

**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

1 <JACQUELINE MAREE WALK, on former affirmation: [10am]
2
3 <SIMONE LOUISE JACKSON, on former oath: [10am]
4
5 <ANTHONY GERARD HARRISON, on former oath: [10am]
6
7 <ANTHONY PHILIP KEMP, on former affirmation: [10am]
8
9 <CATHERINE ELYSE HAIRE, on former affirmation: [10am]
10

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

28
29 It may be, after that consultation process, that there
30 is a need for a further hearing in relation to the policy
31 issues, but that decision will be made at a later time.
32

33 In addition, we have some months, if not years,
34 remaining, and there are many other case studies which we
35 are yet to either consider, let alone bring forward in a
36 public hearing.
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38 THE PRESIDING MEMBER: Thank you.
39

40 MS FURNESS: Yesterday, when we adjourned, we were
41 discussing training. Just before I come back to training,
42 can I ask you first, Ms Walk, about carer qualifications in
43 residential care. As it is understood, there are no
44 national standards for what qualifications a carer who
45 works in a residential facility should hold. You don't
46 know to the contrary of that, Ms Walk?
47

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

10

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

14

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

24

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

27

28 MS WALK: Indeed.

29

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

35

36 MS WALK: No; that's correct.

37

38 MS FURNESS: What happens in the Northern Territory?

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

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

6
7 MS FURNESS: But the short answer is there is no
8 qualification required for your facility?

9
10 MS JACKSON: No; that's correct.

11
12 MS FURNESS: Mr Harrison?

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

27
28 MS FURNESS: So are qualifications required for your staff
29 in residential care facilities?

30
31 MR HARRISON: We are actually going through that process
32 now, Cert III, through a registered training organisation,
33 which we have through the education component of my
34 department. We are looking at Cert IIIs and possibly
35 Cert IVs as well.

36
37 MS FURNESS: So you are looking at it, but it's not in
38 place now.

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

42
43 MS FURNESS: I am sorry, let me just stop you,
44 Mr Harrison. I just need to understand: is it mandated
45 now that workers in your residential facilities have
46 a qualification that is set?

47

1 MR HARRISON: Not now, no.
2
3 MS FURNESS: But you have made move towards that in the
4 process of review?
5
6 MR HARRISON: That's right.
7
8 MR KEMP: There is no mandatory qualification for
9 residential care staff in Tasmania.
10
11 MS FURNESS: Given the reform process that you are going
12 through, has any thought been given to what would ensure
13 better outcomes for children in residential facilities in
14 relation to qualifications of staff?
15
16 MR KEMP: Yes. Certainly, as you correctly identify, we
17 are in a reform process. One of the things that we have
18 been seeking to consider is a benchmarking qualification in
19 residential care. My understanding - and I'm open to
20 comment - is that there is no diploma or certificate or
21 degree in Australia, that I'm aware of, which qualifies
22 people in residential social work or residential care work,
23 but certainly it is something that we should be working
24 towards, but in Tasmania we don't have a certified course
25 that qualifies somebody to work in residential care.
26
27 MS FURNESS: Thank you. Ms Haire?
28
29 MS HAIRE: Similarly, we don't mandate a qualification for
30 staff employed by community service organisations in
31 residential care. We do have a preferred qualification,
32 which is a Certificate IV in child, youth and family
33 intervention, but we don't require it. In our own secure
34 services, I think similar to Maree in New South Wales, we
35 do either require a qualification or we support the staff
36 to undertake a Certificate IV once they have been employed,
37 which is in our own facility.
38
39 MS FURNESS: Is that a Certificate III or a
40 Certificate IV?
41
42 MS HAIRE: Certificate IV.
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44 MS FURNESS: Is Certificate IV a higher level of
45 qualification? Is that how I am to understand it?
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47 MS HAIRE: It is a higher level than Certificate III, yes.

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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.

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

3
4 Setting up an independent body to implement and
5 oversee that has some particular complexities about it. It
6 relates partly to the fact that the child protection
7 workforce - which is a large workforce that is very
8 significant in the management of the entire system - is our
9 own internal workforce, and our preference is for the
10 training and development of that workforce to remain very
11 closely linked to the policy and program development that
12 we do within the department and separating that out to an
13 external body would create a distance between the policy
14 and programs and the training.

15
16 The recent implementation of our new child protection
17 operating model, where we reshaped our workforce, again
18 consistent with some other findings of Judge Cummins to
19 ensure that more child protection workers have more contact
20 with children more of the time, having more of our
21 workforce case carrying was --

22
23 MS FURNESS: "Case carrying"?

24
25 MS HAIRE: I am sorry, having more --

26
27 MS FURNESS: Perhaps you could unpack that for us.

28
29 MS HAIRE: I will unpack that for you. Having more of our
30 workforce doing direct client work as opposed to perhaps a
31 more traditional model that we had that as people became
32 more senior, they moved into management roles and had less
33 client contact. We had in 2012 a major reshaping of the
34 workforce to ensure that we had more of the highly skilled
35 workers working often directly with the clients. That was
36 a policy change that involved significant program change
37 and then had a large training component. For us, I guess
38 that exemplifies why you would want to keep the training
39 together with the policy and programs for that critical
40 workforce.

41
42 However, some of the elements that Judge Cummins
43 talked about in terms of having a coherent model across the
44 whole workforce we do have and we have strengthened in
45 recent years. The best interests case planning model that
46 I talked about yesterday, which is a consistent model
47 across all the elements of the system, from family services

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

9
10 MS FURNESS: The Cummins inquiry also had a recommendation
11 concerning a professional carer model.

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13 MS HAIRE: Yes.

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15 MS FURNESS: Has that been accepted?

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

19
20 MS FURNESS: Before you answer that - it has been
21 accepted; is that right?

22
23 MS HAIRE: My apologies. The government hasn't made
24 a formal response to any of the Cummins recommendations
25 per se. That particular issue is a policy position that
26 the government holds and the department has pursued very
27 strongly for the last several years the professionalisation
28 of foster care.

29
30 MS FURNESS: Perhaps you could help us with what was
31 meant, as you understand it from the report, firstly, of
32 a professional carer's model.

33
34 MS HAIRE: I think what Judge Cummins saw, what the
35 Cummins inquiry found, was that for some home-based care,
36 it is very difficult to maintain the placement where
37 children have got particularly complex behaviours, where
38 they are particularly vulnerable, where their trauma has
39 been extreme, and that it is very difficult in a
40 traditional foster care model, which does not assume that
41 the foster parent or parents are available full time to
42 work with the child and support them.

43
44 MS FURNESS: Effectively, you engage people who have the
45 relevant experience and qualifications and have them as
46 carers and pay them; is that the essence of it?

