagues or staff.

MS FURNESS: Mr Harrison, just dealing with that issue first, is that something that South Australia has dealt with?

MR HARRISON: Yes. In our initial six-weeks induction training for residential care workers, one of the mandated modules is actually that of child safe environments which actually picks up on the aspects of identifying sexualised behaviour between young people but also between adults and young people, which includes carers within our facilities. That's one of our specific modules we have in the induction process.

MS FURNESS: When did you add that to your induction process?

MR HARRISON: I am not sure exactly, but I am aware that it's been there for years, so it's not a recent addition to the induction process.

MS FURNESS: Is there any work that has been done for you to understand how effective your training process is?

MR HARRISON: I don't believe specifically within the residential care environment, but as I earlier mentioned, within the education sector, which I will come to, if you like, soon, there has been independent assessment done through KPMG in relation to our child protection curriculum right across the whole education system and there is another review programmed to be undertaken in 2016 as well.

MS FURNESS: Turning to the homework question that you had, Mr Harrison: firstly, can I ask you what it is that you think you do well and what is your basis for saying that you do it well?

MR HARRISON: I think there are aspects we do well and there are aspects that we are improving in realtime currently at the moment.

MS FURNESS: Let's just stick to those you do well now.

MR HARRISON: What we do well at the moment is we've moved, if I can start on the structure in the form, the building structure, we've been on a deliberate program of moving away from larger facilities, sometimes 12-person facilities, which is, when you talk about safety, an aspect, but it is also quality of care in larger facilities as well, which becomes a very challenging issue as well. We've been deliberately on a capital works program to close down our 12-person facilities and move to more conventional domestic dwellings of three and four person-type facilities, distributed across the metropolitan area and in some cases country areas as well.

MS FURNESS: Is the plan to have one or more adults residing there with the children on a paid basis?

MR HARRISON: I would suggest it would still be part of a deployment rostering type model for day, afternoon and night shift. The rostering wouldn't generally change, but I think what it does do, it lends itself to a more consistent building of partnership type models with young children, more so than operating larger facilities, where I would suggest you have more of an inconsistent process of resourcing, rostering and deployment of staff in those facilities, so we have been deliberately going through, I guess, trying to design to support our service delivery model as well.

Currently, at the moment, we are recruiting a target of 183 residential care staff workers between now and 30 June. A number of those is because we have been carrying vacancies for some extended period of time and we have realised that carrying vacancies has put greater dependence on the commercial care providers to fill gaps for us unnecessarily - or, I should say, necessarily but

not our preferred option. We are going through that process, but we are also looking at increasing capacity and part of the reason to increase capacity is certainly to increase quality of care, but to build in, as I mentioned yesterday, an ability within the rostering process to have regulated and programmed training and development on an ongoing basis.

MS FURNESS: Just going back to the smaller residential facilities more domestically inclined for children, while it may seem obvious that that may result in better outcomes, is there any work that has been done that you are aware of that supports that?

MR HARRISON: I'm not aware. I do believe there has been some research done in relation to the comparisons between facilities, but I can't point you exactly to that piece of research. I am confident in saying that there has been some analysis and research done in relation to the structure and size of facilities.

Certainly, the Office of the Guardian in South Australia, which is an independent statutory body, which reports directly to the Minister, has complete, open and full access to our service delivery models but also our facilities and visits those on a regular basis, and also makes independent commentary to the Minister and to government in relation to preferred ideal options for facilities as well. We're certainly looking at expanding capacity across our residential care workers.

We are also improving alignment between departmental staff's training and qualifications and that of the commercial providers, which supplement our care in those particular areas as well, and taking on board your request yesterday, I have also identified, which I can provide to you, a series of practice manuals which go to that issue about how do we educate and inform young people about how they can actually adopt protective practices themselves and the things that they can do to actually alert people to their own personal concerns as well.

MS FURNESS: You have, as I understand it, a curriculum in relation to that and that curriculum has been evaluated recently?

MR HARRISON: It has. If I can, that's one of the

documents (indicating). In 2006 it was decided in South Australia - and I'm sure this is similar across all states now - that it was developing a curriculum specifically to keeping safe for all children across the three education sectors, the public, the Catholics and the independents, and it has devised a curriculum which is broken into five components - for example, reception to year 2, 3 to 5, 7 to 9 and so forth, right throughout schooling from start to finish.

MS FURNESS: Did you say "reception"?

MR HARRISON: Reception, so five years of age or preschool.

MS FURNESS: The notion of reception being you are received into school?

MR HARRISON: Reception is the year before year 1, generally speaking, around the country, so quite often a preschool or a kindy based system, then you have a reception 1 through to 12 generally around the country.

The curriculum is, picking up on your comment or question yesterday, what do we actually systematically do to work with children to educate and inform what their rights are and how they can adopt protective practices. This extraordinarily large curriculum, divided into the five areas, has been devised for that particular purpose and is universally delivered across the three education sectors year by year by qualified teachers who have actually gone through the training and development program to enable them to deliver the program itself. It was introduced in 2006. KPMG did an independent review in 2010 when the program was somewhat in its infancy, and it is scheduled for a secondary review, independent review, to be conducted in 2016.

MS FURNESS: What was the result of the KPMG review in 2010?

MR HARRISON: I can leave a copy of the report with you. As you can tell, it is comprehensive. It has an --

MS FURNESS: Could you tell us a brief version of the executive summary?

MR HARRISON: The brief version would be that it is successful. It is early days and it needs time to develop more fully to be universally accepted, understood, appreciated and used, I think would be the brief summary, if you like, of that process.

More than 200 people were interviewed and surveyed. There were reference groups, stakeholder groups, teachers, principals, parents, governing councils and children. It was quite a comprehensive independent assessment of the program in 2010. With the significantly increased focus towards child protection in the last couple of years, I would suggest that it is far more mature in its curriculum form and also the delivery universally right across the three education systems, and I am aware that other States and Territories have also developed similar curriculums themselves right across the country.

MS FURNESS: I take it you would say that the location within the one Department of Education and child protection has partly facilitated or certainly assisted in putting together this curriculum?

MR HARRISON: I think it has been very complementary. The unique position I find myself in as the chief executive for Education and Child Development is I also have responsibility for the universal home access system, so pre-born and born, in those first two to four weeks, we universally visit every household, and there are about 20,000 births in South Australia every year. I also have responsibility for what is called children centres, and we have 41, currently expanding to 47, in which there is an engagement process between allied health workers, educators, child protection workers, families, parents and children, from zero up to four to five years of age, which is that gap which often in our systems, in a joined-up government approach, that families and children can at times slip through the cracks, if you like. We're trying to bridge that by building children centres both in a country and metropolitan perspective.

I also have responsibility for 93 to 94 per cent of children that go to kindy in South Australia in the public system, which is around about 17,000 to 18,000 children, so we have another opportunity to engage with parents, families, children and communities through educators and child protection workers, social workers and then obviously

right through schooling up to 18 years of age.

The single department approach does provide great opportunities to have all of those resources. The one I did leave out was children and family health services. I also have in relation to 300-plus nurses, allied health workers, which work across a range of different areas and disciplines pertaining to child protection, family and children needs universally as well, so it does provide that more complementary approach to a joined-up government approach.

MS FURNESS: In relation to children in out-of-home care - so that part of your responsibility - would you tell us what it is that keeps you awake at night concerned that children in out-of-home care under your umbrella aren't safe?

MR HARRISON: I think probably what keeps me awake - and it's not necessarily very specific, I suppose - is despite the best systems you have, if you really understand the challenging behaviours of significantly disadvantaged children that often have intellectual disabilities, physical disabilities, abuse and neglect, is irrespective of how robust your system is, it still takes a degree of luck to keep these people alive in certain circumstances, particularly when you get into the teens of 13 to 17. It's much easier, obviously, with younger children, but I think what keeps me awake at night-time is I guess that dreaded telephone call that a child has left a facility, has taken their own life, for example - the worst case scenario - and what more could we really have done to have actually prevented that from happening, other than, I guess, very much institutionalising young children in a detention type facility which we wouldn't support.

MS FURNESS: What is it that you could do better, leaving aside that that is something, as you have indicated, that is limited, the work you could do to improve that situation? What areas could you improve and do you think you should improve?

MR HARRISON: I would suggest generally I think our system is well developed. Compliance with systems I think is always challenging because of limitations on resources and people that work in these areas --

MS FURNESS: Compliance by staff?

MR HARRISON: Compliance by staff. It's always a suggestion that staff will move towards the care needs of the individual child or the children and sometimes I guess forgo the compliance requirements from a system perspective for good and proper reason, so the issue of ensuring compliance and order is always challenging in these particular areas.

I think the systems are robust and continually maturing. I think quality of staff and investing in our people is an area that we could always do more in. There would never be enough professional development, training development that you could actually do in relation to investing in your people and retaining your people for extended periods of time. Certainly, in South Australia, we have retention issues with changeover of staff because of often the nature of the work. The thing we are also implementing in 2015 in South Australia in my department is a more formalised rewards and recognition program. It sounds a little trite, but unfortunately, in a lot of these care-type areas or industries, organisations often fail to stop and actually thank the people who are doing the work for you in a very formalised rewards and recognition program. During this year, 2015, we're actually universally implementing a rewards and recognition program across the department, particularly for care workers in these particular areas as well.

MS FURNESS: There is a Royal Commission in South Australia at the moment?

MR HARRISON: Yes, that's right.

MS FURNESS: What precipitated that?

MR HARRISON: In 2014, in June, there was the arrest of a residential care worker in relation to child sex offending. As a result of that, within a week or so, the Premier announced a Royal Commission to look at the child protection system as a whole. The Royal Commission's largely in its infancy. It has been operating, I would think, for about five months now and is taking evidence. I understand that Commissioner Nyland, who is heading up the Royal Commission, is looking at handing down some recommendations around August/September this year.

MS FURNESS: Going back to the event that precipitated it, was that a residential facility operated by the State or an NGO?

MR HARRISON: It was operated by the State, a number of facilities that the person, who was a departmental employee, was operating over, over approximately an 18-month period the offending occurred.

MS FURNESS: Thank you. Turning to you, Ms Jackson, can I ask you first to address the question of what it is that you think you do well in the area of training, both adults and educating children, and why you think you do that well?

MS JACKSON: I think my response initially will be to acknowledge that we need to do lots more. The out-of-home care division has only been established, as I stated yesterday, for just over 12 months in the NT. Currently, we have a professional training platform for our DCF residential workers as well as other departmental professional workers, and we acknowledge that that is meeting a minimum threshold but needs to be enhanced, and we have a new training program that we are seeking endorsement for that will cover off the areas of child sexual abuse and complex sexualised behaviours for staff and clients.

I think we do very well in the area of training supporting internal staff for external tertiary qualifications. We have a relationship with Charles Darwin University. We pay for and support vocational graduate certificates which allows a worker over a 12-month period to be commissioned with that certificate, and that would then allow, if they would like to go on and get a social work degree, that they would only have 12 months left to receive that degree.

We also support regularly Certificate IIIs and IVs for staff. We will pay for and provide the opportunity for the pathways and time and roster appropriately so that we can cover off that requirement.

MS FURNESS: What is it that you think, now, you should be doing better?

MS JACKSON: After listening yesterday and reviewing some

of the documents, I think certainly I recognised that we need to build resilience in the young people. A key message for me yesterday was you could possibly provide all the training in the world, but this is a particularly vulnerable cohort of children, and often - and not disagreeing with what you just said - when they leave these environments, being so vulnerable, if we don't provide a level of tools for their tool kit to understand how to be resilient and to note people taking advantage of them, you are sort of up against it.

I think we need to certainly train staff to have a relationship that is deep enough to encourage the disclosures, so not surface discussions and surface relationships, but deeper, more meaningful relationships.

I think we need to recognise that training shouldn't just be, you know, talking at people but, rather, imparting of information, and we need to be sophisticated about that. In 2015, we should look for multiple opportunities to engage young people through - and I'm not very IT savvy, so I will give this a go - apps and other things that they do, Facebook - I've never been on Facebook but I believe Twitter and other things - that would allow them to want to take up those opportunities. I think we, as government, need to recognise that's where we're going and invest in that sphere.

I think we need to do much better with our partner agencies, so that would be the health department, police, education, child protection, youth justice, in that really coordinated and joined-up approach. These children are being seen by multiple persons. We need to have the same language. I found a couple of years ago we were teaching protective behaviours and then, as an example, education had a different model of protective behaviours. When we're all interfacing with the children, we need to have the same language, and I think it's reasonable to expect that governments should really invest in that multi-disciplinary intensive case management model so that we are sharing that information and intersecting with these young people in a really meaningful way.

I also think that our remote communities is a really significant issue in the Northern Territory. We have a remote communities workforce. We have some staff based in these communities - not enough. We have the provision

to have more staff based, but it has been challenging to recruit. We need to meaningfully reflect on that workforce and how we can upskill that cohort to provide the support to our kinship carers in particular. We recognise that the training we would provide to kinship carers might not be the same as the training we would provide to professional carers, but there should certainly be opportunities to expose them to the models of training in those locations and to provide on-the-ground support from our Aboriginal workforce out there in an attempt to stabilise and maintain and give every opportunity to that placement type.

MS FURNESS: Ms Jackson, you say that the training might not be the same; it just isn't, is it?

MS JACKSON: We don't offer a different training, so far.

MS FURNESS: You say that it might not be the same as the training you would provide to professional carers. It isn't the same, is it?

MS JACKSON: No, to generalist carers, it is not professional carers. It is not that it's not the same, it's that we don't offer the training in our remote locations.

MS FURNESS: I am just reading the transcript, Ms Jackson:

> *We recognise that the training we would provide to kinship carers might not be the same as the training we would provide to professional carers ...*

You just don't provide the same training?

MS JACKSON: No, we don't.

MS FURNESS: Thank you. In relation to the remote communities, you have indicated the difficulties. What solutions are you looking at?

MS JACKSON: To ensure that the workforce that we have in those locations is rigorously supported.

MS FURNESS: To ensure that the children in out-of-home care in those locations are safer?

MS JACKSON: Yes, but putting the effort in to enhancing the workforce that we have out there - because it would be new - to expand their role to include kinship carers. That's the new part of what their role would be. We need to recognise that in most of our communities you are talking about English as a third, fourth or fifth language. There is a lot of investment there about any of the resources being appropriate. I think, taking that there is still an element of shame - I don't know if that is the right word - for kinship carers, we haven't promoted or supported the promotion of providing kinship care as actually a wonderful thing to do, it is not a default role whereby a child protection agency is sort of forcing that, but getting people in the community to stand up and recognise that it is a good thing to do and how we would support you to do that.

MS FURNESS: How do you do that in remote communities?

MS JACKSON: I think there is an element of responsibility for child protection agencies to do a level of community education. In Aboriginal communities there is often the welfare connotation, with child protection, and I think we owe it to ourselves and communities to promote that, yes, in some instances, we do remove children because there is a statutory obligation to do so, but there is another part of our work, too, which is looking for people who would like to open their hearts and homes, promoting what that opportunity would look and feel like, and supporting people to do that really well.

MS FURNESS: How are you actually doing that at the moment? What are you actually doing?

MS JACKSON: We don't do that at the moment.

MS FURNESS: You don't do it at all?

MS JACKSON: I think we have an ad hoc approach to that with the staff that we have out there, but what we are moving into, with the support work that I talked about before, is really formalising that.

MS FURNESS: Thank you. Ms Walk?

MS WALK: If I think about the whole system in terms of

the system, the structures and the people, I think the people area is the area that we are both doing well and need to do more investment in --

MS FURNESS: So, I am sorry, in relation to the people area, do you mean the staff?

MS WALK: Yes. "The people area", in particular, I mean the caseworkers and I think the evidence for that is that often we rely on some of the tools and rules that we might have developed in our systems and we overlook what children tell us, which is it is a trusted adult. That makes a difference for them to be able to both disclose about what is happening for them or tell us about their worries generally, not necessarily about being abused but things that worry them and make them feel unsafe in their placements.

MS FURNESS: What is it about the measures that you have that allows you to say that you do very well with your people?

MS WALK: One of the things that we have focused on since about 2012 is really trying to equip our caseworkers to be able to build better relationships with both the families they work in, in terms of child protection, the children in those families, and also the children in out-of-home care, where we are their caseworkers, and the carers in that system. That's based on internationally --

MS FURNESS: How do you know it works?

MS WALK: The first thing that we did was to have Eileen Munro, from the UK, to do a review about our work there and we found that our staff were much more comfortable in talking directly to carers and children in language that they understood about how best to support them, a difference about what they know and what they do, and I think for us, in the professional world, the gap between what we know and what we do is the gap that we are seeking to close. A focus on caseworkers' ability to be able to work directly with children and directly with carers and to build trusting relationships with them was one of the things that our organisation is really focused on.

It is a little bit similar to what Victoria is talking

about as well, in terms of case carrying, so less about sitting at the computer, more about in the family home, actually coaching carers and coaching families, when it is a child protection environment, to be able to do that work.

Our evidence for what is working - we currently have an evaluation around that, so one is about keeping children safe in terms of less re-reports of abuse occurring in the home, so reducing the incidence of abuse in the home and more also about in terms of the care situation of us being much closer to having a relationship with a child. The child is likely to tell us or, indeed, to find somebody else in their system - you know, in their family network - that they feel comfortable with. This area of work I think all of us would say in the child protection/out-of-home care work is possibly something that we have overlooked while we've been really focusing on getting the systems right.

That work's very important, but now we do need to swing the pendulum back to be able to utilise our staff, whether they are in the non-government agencies or in the government agencies, to work directly with children. We can't do that remotely. If you are going to build a trusting relationship with a child, you need to be with them, you need to know how to talk with them and you need to be able to help them manage their behaviours, because often that's what the children are trying to tell us, that they have difficulties with emotional regulation and they need assistance in that and they need to be able to have a trusted worker who is able to help them with that.

MS FURNESS: Just in terms of the evaluation, I'm not sure what precisely is being evaluated.

MS WALK: There is a number of things. We have an interim evaluation report and I'm happy to provide that to the Commission. I'm particularly talking about practice first in that case, but that's generally a way that we are doing relationship-based casework.

The final thing I do want to say is something about workers being able to critique their own work and critique their colleagues' work. I think one of the things that we haven't paid enough attention to in this area is our ability to, as caseworkers, remain curious about our own work and open to other interpretations. The group

supervision that we have found in our practice - and I understand in some other non-government agencies that use it - enables workers to be able to critique their colleagues' work and to put a different point of view, and that is really important in this work, because when we do reviews, we find that lots of workers might have had concerns about another worker's approach with a particular case but didn't feel capable of raising that at the time. It is a big lesson for us from many of the reviews we have done in the '80s and '90s.

COMMISSIONER FITZGERALD: Could I ask a question? Those listening to this may be a bit surprised by one element of this. That is, the recognition today of the importance of relationships in the out-of-home care area. Report after report in the early 2000s indicated that that was in fact the most essential element to the wellbeing of children in care. Indeed, there was a report in New South Wales called Voices of Children in Care which identified exactly that, that the children themselves recognised the most important element for their wellbeing were relationships.

All of you have indicated relationships are important. It would be helpful to understand why it is that the systems, up until more recent times, have failed to be able to develop a relationship-based system of care when, in fact, it has been known for a long time that that is the central element - it affects relationships in terms of being able to disclose; it affects stability in placements; it affects a whole range of issues.

As many of you have said, trusted relationships is at the core of the out-of-home care system. I was wondering whether we could have just some explanation as to why, today, in 2015, we only seem to be now really developing a new focus back on relationships, when it has been well known that it has been central to the wellbeing of kids? There are a number of initiatives you have mentioned and I will come back to those in a moment, but could somebody enlighten us as to why we are in the situation we are now?