47

1 MS HAIRE: One way of doing it is that you engage the
2 appropriate professional people to be the carers. The
3 other way that you would do it is that you train and
4 support existing carers so that they have those skills and
5 qualifications and they are able to undertake the caring
6 more as an employment rather than as a community service.
7 At the moment, kinship and foster care are both largely
8 volunteer --
9
10 MS FURNESS: Effectively, volunteers?
11
12 MS HAIRE: Effectively, volunteers, yes. There is
13 reimbursement of some costs but it is something that people
14 do on top of their other professional, personal, social
15 obligations.
16
17 MS FURNESS: Just turning to those two models, one is
18 engaging a professional to do the work and another is
19 supporting and increasing the skills of those who are
20 effectively volunteers. Now, they are not alternatives -
21 you could do both.
22
23 MS HAIRE: You could do both, yes.
24
25 MS FURNESS: In what way is Victoria moving in respect of
26 that?
27
28 MS HAIRE: We have been exploring both of those options
29 and I don't think that we would rule out either at the
30 moment. It is consistent with a general movement in terms
31 of the kinds of care you provide to children in out-of-home
32 care where the care is tailored to the needs of the
33 particular child. If we're talking about, as we are,
34 a particularly complex cohort within foster care, there may
35 be some children for whom it is necessary to engage
36 professional carers directly to provide the home-based
37 care. In other circumstances, we would see that simply the
38 flexibility to have existing carers more highly skilled and
39 able to spend more time with the child would be part of the
40 answer.
41
42 MS FURNESS: There would be a significant cost component
43 of either, would there not?
44
45 MS HAIRE: Yes.
46
47 MS FURNESS: Does anyone else want to comment on the

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

3

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

13

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

23

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

29

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

36

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

40

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

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

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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

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

6
7 MS JACKSON: The foster care allowance across most
8 jurisdictions is an allowance which means it's not means
9 tested. If you have a traditional family environment
10 whereby the two parents are working, the allowance is
11 a reimbursement of the care you provide for the child.
12 Therefore, it is not on your tax a part of your wage. The
13 child in your care can be deemed a dependent, which is
14 beneficial for taxation purposes, within a household, and
15 also that the carers would be entitled to things like the
16 Childcare Rebate and perhaps, depending on other
17 circumstances, Family Tax Benefit A and B.

18
19 There are taxation rules, is my understanding, on the
20 amount that can be paid under the allowance banner. When
21 you increase - and this terminology around a professional
22 carer, which we haven't quite worked out yet, whether that
23 is a payment in lieu of a wage, or certainly, we've all
24 recognised it's more than the current allowance, you get
25 into a grey area, if it is not called an allowance, where
26 it will be means tested and can have a significant impact
27 on the parties providing that care with their taxation.

28
29 THE PRESIDING MEMBER: And that's an issue that currently
30 remains unresolved in the foster care arena across all the
31 States and Territories; is that correct?

32
33 MR KEMP: That is correct, yes.

34
35 MS FURNESS: Returning to where we left off yesterday,
36 Ms Haire, in relation to training, can I ask you what it is
37 that you believe Victoria does particularly well in the
38 delivery of training to those who care for children and in
39 educating children in relation to matters of child safety.
40 Before you answer, I will tell you that after you have
41 answered I will be asking you what it is that allows you to
42 say that that is the best thing you do.

43
44 MS HAIRE: Certainly. It's probably important to
45 distinguish between the different care types in answering
46 that question. I think, in relation to residential care,
47 where we consider that we have made a very significant

1 progress in the last couple of years is in the introduction
2 of therapeutic residential care. We currently have I think
3 around 160 therapeutic places as part of our residential
4 care program. That involves providing a therapeutic
5 specialist to support each of the units and that
6 therapeutic specialist provides additional in-house support
7 and training to our workers.
8

9 We are currently looking at further augmenting what we
10 do in residential care. Probably in answer to your second
11 question, that program has been evaluated and I think we
12 have made the evaluation available to the Royal Commission.
13

14 MS FURNESS: The result of that evaluation is?

15
16 MS HAIRE: The evaluation found that the therapeutic model
17 made a significant difference to the children who were
18 cared for in those units where that support and training
19 was in place.
20

21 To further support training and workforce quality in
22 our residential units, we're currently considering an
23 approach to coaching of residential care workers, which
24 actually arises out of some work we've done since an
25 auditor general's review last year. We've been undertaking
26 a skills analysis of the residential care workforce. We're
27 looking at developing a capability framework in conjunction
28 with the peak body and we also have been working on
29 piloting a model of in-house coaching for residential care
30 workers, which builds on some successful work that is
31 taking place in other settings in the Mindful Centre for
32 Training and Research, which is a child and youth mental
33 health model.
34

35 MS FURNESS: In respect of what you are proposing to do,
36 as you have just indicated, what is the evidentiary basis
37 for going down that path?
38

39 MS HAIRE: What we are proposing to do is to adapt a model
40 which has been delivered by the Mindful Centre for Training
41 and Research which has been evaluated and found to be very
42 effective with traumatised children and young people.
43

44 MS FURNESS: In terms of the work that you now do, what is
45 it about that work that you believe you could do better?
46

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

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

3
4 MS FURNESS: By "more capacity" do you mean more beds?

5
6 MS HAIRE: Yes. As I have indicated, we have around 160
7 therapeutic beds at the moment. We have therapeutic places
8 in our houses. We have 515 children in residential care.
9 Given that the evaluation has shown us that additional
10 therapeutic support makes a significant difference to the
11 children and young people, we think that is an
12 evidence-based approach that would improve the outcomes.
13 We know that that would improve the outcomes for the
14 children.

15
16 MS FURNESS: Thank you. Mr Kemp, I know you are in a
17 difficult position, given your reform process, and perhaps
18 I will allow you to answer whether you answer on the basis
19 of what you do now or what you propose you will do, but
20 what do you think you do, starting with now, that you think
21 you do well, and that you have a basis for believing you do
22 it well?

23
24 MR KEMP: I will answer that question by referring to the
25 reason why we're doing the reform is because of our honest
26 assessment of maybe some of the things that we're not doing
27 well. We have an out-of-home care system which has grown
28 sporadically and in a way which was unplanned. We have
29 some exceptional carers and we have some exceptional NGO
30 providers who are doing extraordinary work with very
31 challenging behaviours, but the reform agenda has been
32 based entirely on a very honest reflection of the fact that
33 there is a need to contemporise the way in which we think
34 about care in Tasmania, and to use the base that we have,
35 and I would suggest it is a base of an out-of-home care
36 structure. We have in place an architecture for
37 out-of-home care which will stand the test of time in terms
38 of service provision being done both inside our department
39 and outside.

40
41 MS FURNESS: Are you proposing as part of your reform to
42 conduct training of staff in relation to how they should
43 identify and respond to concerns about other staff in
44 relation to the abuse of children?

45
46 MR KEMP: Yes. One of the things that I have paid
47 particular attention to in any reform agenda is not so much

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

3
4 MS FURNESS: It can contribute but alone it doesn't.

5
6 MR KEMP: That's right. Sometimes reforms tend to focus
7 very much on that. The area where I see that we have got
8 significant room for improvement and to strengthen our
9 practice is in regard to one of the points you raised there
10 about how do we help our staff, first of all, understand
11 the children's negative experience of talking? We're not
12 talking about the general population here. We're talking
13 about children who perhaps tried many times to tell adults
14 in their lives, and then suddenly saying to them, "It's
15 okay, you can tell us now", is a very traumatic experience
16 for them, too. How do we help our staff understand that
17 the voice of a child is not a slogan but actually a part of
18 our practice?

19
20 MS FURNESS: Can I stop you there and ask you more
21 specifically - and this has come from the work that the
22 Royal Commission has done to date and what it hears in
23 private sessions - what do you specifically do to train or
24 assist staff to identify behaviours in other staff that are
25 indicative of breaches which may include sexual abuse of
26 children? And then how to respond to that?

27
28 MR KEMP: There are two parts to that, I believe. The
29 first one is a knowledge-based transfer. In other words,
30 what is it that you need to know about other people's
31 behaviour that you should be concerned about.

32
33 MS FURNESS: But do you actually provide that or are you
34 proposing to provide that?

35
36 MR KEMP: I apologise. No, we do not, not by way of
37 a structured learning and development program, but it is
38 certainly part of our practice reform in out-of-home care.

39
40 MS FURNESS: Do you accept that that is an important part
41 of training of staff?

42
43 MR KEMP: Absolutely.

44
45 MS FURNESS: Particularly in residential facilities,
46 obviously.

47

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

5

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

8

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

17

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

21

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

30

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

33

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

37

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

40

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

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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

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

8
9 MS FURNESS: Just going back to the smaller residential
10 facilities more domestically inclined for children, while
11 it may seem obvious that that may result in better
12 outcomes, is there any work that has been done that you are
13 aware of that supports that?

14
15 MR HARRISON: I'm not aware. I do believe there has been
16 some research done in relation to the comparisons between
17 facilities, but I can't point you exactly to that piece of
18 research. I am confident in saying that there has been
19 some analysis and research done in relation to the
20 structure and size of facilities.

21
22 Certainly, the Office of the Guardian in South
23 Australia, which is an independent statutory body, which
24 reports directly to the Minister, has complete, open and
25 full access to our service delivery models but also our
26 facilities and visits those on a regular basis, and also
27 makes independent commentary to the Minister and to
28 government in relation to preferred ideal options for
29 facilities as well. We're certainly looking at expanding
30 capacity across our residential care workers.

31
32 We are also improving alignment between departmental
33 staff's training and qualifications and that of the
34 commercial providers, which supplement our care in those
35 particular areas as well, and taking on board your request
36 yesterday, I have also identified, which I can provide to
37 you, a series of practice manuals which go to that issue
38 about how do we educate and inform young people about how
39 they can actually adopt protective practices themselves and
40 the things that they can do to actually alert people to
41 their own personal concerns as well.

42
43 MS FURNESS: You have, as I understand it, a curriculum in
44 relation to that and that curriculum has been evaluated
45 recently?

46
47 MR HARRISON: It has. If I can, that's one of the

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

10
11 MS FURNESS: Did you say "reception"?

12
13 MR HARRISON: Reception, so five years of age or
14 preschool.

15
16 MS FURNESS: The notion of reception being you are received
17 into school?

18
19 MR HARRISON: Reception is the year before year 1,
20 generally speaking, around the country, so quite often
21 a preschool or a kindy based system, then you have a
22 reception 1 through to 12 generally around the country.

23
24 The curriculum is, picking up on your comment or
25 question yesterday, what do we actually systematically do
26 to work with children to educate and inform what their
27 rights are and how they can adopt protective practices.
28 This extraordinarily large curriculum, divided into the
29 five areas, has been devised for that particular purpose
30 and is universally delivered across the three education
31 sectors year by year by qualified teachers who have
32 actually gone through the training and development program
33 to enable them to deliver the program itself. It was
34 introduced in 2006. KPMG did an independent review in 2010
35 when the program was somewhat in its infancy, and it is
36 scheduled for a secondary review, independent review, to be
37 conducted in 2016.

38
39 MS FURNESS: What was the result of the KPMG review in
40 2010?

41
42 MR HARRISON: I can leave a copy of the report with you.
43 As you can tell, it is comprehensive. It has an --

44
45 MS FURNESS: Could you tell us a brief version of the
46 executive summary?

47

1 MR HARRISON: The brief version would be that it is
2 successful. It is early days and it needs time to develop
3 more fully to be universally accepted, understood,
4 appreciated and used, I think would be the brief summary,
5 if you like, of that process.
6

7 More than 200 people were interviewed and surveyed.
8 There were reference groups, stakeholder groups, teachers,
9 principals, parents, governing councils and children. It
10 was quite a comprehensive independent assessment of the
11 program in 2010. With the significantly increased focus
12 towards child protection in the last couple of years,
13 I would suggest that it is far more mature in its
14 curriculum form and also the delivery universally right
15 across the three education systems, and I am aware that
16 other States and Territories have also developed similar
17 curriculums themselves right across the country.
18

19 MS FURNESS: I take it you would say that the location
20 within the one Department of Education and child protection
21 has partly facilitated or certainly assisted in putting
22 together this curriculum?
23

24 MR HARRISON: I think it has been very complementary. The
25 unique position I find myself in as the chief executive for
26 Education and Child Development is I also have
27 responsibility for the universal home access system, so
28 pre-born and born, in those first two to four weeks, we
29 universally visit every household, and there are about
30 20,000 births in South Australia every year. I also have
31 responsibility for what is called children centres, and we
32 have 41, currently expanding to 47, in which there is an
33 engagement process between allied health workers,
34 educators, child protection workers, families, parents and
35 children, from zero up to four to five years of age, which
36 is that gap which often in our systems, in a joined-up
37 government approach, that families and children can at
38 times slip through the cracks, if you like. We're trying
39 to bridge that by building children centres both in a
40 country and metropolitan perspective.
41

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

1 right through schooling up to 18 years of age.

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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 --

1 MS FURNESS: Compliance by staff?

2

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

10

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

30

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

33

34 MR HARRISON: Yes, that's right.

35

36 MS FURNESS: What precipitated that?

37

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

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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

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

11
12 I think we need to certainly train staff to have
13 a relationship that is deep enough to encourage the
14 disclosures, so not surface discussions and surface
15 relationships, but deeper, more meaningful relationships.

16
17 I think we need to recognise that training shouldn't
18 just be, you know, talking at people but, rather, imparting
19 of information, and we need to be sophisticated about that.
20 In 2015, we should look for multiple opportunities to
21 engage young people through - and I'm not very IT savvy, so
22 I will give this a go - apps and other things that they do,
23 Facebook - I've never been on Facebook but I believe
24 Twitter and other things - that would allow them to want to
25 take up those opportunities. I think we, as government,
26 need to recognise that's where we're going and invest in
27 that sphere.

28
29 I think we need to do much better with our partner
30 agencies, so that would be the health department, police,
31 education, child protection, youth justice, in that really
32 coordinated and joined-up approach. These children are
33 being seen by multiple persons. We need to have the same
34 language. I found a couple of years ago we were teaching
35 protective behaviours and then, as an example, education
36 had a different model of protective behaviours. When we're
37 all interfacing with the children, we need to have the same
38 language, and I think it's reasonable to expect that
39 governments should really invest in that multi-disciplinary
40 intensive case management model so that we are sharing that
41 information and intersecting with these young people in a
42 really meaningful way.

43
44 I also think that our remote communities is a really
45 significant issue in the Northern Territory. We have
46 a remote communities workforce. We have some staff based
47 in these communities - not enough. We have the provision

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

12
13 MS FURNESS: Ms Jackson, you say that the training might
14 not be the same; it just isn't, is it?

15
16 MS JACKSON: We don't offer a different training, so far.

17
18 MS FURNESS: You say that it might not be the same as the
19 training you would provide to professional carers. It
20 isn't the same, is it?

21
22 MS JACKSON: No, to generalist carers, it is not
23 professional carers. It is not that it's not the same,
24 it's that we don't offer the training in our remote
25 locations.

26
27 MS FURNESS: I am just reading the transcript,
28 Ms Jackson:

29
30 *We recognise that the training we would*
31 *provide to kinship carers might not be the*
32 *same as the training we would provide to*
33 *professional carers ...*

34
35 You just don't provide the same training?

36
37 MS JACKSON: No, we don't.