MR KEMP: I will kick off. I think your first point of principle is absolutely correct. The relationship between the worker and a child has been well established since the Maria Colwell investigations in the 1970s. What has happened in recent years - and I heard my colleague mention Eileen Munro who has led a very strong rearguard action in

relation to the fact that whilst intuitively and professionally and personally people know that building a relationship which is time sensitive, time critical and timely, has not been facilitated by a structure which has been designed very often to make agencies safe. We've had many, many inquiries, institutional inquiries, we've had inquests, we've had reviews and we've had reforms. Eileen Munro's work, I think, has sought to dismantle the fact that what we have created is a situation or an architecture for service delivery where the 80:20 rule has been reversed.

The 80:20 rule is that workers should be spending 80 per cent of their time with their clients and 20 per cent of their time undertaking the administrative and support functions associated with that role. The research, and the very strong research base, is that that has been inverted through nobody's fault. It has been a design over-engineered and over-proceduralised process, whereby workers spend more and more time driving desks than actually visiting and seeing children. One of the questions that your colleague asked about what keeps people awake at night, what keeps me awake at night is what we're not seeing, and one of the reasons is not that people would prefer to be sitting behind desks and prefer to be filling out forms, but they simply are not facilitated in order to engage in that relationship-based practice.

The knowledge is there, the desire and the will is there very often, the intent is there, but we have an over-engineered system which has created its own paradox whereby in trying to seek to be compliant with all of the instructions and requirements and procedures and policies that workers are inadvertently now spending more time engaging in that element of the work and less time in actually building a relationship, which takes time, it is a time-consuming principle of our practice, and unless we start inverting that pyramid or inverting that, then we will continue to struggle to engage our workers in the things that they intuitively know they need to do and the voices of the child in that space are loud and clear. The voices in the theory are loud and clear, but we have created an architecture which I believe prevents workers from engaging in that in a purposeful and meaningful way.

MS JACKSON: I think on top of that - I agree with all of that - for me, when you keep having reforms or reviews, you

do build up an element of a distrustful workforce, because often, without the intention, what comes out of that is staff somehow didn't follow a policy or a procedure or are somehow at risk. It is a highly mobile workforce, social workers. There are opportunities to work amongst all of the human services domains that we have mentioned. There is lots of vicarious trauma in this role. I don't know the other jurisdictions but I've certainly worked in two, and on occasion, in the two jurisdictions I have worked for, you can be up to 40 per cent deficit with staffing numbers.

If people aren't invested or there for long enough, you can't build a relationship that is meaningful. I think you have these competing elements. I haven't got that fancy language, but we have to reverse it to the point that people want to reinvest in these roles and have an opportunity to reinvest in the relationship component, not being stuck with the admin component.

COMMISSIONER FITZGERALD: Therefore, the reforms that have been identified by Ms Haire in Victoria, which is effectively to create a practice stream where people are concentrated on the practice of dealing with children and carers as distinct from moving to supervisory or management role, is a significant structural change. The evidence for that would be light at the moment because it is relatively new, as I understand it?

MS HAIRE: Yes, Commissioner. We have had an evaluation of the first 12 months of the new model which found that it has been successful in large part in achieving its goals. However, you are correct, it has only been in place since 2012, so it is early days. As my colleagues have said, workforce change is a big undertaking.

COMMISSIONER FITZGERALD: I was just wondering about New South Wales, where the problem has been even greater with staff turnover within the agency, whether that issue, which is at the heart of creating stable relationships, is being addressed?

MS WALK: We have focused on building a practice stream by, first of all, establishing an Office of the Senior Practitioner. We have a group of casework practice specialists. We publish the good practice work we do, so we tell those story around here, what matters about changing the culture, that what matters is the work you do

in the field not necessarily the data and things like that. Obviously, you do need the evidence as close to the practitioners as possible so that it is useful, not something that sits over there.

The other question, though, is you do need, of course, people who are open and prepared to work constantly in that work. We don't actually have a particularly high turnover of our staff, it's less than 7 per cent, so that's certainly doable.

One of the things, though, that I do think, is if we didn't address the issue of how agencies in this area carry risk. This is risky business and in order to manage the risk, we tend to proceduralise and that is good in terms of lifting the standards, so screening, those kinds of things, are good so that we improve our standards; but we have swung the pendulum back so much in proceduralisation that we think that we can proceduralise risk out of here. We have found that group supervision is a much better way for people to talk openly about risk and to allow the whole group to carry the risk rather than children or, indeed, in this case, carers carrying the risk that sits with child protection or out-of-home care, which is exactly what you have said earlier, Robert, about unless you hear the children's voices, they end up carrying the risk rather than the agency.

COMMISSIONER FITZGERALD: So that risk identification and risk management and therefore ultimately risk allocation which attends to it a price in terms of contracted service delivery, is that now a well-understood issue within the departments generally, that, in fact, as you rightfully say, out-of-home care, together with all child protection, is high risk? Are we in a better place today than we have been previously in understanding the risk, in identifying how to manage it, how to allocate it and ultimately how to price it, once you start to move down into a contracted service delivery system?

MS WALK: I think the first thing about risk is we need to be clear about - I think we're not necessarily clear about children coming into care and that we don't do enough work there. Have we got the right children in care? Have we done absolutely everything with this family to ensure that they are able to provide permanency and safety for this child before bringing them in? And that is an area I don't

know necessarily inside child protection systems that we are really - you know, that's the area I think we need to go after, if you like.

Once we are satisfied that there is no way that we have done as much as we can and there is no way this child can remain safely in that home, then I think the work that we do with children and their carers in out-of-home care starts to look a little different, once we are absolutely certain we have the right children in care.

We have, today, spoken a lot about foster care in this inquiry. We, in New South Wales, are moving to the point we think this should be the least preferred option for children in terms of their long-term permanency and their safety needs. There needs to be much more work in terms of kin, guardianship, adoption if needs be, if there is no other way to give permanency to a child's life, and then foster care. We think there needs to be a greater discussion in that area.

MR HARRISON: Could I also say, please, in extension to that, which without stating a position, because I don't really have a genuine strong position on this, is the sense, I think, we all have about the importance of reunification opportunities.

If you believe in the philosophy of reunification, potentially at all costs, to have a child back with their biological parents, it tends to develop a system where children are bouncing around the system, going from their biological family into emergency crisis care, potentially residential, find a next of kin, the next of kin doesn't work, you find a foster carer, a reunification happens and the cycle continues on. The question I'm asking in my own jurisdiction is to what extent do we support reunification? Is it a time frame? Is it so many attempts of success? Is it an age consideration of the child for the greatest outcome and the best opportunities for the child for the rest of their life?

This whole philosophical aspect of how many times do you attempt reunification I think is also an aspect. Looking at it from the child's perspective, if that disallows the opportunity of building these trusting relationships with potential care workers and caseworkers, because one minute you have the case, the next you don't,

the case might come back again, it might go to somebody else, the way that we manage the children in the system is also potentially an impediment to developing those longer-term trusting relationships between caseworkers and also individual children as well.

COMMISSIONER FITZGERALD: But there is risk also to the service system itself which needs to be understood and that is in part - and I won't go on any further with this, but one of the issues seems to me you have a risk to the individual child and/or carer or family, but you also have a risk to the system. I wonder whether or not part of the problem we've had through the proceduralisation of this area is an overconcern of risk to institution at the expense of risk to child, but I think that's probably a topic for another day.

I will conclude with just one question. In the early work in the 2000s it showed that in relation to relationships with children, there appeared to be, from the view of the children, a better relationship within NGOs than with governments, largely due to the fact of the turnover within the agency, not outside the agency, of staff; in other words, the staff were never around long enough to establish relationships.

In NGOs, where there is a flatter structure, a less careerist structure, that was less likely to be the case and more longer-term relationships were established. Is that still the evidence or the perception or is the difference between the two parts of the sector less obvious these days, or is there no evidence of that?

MR KEMP: I think one of the additional ingredients to that conversation is the dilemma that statutory workers face in regards to building relationships with people. Sometimes they have had to involve themselves in very difficult decisions. Sometimes they are seen as "the person who has caused me to be in care", so they have to balance, you know, the welfare tag, if you like, and that is putting it clumsily, but that sort of notion that you are the authority or the power that has caused this - and that does get in the way sometimes, particularly with older children, in terms of the strength of the relationship that can be viably formed when you are trying to navigate both your statutory authority and also your construction around building a therapeutic relationship.

NGOs are better positioned because they don't have that sort of legacy. How we optimise that is probably the critical point, rather than necessarily trying to go around it.

MS HAIRE: Commissioner, I'm not aware of current research on that, but I guess I would reflect in Victoria, we have a very strong tradition of the involvement of the non-government sector in caring for children. I think that leads to a very well-developed and sophisticated level of skill in that sector which possibly contributes to what you are observing.

COMMISSIONER FITZGERALD: Just in New South Wales, given you are in the moment of another major transformation?

MS WALK: Yes. We are still focusing on transitioning out-of-home care to the non-government sector. We're not seeking to build that within our own capability. We're certainly trying to build within our area the child protection caseworkers having strong relationships with children and their families that they are seeking so work with in order for the family to be able to keep children safe and if they need to remove them then they would more likely begin to have a relationship with the children and the families - begin to have a relationship with a non-government organisation caseworker in that case.

One of the things as a funder FACS has done is to fund the ACWA around what we call a best practice unit. Whilst we think inside FACS itself we have an Office of the Senior Practitioner, we want to seek to help non-government agencies as well, large or small, to do the same kind of thing, to have a very strong focus on relationship-based practice.

COMMISSIONER FITZGERALD: Thank you.

MS FURNESS: Ms Walk, you referred to work on looking at the children who come into care to see whether they are the right children who should be in care. As I understand the data, New South Wales has almost doubled the number of children coming into care per thousand population than Victoria. Can you shed any light on that?

MS WALK: Our numbers are from certainly about 2002 but

really peaked at around 2006. It's a little bit difficult because of how we count what out-of-home care is. Much of the growth in out-of-home care are actually children who were coming through what we called the supported care area, so they weren't necessarily coming in through the Children's Court, if you like, in that sense; because of our removals, they were coming in because other family members, it may well have come from the Family Court, sought to receive the financial support and resource support from the organisation.

The removal rate, if you like, of new entries into care, first-time entries into care, has not been significantly growing in the last couple of years, certainly since about 2010. I know that there is a sense about the huge volume of children coming into care, but in actual fact, the removal rate is about 1 per cent or I think it might have been 0.7 per cent. It is still high, it is about 1 per cent of the population. Of course, we don't know whether it should be 0.8 or 1.2, in terms of what is the right group there, but what we do know is that we should not bring children into care if their families are able to change, and we do know that we do need to give much more effort to focusing on that. When we talk about the right children coming into care, it's about that, not that there is a particular type of child, but that at a very early age we are making decisions that think about this child's need for permanency.

MS FURNESS: Thank you. I have nothing further, your Honour.

THE PRESIDING MEMBER: On that topic?

MS FURNESS: That's the end of the topic for topic 1. There are a number of NGOs who are to give evidence on topic 1, but in terms of this panel for topic 1, I have no further questions.

THE PRESIDING MEMBER: All right. Thank you. Just a couple of matters, then, before we allow this panel to take its leave. Could I start with you, Ms Haire, just to take you back to some evidence you gave with respect to the residential therapeutic model. You will recall talking to us about that. Your evidence was that the evaluation with respect to that model was that it made - I think these were your words - a significant difference to the children. Can

I ask you to firstly explain what the significant difference was?

MS HAIRE: Certainly, Commissioner. I have some notes on this which I will try to find, but perhaps at a high level, the findings were that the children's placements were much more stable, that their educational, emotional and physical outcomes --

THE PRESIDING MEMBER: I am sorry to interrupt you, but what does "stable" mean? Does it mean that the children actually stayed in the placements, didn't abscond?

MS HAIRE: One of the things that we find with children who are in residential care is that they have usually experienced a number of what we call placement breakdowns, so where they have been, perhaps, in a home-based care situation and in some cases, we have children who come into residential care who have had eight, 10, 12 kinship or foster care placements which have broken down, and then they come to residential care. That's usually because the children have such complex and multiple needs, and for some home-based carers it is difficult to address those.

Our policy approach is that residential care should be a therapeutic trauma informed environment for those most complex children who cannot be supported in a home-based environment and the therapeutic model was designed to support those children.

One of the criteria was that their stability in the place that they are living, in the residential home with the staff, with that environment, is stable; that they are not constantly moving and shifting and needing to have their care changed; so that's a significant outcome of it.

The other elements were around the children's social, emotional, physical and educational outcomes, and all of those generally improved. There's much more detail that I could provide to you perhaps through the document, if you would like, Commissioner, but that is the broad outcome.

THE PRESIDING MEMBER: Thank you.

Mr Harrison, can I ask you, with respect to the evidence that you have given about the evaluation, if I've understood this correctly, done by KPMG of the out-of-home

care program, the question that you were answering was in relation to education and awareness for children and young people with respect to enhancing their ability to make disclosures. I understood that that was an answer you were giving in the context of being able to make disclosures potentially about keeping themselves safe and, in particular, in this context of disclosures about a sense of either risk or actuality of sexual abuse.

MR HARRISON: Just to clarify, please, it is a whole-of-school curriculum. The proposition I was strongly putting forward was that because it's designed and delivered from approximately five years of age continuously through until 17 or 18 years of age, that those children in the care of the Minister or under some form of guardianship order would generally be accessing the school environment from the age of 5 and hence, children in out-of-home care would also be captured by this curriculum delivery process as well as all other children. I guess it has multiple purposes, but specifically, it also picks up those children who will be in out-of-home care environments.

THE PRESIDING MEMBER: That's what I wanted to clarify with you, that that KPMG evaluation did pick up the children in out-of-home care?

MR HARRISON: No, I don't believe that it specifically had a terms of reference to examine the impact on children who were currently under a guardianship order at the time of the evaluation, I don't think it did, but certainly it is something that we could look at designing into the review process in 2016.

THE PRESIDING MEMBER: Because unfortunately, so often, the children in out-of-home care very early in their schooling will become disconnected from school.

MR HARRISON: Yes, that's right.

THE PRESIDING MEMBER: Evaluating the children's ability to disclose in the general school population won't necessarily pick up this group; would you accept that?

MR HARRISON: I would suggest, though, that it has a high propensity and a high degree of opportunity, particularly for those children that are around about 5, 6, 7, 8 years of age. Attendance figures for guardianship children is

comparable to those of mainstream children, particularly in the younger years. It obviously declines. The program is specifically designed to start to capture all children and focus on keeping children safe from five years of age onwards, right through to 17 or 18 years of age. Because of comparable attendance rates at school for young children, it certainly would pick up those children under some form of guardianship order.

THE PRESIDING MEMBER: Thank you. Thanks, Ms Furness. We might take the mid-morning break now and then we are going to change the panel, as I understand it.

MS FURNESS: Thank you, your Honour.

THE PRESIDING MEMBER: We will take a 20-minute break now, thank you.

<THE WITNESSES WITHDREW

SHORT ADJOURNMENT

MS FURNESS: Thank you, your Honour. It has been brought to my attention that in the opening I switched South Australia and Western Australia in terms of their numbers. So if I can correct that, the actual numbers are, as at 30 June 2014, Western Australia had 3,723 children in care and South Australia had 2,631 in care. I apologise to each State.

THE PRESIDING MEMBER: Thank you.

MS FURNESS: Your Honour, we have three representatives from the non-government sector to give evidence. If it is convenient, I will start with Ms Robbs from Life Without Barriers.

<CLAIRE ELAINE ROBBS, affirmed: [11.55am]

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

MS ROBBS: Claire Elaine Robbs. I'm the chief executive of Life Without Barriers.

MS FURNESS: Life Without Barriers is based in Newcastle; is that right?

MS ROBBS: That's where the organisation started, yes.

MS FURNESS: I am sorry, I'm going to have to ask you if you could speak up, unless it is a technical issue. I'm having trouble hearing you, and if I am, I am sure others are.

MR ROBBS: Yes, we are based in Newcastle.

MS FURNESS: But you operate nationally?

MS ROBBS: We do.

MS FURNESS: In which States or Territories do you operate?

MS ROBBS: We operate in all States and Territories.

MS FURNESS: You were established I think in 1994; is that right?

MS ROBBS: Yes, that's correct.

MS FURNESS: What precipitated your establishment in 1994?

MS ROBBS: We actually were started by community members who felt there was a gap in provision of services to people with a disability, in Newcastle. They were family members generally and they came together and formed an organisation that they felt needed to meet the needs of the individual rather than fit the individual into the organisation's needs, and so Life Without Barriers commenced.

MS FURNESS: That was in 1994?

MS ROBBS: Yes.

MS FURNESS: You grew very quickly; is that right?

MS ROBBS: We have. We have been around now for 20 years and in that time we have started services in all States and Territories, and also provided different services, so disability services, out-of-home care services and other services within the Community Services sector.

MS FURNESS: You have just short of 4,000 employees now?

MS ROBBS: Yes.

MS FURNESS: In each of the States and Territories you mentioned, do you also provide out-of-home care services?

MS ROBBS: We provide out out-of-home care services in all States and Territories except the ACT.

MS FURNESS: Can you tell us, as at the end of the 2013/2014 financial year, how many children you had and in which type of placement?

MS ROBBS: I can tell you how many children we had in which types of placements from February this year - that is the data I have in front of me here, if that would be suitable.

MS FURNESS: That's perfect; that's more recent data.

MS ROBBS: Certainly. If I go across the country and by types of care, that might be helpful. We had a total, as of 19 February 2015, of 1,826 children in foster care across the country, and 109 children in residential care. We only provide foster care and residential care as a service provider. Shall I detail each jurisdiction?

MS FURNESS: Thank you.

MS ROBBS: In New South Wales we had 1,149 children in foster care and in New South Wales we had 68 children in residential care.

In Queensland, we had 407 children in foster care and 14 children in residential care.

In South Australia, we had 101 children in foster care and 1 child in residential care.

In Tasmania, we had 40 children in foster care and 1 child in residential care.

In WA we had 106 children in foster care and 19 children in residential care.

In Northern Territory, we had 23 children in foster care and 6 children in residential care.

At that point in time, we had no children in placement in Victoria.

MS FURNESS: No children in Victoria?

MS ROBBS: Yes.

MS FURNESS: The figures that I have for the end of the 2013/2014 financial year indicate that in New South Wales you had 1258 placements.

MS ROBBS: Mmm-hmm.

MS FURNESS: Does that fit with your general recollection?

MS ROBBS: Yes, it does.

MS FURNESS: It has grown to 1,826 in just over six months.

MS ROBBS: 1,826, my apologies, was the total across the whole country. In New South Wales, it is 1,149 in foster care.

MS FURNESS: I am sorry, let me change the question. In that time - that is, the end of the financial year ending 2014 - you had 1,258 nationally, that's right, children placed nationally with you.

MS ROBBS: That's right.

MS FURNESS: And then some six months or so later, it's grown to 1,826. Is that the sort of growth that you usually experience, some 600-odd children in a relatively short space of time being placed with you?

MS ROBBS: That is the data that was in our annual report.

MS FURNESS: Yes, I think that's the source.

MS ROBBS: That sounded more like the numbers that we had only in New South Wales at that point in time, but I can check that and come back. The difference that you are talking to, which is over 600 children in foster care, I would think that that would be more than we would expect to do in that period of time, but I can come back to

clarify those figures.

MS FURNESS: Thank you very much. You said you don't do kinship care at all?

MS ROBBS: We do not do kinship care, no.

MS FURNESS: You currently have no children in Victoria?

MS ROBBS: Not as at 19 February, no.

MS FURNESS: Thank you. Now, perhaps if I can move on to Ms Cronin.