38
39 MS FURNESS: Thank you. In relation to the remote
40 communities, you have indicated the difficulties. What
41 solutions are you looking at?

42
43 MS JACKSON: To ensure that the workforce that we have in
44 those locations is rigorously supported.

45
46 MS FURNESS: To ensure that the children in out-of-home
47 care in those locations are safer?

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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

1 the system, the structures and the people, I think the
2 people area is the area that we are both doing well and
3 need to do more investment in --
4

5 MS FURNESS: So, I am sorry, in relation to the people
6 area, do you mean the staff?
7

8 MS WALK: Yes. "The people area", in particular, I mean
9 the caseworkers and I think the evidence for that is that
10 often we rely on some of the tools and rules that we might
11 have developed in our systems and we overlook what children
12 tell us, which is it is a trusted adult. That makes
13 a difference for them to be able to both disclose about
14 what is happening for them or tell us about their worries
15 generally, not necessarily about being abused but things
16 that worry them and make them feel unsafe in their
17 placements.
18

19 MS FURNESS: What is it about the measures that you have
20 that allows you to say that you do very well with your
21 people?
22

23 MS WALK: One of the things that we have focused on since
24 about 2012 is really trying to equip our caseworkers to be
25 able to build better relationships with both the families
26 they work in, in terms of child protection, the children in
27 those families, and also the children in out-of-home care,
28 where we are their caseworkers, and the carers in that
29 system. That's based on internationally --
30

31 MS FURNESS: How do you know it works?
32

33 MS WALK: The first thing that we did was to have
34 Eileen Munro, from the UK, to do a review about our work
35 there and we found that our staff were much more
36 comfortable in talking directly to carers and children in
37 language that they understood about how best to support
38 them, a difference about what they know and what they do,
39 and I think for us, in the professional world, the gap
40 between what we know and what we do is the gap that we are
41 seeking to close. A focus on caseworkers' ability to be
42 able to work directly with children and directly with
43 carers and to build trusting relationships with them was
44 one of the things that our organisation is really focused
45 on.
46

47 It is a little bit similar to what Victoria is talking

1 about as well, in terms of case carrying, so less about
2 sitting at the computer, more about in the family home,
3 actually coaching carers and coaching families, when it is
4 a child protection environment, to be able to do that work.
5

6 Our evidence for what is working - we currently have
7 an evaluation around that, so one is about keeping children
8 safe in terms of less re-reports of abuse occurring in the
9 home, so reducing the incidence of abuse in the home and
10 more also about in terms of the care situation of us being
11 much closer to having a relationship with a child. The
12 child is likely to tell us or, indeed, to find somebody
13 else in their system - you know, in their family network -
14 that they feel comfortable with. This area of work I think
15 all of us would say in the child protection/out-of-home
16 care work is possibly something that we have overlooked
17 while we've been really focusing on getting the systems
18 right.
19

20 That work's very important, but now we do need to
21 swing the pendulum back to be able to utilise our staff,
22 whether they are in the non-government agencies or in the
23 government agencies, to work directly with children. We
24 can't do that remotely. If you are going to build
25 a trusting relationship with a child, you need to be with
26 them, you need to know how to talk with them and you need
27 to be able to help them manage their behaviours, because
28 often that's what the children are trying to tell us, that
29 they have difficulties with emotional regulation and they
30 need assistance in that and they need to be able to have
31 a trusted worker who is able to help them with that.
32

33 MS FURNESS: Just in terms of the evaluation, I'm not sure
34 what precisely is being evaluated.
35

36 MS WALK: There is a number of things. We have an interim
37 evaluation report and I'm happy to provide that to the
38 Commission. I'm particularly talking about practice first
39 in that case, but that's generally a way that we are doing
40 relationship-based casework.
41

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

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

11
12 COMMISSIONER FITZGERALD: Could I ask a question? Those
13 listening to this may be a bit surprised by one element of
14 this. That is, the recognition today of the importance of
15 relationships in the out-of-home care area. Report after
16 report in the early 2000s indicated that that was in fact
17 the most essential element to the wellbeing of children in
18 care. Indeed, there was a report in New South Wales called
19 Voices of Children in Care which identified exactly that,
20 that the children themselves recognised the most important
21 element for their wellbeing were relationships.

22
23 All of you have indicated relationships are important.
24 It would be helpful to understand why it is that the
25 systems, up until more recent times, have failed to be able
26 to develop a relationship-based system of care when, in
27 fact, it has been known for a long time that that is the
28 central element - it affects relationships in terms of
29 being able to disclose; it affects stability in placements;
30 it affects a whole range of issues.

31
32 As many of you have said, trusted relationships is at
33 the core of the out-of-home care system. I was wondering
34 whether we could have just some explanation as to why,
35 today, in 2015, we only seem to be now really developing
36 a new focus back on relationships, when it has been well
37 known that it has been central to the wellbeing of kids?
38 There are a number of initiatives you have mentioned and
39 I will come back to those in a moment, but could somebody
40 enlighten us as to why we are in the situation we are now?

41
42 MR KEMP: I will kick off. I think your first point of
43 principle is absolutely correct. The relationship between
44 the worker and a child has been well established since the
45 Maria Colwell investigations in the 1970s. What has
46 happened in recent years - and I heard my colleague mention
47 Eileen Munro who has led a very strong rearguard action in

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

12
13 The 80:20 rule is that workers should be spending
14 80 per cent of their time with their clients and
15 20 per cent of their time undertaking the administrative
16 and support functions associated with that role. The
17 research, and the very strong research base, is that that
18 has been inverted through nobody's fault. It has been
19 a design over-engineered and over-proceduralised process,
20 whereby workers spend more and more time driving desks than
21 actually visiting and seeing children. One of the
22 questions that your colleague asked about what keeps people
23 awake at night, what keeps me awake at night is what we're
24 not seeing, and one of the reasons is not that people would
25 prefer to be sitting behind desks and prefer to be filling
26 out forms, but they simply are not facilitated in order to
27 engage in that relationship-based practice.

28
29 The knowledge is there, the desire and the will is
30 there very often, the intent is there, but we have an
31 over-engineered system which has created its own paradox
32 whereby in trying to seek to be compliant with all of the
33 instructions and requirements and procedures and policies
34 that workers are inadvertently now spending more time
35 engaging in that element of the work and less time in
36 actually building a relationship, which takes time, it is
37 a time-consuming principle of our practice, and unless we
38 start inverting that pyramid or inverting that, then we
39 will continue to struggle to engage our workers in the
40 things that they intuitively know they need to do and the
41 voices of the child in that space are loud and clear. The
42 voices in the theory are loud and clear, but we have
43 created an architecture which I believe prevents workers
44 from engaging in that in a purposeful and meaningful way.

45
46 MS JACKSON: I think on top of that - I agree with all of
47 that - for me, when you keep having reforms or reviews, you

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

11
12 If people aren't invested or there for long enough,
13 you can't build a relationship that is meaningful. I think
14 you have these competing elements. I haven't got that
15 fancy language, but we have to reverse it to the point that
16 people want to reinvest in these roles and have an
17 opportunity to reinvest in the relationship component, not
18 being stuck with the admin component.

19
20 COMMISSIONER FITZGERALD: Therefore, the reforms that have
21 been identified by Ms Haire in Victoria, which is
22 effectively to create a practice stream where people are
23 concentrated on the practice of dealing with children and
24 carers as distinct from moving to supervisory or management
25 role, is a significant structural change. The evidence for
26 that would be light at the moment because it is relatively
27 new, as I understand it?