<MICAELA FRANCESCA CRONIN, sworn: [12pm]

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

MS CRONIN: Micaela Francesca Cronin. I am the chief executive officer of MacKillop Family Services.

MS FURNESS: When was MacKillop founded?

MS CRONIN: MacKillop was founded in 1997.

MS FURNESS: What was the precipitating event for that to occur?

MS CRONIN: MacKillop was formed by seven agencies that were run by three religious congregations coming together. The impetus for that was around the viability of those programs and the ability of those programs to be able to respond well to the clients they worked with.

MS FURNESS: I think those three were the Sisters of Mercy, the Christian Brothers and the Sisters of St Joseph; is that right?

MS CRONIN: Yes, that's right.

MS FURNESS: Do you have any religious component of the work that you do now as MacKillop?

MS CRONIN: We are a Catholic organisation. We are a company limited by guarantee and owned still by those three congregations. However, in terms of our service

provision, we have contractual arrangements that respond to and deliver services that are not religiously delivered, no.

MS FURNESS: You offer foster care?

MS CRONIN: Yes.

MS FURNESS: Kinship care and residential care?

MS CRONIN: No, we don't deliver kinship care, but foster care and residential care, yes.

MS FURNESS: Whereabouts do you deliver those services?

MS CRONIN: Victoria is our home base and our largest service delivery platform. New South Wales became part of MacKillop services in 2009, and in Western Australia we've been delivering services for a couple of years now.

MS FURNESS: Are you able to tell us the numbers of children you have and the sorts of placement they are in as well as by State?

MS CRONIN: In Western Australia, where we are very new and very small, we have five therapeutic foster care placements and 10 general foster care placements that we are just rolling out now.

In New South Wales, we have 135 foster care placements, we have 1 residential care home that generally has four children living there.

In Victoria, we have 27 residential care homes, the majority of which have four young people living in them, and some are two-bed homes, and we have 236 foster care placements; and we have eight lead tenant homes.

MS FURNESS: Can you explain the difference between therapeutic foster care and general foster care?

MS CRONIN: In each of the jurisdictions there are different levels of foster care. Therapeutic foster care is of a higher intensity in terms of responding to needs. It is in order to respond to significant and complex needs of children. It can be - and there has been talk about - sibling groups sometimes, in terms of responding to

a larger group of children. There are generally more intensive resources and supports wrapped around those children and those placements.

MS FURNESS: So is it the case that there is an assessment process to determine whether a child who is coming into your care needs to go to the therapeutic care or the general foster care?

MS CRONIN: Yes, generally speaking.

MS FURNESS: That sounds like a qualification.

MS CRONIN: I think that the robustness of our assessment processes is one of the issues that would be good to talk further about. But, yes, an assessment has been made that those children will require more intensive and therapeutic responses.

MS FURNESS: We will come back to that. What does being a lead tenant mean?

MS CRONIN: Lead tenant is a program that has been developed to respond to young people who are reaching their independence, so generally, 16-, 17-, 18-year-olds, so about to leave care.

So a lead tenant is generally a volunteer, and there is a much greater degree of independence in lead tenant homes than there is in residential care.

MS FURNESS: So when you say "lead tenant homes", is that care provided on a home-based program?

MS CRONIN: Yes.

MS FURNESS: And you are responsible for providing the carer for the adolescents who are in that situation?

MS CRONIN: Yes.

MS FURNESS: Is it distinguished from general foster care only in terms of the age of the child and the fact that they are leaving care?

MS CRONIN: The lead tenant? Mostly. Mostly, yes, it's more about their age, and there is a really clear focus on

building independent living skills in those programs.

MS FURNESS: Why do you refer to it as a lead tenant rather than referring to it as foster care?

MS CRONIN: It is a different relationship with the child. There is not a sense that it is a parental relationship. It is more of a companion adult who will have a responsibility around helping you develop your independent living skills.

MS FURNESS: I think you said you had eight young people in that category in Victoria?

MS CRONIN: We have eight homes. Eight homes. And they have a variety of numbers in them.

MS FURNESS: You don't have lead tenant relationships in New South Wales or Western Australia?

MS CRONIN: No, we don't.

MS FURNESS: It is a particularly Victorian concept, is it?

MS CRONIN: Yes.

MS FURNESS: Thank you, Ms Cronin.

<CONNIE SALAMONE, sworn: [12.10pm]

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

MS SALAMONE: Yes, my name is Connie Salamone. I'm the executive director of services and strategy at the Victorian Aboriginal Child Care Agency.

MS FURNESS: Thank you. If I refer to the agency as "VACCA", that's familiar to you?

MS SALAMONE: Yes.

MS FURNESS: VACCA, I think, was established in 1977?

MS SALAMONE: Yes.

MS FURNESS: What caused it to be established?

MS SALAMONE: The rate of removal of Aboriginal children from their homes and being placed in care was a catalyst for the establishment of the agency. An Aboriginal woman by the name of Mollie Dyer went to America and saw some of the first people child welfare services over there, which were working to support children, and came back and felt that that was a really important service, and so the community, with community support, got together and VACCA was established.

MS FURNESS: You only operate in Victoria?

MS SALAMONE: That's correct.

MS FURNESS: I think your background is that you have been in the human services field for some decades?

MS SALAMONE: Myself personally? Yes, correct.

MS FURNESS: The services that are currently provided by VACCA in relation to out-of-home care are what?

MS SALAMONE: We provide kinship care, we provide residential care, we provide foster care, and we also do broader services.

MS FURNESS: Are you able to tell us, then, numbers of children in each of those placement types?

MS SALAMONE: Yes. As of last week, there were eight children in residential care, there were 80 children in kinship care and 58 children in foster care.

MS FURNESS: You also operate the Lakidjeka Aboriginal Child Specialist Advice and Support Service. Can you tell us about that?

MS SALAMONE: Yes. That is a service that provides a consultation service to child protection. So when child protection seeks to either remove a child or make any other key significant case planning decisions, there is a requirement that they consult with our Lakidjeka service. So the service doesn't provide any case management approach, but it is a consultation service to child protection, to really provide an indigenous perspective on

risk.

MS FURNESS: So it is not just in relation to removal; it's also --

MS SALAMONE: Post removal, yes.

MS FURNESS: It is also key significant decisions while the child is in care?

MS SALAMONE: Yes, correct.

MS FURNESS: How do you define key significant decisions?

MS SALAMONE: So generally we define it in terms of decisions such as a case planning decision, a placement removal decision; it could be in relation to quality of care - so fairly significant decisions in that respect.

MS FURNESS: Just tell us what you mean by case management decisions?

MS SALAMONE: A case planning decision.

MS FURNESS: I'm sorry, a case planning decision.

MS SALAMONE: The department has a process where it annually case plans children, so they would seek ACSASS's view in relation to the direction of the case plan.

MS FURNESS: But you may not have any case management role in relation to that child.

MS SALAMONE: No, there is no case management role for ACSASS.

MS FURNESS: So that's only in relation to indigenous children?

MS SALAMONE: Correct.

MS FURNESS: Does that take a significant amount of your resources?

MS SALAMONE: It does, indeed. The number of children that ACSASS is involved in - I don't have the figures right now, but it is probably 1,800, just off the top of my head.

The service certainly is very overwhelmed in terms of the cases that it is required to make comment on.

MS FURNESS: So in relation to the children that you have direct responsibility for, there are 140 odd; is that right?

MS SALAMONE: Yes, about 146, I think.

MS FURNESS: And in terms of the numbers that you consult about and attend, if nothing more, at least annual case planning meetings, that's about 1800-odd, did you say?

MS SALAMONE: Yes, yes. That's assuming that ACSASS has the capacity to actually make comment, but, yes.

MS FURNESS: So is it the case that when the department comes to you and says there is a key decision about to be made or that the child might be leaving care, are you able to attend to each and every one of those?

MS SALAMONE: No, no.

MS FURNESS: So you make a decision as to which ones you can attend and which you can't?

MS SALAMONE: That's correct, yes.

MS FURNESS: And if you don't attend, is there any other indigenous care given in terms of that decision-making?

MS SALAMONE: It would depend on the circumstance. It could be that there might be another Aboriginal organisation or another part of VACCA, indeed, that is involved in that particular situation, so they would be able to get some input from those particular staff.

MS FURNESS: Thank you.

Now, if we can just turn to the broader issues. Firstly, if I can ask you, Ms Robbs, Life Without Barriers in each State has a contractual relationship with or a funding arrangement with each of the agency departments?

MS ROBBS: Yes, each of the State agency departments, yes.

MS FURNESS: You, as the head of Life Without Barriers,

based in Newcastle, what role or input do you have into those individual service arrangements?

MS ROBBS: We have service delivery teams, leadership teams in a structure in each of the jurisdictions, in the form of, really, an operations lead for each jurisdiction, and they report directly in, through a management structure, to me.

In regards to the process around the contractual arrangements, they are generally negotiated at a State level and then we ensure that any of the State-based contracts are also examined nationally, and they are signed up with one organisation, and so they are therefore endorsed via delegation schedule, and generally that would be myself, or if it is a smaller contract, sometimes the State director.

MS FURNESS: Is it the case that each contract contains differing provisions based on the requirements within a particular State?

MS ROBBS: Yes, absolutely, yes.

MS FURNESS: Do you seek to ensure consistency in any of the conditions of the contract?

MS ROBBS: There are some conditions that relate more to our corporate governance and around insurances and other corporate-related matters that we would endeavour to have consistent across all of the contracts. But the services and sometimes the level of responsibility that is delegated to us via those contracts for each jurisdiction varies, and so, in that way, they are different in the documentation.

MS FURNESS: So is it the case that you are not able to give us a general understanding of the main terms of the contracts which Life Without Barriers engages in each State, or not?

MS ROBBS: I will if I can. When you say "main terms" - if you could perhaps give me a bit more detail around that.

MS FURNESS: Certainly. Let's start with New South Wales. You have - and by "you" I mean Life Without Barriers - a contract with the New South Wales State agency to deliver the services that you have already described; that's right?

MS ROBBS: Correct.

MS FURNESS: In relation to the particular topic of interest to the Royal Commission - that is, child sexual abuse within out-of-home care - are there any provisions within that contract that go directly to that point?

MS ROBBS: So there would be provisions in the contract documentation across, most probably, all of the funding bodies across the country that speak to our requirement to follow legislation in the jurisdictions, usually referencing particularly to obviously screening and approval and assessment of carers and staff, and any requirements around mandatory reporting, reporting of incidents as well.

Each of the contracts is usually in the form of a header agreement, which is the more legal and more generic document, and then some form of specification, which generally then is more jurisdictionally specific and details more around sometimes the type of service that we will provide and any of the elements that each funding body particularly wants to ensure occurs via a contract framework, and then usually details, obviously, how many placements and perhaps in which locations they might be purchasing of any type of foster care or residential care.

MS FURNESS: Does the term or concept of child sexual abuse appear in any of the contracts that you are aware of?

MS ROBBS: I would need to check. I'm not aware that it is particularly called out in the contract documentation, although it is somewhat implicit in a number of the other requirements.

MS FURNESS: I understand that, but it is not explicit to your, at least, recollection at this stage of the terms of the contracts?

MS ROBBS: I'm not aware of any explicit statements.

MS FURNESS: Just coming to screening in relation to the contracts - and you may need to indicate your answer by reference to State - are there requirements imposed on you that go beyond the legislative requirements in relation to screening?

MS ROBBS: I don't think any of the jurisdictions require us to go beyond the legislative requirements.

That being said, as an organisation, because we provide services not only in out-of-home care but also across disability into other vulnerable groups, we have internal Life Without Barriers policy around criminal record checking - national criminal record checking in particular - which would be over and above the legislation in some of the jurisdictions.

MS FURNESS: So in addition to what the legislative requirement is in any jurisdiction, you perform a national criminal record check on a prospective foster carer?

MS ROBBS: On all staff and foster carers.

MS FURNESS: Is that in advance of either engaging the foster carer or employing the staff?

MS ROBBS: Yes.

MS FURNESS: What does that national criminal record check tell you that the standard Working With Children Check wouldn't tell you?

MS ROBBS: So the national criminal record check tells you other offences or convictions that would relate to other types of behaviour that we may be interested in. We do this across all of our staff - and that's our indirect or our office-based staff and our management staff as well - and so some of the things that you may be interested in in regards to the suitability of those employees may not necessarily be related particularly to a Working With Children Check.

MS FURNESS: And that's because the check that comes as part of the Working With Children Check is limited to a certain range of offences that might be relevant to working with children?

MS ROBBS: That's my understanding.

MS FURNESS: And the national check covers all offences?

MS ROBBS: Yes, correct.

MS FURNESS: Do you understand that the national check covers only convictions?

MS ROBBS: I do understand - that's my understanding, yes.

MS FURNESS: And you understand that the Working With Children Check covers charges?

MS ROBBS: Yes. I believe it does cover charges, although there has been some discussion in the earlier panels, obviously, about some of the detail around that that has raised questions, obviously.

MS FURNESS: In the contracts that you have, in relation to the assessment of carers, are there any conditions that indicate what you should or shouldn't do?

MS ROBBS: Some of the State jurisdictions - and, again, I can get the actual documentation in to the Commission if that is helpful - will determine the tool that will be utilised, but some of the contractual documentation will more indicate industry expectations or tools, or, indeed, organisational policy.

MS FURNESS: So is it the case that in each jurisdiction in which you work there is some condition in relation to assessment, be it tools, policies or of a more generic nature?

MS ROBBS: Yes, I would say that's fair, yes.

MS FURNESS: Is CARS a tool that you are familiar with?

MS ROBBS: CARS? What's the full --

MS FURNESS: It is "Carer Assessment" something something.

MS ROBBS: Generally, the tool that is most commonly used, other than jurisdictions - so Queensland have a specific tool, for example - but other than that it is generally the Step by Step assessment tool for carers, and then accompanied by the relevant training attached to that as well.

MS FURNESS: With training, do any of the contracts that Life Without Barriers entered into tell you what you should

or shouldn't do in relation to training of foster carers and training of residential staff?

MS ROBBS: Some of the jurisdictions, particularly Queensland, it comes to mind that they do have mandatory training expectations. I couldn't say for definite that they are articulated or called out in the contractual documentation, but certainly there is a clear expectation, and it is also referred to in our policy documentation, which makes me think that it's in the contract documentation, but whether it's particularly called out or whether it just speaks to complying with departmental policy and other guidelines, or whether it's actually in the contractual documentation - I would need to come back on that one, sorry.

MS FURNESS: So it may be that the contract says, "You must comply with departmental policy in relation to A, B and C"?

MS ROBBS: Yes.

MS FURNESS: Are you then provided with the departmental policy that you are supposed to comply with?

MS ROBBS: Yes, in my experience, the departments are very open with the policies. Obviously they are often quite detailed documents, but we don't have any difficulty understanding the expectation that each State government has on us as an out-of-home care provider in regards to either the checking or the assessment or approval of foster carers.

MS FURNESS: Is there a process in place whereby departments routinely advise you if the policy changes?

MS ROBBS: If the departments were to change a policy in regards to the method or the tool around carer assessment or the probity of the suitability checking, then I would expect that we would be formally advised, via the contract mechanism, of that.

That being said, I am trying to bring to mind an example of that to give to you, but I think that those changes don't happen frequently, in regards particularly, probably, to the suitability and the carer assessment and approval, the requirements around that don't change

frequently.

MS FURNESS: In relation to the oversight of the agency with which you have the contract, can you tell us what sort of provisions there are in your contracts in relation to that?

MS ROBBS: The oversight of us as a service delivery organisation?

MS FURNESS: Yes, by the agency.

MS ROBBS: By the funding body in regards to ensuring the contract is properly administered?

MS FURNESS: Yes.

MS ROBBS: Again, that does vary across each jurisdiction. Some jurisdictions have independent authorities who they will refer to in the contract documentation that we have to maintain accreditation with, for example.

MS FURNESS: For example, the Children's Guardian in New South Wales?

MS ROBBS: The Children's Guardian in New South Wales. But in regards to each State funding body's contract management, then those terms and conditions, effectively, are articulated in the contract. Sometimes that can be in regards to performance management against the contract expectations, but that does vary from jurisdiction to jurisdiction, depending on the role of the funding body in regards to being a funder and/or a regulator as well.

MS FURNESS: Is it the case that you are given any performance measures or key performance indicators that you have to meet in respect of the services you deliver in out-of-home care?

MS ROBBS: In my experience, most, if not all, of the contracts do document performance indicators or expectations. That is done differently and in a different level of granular detail, and sometimes can relate to more around the compliance of the organisation and sometimes can relate to the care or outcomes for the children and young people in care, and variably.

MS FURNESS: Understanding that there is variability across the jurisdictions as you have indicated in relation to the areas we've been discussing, are you in a position to indicate which jurisdiction requires more rigorous work of you in the context of protecting children in out-of-home care? It is a hard question.

MS ROBBS: When we look across the country and compare the way that we're running the service and what we understand from the information that we source around the quality of the care that we provide, I would say it's not so much that any one jurisdiction is putting a system around us that better assures the care, so much that they have different focus areas or different themes and ways of delivering that.

So if I can use an example, Queensland has a very rigorous quality checking mechanism on funded organisations and has different controls in place. For example, they authorise the foster carers, not organisations. So in that way it provides a particular safeguarding around the service delivery and quality of care provided by non-government organisations, and that is generally focused around safety and compliance as well as good practice.

Then if you compare that, for example, to New South Wales, who have the funding body doing the contract management and focusing on that and your delivery there, and have a separate independent authority or accrediting organisation, that authority very much focuses on the benefit to the child and the quality of the practice and the care and the influence of your governance and your systems and your controls on the quality of your care, not necessarily as independent checking in themselves.

So it varies across jurisdictions, I think, between whether they take more of a quality systems approach - and that obviously has value and rigour - or whether they take more of a practice quality approach. And the need for organisations to, therefore, make sure that you are meeting both, in all jurisdictions, and balancing that as an organisation, brings a level of complexity if you are working across the jurisdictions.

MS FURNESS: Only a level of complexity?

MS ROBBS: It brings a level of complexity to how we as an

organisation govern the service from an operational governance sense and how we assure that.

That being said, a lot of the actual practice on the ground for our workers and our carers and our residential care workers does not necessarily differ that much around the jurisdictions, but more the management and governance and administration of the program differs.

MS FURNESS: So the practice of all of your workers in each of the jurisdictions is essentially the same in terms of the quality of care that you would say they provide to the children in their care?

MS ROBBS: I think that would be a good thing to be able to say as an organisation.

MS FURNESS: Are you able to say that?

MS ROBBS: I think that I would say that as with any organisation, the quality of our practice varies, but that may or may not relate particularly to the contractual relationships with government or the monitoring, necessarily, of that.

I think that as an organisation, some of the services that we have been providing - out-of-home care, for a good period of time, we have good, solid, stable staffing, stable carers, well connected into community, good relationships with schools and funding bodies, and we would be very confident in the quality of our care.

In other areas, for a number of reasons - sometimes because we are newer or sometimes because we are providing a different type of care - then we give more focus to that as an organisation internally, sometimes regardless of the external monitoring.

MS FURNESS: So is it the case that at the national level you set practice standards that you expect each agency in each jurisdiction to follow, separate from whatever the legal requirements under the contract are?

MS ROBBS: Yes, absolutely. So as an organisation the first pillar that we go to is obviously our values and culture as an organisation, and with regards to practice, our primary value in the organisation is that relationships

come first. So that is obviously a pivotal point for determining everything that we do within our organisation and directly speaks to practice, particularly for the matters that concern this Commission, around the environment that we create to keep children safe.

We also then do have practice frameworks and policies and procedures that we dictate, as an organisation, that are nationally consistent. They do need to flex sometimes to interact with each State government department, but fundamentally we have a way that we believe things need to be done to best deliver outcomes for children and young people.

MS FURNESS: And you would say you have a management structure in place to ensure that happens on the ground?

MS ROBBS: We have a management structure in all jurisdictions to do everything we can to make sure that that happens on the ground.

MS FURNESS: There was an inquiry in respect of Life Without Barriers fairly recently - am I right in understanding that - with the Ombudsman?

MS ROBBS: The New South Wales Ombudsman reviewed New South Wales practice of Life Without Barriers around about four years ago.

MS FURNESS: Do you know what was the catalyst for that review by the Ombudsman?

MS ROBBS: From memory, it was some matters that occurred in our Sydney service around carers and some matters of reportable conduct, or incidents.

MS FURNESS: You weren't at the organisation at that time; is that right?

MS ROBBS: I was with the organisation at that time.

MS FURNESS: You were?

MS ROBBS: Yes.

MS FURNESS: What position did you have at that time?

MS ROBBS: I was in an operational role at that time.

MS FURNESS: As far as I understand it, the investigation by the Ombudsman followed media reports of a child placed with a carer with a history of sexual assault on young people?

MS ROBBS: Mmm.

MS FURNESS: Is that your understanding?

MS ROBBS: That was one of the matters. There were I think three or four matters that collected together in the Ombudsman's report.

MS FURNESS: What was the outcome of the Ombudsman's report insofar as it affected the operation of Life Without Barriers?

MS ROBBS: The formal outcome was that there was a report and findings and recommendations. But what I think actually had a greater impact was the organisation's response to that.

So as a result of the concerns that were raised and the seriousness of the allegations, we undertook a complete review, would be fair to think, and a complete rethink of the way that we were providing care, and particularly in regards to what decisions we allowed to be made locally and which decisions we wanted to mandate how they were made.

As an organisation that's growing, a constant topic for us is about what we want to have tight controls on and what we can have loose controls on so we get the innovation and the local, I guess, relevance for each service that we provide.

In the instance of this matter, in New South Wales, we didn't have that balance right, and so the organisation, in partnership with the Ombudsman, Children's Guardian and the funding body in New South Wales, did our own internal review and put forward recommendations to the Ombudsman and we then engaged an external adviser to come back and check on our implementation of those, over a period of time, and they related to practice, particular staff that were involved at the time, decision-making, delegation, governance and policies and procedures as well for that

jurisdiction.

We then had the external adviser come back and we implemented all of the recommendations that we had put forward and that the Ombudsman and the Children's Guardian and the funding body agreed had to be made in that jurisdiction.

We have since received re-accreditation from the Children's Guardian on two occasions across all of our New South Wales services.

MS FURNESS: So it affected your accreditation with the Children's Guardian initially?

MS ROBBS: Well, the Children's Guardian and the Ombudsman and the department - it affected our relationship with them, but they, I believe, felt confident that we were genuinely quite shocked, actually, that something like this happened within our organisation and that we genuinely wanted to do everything we could to make sure that we learned from that and that that didn't happen again, as much as that was possible to ensure, and that we then genuinely really turned the organisation inside-out to make sure that we, as quickly as we possibly could, put everything in place that we thought would help.

That was four years ago now, and I've come into the chief executive job since then, and when I reflect back and think about the robustness of the service that we run, we were running a good service across the State but had patches of issues, quite clearly. Now we run a very good, strong service, and, on reflection, that was a very positive process for the organisation.

MS FURNESS: Has there been any audit, evaluation or similar review since you have accepted and implemented all the recommendations - leaving aside the Children's Guardian and accreditation for the moment - to indicate that you have put yourself in the position that the Ombudsman wanted you to be in?

MS ROBBS: We have done our own reviews and we have run our own internal audit.

MS FURNESS: Just let me stop you there. Has there been any external audit or similar process?

MS ROBBS: The department at the time conducted some various reviews or checks as a result of the contractual relationship that we had with them at that time, and the Ombudsman also reviewed their oversight and level of oversight with us as well, and that happened - that's an ongoing review process, but that has happened since, and there has been no concern raised, that I'm aware of, and I would be aware of that, to indicate that we haven't done everything possible to respond to that.

MS FURNESS: So let's look at the detail of what you changed following the Ombudsman's inquiry. Firstly, in relation to screening and assessment of staff, what changes have you made?

MS ROBBS: One of the big changes that we made and that was part of the concern, certainly part of the public media at the time, was the fact that we did not employ the people who were assessing foster carers at that time; we engaged them on a contractual basis. They were engaged on an ongoing contractual basis, but they were not employees at the time. And so one of the changes that we made was to reassess how tight we had to be on that decision around who was assessing foster carers and then we brought that function in-house and had our employees - qualified, professional employees - assessing foster carers.

We also at that point implemented a panel for approval of foster carers. So up until then the approvals had happened through line management, with some checks in place from our clinical services streams, so our psychologists. But at that time, we implemented a panel so that although line management are still involved in the decision-making, there is a collective decision-making, and we put much tighter processes and checks and a model of decision-making around how we actually approve the carers, and much greater discretion around what sort of care they are then approved for.

We then also changed the delegations around staff employment and carer engagement to escalate some of those delegations, because we found that they were too local, and although we were recruiting lots of carers and doing that well - and so care recruitment wasn't so much of an issue - we wanted to raise the delegation and have the clinical more involved with the decision-making. So they would be

practice examples of what we have changed there.

In regards to management-related examples, we had good systems in place for reporting and managing allegations and other complaints and incidents, but we really reviewed, then, the delegations around those and the user-friendly nature of those for the staff on the ground, to make sure that they were as easily able to put into practice as possible.

MS FURNESS: You said earlier that part of the reason the Ombudsman reviewed was because of some issues where reportable conduct matters weren't reported to the Ombudsman; is that right?

MS ROBBS: It was such a complex time for us. There were several interconnected matters at that time, so I would need to check on the exact matters that were part of the Ombudsman's - but it certainly related to the management of some reportable conduct matters and then the carer matter that you referred to earlier.

MS FURNESS: In relation to screening rather than assessment, did you increase the screening that you did other than the Working With Children Check?

MS ROBBS: The screening in New South Wales, the system has changed now. This occurred under the previous system that was administered. The system that we have now has less complexity in it and I would say greater clarity on whose role and who has the right to ask what information from whom for what purpose.

At that time, our staff making some of the decisions around the suitability reported that they were unclear about where they could go to get additional information about carer suitability as part of the assessment process, and so we clarified that within that current regime of carer checking and now, obviously, we have the new system in New South Wales.

MS FURNESS: In relation to training of staff, were there any changes made as a result of the Ombudsman's review?

MS ROBBS: As an organisation, the training of our foster carers and our residential care workers and our caseworkers is always a topic for us about what we can do to make sure

the training actually translates to practice on the ground.

MS FURNESS: I understand that. The question was whether you made any specific changes as a result of the Ombudsman's review?

MS ROBBS: We definitely made changes within the 12 months following the Ombudsman's review. I would need to refresh my memory if they were particularly recommendations within the Ombudsman's report that we recommended, or whether we did that as part of improving the organisation anyway.

MS FURNESS: What changes did you make?

MS ROBBS: In regards to foster carers, firstly, we have foster care modules over and above the mandatory requirements. We have modules that we work on with our carers on an online and one-on-one basis after they are approved as carers. So there are Life Without Barriers training modules that we designed for our foster carers in a sort of tiered fashion so that they could continue their career pathway and learning.

Then for residential care workers we also implemented a particular training module called TCI, so Therapeutic Crisis Intervention, which particularly focuses on trauma and assisting the residential care workers to be able to engage more effectively with the young people who have experienced trauma. We rolled that out to all of our residential care workers and it became a mandatory module for our residential care workers.

MS FURNESS: You referred to mandatory training. Is it the case that in New South Wales there is a condition of your agreement or some other basis on which you consider the training or some other aspect of the training as mandatory?

MS ROBBS: My apologies, when I use "mandatory" when I'm speaking about this, I am talking about our own organisational policies on some of those topics.

MS FURNESS: In terms of being satisfied that your systems and practices have improved since the event that caused the Ombudsman's inquiry, you said that you have been accredited twice by the Children's Guardian; is that right?

MS ROBBS: Yes, I think it is twice - we've had two cycles now, yes.

MS FURNESS: In terms of the department, have they done anything and told you that they are content with your practices and procedures?

MS ROBBS: Yes, I understand that the department in New South Wales are content, and since then we also renegotiated our contract with the department and they would have expressed any concerns at that time.

MS FURNESS: Were the terms and conditions of that contract the same as before the event that precipitated the inquiry?

MS ROBBS: The terms and conditions of our contract in New South Wales have changed a couple of times since then. I am not completely confident if that was targeted particularly at us and particularly in relation to the Ombudsman's matter or if they were more improvements that the New South Wales department made in their engagement with funded organisations, but the terms have changed in that time.

MS FURNESS: And you don't know whether that is particular to your organisation or more general?

MS ROBBS: I don't, sorry.

MS FURNESS: And then you said you have conducted internal reviews as well?

MS ROBBS: Yes.

MS FURNESS: Did the outcome of those reviews require you to do any more work or make any more changes, or did it confirm what you were doing?

MS ROBBS: It would be fair to say that every review we do as an organisation generally says the things that we are doing well and whether we have or have not achieved the improvements we said we would, and in this instance, we had. Each review also then tries to stretch us as an organisation to then consider what needs to be done next to continue to improve. So there are internal reviews that we have done that confirmed that not only had we implemented

the policy and management changes but that there was evidence of that being implemented at a level of consistency across the State - this is just New South Wales for the moment - and then, of course, made recommendations for what else we might need to do to continue to try to be better.

MS FURNESS: Just going back to the incident, which, as I understand it, was a residential care worker who was employed by you - is that right, or was it a carer?

MS ROBBS: Again, my apologies on the detail, but my understanding was it was actually a foster carer.

MS FURNESS: A foster carer who had been engaged by Life Without Barriers to provide care?

MS ROBBS: Yes.

MS FURNESS: And that foster carer sexually abused children in that person's care; is that right?

MS ROBBS: Yes. That is my understanding, yes.

MS FURNESS: You have talked about delegations being too loose and decisions being made at too low a level. Can I just understand with more practical detail as to what it was that you found went wrong to enable that to happen?

MS ROBBS: The particular points that we varied were around the process around information exchange at the point of suitability of the carer, the assessment process. So the directions to our staff that were conducting the assessments about what they had to do to confirm suitability, both in regards to the national criminal record check and the Working With Children Check --

MS FURNESS: Let me stop you there. I thought you said the assessment was outsourced and it wasn't done by your staff.

MS ROBBS: Sorry. So when we made the change in the processes, then they became staff that then implemented it after --

COMMISSIONER FITZGERALD: Sorry, Ms Robbs, can I clarify that? Is it not the case that Life Without Barriers had

almost a unique labour management arrangement where a large percentage of the staff were, in fact, contracted, particularly in its early days; is that correct?

MS ROBBS: That would be fair, I think.

COMMISSIONER FITZGERALD: As distinct from most other out-of-home care agencies which, in fact, engaged staff as employees. So your model was quite different; is that so?

MS ROBBS: That's fair.

COMMISSIONER FITZGERALD: You indicated to Ms Furness just then and she mentioned the outsourcing, effectively, of the assessment - you used independent contractors to perform that function, together with a range of other functions within the agency; is that correct?

MS ROBBS: Correct.

COMMISSIONER FITZGERALD: That, again, is unusual in that particular sector?

MS ROBBS: Correct.

COMMISSIONER FITZGERALD: The third thing you said is that as a consequence of the Ombudsman's report you have now changed that such that the assessment and other workers would, in fact, now be employees as distinct from independent contractors - am I correct in relation to that?

MS ROBBS: Yes.

COMMISSIONER FITZGERALD: So just taking up Ms Furness's point, did you find a weakness in that arrangement - that is, the use of independent contractors as distinct from employees? And, as I indicated, it was a central feature of the way in which Life Without Barriers both established itself and continued to function.

MS ROBBS: I think that it was a feature, and the benefit of that feature and the reason that we had done it was because it was successful for recruiting carers.

That being said, we felt that there was possibly a conflict for the contractors, on completing the assessments as independent contractors, and that also it

was not a collective-enough decision-making process, which is why we then decided to employ them to manage the conflict issue and implement the panel so that we had more of a collective decision-making process.

Also, it was difficult for us to ensure that, as independent contractors, they fulfilled ongoing requirements around training and education and practice improvement, because of the engagement method, whilst when they were employees we found that our ability to control their practice and practice improvement was easier.

COMMISSIONER FITZGERALD: Can I read from that that business model of Life Without Barriers has now changed such that there will be a greater emphasis on the employment of staff rather than the use of independent contractors in those types of roles going forward?

MS ROBBS: We made that decision as an organisational policy four years ago and we do not have anyone fulfilling that role in that method of engagement now. We implemented that within two months, I think, of the decision.

MS FURNESS: Just going back to the incident, I need to understand precisely what went wrong. You were talking about exchange of information. So is it the case that the person doing the assessment, who you have indicated was outsourced, did not seek access to information or could not obtain access to information?

MS ROBBS: Again, my memory serves me that it was around them being unclear about their rights - their right to seek that information and where from.

MS FURNESS: But the result of the lack of clarity was that they did not seek the information?

MS ROBBS: They did not seek it, sorry, yes, they did not.

MS FURNESS: Who did they not seek it from, which agency?

MS ROBBS: My memory was that it related to the Working With Children Checks in particular, around flags within that system around the foster carer.

MS FURNESS: So the person responsible didn't seek a Working With Children Check of the carer?

MS ROBBS: No. At the time, you could seek a Working With Children Check and you were informed of certain information back on the carer - my apologies - certain information back on the carer, and at the time, the worker did not go back to seek clarification on the detail of that information.

MS FURNESS: So in the past there was a flag, and it was up to the engager of the, in this case, foster carer to determine how they would respond to it. Now, the Children's Guardian takes on a more robust role?

MS ROBBS: Yes, my apologies.

MS FURNESS: That's a shorthand description of the change?

MS ROBBS: Yes.

MS FURNESS: So back in 2011, the outsourced assessment process and the person conducting that assessment didn't go back and deal properly with the flag?

MS ROBBS: Yes, that's true. That is true. However, in regards to things that went wrong, that was the first matter. However, we did have a safety check in place where, in the line management, the person approving the carer was then to check the assessment tool, check that everything had been conducted, check if there had been a flag and if that had been followed up, and that person omitted to do this step of follow-up with the flag of the Working With Children Check as well.

MS FURNESS: And that person was an employee?

MS ROBBS: That person was an employee.

MS FURNESS: Did anything else go wrong in the process that enabled this person to be a carer and sexually assault the children or child?

MS ROBBS: In regards to the suitability, I think those were the key points of the system.

In regards to the fact that then the person was a foster carer with us, with children in their care, it then obviously led us to considering the monitoring of the placements.

MS FURNESS: So was it the case that there was a deficiency in the monitoring so your workers who were supposed to visit and observe did not?

MS ROBBS: No. Our workers did visit, so there was no deficiency in the visiting, is my recollection. The deficiency, we felt, related to the fact that the person visiting was not an employee, was a contractor that had been part of the assessment process, and we felt that then - that's why we brought it in-house for employees so we could better control the training and supervision and performance management around those people so that we could better assure when they were visiting what they did, what they asked and who they spoke with and how that was all recorded and fed back to the organisation.

MS FURNESS: Was there also a component that when the conduct came to light it wasn't reported as it should have been?

MS ROBBS: I do think that there was a concern around the reporting of that, but I don't - my apologies - remember the detail. I would need to come back to you on that.

MS FURNESS: Do you know who raised the question of the sexual abuse - whether it was internally or externally?

MS ROBBS: Not in this matter, sorry.

MS FURNESS: You don't know?

MS ROBBS: I can't remember, my apologies.

MS FURNESS: The reason I am asking you such detailed questions is it is very important for the Royal Commission to understand, in a contemporary case, not only what you have done to fix it, but actually what went wrong and why you think those elements went wrong.

MS ROBBS: I think that, to assist with that, there are two detailed reports - one from the Ombudsman and one we prepared ourselves, an investigation report - and they do detail our view and the Ombudsman's review on the points of failure in our system, what the remediation strategies were, and then our final finding on our implementation of those strategies. That might be something that might be

helpful for us to provide the Commission with to answer some of those more detailed questions. I apologise, I don't have the information at hand today.

MS FURNESS: Thank you. Your Honour, I notice the time and I want to turn to a different topic, and I apologise to the other two members of the panel.

THE PRESIDING MEMBER: Yes. Just before we do, could I clarify with you, Ms Robbs, you referred in answer to Commissioner Fitzgerald's question to the identification of a conflict in the assessment process. I would just like you to help us understand what that conflict was that you have identified.

MS ROBBS: The situation, for example, in a region, so in a town, would be that we had contracted people doing the recruiting and the assessing of carers, filling out the paperwork and the assessment tool, who would then would submit that to the local manager for consideration and approval.

THE PRESIDING MEMBER: Local manager of Life Without Barriers?

MS ROBBS: Yes, in New South Wales the organisation approves the foster carers.

So once the paperwork was submitted to the local manager, the local manager would consider that and then approve or not the foster carer.

Then, if that carer was approved, the person who did the assessment was often the person who then supported the placement, so who visited the placement - often fortnightly, if not monthly, but generally fortnightly - and provided that ongoing support.

So one of the points of conflict when we looked at the situation was there was a possibility that the person doing the assessment would not bring an objectivity to the fulfilment of the assessment task if, actually, their income, effectively, via the contractual arrangements, was impacted, because they were then possibly going to be supporting that placement.

That being said, in practice, that wasn't necessarily

our experience, because often the assessors did not approve people that they did not think would maintain good, stable placements, but we felt that it was enough of a concern for us to change that practice as an organisation.

THE PRESIDING MEMBER: Thank you.

COMMISSIONER FITZGERALD: Just to be very clear about that, there was a financial consideration linked to the assessment and ultimate approval of carers, as well as a financial incentive in relation to the support of that care placement - would that be correct, in broad terms?

MS ROBBS: In broad terms that would be correct. The only qualification would be that it was not guaranteed that the person that did the assessment would definitely be the person doing the supporting, but in practice, that's actually what happened.

COMMISSIONER FITZGERALD: But in relation to each of those aspects, there was a financial consideration, and in responding to her Honour's question, that conflict was not only in relation to the ongoing management per se, but there was actually a financial conflict, or a potential for a financial conflict in the arrangements that then existed; is that correct?

MS ROBBS: At the time we believed there was enough of a potential for us to take action, yes.

COMMISSIONER FITZGERALD: Thank you.

THE PRESIDING MEMBER: We will take the luncheon adjournment now, Ms Furness, and we will return at 2.

LUNCHEON ADJOURNMENT

MS FURNESS: Thank you, your Honour. Ms Robbs, have you thought over lunch whether there are any other improvements that Life Without Barriers has made following the Ombudsman's inquiry?

MS ROBBS: Yes, I did, thank you. Some of the matters that I thought would be helpful for the Commission to know are in regards to some critical pieces of practice and procedure. One of the things that we did in response to that review, and really that reflection by the organisation

at that time, was that we boosted our resources, so redirected resources in the organisations to areas that we felt needed to be boosted. One of those was that we implemented a quality assurance structure for the organisation where we actually allocated quality assurance professionals to each of the business units.

MS FURNESS: Can you tell me what that means in more simple language?

MS ROBBS: To make sure the integrity of our systems was correct, so looking at the integrity of our complete system, our incidents system, the accuracy and currency of our policies and making sure that the overarching quality framework around our processes and our services was on the ground.

The other one linked to that was also that we enhanced the investment into both the clinical services - so mainly psychologists - that actually sit in the services with the practitioners and the case workers and the people supporting the carers, so that we could have a greater clinical intervention into the decision making as well.