28
29 MS HAIRE: Yes, Commissioner. We have had an evaluation
30 of the first 12 months of the new model which found that it
31 has been successful in large part in achieving its goals.
32 However, you are correct, it has only been in place since
33 2012, so it is early days. As my colleagues have said,
34 workforce change is a big undertaking.

35
36 COMMISSIONER FITZGERALD: I was just wondering about
37 New South Wales, where the problem has been even greater
38 with staff turnover within the agency, whether that issue,
39 which is at the heart of creating stable relationships, is
40 being addressed?

41
42 MS WALK: We have focused on building a practice stream
43 by, first of all, establishing an Office of the Senior
44 Practitioner. We have a group of casework practice
45 specialists. We publish the good practice work we do, so
46 we tell those story around here, what matters about
47 changing the culture, that what matters is the work you do

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

5
6 The other question, though, is you do need, of course,
7 people who are open and prepared to work constantly in that
8 work. We don't actually have a particularly high turnover
9 of our staff, it's less than 7 per cent, so that's
10 certainly doable.

11
12 One of the things, though, that I do think, is if we
13 didn't address the issue of how agencies in this area carry
14 risk. This is risky business and in order to manage the
15 risk, we tend to proceduralise and that is good in terms of
16 lifting the standards, so screening, those kinds of things,
17 are good so that we improve our standards; but we have
18 swung the pendulum back so much in proceduralisation that
19 we think that we can proceduralise risk out of here. We
20 have found that group supervision is a much better way for
21 people to talk openly about risk and to allow the whole
22 group to carry the risk rather than children or, indeed, in
23 this case, carers carrying the risk that sits with child
24 protection or out-of-home care, which is exactly what you
25 have said earlier, Robert, about unless you hear the
26 children's voices, they end up carrying the risk rather
27 than the agency.

28
29 COMMISSIONER FITZGERALD: So that risk identification and
30 risk management and therefore ultimately risk allocation
31 which attends to it a price in terms of contracted service
32 delivery, is that now a well-understood issue within the
33 departments generally, that, in fact, as you rightfully
34 say, out-of-home care, together with all child protection,
35 is high risk? Are we in a better place today than we have
36 been previously in understanding the risk, in identifying
37 how to manage it, how to allocate it and ultimately how to
38 price it, once you start to move down into a contracted
39 service delivery system?

40
41 MS WALK: I think the first thing about risk is we need to
42 be clear about - I think we're not necessarily clear about
43 children coming into care and that we don't do enough work
44 there. Have we got the right children in care? Have we
45 done absolutely everything with this family to ensure that
46 they are able to provide permanency and safety for this
47 child before bringing them in? And that is an area I don't

1 know necessarily inside child protection systems that we
2 are really - you know, that's the area I think we need to
3 go after, if you like.
4

5 Once we are satisfied that there is no way that we
6 have done as much as we can and there is no way this child
7 can remain safely in that home, then I think the work that
8 we do with children and their carers in out-of-home care
9 starts to look a little different, once we are absolutely
10 certain we have the right children in care.
11

12 We have, today, spoken a lot about foster care in this
13 inquiry. We, in New South Wales, are moving to the point
14 we think this should be the least preferred option for
15 children in terms of their long-term permanency and their
16 safety needs. There needs to be much more work in terms of
17 kin, guardianship, adoption if needs be, if there is no
18 other way to give permanency to a child's life, and then
19 foster care. We think there needs to be a greater
20 discussion in that area.
21

22 MR HARRISON: Could I also say, please, in extension to
23 that, which without stating a position, because I don't
24 really have a genuine strong position on this, is the
25 sense, I think, we all have about the importance of
26 reunification opportunities.
27

28 If you believe in the philosophy of reunification,
29 potentially at all costs, to have a child back with their
30 biological parents, it tends to develop a system where
31 children are bouncing around the system, going from their
32 biological family into emergency crisis care, potentially
33 residential, find a next of kin, the next of kin doesn't
34 work, you find a foster carer, a reunification happens and
35 the cycle continues on. The question I'm asking in my own
36 jurisdiction is to what extent do we support reunification?
37 Is it a time frame? Is it so many attempts of success? Is
38 it an age consideration of the child for the greatest
39 outcome and the best opportunities for the child for the
40 rest of their life?
41

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

1 the case might come back again, it might go to somebody
2 else, the way that we manage the children in the system is
3 also potentially an impediment to developing those
4 longer-term trusting relationships between caseworkers and
5 also individual children as well.
6

7 COMMISSIONER FITZGERALD: But there is risk also to the
8 service system itself which needs to be understood and that
9 is in part - and I won't go on any further with this, but
10 one of the issues seems to me you have a risk to the
11 individual child and/or carer or family, but you also have
12 a risk to the system. I wonder whether or not part of the
13 problem we've had through the proceduralisation of this
14 area is an overconcern of risk to institution at the
15 expense of risk to child, but I think that's probably
16 a topic for another day.
17

18 I will conclude with just one question. In the early
19 work in the 2000s it showed that in relation to
20 relationships with children, there appeared to be, from the
21 view of the children, a better relationship within NGOs
22 than with governments, largely due to the fact of the
23 turnover within the agency, not outside the agency, of
24 staff; in other words, the staff were never around long
25 enough to establish relationships.
26

27 In NGOs, where there is a flatter structure, a less
28 careerist structure, that was less likely to be the case
29 and more longer-term relationships were established. Is
30 that still the evidence or the perception or is the
31 difference between the two parts of the sector less obvious
32 these days, or is there no evidence of that?
33

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

1
2 NGOs are better positioned because they don't have
3 that sort of legacy. How we optimise that is probably the
4 critical point, rather than necessarily trying to go around
5 it.

6
7 MS HAIRE: Commissioner, I'm not aware of current research
8 on that, but I guess I would reflect in Victoria, we have
9 a very strong tradition of the involvement of the
10 non-government sector in caring for children. I think that
11 leads to a very well-developed and sophisticated level of
12 skill in that sector which possibly contributes to what you
13 are observing.

14
15 COMMISSIONER FITZGERALD: Just in New South Wales, given
16 you are in the moment of another major transformation?

17
18 MS WALK: Yes. We are still focusing on transitioning
19 out-of-home care to the non-government sector. We're not
20 seeking to build that within our own capability.
21 We're certainly trying to build within our area the child
22 protection caseworkers having strong relationships with
23 children and their families that they are seeking so work
24 with in order for the family to be able to keep children
25 safe and if they need to remove them then they would more
26 likely begin to have a relationship with the children and
27 the families - begin to have a relationship with
28 a non-government organisation caseworker in that case.

29
30 One of the things as a funder FACS has done is to fund
31 the ACWA around what we call a best practice unit. Whilst
32 we think inside FACS itself we have an Office of the Senior
33 Practitioner, we want to seek to help non-government
34 agencies as well, large or small, to do the same kind of
35 thing, to have a very strong focus on relationship-based
36 practice.

37
38 COMMISSIONER FITZGERALD: Thank you.

39
40 MS FURNESS: Ms Walk, you referred to work on looking at
41 the children who come into care to see whether they are the
42 right children who should be in care. As I understand the
43 data, New South Wales has almost doubled the number of
44 children coming into care per thousand population than
45 Victoria. Can you shed any light on that?