The third piece was that we added additional out-of-home care practice positions. So more like senior practitioner positions. And we matched all of those resources alongside the line management that then held the delegations for some of those critical decisions that somewhat contributed to the situation that the Ombudsman reviewed as well.

We think that the wrapping - and our experience so far as been reinforced that the wrapping - of the additional expertise and professional areas around the decision-making made by the people in the actual operations or in the services, has added to the quality of that decision-making, as well as the assurance and compliance.

MS FURNESS: Do you know now whether there was one or more than one child involved in the sexual abuse.

MS ROBBS: In the matters that the Ombudsman reviewed, there were a number of carers involved in that matter - different concerns, not all sexual abuse, but different concerns of quality of care.

Across the matters there were 12 children - siblings, sibling groups, so a total of 12 children - and there were thorough case reviews held in partnership with Community Services of all of those children and, indeed, six of those children actually remained in Life Without Barriers' care, with different carers but in Life Without Barriers' care, and for six of the other children there were alternate placements sought outside the organisation.

MS FURNESS: You say there were sibling groups. Were the sibling groups split up as a result of the changes you've indicated?

MS ROBBS: No, my understanding was that the sibling groups remained together. They weren't large sibling groups, they were smaller sibling group and more easily cared for within a foster care situation.

MS FURNESS: So of each six, there was a complete sibling group, at least one, in each six? Six children stayed, six children went.

MS ROBBS: Sorry, yes. I can't remember the exact configuration of the sibling group but I know that all 12 children had full case reviews. Six remained in placement and if there were sibling groups, there was no separation of the siblings and they all went to the same placement. Six of the children remained with us and six were moved to alternate places.

MS FURNESS: So when you say six remained with you, that was Life Without Barriers' case managers or foster carers.

MS ROBBS: Life Without Barriers, through their contract with Community Services, so they're providing foster care. And at the time in NSW we had a case planning function, so a next-level coordination function, and the department had case management for some of those children.

MS FURNESS: The other six you said were moved to alternate places. They were alternate places not managed by Life Without Barriers?

MS ROBBS: Correct.

MS FURNESS: Did they go back to the care of the department.

MS ROBBS: I would need to have that confirmed.

MS FURNESS: So either the care of the department or another NGO.

MS ROBBS: Most probably another NGO at that time, in each region, but I would need to have that confirmed.

MS FURNESS: Do you know why the other six, who may well have been moved to alternate carers, weren't moved to carers within the Life Without Barriers arrangement?

MS ROBBS: In regards to each individual child, I'm not sure of the exact recommendations, but I do know that at the time we undertook a capability review of the carers that we had in that region and we were very conservative about the care for the children that we could support because, understandably, that particular team were under an awful lot of pressure and change at the time, and so the decision was made in the best interests of those children that they be supported by other organisations.

MS FURNESS: If I can say, in short, you didn't have the capacity and so they were moved to other care givers; is that right?

MS ROBBS: I would say it would be more accurate to say that we chose not to find placements for those children.

MS FURNESS: Because you didn't believe you had the capacity.

MS ROBBS: Correct.

MS FURNESS: Thank you, Ms Robbs.

Could I turn to you, Ms Cronin. You operate in two States, recently operating in a third, which is WA?

MS CRONIN: Yes, that's correct.

MS FURNESS: What was the reason for the move into WA as well as the other two States?

MS CRONIN: Part of the impetus for that was specifically around the provision of therapeutic foster care, and the

Department of Child Protection in WA had been taking on the Sanctuary Model which is a therapeutic program which MacKillop also does, and we had had communications with them about that, so we were particularly interested in the therapeutic foster care model.

MS FURNESS: You have described the Sanctuary program; is that right?

MS CRONIN: Yes, the Sanctuary Model.

MS FURNESS: Can you explain that for us?

MS CRONIN: The Sanctuary Model. We started implementing that in the organisation about three years ago. It comes from America. It's about 20 years in the development now.

It is a whole-of-organisation framework that is both a practice framework, but it has a very strong focus on how to embed trauma informed practice as cross the whole organisation. The reason that we decided to implement it is that it informs a trauma informed culture that responds to a lot of issues that we've been talking about in terms of the interests of this Commission.

MS FURNESS: You say that it began in the United States some 20 years ago?

MS CRONIN: Yes.

MS FURNESS: Has it been evaluated over there to achieve what its aims are?

MS CRONIN: Yes. There have been a range of evaluation processes. There haven't been any really rigorous formal evaluations undertaken. The evaluations that we looked at that informed our decision to implement the model - there were a number of key things that we thought were very useful in terms of shifting the culture to provide a child safe environment. Those things were the reduction in staff turnover; improvements - so it's specifically focused on working with staff initially - improvement in terms of staff engagement and understanding of trauma informed practice; and reduction in the number of particularly restraints of clients. It was a particular focus in one State in America. That was the data that they collected and they had incident reporting around the number of

restraints of children in violent situations, that dropped very, very dramatically.

MS FURNESS: Has there been any work done in Australia about determining whether that mode of care works?

MS CRONIN: There are a number of organisations - as I've said, the Department of Child Protection in WA; there are half a dozen organisations across Australia. We're the largest one implementing it across the whole organisation. We have been conducting our own internal evaluation of the impact of that, which is not conclusive at the moment other than the feedback that we've been receiving from training and staff which is very positive about the impact for them in terms of their capacity to fulfil their roles.

MS FURNESS: In terms of the impact on children, it's too early to tell?

MS CRONIN: I think it's too early to tell, but the assumption is that if we have a more trauma informed workforce who are more stable and engaged, then that will lead to greater outcomes and better improved outcomes for young people.

MS FURNESS: You have a contractual arrangement in NSW, Victoria and Western Australia?

MS CRONIN: We do.

MS FURNESS: If you wish to answer these individually or across them all, I'll leave that up to you, Ms Cronin. Just dealing with screening for the moment, are there any arrangements in place that require you, contractually, to do more than the legislative requirement for screening in each State?

MS CRONIN: Not more than. The expectation that has been referred to across the last day and a half in terms of the procedures that each State has in place - and each of the three States that we operate in has an assessment framework that we are required to implement.

MS FURNESS: Do any of the States require you to do anything more than the legislative basis?

MS CRONIN: In terms of foster care?

MS FURNESS: In terms of screening.

MS CRONIN: Screening of carers?

MS FURNESS: Leaving assessment to one side - so the screening process. Screening of carers or residential care workers or kinship workers. Do you do any kinship --

MS CRONIN: Yes. I did need to correct that. We do actually have kinship care in NSW, about 22 places.

No, there isn't any requirement that is above what's in the legislation.

MS FURNESS: Do you impose, yourself, in any State, a requirement above the Working With Children Check?

MS CRONIN: All staff, regardless of what area they are in the organisation, are required to undertake to have Working With Children Checks and national police checks, and similarly for carers, so, yes.

MS FURNESS: In relation to residential care workers and foster carers, they're all required to hold a Working With Children Check clearance as well as be subject to a national police check?

MS CRONIN: Yes.

MS FURNESS: What about kinship carers?

MS CRONIN: Kinship carers in NSW, it's the same screening as general foster carers, so yes, they are required to.

MS FURNESS: But in Victoria they're exempt?

MS CRONIN: Yes.

MS FURNESS: Do you know about WA?

MS CRONIN: I'm not sure about WA, I'm sorry. We don't do the kinship care anyway, so I couldn't answer that.

MS FURNESS: In relation to assessment, I take it that each contractual arrangement has provisions in relation to assessment; is that right?

MS CRONIN: They do.

MS FURNESS: Let's start with NSW. What are the contractual arrangements that require you to do something in relation to assessment?

MS CRONIN: The assessment of carers is the step-by-step program and the training that is associated with that, and the expectation in the program guidelines is that we will use that framework.

MS FURNESS: You will effectively follow what the department does in accordance with its own policies and guidelines in respect of assessment?

MS CRONIN: Yes.

MS FURNESS: That's in NSW?

MS CRONIN: Yes.

MS FURNESS: In Victoria.

MS CRONIN: It is the same in Victoria. The step by step program that has been adapted for Victoria is the same framework we use in Victoria.

MS FURNESS: Western Australia?

MS CRONIN: Western Australia has a very similar framework. It's caring with skill and care and it has a very similar competency framework, and we use that framework.

MS FURNESS: Do any of the agreements require you to do anything more than the departmental policies and guidelines?

MS CRONIN: No, not to my understanding.

MS FURNESS: Do you do anything more?

MS CRONIN: One of the differences for us in Western Australia has been that we contract an external provider to undertake the assessment process, so separate from our team. In order to ensure that we have the highest level of

competency in terms of the assessment process, while we are developing as a small agency there, we have contracted that out to ensure that we're getting the best quality of assessments there.

MS FURNESS: Who are they contracted out to?

MS CRONIN: Perth Psychology Clinic, I think that's the name. I can't remember the name of the contractor. But it is a specific contractor that is quite separate and has nothing to do, then, with the service delivery.

MS FURNESS: Is that contractor experienced in assessment for the purposes of out-of-home care?

MS CRONIN: Absolutely. They're used by other organisations and the department to conduct their assessments as well.

MS FURNESS: So they do the assessments and then move away - they don't have anything more to do with the outcome of the assessment or the foster carer?

MS CRONIN: No.

MS FURNESS: So you've outsourced all of your assessments in Western Australia?

MS CRONIN: Yes, but it's very small.

MS FURNESS: What about the other States?

MS CRONIN: In the other States, we conduct the assessment. Our staff internally conduct the assessment of carers in line with the assessment frameworks in each State.

MS FURNESS: So you don't add to the requirements that the department imposes upon you in terms of assessment in any State?

MS CRONIN: No. What I was going to add was in terms of the framework around Sanctuary, we would be having conversations with them in terms of - I think one of the things that is part of the assessment process with potential foster carers is an understanding of the organisation's values and culture and expectations and

setting clear expectations about what we will require of them in terms of their behaviour and their values, and we would be having conversations with our carers that are about what type of organisation we are, what our values are as an organisation and what our expectation is about, so that is above and beyond what is in the assessment framework.

MS FURNESS: Have you observed any difference in the experience in Victoria by not having a Working With Children Check of kinship carers?

MS CRONIN: I couldn't comment on that because we don't deliver kinship care in Victoria.

MS FURNESS: You deliver it in NSW?

MS CRONIN: In NSW, and the check is the same. We have the same check across foster carers and kinship carers there.

MS FURNESS: In terms of other provisions in the contractual arrangement that you have, are there any other provisions that might impact on the work you do in relation to protecting children?

MS CRONIN: I think that some of the programs that have been - I mean, I think one point was made this morning about this being a - we have learnt a lot across particularly the last decade about how do we respond to the needs of children and how do we keep them safe. Some of the more recently developed programs, and specifically in terms of program requirements around the therapeutic programs, there are some much more detailed requirements that are imposed on us by government in terms of the way in which those programs are delivered. So there is more detail in that.

MS FURNESS: Where do you deliver those programs - Western Australia and --

MS CRONIN: It is a bit different in Western Australia. Across all three jurisdiction we deliver similar therapeutic programs.

MS FURNESS: Let's deal with the Western Australian jurisdiction. In terms of your contractual arrangements

there, what is required of you in relation to the therapeutic care?

MS CRONIN: It is quite different in Western Australia because it is a child-by-child contract, really. We have an overarching contract, which is that we are on a preferred provider panel around delivering the therapeutic services, but then what we are required to do is put forward a proposal about how we will respond to the individual needs of a particular child.

So there are more requirements, but actually they are things that we have suggested. So these are the package of services that we think we will need to deliver to respond to a particular child, and so it's quite a detailed child-specific contract in Western Australia.

MS FURNESS: Can you give us some indication of what that detail covers?

MS CRONIN: So anybody on the preferred provider panel will receive a description of the child's needs and what's known about them, and then we will develop up a package that responds to that. So it might include, for example, counselling for a child who has experienced sexual abuse. It might include specific - it will include things in terms of the level of care, so whether or not, for example, it is a carer who will be full-time at home with them, or whether they will be in a family. Because as part of that contract, we would be matching carers. Additional educational supports - because it's the therapeutic panel, they will tend to be children who have specific trauma-related needs that we would then design services in response to.

MS FURNESS: So is it the case that children who are not in the therapeutic program or model don't get that same matching work that you do with those within the therapeutic model?

MS CRONIN: It is more intense in that program, yes.

MS FURNESS: When you say it is more intense, what is it that children --

MS CRONIN: There's a lot more planning that goes into it. As I have described, we will receive a description of the

child. We'll then take time to develop up a model to wrap around it. It's more intense. The general foster care - I couldn't comment too much. As you have said, we're very recent in Western Australia, and the general foster care program we are just implementing now, so I couldn't really compare.

MS FURNESS: Is the therapeutic model and the work you do when you first hear about the child who will be placed with you the same across the three States?

MS CRONIN: There are some real similarities across the program, yes. It tends to be much more planned. It tends to have a much stronger focus on an assessment of the individual child's needs. There is a greater focus on the appropriate matching of carers to child and environment to child and there tends to be, yes, more time to plan, is one of the specifics.

MS FURNESS: Why would a child in foster care not receive the same treatment?

MS CRONIN: There are definitely elements of what we're learning about in terms of the roll-out of the therapeutic program - and I think Katy Haire said before - in terms of what we would like to see improved is that - I mean, I agree, I think any child who comes into out-of-home care will have had a degree of traumatic experiences in their lives.

MS FURNESS: All have been abused, either physically, emotionally, sexually and or as well as neglect.

MS CRONIN: Yes. So a trauma informed response to each of the children in out-of-home care is absolutely where I think the whole system is driving.

MS FURNESS: So tell me the distinction between those children who end up in normal or general foster care and those in therapeutic care, when the starting point is these children have all been removed from their family because of some problem in relation to their family?

MS CRONIN: The degree of trauma is different and often the complexity in terms of responding to their behaviours can be different. One of the issues that is critical for children in out-of-home care is how disruptive their

experience of attachment has been, so whether there has been anybody in their life that they have been able to form a trusting, attached relationship. Some children, even though they have been removed, they have had those experiences and they are able to transition into a foster care family and have their needs met in that environment. Other children aren't able to do that because of the level of disruption of attachment that they've experienced.

MS FURNESS: What assessment happens before the child is put into your care to determine which child goes into the therapeutic model and which doesn't?

MS CRONIN: I think assessment is one of the aspects of the system that most of us would agree needs to be strengthened. It's variable. One of the issues that we have, I think, is that some of the children who end up in out-of-home care have been - they and their families have been - known by and engaged with family services for quite a long time. One of the things that we don't necessarily do very well as a system is share information across from family services to the out-of-home care system.

One of the initiatives in Victoria that has been in response to that has been "Child FIRST". So each of the States has attempts to join up those aspects of the system. Maree Walk talked about New South Wales in terms of the work that needs to be done to keep children in families being where a lot of the focus needs to be.

So it is not necessarily that there hasn't been an assessment done. Sometimes there has been, and a lot of work has been done with the child and the family, but then they move from the family services system into the out-of-home care system.

MS FURNESS: And the information doesn't come with them.

MS CRONIN: That doesn't always follow.

MS FURNESS: I understand that. I'm trying to understand who makes the decision, and what basis, about which child goes to general foster care and which goes down the therapeutic path?

MS CRONIN: Again, there would be some variations across jurisdictions, but, generally speaking, those placement

decisions would be made by the child protection departments in each of the States.

MS FURNESS: So the department would effectively say, "We're giving you this child for the therapeutic model."

MS CRONIN: Yes.

MS FURNESS: You go through your detailed assessment process. Have there been occasions when you have said to the department, "This child is better than you thought and could go through the general foster arrangement"?

MS CRONIN: It's bit more fluid than that, I think, the process in terms of matching carers to kids. Sometimes it happens very fast. I mean, often a worst-case scenario is that it happens overnight.

The other issue is there's a point of intake assessment about a child's needs, based on what information we have, then children change over time. So their needs can change. Their needs can change for a whole range of reasons, including one of the things that is a real challenge for our whole system is when children start to hit puberty/adolescence and they change dramatically, but they can also become more stable and reduce in terms of what their needs are.

MS FURNESS: Is the system sufficiently flexible that a child can move in and out of therapeutic care?

MS CRONIN: The intention of the therapeutic program is that, absolutely, they will. The intention is that you would have a period of time, wherever possible, where there is intensive therapeutic support to that child and that then they would - the intention is that you would be planning for them to transition into more normal living arrangements.

MS FURNESS: I take it that your view would be that all children should receive the same detailed assessment and matching process before they go into care?

MS CRONIN: Yes.

MS FURNESS: Is that what your organisation is working towards?

MS CRONIN: Yes.

MS FURNESS: Can I ask you, Ms Robbs: what is your view of that?

MS ROBBS: We provide both intensive foster care - or therapeutic foster care - and general foster care in most, if not all, of the jurisdictions that we work in. The assessment and placement matching tool and process that we use varies little between the two service models, other than - to Micaela's point - where there is particular clinical complexity, sometimes, with children with more complex and higher needs. Then we would involve other external professionals in that and do a more thorough review because of the complexity of the case.

At its core, we have a placement matching tool and panel that makes decisions around the compatibility of children with any placement, and when a child is referred to us for care and that assessment has been completed by the relevant funding body, we would do our own review - over time, most likely, after the child is with us - of the suitability and need for that care and the design of the care around that child.

Certainly as part of the case planning process, most frequently - that's a review point for the child's care - we would go back and renegotiate that with the department. Again, in slightly different ways, because it varies on the contracts, but ultimately there would be a discussion around whether that type of service continues to meet that child's needs and then what else, either more intensive or less intensive, may be required, and then we would enact those changes.

MS FURNESS: So the regular review period, whatever it may be, is the point in time to consider whether the child needs the extent of the therapeutic model or it should be varied according to their needs?

MS ROBBS: Yes, and the review period does vary. There will also be some events, perhaps, that would cause a review of the child's placement, and that was spoken of yesterday, about the carer review process as well. So that may cause an immediate escalation in the level of care provided to a child if there is a particular incident or a

matter where the child needs more intensive support immediately.

Non-government organisations, I think, are very agile - and in my experience we are very agile - in ensuring that that is provided on the spot for that child and rapidly, and then we talk with the funding body about what that means for that child's placement.

MS FURNESS: Thank you.

Ms Salamone, does VACCA provide a similar service in relation to the children that come into your care?

MS SALAMONE: Yes. We provide both therapeutic residential care and residential care and also foster care and kinship care, and in our foster care we provide what's called general, intensive and complex. Perhaps the point of difference is that all the children in VACCA's out-of-home care get access to a clinical service which we provide through our healing team.

MS FURNESS: Thank you. Just coming back to you, Ms Cronin we were talking about the contractual arrangements you had in each State and you indicated that in relation to screening and assessment, the contractual requirements on you were the same as the department or the same as the legislation required; is that right?

MS CRONIN: Yes.

MS FURNESS: Are there any other areas of your contractual arrangement in the three States that require anything particular of you that is specifically relevant to sexual abuse of children in out-of-home care?

MS CRONIN: Not specifically about sexual abuse in out-of-home care. The one area where there are greater requirements in terms of assessment of carers would be the therapeutic residential care program in Victoria, and the guidelines for that talk about a specific approach to recruitment of those staff.

Because we've been transitioning into a therapeutic approach, so it might be we have a residential home that is going to become a therapeutic home, we would need to reinterview and screen the staff for their competencies

around working in a trauma informed therapeutic way. So the guidelines do talk about additional levels of screening around the therapeutic programs.

MS FURNESS: In terms of residential staff - and leaving aside the therapeutic program for the moment - do any of your agreements stipulate qualifications or skills sets in relation to residential staff?

MS CRONIN: No, not specifically, other than - I mean, I would agree with the way it was characterised yesterday, and I think Maree Walk talked this morning, about the quality of the type of service and, therefore, the skills, but not a specific description of the skills, no.

MS FURNESS: Are there any requirements imposed on you in relation to training of any of your carers or staff?

MS CRONIN: For internal, we have mandated training. Externally, there are strong expectations that our staff will undertake the training programs that are described in each of the jurisdictions.

The RCLD - the Residential Care Learning and Development program in Victoria, for example, we are engaged with, and absolutely there is an expectation that our staff will participate actively in those training programs.

MS FURNESS: Do you provide training for your staff in relation to sexually abusive behaviours of children?

MS CRONIN: That's an area I think we need to get stronger in. We have had homes that have been specifically set up to respond to and work with children who are at greater risk of sexual exploitation or whose behaviours, their sexualised behaviours, are informed by their trauma, and the staff teams have been trained to respond to the needs of those. So in particular instances, yes, we have, but not as a general rule, no.

MS FURNESS: So when you say you could do better, what would that look like, if you were doing better?

MS CRONIN: I think that specific focus around some of the sorts of things we've talked about in terms of identifying grooming behaviours of adults who are in the child's

environment, identifying behaviours that might be signals, in terms of either their own sexualised behaviours or that they are being sexually abused or that they're being sexually exploited. We do a lot of talking about that with our staff but I think a stronger training focus would be very valuable.

MS FURNESS: Are there people that you're aware of who have the skills and experience to provide that training in each of the States in which you work?

MS CRONIN: Yes, I think we could access - yes, I think we could find that and there are people who could do that.

MS FURNESS: So it is not the absence of trainers. Is it the absence of a fuller understanding of the importance of this to children in care?

MS CRONIN: Is that the reason we haven't done that yet?

MS FURNESS: Yes.

MS CRONIN: I think that - yes, it's not an absence of trainers. I think it probably is an absence of a really concerted overarching approach. So I'm not saying it doesn't happen, because I do think that it does happen, but a much stronger focus on the vulnerability of the children in our care, the vulnerability of our organisations to people in the community who might see us as access points - I think those things we could have a stronger approach to, yes.

MS FURNESS: You would understand that the Royal Commission has recently published research that the Royal Commission commissioned in relation to a number of matters in relation to out-of-home care?

MS CRONIN: Yes.

MS FURNESS: In particular, there was work done in relation to child-to-child abuse.

MS CRONIN: Yes.

MS FURNESS: What's your first experience of that in relation to the work you do in each State?

MS CRONIN: I'm not sure what you're saying. What do you mean by that?

MS FURNESS: Is child-to-child abuse a feature in the different aspects of out-of-home care that you provide services for?

MS CRONIN: Yes, absolutely it is. I think that agencies like ours have been talking about the need for - one of the things we've been talking a lot about is the mixing of kids: who is safe to live with each other? What is a good combination of children? That has definitely been one of the areas that there has been quite a lot of focus on, as well as, then, how do we resource staff to best respond to the needs of those children.

MS FURNESS: So when you say what is a good combination of children and who is safe to live with each other, has the focus of that been on the safety of the child in respect of other children in the household or something else?

MS CRONIN: I think it's both. I mean, I think that one of the things that we've really struggled quite a bit with is that you're talking about children and young people, and that both the child who is potentially at risk of being abused and the child whose behaviour might be emerging in terms of their sexualised behaviour in response to their trauma - both of those children we have a duty of care to in terms of looking after their needs.

If a 13-year-old boy acts in a way that is abusive sexually of a 10-year-old girl, then both of them are hurt by that situation. So we have a duty of care to all of the children who are placed with us.

MS FURNESS: What could you do better in terms of preventing child-to-child abuse in the areas in which you work?

MS CRONIN: I think that a number of things have been talked about. I think one of the things we need to get much better at, that we need to keep improving on, is hearing the voice of the child. There are all sorts of issues that have already been raised with regards to that, in terms of these are very traumatised children who often have experience of being disbelieved and punished for talking about their experiences. So how we embed a whole

range of processes that encourages them to speak and ensure that we are hearing their stories is a key strategy that we need to do more work on.

I think one of the other things in addition to what has been talked about is a culture in which everybody who is around that child is both authorised and encouraged and see it as their responsibility to speak up if they see something that is inappropriate that is happening and act on that. So anybody who is around that child. And that we both encourage them and that we then, again, have processes to ensure that we listen to them. So good, strong robust complaints processes ensuring that people know that if they speak up then they will be listened to, they will be dealt with fairly, they will be protected - I mean, the issue that has been talked about, about the need for staff and colleagues to name it if they're seeing something that is inappropriate.

One of the things that is a real issue in out-of-home care is that the relationships that we've all been talking about as so critical to the healing and positive care of a child are often very intimate and there's not a lot of oversight of that. It can be in a house - even if it is a residential house, we have some where there are three staff on, but it's often two. So it's not like a room where there's a whole lot of people watching the way you're interacting with the child. Sometimes it is just a another resi worker, or sometimes it's a case worker. We need to ensure that we have a culture that means that all of those people know that they are responsible to speak up and that they will be heard and responded to fairly and well.

MS FURNESS: I take it that that culture is created through training?

MS CRONIN: Yes.

MS FURNESS: Supervision.

MS CRONIN: Yes.

MS FURNESS: What else?

MS CRONIN: Supervision is critical. Supervision - I think one of the things that we've talked a lot about in our organisation is - we've done a lot of work on this, so

I'll talk about supervision first and then some of the other things that feed in to that culture. Supervision is really, I think, the key tool that we have in order to help inform expectations around behaviour, allow staff to reflect on their practice and learn and to be challenged.

We've put in a lot of effort - we've completely reviewed our supervision framework, we've trained all of our supervisors. Anyone who has a supervisory role in our organisation we're rolling out training to, and we're resourcing them around what does it mean to be a good supervisor and what are our expectations about what happens in supervision. It is not just a checklist. It actually means that you need to be able to have good challenging conversations. So supervision is critical.

MS FURNESS: In the case of your supervisors, are they invariably practitioners who have risen through the ranks?

MS CRONIN: Mostly, yes. That's a key issue. You can be a very good practitioner, but we need to then skill them up. You need good practitioners; you need people to understand how to do the work. But then being a supervisor is a different function. So we invest in our supervisors to train them up in what it means to be a supervisor.

MS FURNESS: Training?

MS CRONIN: Training. In terms of establishing the culture, which is what we were talking about, induction is critical. Induction and, again, setting a framework in terms of what are our expectations around the way you will behave in this organisation. Induction is one of the first touchpoints in terms of that.

MS FURNESS: Is induction training carried out from internal and external providers?

MS CRONIN: Yes. Yes. In a range of things. There's a broad overarching induction, "Welcome to the organisation". Then there would be specific induction depending on what program area you're in, and site-specific induction.

Part of the Sanctuary framework is a three-day training program. About a day of it is around trauma informed practice and educating people. So educating people about the prevalence of abuse, about the prevalence

of sexual abuse.

Part of what I think we are dealing with as a system in terms of sexual abuse is the broader community's understanding and awareness of sexual abuse as a problem that we have a responsibility, as a community, to deal with.

So there's quite a lot of education work that needs to happen more broadly in public health, but also within an organisation.

MS FURNESS: The Sanctuary Model you spoke about, how long has it been in place?

MS CRONIN: Three years.

MS FURNESS: In relation to training, both at induction and on an ongoing basis, what do you think you could do better to better equip your staff and carers to prevent - and where they can't prevent, properly respond to - child sexual abuse?

MS CRONIN: I think some of the broader parameters we have in place, so some of what I've talked about in terms of the general framework around expectations. I think more broad, widespread - so all staff in out-of-home care, around specifically things like identifying grooming behaviours, identifying and responding to disclosures. So clearer educational training around sexual abuse, how it occurs, how often it occurs, and then how to respond to that and around the grooming behaviours is something we could do better.

MS FURNESS: Are there any barriers to you doing that now?

MS CRONIN: Not really. I mean, I think that there are resource implications for us doing that and it is something that is absolutely front of mind in terms of it being a priority for the organisation.

MS FURNESS: Do you have many casuals working in your organisation?

MS CRONIN: Yes, we have a reasonably large casual pool. We have a very strong commitment to not using contracted agency staff and we have very clear guidelines around the

exceptions to that and --

MS FURNESS: Ms Robbs is nodding furiously in agreement with you, Ms Cronin.

MS CRONIN: One of the things that we've identified is that the use of agency contract staff is highly problematic from a whole range of perspectives. One of the things that we made a decision about when we started implementing the Sanctuary Model is if you're going to have an organisation that is trauma informed and you train all of your staff in a particular framework, then you can't have contract staff coming into the organisation. We did an analysis of our incident reports and there were greater incidents occurring when contract staff came in.

That's not necessarily any reflection on the quality of those staff - they are often very good people - but they're not part of the team. They don't necessarily have all of the information and the briefing. One of the things that is a really critical factor in a good residential home is consistency. Consistency of practice, consistency of information sharing. And when you've got staff coming in and out - so in terms of casual staff, what we try to do is we have a pool of casual staff and we have centralised in our HR - and we've only done this as we were implementing Sanctuary in order to be able to have the staff to respond to the need, so we ensure that we communicate with our casual staff, they all participate in Sanctuary training - so our casual staff are invited too - and the intention is that they receive the same training that the rest of our staff do.

MS FURNESS: Do you involve police in the training that you do for your staff and carers?

MS CRONIN: Yes, police are involved in different aspects of the training, yes.

MS FURNESS: As a matter of course are police invited to be involved, or is it a specific request on a specific occasion?

MS CRONIN: It is probably not as a matter of course. It is usually specifically related to particular situations or, you know - I mean the sexual exploitation training that has been delivered in Victoria, for example, police have

been very actively engaged with. When we're running training that is specifically in terms of developing up some therapeutic homes, we would have police involved in that, but not as a matter of practice for all the time.

MS FURNESS: What about child protection workers from the department, are they involved in your training.

MS CRONIN: Yes, sometimes they are, absolutely.

MS FURNESS: So on a specific basis they would be asked to join in?

MS CRONIN: Yes. The therapeutic training that is delivered for staff at the establishment of a therapeutic home - so the training that we do - part of that is around building the team, so it is a learning environment and we deliver the training quite specifically to a team of staff to build their capacity to work as a team. The child protection staff would be invited to those sessions.

MS FURNESS: What about allied held workers - psychologists and the like - are they routinely involved?

MS CRONIN: Again it would depend. One of the other things that we have initiated in the organisation is we have a clinical team, so we have a principal practitioner who leads a team - and the qualifications of the clinical team vary, but psychologists, social workers, family therapists. The principal practitioner in our organisation is a member of our executive team and reports directly in to me, and that provides a range of functions, I think, that inform our capacity to be a child safe organisation. The members of that clinical team will be part of various training in various teams.

MS FURNESS: Just going back to matching for a moment, do you have targets of the number of children you need to place - targets either externally provided or internally?

MS CRONIN: Yes. Externally provided targets, yes, we do.

MS FURNESS: So that's part of your contract with the relevant State agency.

MS CRONIN: Yes.

MS FURNESS: Were those targets set by negotiation?

MS CRONIN: We contracted for them. So we would tender for those targets and then we would receive them, yes.

MS FURNESS: Is there any tension between meeting those targets and properly matching the child to a carer under your umbrella?

MS CRONIN: Yes, I absolutely think that the demand pressures to find the placement, to perform to targets - those pressures distort our capacity to deliver the best possible quality service at times, yes.

MS FURNESS: How can that be fixed?

MS CRONIN: I think one of the ways is increased resources, but the other is - and I think we are putting in place a range of safeguards, so we have safeguards both internally and externally. I think one of the good examples of the transition process in New South Wales has been the placement panel decision-making process that has a range of both government and non-government members of a panel who help make a decision about the best possible placement for a child.

You can have those sorts of mechanisms in place that safeguard against the potential distortions based on wanting to perform to targets or wanting to make the placement at five o'clock on a Friday afternoon - those sorts of things.

I think some of the safeguards that enable the best possible matching within the resource constraints that we have are good information sharing - so ensuring that you have the right people around the table to inform the decision around the best type of placement - and that there is a separation, to some extent. Balancing the potential conflicts with having the people who are closest to it and who know the services the best is a tension and I think that having a range of people around a table helps mediate that tension.

MS FURNESS: With some of those people around the table not being employees of yours and, therefore, not having a sense as to what targets need to be met?

MS CRONIN: That's right.

MS FURNESS: Is the assessment panel that you're speaking of similar to the one that Ms Robbs described as being introduced after 2011 to Life Without Barriers.

MS CRONIN: Yes. And we have an internal placement decision-making process as well. There are external placement processes. Our internal placement process isn't for every child, but a staff member of the program can call - we have the potential now to call a panel decision that will have a range of people participate in the decision to review whether or not it is a good placement, and it is on the same principles which Claire talked about: are we able to provide a safe placement for that child? What are the implications for any other child that might already be in that placement and our duty of care to them? Do we have the current capacity to deliver the best possible service - which is something that all of us need to consider; there can be times for all of us when our capabilities and capacities go up and down in an organisation - and is that placement in the best interests of that child?

As a panel - and one of the internal mechanisms we have to mediate against the potential conflicts around performance to contracts is, as I've said before, the clinical team, so I said before that our principal practitioner reports in directly to me and she has a clinical team. They sit outside the operational hierarchy. They are not responsible for whether we're meeting our contracts or not and they're more likely to question decisions that sometimes there might be a conflict around, whether or not it is the best possible placement for that child.

So we have an internal process that has checks and balances in it as best can you internally, and then there are external processes that have people from outside the organisation to check that.

MS FURNESS: You would have also heard Ms Robbs speak about the delegation in respect of assessment being at too low a level.

MS CRONIN: Yes.

MS FURNESS: Particularly in Western Australia where you're relatively new, how have you overcome that problem?

MS CRONIN: The authorisation of a carer's final sign-off is at general manager. So all of them have to be signed off by a senior manager.

MS FURNESS: Including in Western Australia?

MS CRONIN: Yes. In fact, it is more senior in Western Australia, because the deputy CEO has oversight of Western Australia while it is developing, so it's more senior there.

MS FURNESS: Yes, thank you. Another initiative that Ms Robbs talked about was to involve clinical people in decision-making.

MS CRONIN: Yes.

MS FURNESS: From what you have said, you do that routinely in relation to assessment.

One particular issue that may not apply to your work is where the staff at the level at which decisions were made didn't have an understanding of who they could exchange information with or who they could seek information from. Since then, there's been change to the Working With Children Check in New South Wales which largely fixes that problem. Is that an issue that you've had to grapple with?

MS CRONIN: I think information sharing and ensuring that we are getting all the available information is - I think we've got pretty robust systems in place in terms of educating people about what they are able to exchange and where they can go to seek that information. I think as a system we could get better at it, though.

MS FURNESS: When you say you could get better, is it the case that you're confident that the written material that's available to staff that are making decisions clarifies that sort of information which is, essentially, legal in quality?

MS CRONIN: With regard to?

MS FURNESS: Information exchange.

MS CRONIN: Information exchange with regard to assessment of carers?

MS FURNESS: Yes, assessment and screening of carers?

MS CRONIN: Yes. Yes. There is pretty clear information about that, yes.

THE PRESIDING MEMBER: Could I just clarify, in terms of assessment and recruitment, is there a different process for the therapeutic foster care placements when it comes to assessment for those sorts of placements?

MS CRONIN: Generally, no, it's not a different assessment process. It's probably a bit more rigorously looking at what the capacities are of the carers that you're looking for. So they might actually go through the same assessment process --

THE PRESIDING MEMBER: The model is the same, but you're looking for different skills and competencies; is that right?

MS CRONIN: Yes.

THE PRESIDING MEMBER: That therapeutic model - I'll just stick with the foster care model for the moment - is that about the skills and competencies of the foster carer or carers or about the services that are being provided into that model or both?

MS CRONIN: Both. It is both - yes, the skills and capacities of the carer themselves, and it's also about what they're able to do within their current context.

It is more time consuming, for example. So you would want greater flexibility of the time that the carers are able to put in to caring for the children. So both their capacities and their skills. But the therapeutic - the foster care program is also - there are much more intensive supports wrapped around the caring environment than general foster care.

THE PRESIDING MEMBER: Does that mean support is coming

directly from your agency as well as external providers?

MS CRONIN: Yes.

THE PRESIDING MEMBER: And that's a decision made at that initial intake stage for the child or young person, is it?

MS CRONIN: Yes.

THE PRESIDING MEMBER: Although I'm assuming that it is also an ongoing assessment with respect to the child or young person's needs?

MS CRONIN: Yes.

THE PRESIDING MEMBER: In other words, your agency has the capacity to enhance the supports around the child or young person once in a foster care placement if the assessment of the child or young person is that their needs are indeed more complex than initially thought?

MS CRONIN: That's right. That's correct.

THE PRESIDING MEMBER: I'm just then trying to understand the terminology, "therapeutic foster care placement". I'm trying to understand --

MS CRONIN: What's different about it?

THE PRESIDING MEMBER: Yes.

MS CRONIN: There's a range of things that are different. The case load of the case worker who is supporting the program is lower, so there's more intense support provided to the carers. There would be a therapeutic specialist who would work with and be part of the care team.

THE PRESIDING MEMBER: Who is an employee of yours?

MS CRONIN: Can be or might not be. MacKillop has made a decision that those therapeutic specialists will generally be internal. From our perspective that's so we have a consistent practice framework. But it is not always the case. There might be a need of a particular child that the therapeutic specialist - you would find the therapeutic specialist that has the skills around that particular child's needs.

THE PRESIDING MEMBER: So the therapeutic specialists are specialising in supporting the child or supporting the carer or both?

MS CRONIN: Both, but primarily the carer. One of the principles of the therapeutic program, generally speaking, is that the primary carer - whether that's the staff team or whether it's the foster carer - they are the one who has the primary relationship and you wrap support and expert advice around them.

THE PRESIDING MEMBER: Are you aware as to whether or not other agencies - let's just stick with Victoria for a moment - are delivering similar services to the one that you've just described to us? Just to be clear about that - the therapeutic foster care model?

MS CRONIN: Yes, other agencies are, absolutely.

THE PRESIDING MEMBER: How recent is that development?

MS CRONIN: The therapeutic foster care program in Victoria - there will be people in the room who will be willing me to remember the date - late 2000s, I think, mid-to late 2000s. It has been around for a while.

THE PRESIDING MEMBER: As in the year 2000, is that what you mean?

MS CRONIN: No, mid-late 2000s in terms of when - so the Circle program in Victoria was established pre- - yes, the end of the 2000s, I think. I can find out for you how long it has been around. I can't remember off the top of my head, I'm sorry.

MS SALAMONE: I think it was around 2008, around that period.

MS FURNESS: I thought you said that you introduced it in about 2006, Ms Cronin? No?

MS CRONIN: No.

COMMISSIONER FITZGERALD: Is the demand for therapeutic care increasing?

MS CRONIN: Yes.

COMMISSIONER FITZGERALD: Is that across the three agencies? Is that what we're seeing take place?

MS CRONIN: Yes, absolutely. There's a recognition that it gets better outcomes for children. The review and evaluation of, for example, the Circle program in Victoria, some of the comments from foster carers was, "I would never want to go back to." There's absolutely a demand. Foster carers feel much supported to respond to the needs of kids, so yes, there's absolutely a demand.

MS FURNESS: Is it the case that rather than the demand increasing, the recognition is that children need a therapeutic response, so it is an acknowledgment of what might have happened in the past had it been identified rather than an increasing demand?

MS CRONIN: Yes, I agree.