46
47 MS WALK: Our numbers are from certainly about 2002 but

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

11
12 The removal rate, if you like, of new entries into
13 care, first-time entries into care, has not been
14 significantly growing in the last couple of years,
15 certainly since about 2010. I know that there is a sense
16 about the huge volume of children coming into care, but in
17 actual fact, the removal rate is about 1 per cent or
18 I think it might have been 0.7 per cent. It is still high,
19 it is about 1 per cent of the population. Of course, we
20 don't know whether it should be 0.8 or 1.2, in terms of
21 what is the right group there, but what we do know is that
22 we should not bring children into care if their families
23 are able to change, and we do know that we do need to give
24 much more effort to focusing on that. When we talk about
25 the right children coming into care, it's about that, not
26 that there is a particular type of child, but that at
27 a very early age we are making decisions that think about
28 this child's need for permanency.

29
30 MS FURNESS: Thank you. I have nothing further,
31 your Honour.

32
33 THE PRESIDING MEMBER: On that topic?

34
35 MS FURNESS: That's the end of the topic for topic 1.
36 There are a number of NGOs who are to give evidence on
37 topic 1, but in terms of this panel for topic 1, I have no
38 further questions.

39
40 THE PRESIDING MEMBER: All right. Thank you. Just
41 a couple of matters, then, before we allow this panel to
42 take its leave. Could I start with you, Ms Haire, just to
43 take you back to some evidence you gave with respect to the
44 residential therapeutic model. You will recall talking to
45 us about that. Your evidence was that the evaluation with
46 respect to that model was that it made - I think these were
47 your words - a significant difference to the children. Can

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

3

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

9

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

13

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

24

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

30

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

36

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

42

43 THE PRESIDING MEMBER: Thank you.

44

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

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

9
10 MR HARRISON: Just to clarify, please, it is a
11 whole-of-school curriculum. The proposition I was strongly
12 putting forward was that because it's designed and
13 delivered from approximately five years of age continuously
14 through until 17 or 18 years of age, that those children in
15 the care of the Minister or under some form of guardianship
16 order would generally be accessing the school environment
17 from the age of 5 and hence, children in out-of-home care
18 would also be captured by this curriculum delivery process
19 as well as all other children. I guess it has multiple
20 purposes, but specifically, it also picks up those children
21 who will be in out-of-home care environments.

22
23 THE PRESIDING MEMBER: That's what I wanted to clarify
24 with you, that that KPMG evaluation did pick up the
25 children in out-of-home care?

26
27 MR HARRISON: No, I don't believe that it specifically had
28 a terms of reference to examine the impact on children who
29 were currently under a guardianship order at the time of
30 the evaluation, I don't think it did, but certainly it is
31 something that we could look at designing into the review
32 process in 2016.

33
34 THE PRESIDING MEMBER: Because unfortunately, so often,
35 the children in out-of-home care very early in their
36 schooling will become disconnected from school.

37
38 MR HARRISON: Yes, that's right.

39
40 THE PRESIDING MEMBER: Evaluating the children's ability
41 to disclose in the general school population won't
42 necessarily pick up this group; would you accept that?

43
44 MR HARRISON: I would suggest, though, that it has a high
45 propensity and a high degree of opportunity, particularly
46 for those children that are around about 5, 6, 7, 8 years
47 of age. Attendance figures for guardianship children is

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

9
10 THE PRESIDING MEMBER: Thank you. Thanks, Ms Furness. We
11 might take the mid-morning break now and then we are going
12 to change the panel, as I understand it.

13
14 MS FURNESS: Thank you, your Honour.

15
16 THE PRESIDING MEMBER: We will take a 20-minute break now,
17 thank you.

18
19 <THE WITNESSES WITHDREW

20
21 **SHORT ADJOURNMENT**

22
23 MS FURNESS: Thank you, your Honour. It has been brought
24 to my attention that in the opening I switched
25 South Australia and Western Australia in terms of their
26 numbers. So if I can correct that, the actual numbers are,
27 as at 30 June 2014, Western Australia had 3,723 children in
28 care and South Australia had 2,631 in care. I apologise to
29 each State.

30
31 THE PRESIDING MEMBER: Thank you.

32
33 MS FURNESS: Your Honour, we have three representatives
34 from the non-government sector to give evidence. If it is
35 convenient, I will start with Ms Robbs from Life Without
36 Barriers.

37
38 <CLAIRE ELAINE ROBBS, affirmed: [11.55am]

39
40 MS FURNESS: Would you tell the Royal Commission your full
41 name and occupation?

42
43 MS ROBBS: Claire Elaine Robbs. I'm the chief executive
44 of Life Without Barriers.

45
46 MS FURNESS: Life Without Barriers is based in Newcastle;
47 is that right?

1
2 MS ROBBS: That's where the organisation started, yes.
3
4 MS FURNESS: I am sorry, I'm going to have to ask you if
5 you could speak up, unless it is a technical issue. I'm
6 having trouble hearing you, and if I am, I am sure others
7 are.
8
9 MR ROBBS: Yes, we are based in Newcastle.
10
11 MS FURNESS: But you operate nationally?
12
13 MS ROBBS: We do.
14
15 MS FURNESS: In which States or Territories do you
16 operate?
17
18 MS ROBBS: We operate in all States and Territories.
19
20 MS FURNESS: You were established I think in 1994; is that
21 right?
22
23 MS ROBBS: Yes, that's correct.
24
25 MS FURNESS: What precipitated your establishment in 1994?
26
27 MS ROBBS: We actually were started by community members
28 who felt there was a gap in provision of services to people
29 with a disability, in Newcastle. They were family members
30 generally and they came together and formed an organisation
31 that they felt needed to meet the needs of the individual
32 rather than fit the individual into the organisation's
33 needs, and so Life Without Barriers commenced.
34
35 MS FURNESS: That was in 1994?
36
37 MS ROBBS: Yes.
38
39 MS FURNESS: You grew very quickly; is that right?
40
41 MS ROBBS: We have. We have been around now for 20 years
42 and in that time we have started services in all States and
43 Territories, and also provided different services, so
44 disability services, out-of-home care services and other
45 services within the Community Services sector.
46
47 MS FURNESS: You have just short of 4,000 employees now?

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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.

1
2 At that point in time, we had no children in placement
3 in Victoria.

4
5 MS FURNESS: No children in Victoria?

6
7 MS ROBBS: Yes.

8
9 MS FURNESS: The figures that I have for the end of the
10 2013/2014 financial year indicate that in New South Wales
11 you had 1258 placements.

12
13 MS ROBBS: Mmm-hmm.

14
15 MS FURNESS: Does that fit with your general recollection?

16
17 MS ROBBS: Yes, it does.

18
19 MS FURNESS: It has grown to 1,826 in just over six
20 months.

21
22 MS ROBBS: 1,826, my apologies, was the total across the
23 whole country. In New South Wales, it is 1,149 in foster
24 care.

25
26 MS FURNESS: I am sorry, let me change the question. In
27 that time - that is, the end of the financial year ending
28 2014 - you had 1,258 nationally, that's right, children
29 placed nationally with you.

30
31 MS ROBBS: That's right.

32
33 MS FURNESS: And then some six months or so later, it's
34 grown to 1,826. Is that the sort of growth that you
35 usually experience, some 600-odd children in a relatively
36 short space of time being placed with you?

37
38 MS ROBBS: That is the data that was in our annual report.

39
40 MS FURNESS: Yes, I think that's the source.