COMMISSIONER MILROY: Can I also ask, just in regard to that model itself, you said that most of the therapeutic support is provided to the carer who then works as the primary attachment figure for the child. How much individual or other support is given to the child individually, given that in many of the private sessions we've dealt with with adults the issue of lifelong consequence or impact is one of the things we hear all the time.

MS CRONIN: Yes. Thank you for the question because I realised I didn't add that when I was talking before. The program design is around how do we support the carers to do the best job that they can, but the children in the therapeutic programs would mostly absolutely be receiving a range of different types of therapeutic support themselves.

MS FURNESS: In terms of the assessment of carers, we've spoken about the initial assessment and there is a period of review of that assessment, depending upon either the passage of time or some event intervening. When that re-assessment takes place is there a discussion with the child about the child's views of the placement?

MS CRONIN: I've been reflecting on that question from yesterday. I think that that's something absolutely

worth thinking about. Thinking about it in terms of what I was talking about before about hearing the voice of the child, there should be, like any staff performance appraisal process, you wouldn't wait until the one year to be having the difficult conversations, so you'd actually be wanting to have conversations with the child about how is the placement travelling the whole way through.

I would want to have more time to think through whether or not the best place to hear the voice of the child about whether it is a good placement is in the annual review process, because I would imagine that there might be some risks associated with that if there were problems in the placement. You would be wanting to have that conversation with the child the whole way through, but I think it is a good point about how is the voice of the child heard in an annual formal appraisal of the placement?

MS FURNESS: You say you would be wanting to have that conversation earlier. Do you, as a matter of fact, tell those who are having regular contact with the child in your organisation that they should be doing that?

MS CRONIN: Absolutely. Absolutely.

MS ROBBS: Can I just add that as part of one of the things that line up is the case planning and review process which for children that would be therapeutic or intensive foster care often quarterly and then, as part of that, there's a conversation with the child around the placement and their view of the care environment and so in some ways it is an option of the feeding in of that information to the annual or biannual carer review process and that being one mechanism, only one of the mechanisms that the child's voice can be considered into both their placement and the carer's suitability within that.

MS FURNESS: You were present when the government agencies had given evidence over the last day and a half. You would have heard Ms Walk say that there has been staff, particularly case workers, more engaged with process parts of their job, not through any fault of their own but because of the requirements and compliance has risen significantly, at the expense of a relationship with the child and I think Mr Kemp from Tasmania spoke about it in terms of 80/20, it should have been 80 with the child and 20 elsewhere, but it seems to have been inverted. What's

your experience of that?

MS CRONIN: We would absolutely concur. Our experience is that the increased compliance on staff has meant that a greater amount of their time is required, often data entry. It is often around the amount of times they need to enter data in a whole range of sources that takes up, absolutely, quite a bit of their time.

MS FURNESS: How are you turning that around in your agency?

MS CRONIN: We've done a lot of work around our information technology systems. We've created an internal system that means that the intention is that they can enter the data once and then regardless of where we're reporting to, we can pull the data out of that so that they don't have to enter it into a whole range of different systems, as well as using things like iPads so that they can be entering data when they go out and visit a family rather than having to do it all when they get back into the office.

MS ROBBS: As well as the systemic things and the mobility of staff, also I think that one of the benefits of the NGO sector is, and I think continues to be, the focus on the relationship with the child and the engagement in community. Where, understandably, some of the state departments have experienced that response to that increased legislation or regulatory system, I do think that by its very nature, being community based organisations, we are able to meet those requirements but still buffer some of that pressure and I do think they are able to continue to focus that strength on the relationship with the child.

I would actually say that --

MS FURNESS: How do you do that?

MS ROBBS: Yes. I think it's both in their work - the sort of hard systems that Micaela is talking to, around making sure that we invest in systems around managing the data and the mobility devices for our staff, so that that's not bringing them back to the office, but I also think that it's around the connection and the closeness in NGOs of the practice design and quality and the people doing it which keeps it grounded and at a very practical level. I think

that helps get some of the white noise of some of those administrative systems out of the environment and although the paperwork always has to be done and done well, we really work hard to make sure what's necessary to fulfil those safety requirements too.

I think as well the hard systems, most importantly, in our experience, is the culture. NGOs particularly have a great opportunity to really shape and drive the culture of our organisations and so, as I spoke to previously, relationships come first, for example, it's the first primary value of Life Without Barriers, so that permeates every element of how we communicate, how we train, how we engage with the people we support, but each other, so it becomes part of how we do what we do. The cultural element and the systems, I think, shape a greater opportunity for that relationship to still be present in the community sector.

MS FURNESS: Thank you. Ms Salamone, can we bring you into the conversation?

MS SALAMONE: Yes.

MS FURNESS: Firstly, dealing with that topic, is that an experience that you've had in Victoria with VACCA, the disproportionate amount of time that your people have had to deal with administrative matters rather than engaging with the child?

MS SALAMONE: Certainly. I think it was mentioned this morning that every time there inevitably is a review or a Commission, that the requirement becomes an additional administrative compliance requirement. That's certainly been my experience and it has been my experience over the 30 years I've been in the field, that increasingly there's greater compliance. I think with greater compliance there are some very good things that come. I would not be supporting a process that says, "Let's get rid of compliance", because I think compliance has actually added a robustness to the system. I think it has made us much more highly accountable. I think external auditing, for example, the community service organisations in Victoria that manage children are required to be externally audited.

I think, actually, that adds significant protection.

Indeed, my proposal would be that that should be to all jurisdictions irrespective of whether the child is actually managed by the community sector or managed by government, that there should be that external independent auditing.

Having said that, however, it does require agencies to do a fair bit of juggling in terms of meeting the compliance requirements as well as actually doing the work that's required. We employ and want our staff to be out there with the children. We want them to be doing the things that they're doing, which is transporting children to school, they take them to medical appointments, they develop a relationship, they do access with families. We're really wanting them to do that because that's absolutely critical in terms of them establishing a relationship, the child getting a sense that there's another person here they can talk to apart from their carer. At some times I think that does come at a bit of a cost in terms of the administrative requirements in terms of thing having to be written up.

I think agencies seek to try to juggle that the best that they can. One of the downsides of the external auditing process is that if it is not written it looks like it hasn't been done, so that's always a bit of, I think, a tension for agencies.

MS FURNESS: VACCA operates only in Victoria.

MS SALAMONE: Yes.

MS FURNESS: You have an agreement with the Victorian agency?

MS SALAMONE: Yes, the Victorian Government.

MS FURNESS: The terms of your agreement - you've heard the evidence that has been given here. Does your agreement require you to do anything more than the statutory requirements in relation to screening?

MS SALAMONE: No, it's similar to what happens with MacKillop, so it is a similar system.

MS FURNESS: And you provide a range of kinship services, don't you?

MS SALAMONE: Yes, we do.

MS FURNESS: Is that your primary work in the kinship area?

MS SALAMONE: In terms of out-of-home care, probably kinship care and foster care would be the two areas we provide most placements too. It's fairly comparable in numbers; it depends a bit on the day. The other thing, though, it is not a requirement by government. We actually have some differing processes in terms of our foster care. Once our foster care assessment has occurred and it has gone to the panel, similar to the other organisations, they may have similar processes, we have a process that we call, for want of a better word, probation, which is really about providing much more extensive support to the foster carers, particularly for their first three placements.

We have reoriented how we do our work, so for the first two placements that a foster carer has there's much more intensive support offered to them, so that we get foster carers off on a really good foot, so the actual support isn't provided by the case manager, it's actually provided by the team who has done the assessment and their role is really to assist those carers.

We have had some very, very good feedback from carers in terms of that support, being able to have somebody that they are much more actively able to debrief with, what are the particular issues that might be emerging. Like all of us, foster carers have issues that emerge in their lives, so it could be that a particular issue emerges and so we're much more able to respond to that more flexibly. There is one instance, for example, where the clinician had actually gone in and done some work with the foster carer in those first sort of six months where they've experienced a particular life issue that potentially will have an impact on their care, so we've done much more work in that space with a view to really trying to settle and trying to get foster carers a really good experience of care.

MS FURNESS: Do you do that with kinship carers?

MS SALAMONE: With kinship carers it's a different system because the actual assessment of kinship carers is a departmental responsibility. None of the agencies actually do the assessment: that's a departmental one. For the

kinship carers that we then manage post that assessment, we have a system whereby, because there's no assessment done, as it were, our case workers then take on a very active role with those kinship carers.

MS FURNESS: Can I just ask you, are you provided with a child, as it were, and told that there has been this person who is in some relationship with the child and that will be the carer and you then manage it after that point in time; is that right?

MS SALAMONE: Yes, in terms of our kinship care, yes, it's by negotiation. The department doesn't simply say, "You must take them." It is a negotiation process.

MS FURNESS: Is the negotiation process about the identity of the carer or about something else?

MS SALAMONE: What do you mean by "the identity of the carer"?

MS FURNESS: You said it is by negotiation.

MS SALAMONE: Yes.

MS FURNESS: Is it by negotiation that you'd take the child at all because you've got capacity or not, or is it that you can have some say in the identity of the carer, that is, who the kin or relative carer is?

MS SALAMONE: No, that has already been established by the department.

MS FURNESS: What do you negotiate?

MS SALAMONE: What we might negotiate is whether we think we're the best agency to actually look after that child and our principle is that if it's an Aboriginal child, we would see that we have a fundamental responsibility to provide a service to that child.

MS FURNESS: Can you take every child that you're offered by the department, every Aboriginal child?

MS SALAMONE: No, we cannot take every child. We have particular contracts. We certainly would like to be able to offer many more placements to Aboriginal children and

believe that Aboriginal children are best placed with Aboriginal agencies. However, our contract stipulates so many targets. We aren't able to go beyond that.

MS FURNESS: What assessment process do you carry out after you've been negotiating with the department to take a particular child with a relative kin carer selected?

MS SALAMONE: We would get the departmental assessment process. We would then support that with our own sort of observations in terms of understanding the child. The program has access to a therapeutic clinician. We would be looking at that sort of work. The clinician often provides secondary consultation to the case worker and may do some work individually with the carers, depending on the circumstances. There is that component of the assessment. Often the focus of our assessment is how embedded is the child in the Aboriginal community? Are there particular events that they need to be going to? We strive to have our children involved in a range of cultural activities and we would see that as part of healing and assessment. They might be involved in a possum-skin cloak project, they could be involved in a mentoring program; it really just depends.

MS FURNESS: In terms of the assessment process, the therapeutic model that has been spoken of, do you apply that at that assessment stage?

MS SALAMONE: For our foster carers when we are assessing?

MS FURNESS: Yes.

MS SALAMONE: Yes. What we actually do is that we've got trained assessors, as most agencies do. We actually include a clinician in our actual foster care formal training, so they do three-day training. We include the clinician in that to really support and we use "Our Carers for our Kids", which is an Aboriginal version of the "Shared Stories, Shared Lives".

MS FURNESS: I am sorry, what was that called?

MS SALAMONE: "Our Carers for our Kids". Rather than simply use that training package, we also have a clinician who attends to really assist carers particularly understanding the impact of trauma and also to form a

relationship with carers at well. That's part of that assessment training.

Apart from that is the mandated assessment, as it were. The other mandated assessment that we have internally to the agency is that if the carer is not Aboriginal, that they're required to do a training package that we've developed which is called "Nakara's Journey", which is about really understanding the cultural context of a child in care. That particular training program is open also to the sector, so if MacKillop or whatever other agency would like to access that service, the training they do, and many do.

MS FURNESS: Leaving aside the language of the therapeutic model, I take it that when you assess foster carers, leaving aside kinship carers for the moment, you assess the needs of the child and then determine the services that are best put in place for those child's needs.

MS SALAMONE: Yes.

MS FURNESS: If they're more therapeutic in nature, you would provide, presumably within the funding arrangement, more services for the child to meet their needs.

MS SALAMONE: What we try to do is have a circumstance where we look at the child who comes to our care and all children that come to our care have experienced trauma, so all to some extent require some therapeutic approach, some more than others. A part of our process would be to have a child come in, have a consideration of the assessment of that child and then make the decision about what degree of therapeutic input they would require. All children in residential care have a therapeutic treatment plan. Many children in our foster care have a therapeutic plan and also in kinship care have a therapeutic care; not all because not all require that type of plan. It could be that the therapeutic intervention could be with the case worker about how they can assist the carer, or could be directly working with the carer.

Probably our point of difference would be our stronger focus in our therapeutic approach about Aboriginal healing and understanding the importance of the impact of past policies and practices in terms of the trauma for Aboriginal children. Our clinical team uses similar sorts

of theoretical constructs, as do most other clinicians - you know, they look at Bruce Perry - they look at all those sorts of things, but then also apply a cultural lens to that.

MS FURNESS: How do you deal with a child coming into your care who has sexually abusive behaviours?

MS SALAMONE: It would depend. For example, it could be that if we're aware of that behaviour before the child comes, there would be some discussions with the department, in particular, about how we might best care for that child.

MS FURNESS: Can I just stop you there? How would you be aware before the child came into your care?

MS SALAMONE: If the department are providing us information in relation to the needs of the child, that could be identified as an issue, so then we would look at that and how we might deal with that. Sometimes we're not aware the department itself may not be aware and so the approaches we tend to take will depend upon the child. What we have done in cases of very complex sexual abuse, sibling abuse, particularly, which has been really very complex and very entrenched for these children over many, many years, we have taken a very strong sort of care team approach and looked at also involving the Office of Professional Practice, our own clinicians and really sought to have the residential care staff also very involved in this, so particular training in relation to these particular children, so that people are aware about what the triggers would be for these particular children, as well as the requirement really to be very vigilant in relation to the children.

I think one of the other things has been - and I'm just thinking about a particular situation where two of these children have actually gone home to their kinship carers, which is an extraordinarily successful outcome to these children.

MS FURNESS: Gone home to their kinship carers?

MS SALAMONE: Yes. It has been the capacity to work with the children for them to understand some of their behaviour, so the capacity to help self-regulate themselves, the capacity for them to understand what is

normal attachment behaviour, because often some of these children come into care with the view that sexualised behaviour is how you actually seek affection; so looking at telling children that there are other ways in which you behave with other people. I think some of that particular work, which is very intensive and is part of the therapeutic approach more broadly that we want to introduce for all children in care, has been really quite successful.

MS FURNESS: The children you're referring to were in residential care?

MS SALAMONE: Yes.

MS FURNESS: And that work was done in residential care?

MS SALAMONE: Yes.

MS FURNESS: When you have the problems that you've described with siblings and sibling abuse, how do you manage the tension between keeping the siblings together and dealing with the abusive behaviours?

MS SALAMONE: That's always a very difficult one. All those children have a requirement and a need. It would depend on the circumstance. In one instance, one of the children was actually separated from the other younger two because it was believed that it was just beyond the capacity to stop the abuse occurring and it was actually now starting to be the younger child abusing the even further younger child. In that instance, there was some separation of the older child from the two younger children who still were exhibiting some of that behaviour, but what we negotiated with the department was increasing resourcing to actually enable us to have increased monitoring and supervision, that's really, really important, and then developing sort of therapeutic plans that looked at both children but then looked at both children individually. So it looked at meeting the children's individual needs as separate, but also looking at what can we do in terms of a house for children to understand the rules. In that particular instance, even though their unit was a four-bedroom one, we only had those two boys in there for a certain period of time.

MS FURNESS: Do you have different processes to deal with adolescents or young people?

MS SALAMONE: I'm not sure I understand exactly what you mean?

MS FURNESS: People who come into care who are, say, 15 to 18, because of their age and because at that age you would expect some form of sexual experimentation, is it different in how you manage young people in care from younger people who you wouldn't expect to have the level of sexual experimentation as older people or older children?

MS SALAMONE: Yes, in terms of the work we might do with that individual child. I probably need to make it clear that most of the children in VACCA's care are actually younger, but they grow up in care, so a number of children become adolescents through that care experience. Some of the work that we would do would be looking at how you prepare children for adulthood, that transition in terms of, you know - we're well aware that there's normal sexual behaviour in adolescents and so really assisting children and carers in particular to make some sense of that.

I think the concern becomes, I think Micaela was talking about it, that some of the children in care are very vulnerable to external predators. That's always a major issue that needs to be considered very carefully. I think some of the work that has been done with the police in terms of child sexual exploitation has really been very important work to try to keep these children safe. They put themselves often at great risk. They may run away. We have all certainly had experiences of adolescents who may run away and they run away to places that are not safe.

Significant work is done in trying to track the children, to try to follow them where possible. What we've found is the use of social media has made a difference, because children often won't respond to anything but they'll often look at their Facebook, so looking at using those types of systems to actually help keep track of children and really that constant encouragement about this is their home to come back to.

MS FURNESS: Do you do specific work with protective behaviours for your younger as well as your older children?

MS SALAMONE: No, not specifically. One of the things we've been discussing is actually really having a look at

some of the Aboriginal sort of protective behaviours type approaches and looking at maybe implementing something like that. We will from now on be running, as part of our normal suite of mandatory training for our carers, understanding sexual abuse and abusive behaviour, sexually abusive behaviour, so that's going to be part of what we're saying is going to be a fairly minimal mandatory requirement for all our staff. Certainly, our foster carers get that. In terms of "Shared Stories, Shared Lives", there's a component on sexual abuse and abusive behaviours.

The other thing we've done for our foster carers and our resi-carers is we have, in conjunction with "Child Wise", developed a "Yarning Up About Sexual Abuse" pamphlet. That's given to foster carers. What we're actually in the process of doing is actually looking at that process, looking at that actual pamphlet and wanting to actually take it a bit more apart to have the capacity to in some ways simplify it and to then use that as part of some one-to-one work that we'd be doing with our kinship carers. Rather than necessarily have kinship carers come to a training program, it is often very difficult, is looking at having our case workers actually being able to do some of that work individually.

The other thing we have established last year but which is in the process of being worked out, is wanting to establish a youth advisory committee which will include children who are in our care, as well as children more broadly who VACCA have contact with. One of the things that we're wanting to be talking to those children about is some of the things and the programs that they would particularly find helpful. That is very much a beginning work in process. We've yet really to establish that program.

MS FURNESS: Can I ask you whether you involve the police in any of your training work that you do with staff or children?

MS SALAMONE: Not as a matter of routine. There would be incidents where police would be involved, but not as a matter of routine.

MS FURNESS: Have you developed a relationship with the police in terms of the work that you do?

MS SALAMONE: Yes.

MS FURNESS: How does that work?

MS SALAMONE: Obviously, there are protocols that are in place with the Department of Human Services and the police that we're involved in and that we make reports to the police, et cetera. I think the relationship with the police is largely very positive. I think the whole system has become much clearer about children in out-of-home care rights in terms of when they've been abused and the importance of them not being sexually exploited. I think that was not understood 10, 15 years ago. Certainly when I started practice it was seen that children in out-of-home care would be sexually exploited and it was to some extent beyond our ability to respond, whereas I think we're now much more targeted and much more able to see. We have both a duty of care and we can do things.

MS FURNESS: Do you involve the police when children, particularly older children, run away?

MS SALAMONE: Yes. Yes.

MS FURNESS: How does that work?

MS SALAMONE: It could be a number of things. It could be a missing person, it could be a warrant to COAG, if we know where they are. It would be a range of things, you know. It would depend really on the circumstance of the child.

MS FURNESS: But you would routinely, if a child disappears, contact the police?

MS SALAMONE: Yes.

MS FURNESS: What about your relationship with education, in terms of children in your care attending school?

MS SALAMONE: I think that's always a vexed question in terms of sometimes some of the children in out-of-home care demonstrate behaviour that schools find quite difficult to manage. Certainly, I know we've done a number of things to assist that process. We've had our clinicians go to speak to particular classroom teachers about the particular needs of the child, the sorts of behaviour that they may expect,

and looking at ways they may want to respond to that behaviour.

We've had some success in children actually doing really well at school who are based in our residential care programs. If I look, as an example, at those two little boys who initially at the beginning of it might have been I think last year or the year before, I get my years a bit confused, were barely attending school. By the end of that six-month period they were attending school every day.

MS FURNESS: Which was the intervention of the clinician directly with the teacher.

MS SALAMONE: I think it was the clinician's work with the teacher. I think it was the residential care worker with the child, so the child also got the sense of how they ought to behave more appropriately. I think there's still significant work that needs to be done in terms of making sure that not just Aboriginal children, but clearly my interest in particular is Aboriginal children, have access to education that's full-time, rather than a view that children can only attend school for two hours a week or two hours a day or whatever. I think that there is a piece of work that needs to be done in that space.

MS FURNESS: In terms of preventing sexual abuse of children in out-of-home care, what is it that your agency, you think, does best?

MS SALAMONE: I think - I suppose somebody mentioned it this morning - for me the best thing that we do and that we can do is to create stability and permanency with the natural family. To the extent that we put effort into really seriously looking at keeping that family together where possible, acknowledging that there are times where that's not possible, I think that's the best prevention. For me, we have seen that the concept of therapeutic input has made a significant difference to many children in care. For me, it would be something that we would want to I think as a system consider looking at our family services. We have programs in Victoria, for example, "Stronger Families", where you can access a clinician to keep the child at home. I would like to see that sort of clinical support offered really for all our family services, so that we're really able to address many issues that the families have that they don't actually come into

care. I think that's the best protection, acknowledging that there are some children who will have to always come into care.

MS FURNESS: Understanding that, once they're in care, what's the best thing you do to prevent them being abused in care?

MS SALAMONE: I think it is having a whole range of policies and procedures in place, to be clear about expectations of staff, codes of conduct. I think supervision is really important. I think the other thing we do is reflective practice, which is part of the therapeutic approach. I think it's made a significant difference. People are much more aware of the issues of children. It is discussed much more openly.

The other component to supervision is that we have a "My Support Plan" for our residential care workers, which is really about looking at their own professional development, which is looked at in a very active process, so that they themselves are aware of particular behaviours.

I think that the other element for us has always been the importance of the cultural work that's done, that actually makes children feel resilient. I think more resilient children are more likely to be not quite so vulnerable and so it is our view - backed up by evidence, if you look at some of Chandler's work - that keeping children connected culturally is really very important prevention, in terms of just building a sense of self and a sense of really positive identity.

THE PRESIDING MEMBER: Included in that is there training specifically directed to assisting your residential care workers in talking to children on the topic of sexual abuse? In other words, assisting the possibility that children will feel safe to disclose in the event that that's something they need to do?

MS SALAMONE: We ran a pilot training program last year which included our residential care staff. What we're going to do is actually look at that pilot program. There are some things in there I think we can add to that pilot program and then that's going to be rolled out to all our residential care staff as a matter of course.

THE PRESIDING MEMBER: Last year was the first time you included that new training?

MS SALAMONE: Last year was the first year, yes, as in terms of I think looking at not just individual cases where particular workers will have had training in relation to how to talk to children if there are particular issues, but I'm talking more at a systems level, agency level.

THE PRESIDING MEMBER: I'm not sure that I've understood the last part of the answer.

MS SALAMONE: In terms of ensuring that all our residential care workers will receive that training, they will be commencing this year.

THE PRESIDING MEMBER: I see what you mean.

MS SALAMONE: We had a pilot last year.

THE PRESIDING MEMBER: Where individuals were involved, as opposed to at an agency level, at a whole agency level.

MS SALAMONE: Yes. Our aim is that all our residential care staff will over a period of time actually be trained.

COMMISSIONER FITZGERALD: Could I just follow on from that, going back to an issue that Ms Furness raised with you, the issue of sexual exploitation of children in residential care?

MS SALAMONE: Yes.

COMMISSIONER FITZGERALD: You would be aware from a number of the case studies we've done where victims have made allegations, in fact, presented evidence that they were to subject to sexual exploitation which commenced in the home but went beyond the home. In the roundtable that we had a number of workers in the out-of-home care area urged the Commission to look at the issue of sexual exploitation of children that were in residential care because they were easy prey, easy victims.

MS SALAMONE: Yes.

COMMISSIONER FITZGERALD: I just want to get an understanding from the three of you, if you can, whether

you believe child exploitation remains a serious issue in relation to children that are entering into or leaving residential care and depending on that answer, what are the measures that we've put in place that have reduced the risk of sexual exploitation of children in care or if we fail to achieve an outcome, what do we need to do? Perhaps, Ms Salamone, you might want to comment on that.

MS SALAMONE: I'll start. Yes, I believe it is still a significant problem. I think children in out-of-home care are, as it were, easier targets. I certainly think a number of things have happened, though, that has actually provided a greater protection to children. I think the fact that the police and DHS have worked together in relation to really seeking to minimise child sexual abuse has been really quite a positive program. Certainly, there have been a number of training sessions that have been rolled out across the state that our staff have all attended, in terms of understanding what that might look like.

I think the idea of looking at it as not an individual child's responsibility but more the responsibility of state agencies is really very critical. If in fact we know that there's a predator who has got a car whose number plate is ABC123, that that's actually recorded and we see whether does that number plate still come up in another residential care facility. The capacity to track I think is something that we haven't had in the past which we now do much better I think. I think it's both strategies required to look at tracking those who actually are the predators, as well as equipping our children for them to see that that sort of behaviour is actually not in their own best interests.

I think that's another element, as well as I think a system, and residential care in particular, where workers are now much more actively involved in trying to get children to actually not go to those places where we know they're going to be unsafe, to seek to try to follow them where possible so that they're not there, so they're not the easy targets. I might stop there and leave it at that.

MS CRONIN: I would absolutely agree with you that sexual exploitation of children is a significant problem. Just from the data we submitted to the Commission, the vulnerability of children to sexual abusive behaviour that is external to the care environment is nearly half of

those. A significant proportion is client to client but a very significant proportion occurs outside the care environment.

The work that we do together to protect children from that is very important. I think that I would agree with what Connie has been saying in terms of taking a joined-up approach to that, so that community service organisations are working very closely with government, with the police, and that they're seen as a shared responsibility is critical. I think that that doesn't always happen as well as it could, that there isn't necessarily always equal respect about all of the partners and the parts that they play and the information that they can bring. Information sharing is absolutely critical because what often happens is there are bits of information scattered across the system and it is only when you map those and bring it together that you realise what's actually occurring.

Having that in an environment that recognises the incredible vulnerability of the children in our care and that they will be preyed on, often in a very organised way, and that we all have responsibility to respond to that, is a critical piece of work for all of us.

MS ROBBS: Yes, I would agree. I think the young people in our care are incredibly vulnerable to sexual exploitation. Our experience tells us that and the data that we have tells us that, from individual organisations and more broadly. I think that the effort to try to do things coordinated just out-of-home care or just child protection, or just even services like the police, but looking more at education and more broadly at health and the community, so we're looking at much more of that child-safe community, rather than just the people that have been actively working with the children at appointment time, is critical.

From our experience some of the messages into that about the explicitness of the messaging that we put into our systems, into our training and into our culture and in our symbols as a community, the explicitness of what is legal and illegal, what is allowed and not allowed and what people do, is an area that we think that we could become a little more courageous as a community and be more direct. We think that in that way that might really help bring some of this up into the light, which is obviously incredibly

important.

COMMISSIONER FITZGERALD: Thank you.

COMMISSIONER MILROY: Ms Salamone, you rightly pointed out the connection between culture and resiliency and that is a protective mechanism for Aboriginal children in care. You also mentioned earlier that VACCA has a training program that's available for staff working with Aboriginal families.

MS SALAMONE: Yes.

COMMISSIONER MILROY: How well do you think that's actually taken up and from your experience of working in the sector, how well do you think that sort of cultural resiliency is due to Aboriginal children who are not placed within Aboriginal organisations or families?

MS SALAMONE: I think that there are pockets where it's done very well. I think, however, we don't have a system-wide approach that focuses sufficiently on the importance of understanding culture as a resilient factor.

Most Aboriginal children in Victoria are not placed with Aboriginal services, they're placed with mainstream services, and I think many do an absolutely fabulous job. I think, however, often where Aboriginal services can provide greater input is the fact that a culture of resilience is something that is part and parcel of an Aboriginal agency's absolute existence, it's part of their vision of who they are, and I think that translates to children much better than can be done in a mainstream organisation which has very good intentions and does some very good work as well. I wouldn't want to imply that that's not the case.

The other aspect for me is I think what Aboriginal agencies can do is actually because of their connection to the community, it means that children, Aboriginal children, can always be part of an Aboriginal community in a much easier, fluid way, because the Aboriginal agencies are part of that community, so I think that's really quite important in terms of, you know, VACCA organises, for example, an Aboriginal and Torres Strait Islanders Children's Day or a NAIDOC Day, communities come along irrespective whether the children are in care or not, but the fact that Aboriginal

in care can come and be just an Aboriginal child in the sea of all these other Aboriginal children having a good time, I think is really fundamental to their well-being.

MS FURNESS: I understand that in Victoria there has been a recent initiative, a combination of child protection and the Victoria Police, whereby police are using intervention orders more, they're using secure welfare, they're using grooming laws more, in order to have some effect on sexual exploitation. Each of you works in Victoria. Have you noticed any improvement or change as a result of that work?

MS CRONIN: I think the organised responses to sexual exploitation that have been occurring across really the last couple or few years are a very good initiative. I think that they have improved our capacity as a system to keep some children safe, yes. I think that the ways that they have done that is what I was talking before about there was a very concerted effort around mapping children, understanding the relationships between children and organised groups of paedophile rings that were accessing kids and that we have been able to keep some kids safe, and that's right, in order to do that there have been a range of strategies.

The disruptive policing approach that has been built on very strong and respectful relationships between the bodies and sharing of information has been critical to keeping some kids much safer.

MS SALAMONE: Yes, I would agree with that. I think there has been really quite a significant improvement to what was once a very laissez faire, individual, you know, agency or individual police approach to one that's much more about the responsibility of all those services to actually work together in a coordinated manner, particularly in terms of disrupting some of those sort of paedophile rings or particular predators. I think for me it has been one of the most encouraging areas of practice I've seen.

MS FURNESS: Do you have anything to add to that, Ms Robbs?

MS ROBBS: I have nothing to add.

MS CRONIN: Can I add something to that?

MS FURNESS: Certainly.

MS CRONIN: I think both of the other panel members have talked about differences in attitudes. I think that when I started working in this field, we talked about children prostituting themselves. We talked about child prostitution. We didn't talk about sexual exploitation. There have been significant shifts in attitudes around children cannot choose to prostitute themselves. These children are being exploited. There was a sense of, you know, lack of responsibility of the police and the system and all of us to intervene that has very significantly shifted. It is now seen as it is criminal, these children are being sexually exploited and it is our responsibility to intervene.

MS FURNESS: Thank you.

COMMISSIONER FITZGERALD: Would that be an experience that you've identified across Australia, to the extent that you have services, or is that something that's particularly noticeable in the Victoria context?

MS CRONIN: I think there have been shifts across the country. In my experience it has been there's been a much greater coordinated effort in Victoria in response to that.

MS FURNESS: The Cummins Inquiry reported in 2012. I understand that there was a significant focus in that report on education. Have any of you seen any particular changes as a result of that that's improved the safety of children in care?

MS ROBBS: The safety or the access to education and safety?

MS FURNESS: The safety as result of access to education, the safety as a result of improving not only educational opportunities but information?

MS ROBBS: I think it goes back to the point made before around our experience that there are more resources within the education system in many jurisdictions to particularly focus on the needs of children that are in care and more vulnerable. I think it remains a vexed issue how those resources are actually able to impact on the educational experience for young people.

We, as an organisation, track the data around attendance and participation, particularly because, yes, we know it's attached to better life outcomes, but also it is an area that we don't feel that we perform well enough in. Even though in some instances we have people allocated within the education system to help with that attendance or participation of children in out-of-home care, and even in instances where we ourselves have employed education officers, so teachers, to try to talk the language of the education system to improve those outcomes, we've been able to achieve it at a regional level or at a school level or at a particular-area level, but looking at improvement across the board I'm confident it is an area that we would say, from our experience, still needs a lot of work.

MS CRONIN: I would agree in terms of the need for it continuing to improve. I think, again, there is a greater focus. Having high aspirations around the engagement in education of the children in out-of-home care is much more at the forefront. Engagement in education is a protective factor in a range of ways. Engagement in primary, normal service systems like education is protective in itself, and I think the other protective factor in that is having a sense of hope for your future. If we can engage the children in our care in education, training and employment, it helps them have a sense of hope for a positive future which, in itself, is a protective factor.

I agree with what Claire is saying in that you want them involved in education for a whole range of reasons. We want for them that they are able to achieve whatever their potential is in terms of their educational outcomes, but it is also normal peer networks, it's other adults in their lives who are aware of what they're doing with their time. It is a good use of their time. So there is a range of reasons.

Our experience - again, my primary experience is in Victoria - is that the education department is absolutely shifting in terms of seeing children in out-of-home care as part of their responsibility. One of the things that has often happened, I think, with education departments who are responsible for hundreds of thousands of children is that for the couple of thousand that are in out-of-home care, "They're the Department of Human Services' problem. You dole with them. We've got to deal with all of the kids in

the community."

My experience would be that education departments across the country are starting to see children in out-of-home care as their responsibility, and when they do that, then we will get better outcomes for those kids.

MS SALAMONE: The only other comment I would add to that is that education for children is a basic human right. I think the point at which we vary from that and make excuses about particular cohorts of children is the extent to which we as a society fail children.

For me it's a fundamental right for a child to have education. We do struggle. I think we have seen significant improvement, without doubt, but the fact that still not all children in out-of-home care access education as a matter of routine on a full-time basis indicates that we have some work to do. That would be my quite strong view.

MS FURNESS: Just to conclude, if I could give you, Ms Salamone, a magic wand, what would you change in relation to the work that's done with Aboriginal children in out-of-home care to improve their safety?

MS SALAMONE: How big is the wand?

MS FURNESS: Huge. An endless wand.

MS SALAMONE: I suppose I would think of a number of things. Firstly, I would look at the focus on children remaining at home and what we do to support children really seriously remain at home.

My other aspect would be that once children come into care, that we actively and genuinely put in resources for children to go back home. It is my view that there are a number of Aboriginal children in care - in fact, I know there are a number of Aboriginal children in care - who should have gone home earlier. There is significant case drift. So for me, one of the magic wands would be a really strong focus on getting those children home.

I think part of how you do that is also about who manages the children. Aboriginal children are part of the community of Aboriginal services. For me the greater

involvement of Aboriginal services in the case planning, the case management and the direct care of children, I believe, will lead to better outcomes.

There is a very small project - and it is a very small project - called the "Section 18 Project" which looked at 13 children. A very small project. All of those children have been in out-of-home care for five years or more and none have had home reunification plans.

Through the work we've done in that pilot where we acted as if we were the child's guardian, we have been able to get three children home, and two children have had their child protection order lapse and one child is about to go home.

Now, it is a very small sample, but it is promising. For me, it is indicative of a very different approach that Aboriginal agencies will take to looking after children.

I think on of the other benefits that we need to look at is the therapeutic approach across all of the system, across every child in out-of-home care, in our family services and, dare I say, in family violence as well. One of the key contributing factors to children coming into care is the prevalence of family violence. So I think some much more significant work in terms of looking at the models of family violence, looking at a child-specific approaches in that area and also looking at that therapeutic lens is fairly critical in terms of getting children not in care and then, if they are in care, building some resilience.

I think we don't focus sufficiently on building children's own individual resilience, and I think there is work for us all to be doing - Aboriginal agencies and non-Aboriginal agencies - in terms of building children's resilience. We can never protect them from all that life is going to give them, so the more we can build their resilience, the more we're actually equipping them for life. So I think there's significant work to be done in that space.

I think capacity to input much more closely into case planning decisions is really, really critical to getting good outcomes for Aboriginal children. There are a few others. I might have a bit more of a think about that, if

I could, and come back to you.

MS FURNESS: Certainly. You're coming back, I think, in a later topic.

MS SALAMONE: I am, too, so I'll talk about it then.

MS FURNESS: I'm happy to hear from you at that time.

THE PRESIDING MEMBER: I was just going to ask a question about the capacity issue that you just identified - the capacity for input. Am I right in assuming that that's a resource issue for the agencies rather than an ideological issue that's a barrier somewhere further along in the system?

MS SALAMONE: I think it's probably a bit of both. I think there's certainly a capacity issue. If I look at the Victorian system, the Aboriginal agencies in conjunction with the Centre for Excellence put together a five-year out-of-home care plan for Aboriginal children, and in that plan it talked very clearly about the importance of Aboriginal services being provided to Aboriginal children. So while there might be some individual areas of distinction, the Aboriginal agencies as a whole said that these children should be in our care, and I think that's a fundamental way to improve outcomes for Aboriginal children.

THE PRESIDING MEMBER: So part of the capacity building is building the capacity in Aboriginal agencies to deliver the services to Aboriginal children?

MS SALAMONE: I'd probably look at it a bit differently. I think, yes, there's always a capacity building, but I think it is also about the will. It is also about whether you actually seriously want to go down that line. Because if you are seriously wanting Aboriginal agencies to take on more children, then I think you actually invest in doing that. You develop plans. My understanding is that New South Wales is going down that approach and has invested quite significantly, and I think that that is the approach that needs to work. It's not just capacity building in the agencies; it is also about what works around the children.

Because the other concern I sometimes have when we

talk about capacity is that there's an implication that mainstream services do it well, and I believe mainstream services have significant capacity building requirements to look after Aboriginal children as well. So I think sometimes it gets used in a very negative way rather than - I think the capacity building goes both ways.

THE PRESIDING MEMBER: I understand.

COMMISSIONER FITZGERALD: Could I raise one thing, which was your last response to Ms Furness's question. Is it the case - and we've heard this anecdotally - that there is a looming crisis, in fact, some would say in relation to Aboriginal carers, particularly given that the high proportion of Aboriginal children are with maternal grandmothers who are now starting to die --

MS SALAMONE: Yes.

COMMISSIONER FITZGERALD: Is that a genuine crisis that is now being experienced and, if so, what strategies - and I don't want the actual strategies, I'll just ask this question: are there strategies in place to actually address what has become, in a sense, a foreseeable problem for many years now. So is there a problem emerging in the way that I have described, and do we have strategies in place to deal with that particular issue?

MS SALAMONE: Yes, there is a problem, without doubt, attracting Aboriginal carers, and as you said, a number of grandparents are aging, and the Aboriginal population is actually a very youthful population.

I think there are things that could be done in that space. I look at the poor support we offer basically in terms of brokerage funds, for example, to kinship carers. Many of the Aboriginal carers who are looking after children are quite poor. So I think if we're wanting to encourage other Aboriginal people to look after children, we need to look at how we're going to support them to do that. I think there are a number of things that could be done, but I certainly think it is an issue, a major issue.

MS FURNESS: Your Honour, before the bench rises, can I indicate to those who have a great interest in this that for the next two days we'll be dealing with Topic 2, and we won't reach Topic 3 until Monday.

THE PRESIDING MEMBER: Topic 2 being monitoring of children in out-of-home care, for those who are watching.

MS FURNESS: That's right.

THE PRESIDING MEMBER: So we will swap panels again tomorrow morning.

Thank you to the panel this afternoon. We will return at 10 tomorrow.

MS FURNESS: Thank you.

<THE WITNESSES WITHDREW

AT 4.05PM THE COMMISSION WAS ADJOURNED TO THURSDAY, 12 MARCH 2015 AT 10AM

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