41
42 MS ROBBS: That sounded more like the numbers that we had
43 only in New South Wales at that point in time, but I can
44 check that and come back. The difference that you are
45 talking to, which is over 600 children in foster care,
46 I would think that that would be more than we would expect
47 to do in that period of time, but I can come back to

1 clarify those figures.
2
3 MS FURNESS: Thank you very much. You said you don't do
4 kinship care at all?
5
6 MS ROBBS: We do not do kinship care, no.
7
8 MS FURNESS: You currently have no children in Victoria?
9
10 MS ROBBS: Not as at 19 February, no.
11
12 MS FURNESS: Thank you. Now, perhaps if I can move on to
13 Ms Cronin.
14
15 <MICAELA FRANCESCA CRONIN, sworn: [12pm]
16
17 MS FURNESS: Would you tell the Royal Commission your full
18 name and occupation?
19
20 MS CRONIN: Micaela Francesca Cronin. I am the chief
21 executive officer of MacKillop Family Services.
22
23 MS FURNESS: When was MacKillop founded?
24
25 MS CRONIN: MacKillop was founded in 1997.
26
27 MS FURNESS: What was the precipitating event for that to
28 occur?
29
30 MS CRONIN: MacKillop was formed by seven agencies that
31 were run by three religious congregations coming together.
32 The impetus for that was around the viability of those
33 programs and the ability of those programs to be able to
34 respond well to the clients they worked with.
35
36 MS FURNESS: I think those three were the Sisters of
37 Mercy, the Christian Brothers and the Sisters of St Joseph;
38 is that right?
39
40 MS CRONIN: Yes, that's right.
41
42 MS FURNESS: Do you have any religious component of the
43 work that you do now as MacKillop?
44
45 MS CRONIN: We are a Catholic organisation. We are
46 a company limited by guarantee and owned still by those
47 three congregations. However, in terms of our service

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

4

5 MS FURNESS: You offer foster care?

6

7 MS CRONIN: Yes.

8

9 MS FURNESS: Kinship care and residential care?

10

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

13

14 MS FURNESS: Whereabouts do you deliver those services?

15

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

20

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

24

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

29

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

33

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

38

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

41

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

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

4

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

9

10 MS CRONIN: Yes, generally speaking.

11

12 MS FURNESS: That sounds like a qualification.

13

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

19

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

22

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

27

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

31

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

34

35 MS CRONIN: Yes.

36

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

39

40 MS CRONIN: Yes.

41

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

45

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

1 building independent living skills in those programs.
2
3 MS FURNESS: Why do you refer to it as a lead tenant
4 rather than referring to it as foster care?
5
6 MS CRONIN: It is a different relationship with the child.
7 There is not a sense that it is a parental relationship.
8 It is more of a companion adult who will have
9 a responsibility around helping you develop your
10 independent living skills.
11
12 MS FURNESS: I think you said you had eight young people
13 in that category in Victoria?
14
15 MS CRONIN: We have eight homes. Eight homes. And they
16 have a variety of numbers in them.
17
18 MS FURNESS: You don't have lead tenant relationships in
19 New South Wales or Western Australia?
20
21 MS CRONIN: No, we don't.
22
23 MS FURNESS: It is a particularly Victorian concept, is
24 it?
25
26 MS CRONIN: Yes.
27
28 MS FURNESS: Thank you, Ms Cronin.
29
30 <CONNIE SALAMONE, sworn: [12.10pm]
31
32 MS FURNESS: Would you tell the Royal Commission your full
33 name and occupation?
34
35 MS SALAMONE: Yes, my name is Connie Salamone. I'm the
36 executive director of services and strategy at the
37 Victorian Aboriginal Child Care Agency.
38
39 MS FURNESS: Thank you. If I refer to the agency as
40 "VACCA", that's familiar to you?
41
42 MS SALAMONE: Yes.
43
44 MS FURNESS: VACCA, I think, was established in 1977?
45
46 MS SALAMONE: Yes.
47

1 MS FURNESS: What caused it to be established?
2
3 MS SALAMONE: The rate of removal of Aboriginal children
4 from their homes and being placed in care was a catalyst
5 for the establishment of the agency. An Aboriginal woman
6 by the name of Mollie Dyer went to America and saw some of
7 the first people child welfare services over there, which
8 were working to support children, and came back and felt
9 that that was a really important service, and so the
10 community, with community support, got together and VACCA
11 was established.
12
13 MS FURNESS: You only operate in Victoria?
14
15 MS SALAMONE: That's correct.
16
17 MS FURNESS: I think your background is that you have been
18 in the human services field for some decades?
19
20 MS SALAMONE: Myself personally? Yes, correct.
21
22 MS FURNESS: The services that are currently provided by
23 VACCA in relation to out-of-home care are what?
24
25 MS SALAMONE: We provide kinship care, we provide
26 residential care, we provide foster care, and we also do
27 broader services.
28
29 MS FURNESS: Are you able to tell us, then, numbers of
30 children in each of those placement types?
31
32 MS SALAMONE: Yes. As of last week, there were eight
33 children in residential care, there were 80 children in
34 kinship care and 58 children in foster care.
35
36 MS FURNESS: You also operate the Lakidjeka Aboriginal
37 Child Specialist Advice and Support Service. Can you tell
38 us about that?
39
40 MS SALAMONE: Yes. That is a service that provides
41 a consultation service to child protection. So when child
42 protection seeks to either remove a child or make any other
43 key significant case planning decisions, there is
44 a requirement that they consult with our Lakidjeka service.
45 So the service doesn't provide any case management
46 approach, but it is a consultation service to child
47 protection, to really provide an indigenous perspective on

1 risk.
2
3 MS FURNESS: So it is not just in relation to removal;
4 it's also --
5
6 MS SALAMONE: Post removal, yes.
7
8 MS FURNESS: It is also key significant decisions while
9 the child is in care?
10
11 MS SALAMONE: Yes, correct.
12
13 MS FURNESS: How do you define key significant decisions?
14
15 MS SALAMONE: So generally we define it in terms of
16 decisions such as a case planning decision, a placement
17 removal decision; it could be in relation to quality of
18 care - so fairly significant decisions in that respect.
19
20 MS FURNESS: Just tell us what you mean by case management
21 decisions?
22
23 MS SALAMONE: A case planning decision.
24
25 MS FURNESS: I'm sorry, a case planning decision.
26
27 MS SALAMONE: The department has a process where it
28 annually case plans children, so they would seek ACSASS's
29 view in relation to the direction of the case plan.
30
31 MS FURNESS: But you may not have any case management role
32 in relation to that child.
33
34 MS SALAMONE: No, there is no case management role for
35 ACSASS.
36
37 MS FURNESS: So that's only in relation to indigenous
38 children?
39
40 MS SALAMONE: Correct.
41
42 MS FURNESS: Does that take a significant amount of your
43 resources?
44
45 MS SALAMONE: It does, indeed. The number of children
46 that ACSASS is involved in - I don't have the figures right
47 now, but it is probably 1,800, just off the top of my head.

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

3

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

7

8 MS SALAMONE: Yes, about 146, I think.

9

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

13

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

16

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

21

22 MS SALAMONE: No, no.

23

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

26

27 MS SALAMONE: That's correct, yes.

28

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

31

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

37

38 MS FURNESS: Thank you.

39

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

44

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

46

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

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

3

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

9

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

18

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

22

23 MS ROBBS: Yes, absolutely, yes.

24

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

27

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

35

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

40

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

43

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

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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?

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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.

1
2 MS FURNESS: Do you understand that the national check
3 covers only convictions?
4
5 MS ROBBS: I do understand - that's my understanding, yes.
6
7 MS FURNESS: And you understand that the Working With
8 Children Check covers charges?
9
10 MS ROBBS: Yes. I believe it does cover charges, although
11 there has been some discussion in the earlier panels,
12 obviously, about some of the detail around that that has
13 raised questions, obviously.
14
15 MS FURNESS: In the contracts that you have, in relation
16 to the assessment of carers, are there any conditions that
17 indicate what you should or shouldn't do?
18
19 MS ROBBS: Some of the State jurisdictions - and, again,
20 I can get the actual documentation in to the Commission if
21 that is helpful - will determine the tool that will be
22 utilised, but some of the contractual documentation will
23 more indicate industry expectations or tools, or, indeed,
24 organisational policy.
25
26 MS FURNESS: So is it the case that in each jurisdiction
27 in which you work there is some condition in relation to
28 assessment, be it tools, policies or of a more generic
29 nature?
30
31 MS ROBBS: Yes, I would say that's fair, yes.
32
33 MS FURNESS: Is CARS a tool that you are familiar with?
34
35 MS ROBBS: CARS? What's the full --
36
37 MS FURNESS: It is "Carer Assessment" something something.
38
39 MS ROBBS: Generally, the tool that is most commonly used,
40 other than jurisdictions - so Queensland have a specific
41 tool, for example - but other than that it is generally the
42 Step by Step assessment tool for carers, and then
43 accompanied by the relevant training attached to that as
44 well.
45
46 MS FURNESS: With training, do any of the contracts that
47 Life Without Barriers entered into tell you what you should

1 or shouldn't do in relation to training of foster carers
2 and training of residential staff?
3

4 MS ROBBS: Some of the jurisdictions, particularly
5 Queensland, it comes to mind that they do have mandatory
6 training expectations. I couldn't say for definite that
7 they are articulated or called out in the contractual
8 documentation, but certainly there is a clear expectation,
9 and it is also referred to in our policy documentation,
10 which makes me think that it's in the contract
11 documentation, but whether it's particularly called out or
12 whether it just speaks to complying with departmental
13 policy and other guidelines, or whether it's actually in
14 the contractual documentation - I would need to come back
15 on that one, sorry.
16

17 MS FURNESS: So it may be that the contract says, "You
18 must comply with departmental policy in relation to A, B
19 and C"?
20

21 MS ROBBS: Yes.
22

23 MS FURNESS: Are you then provided with the departmental
24 policy that you are supposed to comply with?
25

26 MS ROBBS: Yes, in my experience, the departments are very
27 open with the policies. Obviously they are often quite
28 detailed documents, but we don't have any difficulty
29 understanding the expectation that each State government
30 has on us as an out-of-home care provider in regards to
31 either the checking or the assessment or approval of foster
32 carers.
33

34 MS FURNESS: Is there a process in place whereby
35 departments routinely advise you if the policy changes?
36

37 MS ROBBS: If the departments were to change a policy in
38 regards to the method or the tool around carer assessment
39 or the probity of the suitability checking, then I would
40 expect that we would be formally advised, via the contract
41 mechanism, of that.
42

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

1 frequently.

2

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

7

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

10

11 MS FURNESS: Yes, by the agency.

12

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

15

16 MS FURNESS: Yes.

17

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

22

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

25

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

34

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

39

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

47

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

7
8 MS ROBBS: When we look across the country and compare the
9 way that we're running the service and what we understand
10 from the information that we source around the quality of
11 the care that we provide, I would say it's not so much that
12 any one jurisdiction is putting a system around us that
13 better assures the care, so much that they have different
14 focus areas or different themes and ways of delivering
15 that.

16
17 So if I can use an example, Queensland has a very
18 rigorous quality checking mechanism on funded organisations
19 and has different controls in place. For example, they
20 authorise the foster carers, not organisations. So in that
21 way it provides a particular safeguarding around the
22 service delivery and quality of care provided by
23 non-government organisations, and that is generally focused
24 around safety and compliance as well as good practice.

25
26 Then if you compare that, for example, to New South
27 Wales, who have the funding body doing the contract
28 management and focusing on that and your delivery there,
29 and have a separate independent authority or accrediting
30 organisation, that authority very much focuses on the
31 benefit to the child and the quality of the practice and
32 the care and the influence of your governance and your
33 systems and your controls on the quality of your care, not
34 necessarily as independent checking in themselves.

35
36 So it varies across jurisdictions, I think, between
37 whether they take more of a quality systems approach - and
38 that obviously has value and rigour - or whether they take
39 more of a practice quality approach. And the need for
40 organisations to, therefore, make sure that you are meeting
41 both, in all jurisdictions, and balancing that as an
42 organisation, brings a level of complexity if you are
43 working across the jurisdictions.

44
45 MS FURNESS: Only a level of complexity?

46
47 MS ROBBS: It brings a level of complexity to how we as an

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

3
4 That being said, a lot of the actual practice on the
5 ground for our workers and our carers and our residential
6 care workers does not necessarily differ that much around
7 the jurisdictions, but more the management and governance
8 and administration of the program differs.

9
10 MS FURNESS: So the practice of all of your workers in
11 each of the jurisdictions is essentially the same in terms
12 of the quality of care that you would say they provide to
13 the children in their care?

14
15 MS ROBBS: I think that would be a good thing to be able
16 to say as an organisation.

17
18 MS FURNESS: Are you able to say that?

19
20 MS ROBBS: I think that I would say that as with any
21 organisation, the quality of our practice varies, but that
22 may or may not relate particularly to the contractual
23 relationships with government or the monitoring,
24 necessarily, of that.

25
26 I think that as an organisation, some of the services
27 that we have been providing - out-of-home care, for a good
28 period of time, we have good, solid, stable staffing,
29 stable carers, well connected into community, good
30 relationships with schools and funding bodies, and we would
31 be very confident in the quality of our care.

32
33 In other areas, for a number of reasons - sometimes
34 because we are newer or sometimes because we are providing
35 a different type of care - then we give more focus to that
36 as an organisation internally, sometimes regardless of the
37 external monitoring.

38
39 MS FURNESS: So is it the case that at the national level
40 you set practice standards that you expect each agency in
41 each jurisdiction to follow, separate from whatever the
42 legal requirements under the contract are?

43
44 MS ROBBS: Yes, absolutely. So as an organisation the
45 first pillar that we go to is obviously our values and
46 culture as an organisation, and with regards to practice,
47 our primary value in the organisation is that relationships

1 come first. So that is obviously a pivotal point for
2 determining everything that we do within our organisation
3 and directly speaks to practice, particularly for the
4 matters that concern this Commission, around the
5 environment that we create to keep children safe.
6

7 We also then do have practice frameworks and policies
8 and procedures that we dictate, as an organisation, that
9 are nationally consistent. They do need to flex sometimes
10 to interact with each State government department, but
11 fundamentally we have a way that we believe things need to
12 be done to best deliver outcomes for children and young
13 people.
14

15 MS FURNESS: And you would say you have a management
16 structure in place to ensure that happens on the ground?
17

18 MS ROBBS: We have a management structure in all
19 jurisdictions to do everything we can to make sure that
20 that happens on the ground.
21

22 MS FURNESS: There was an inquiry in respect of Life
23 Without Barriers fairly recently - am I right in
24 understanding that - with the Ombudsman?
25

26 MS ROBBS: The New South Wales Ombudsman reviewed
27 New South Wales practice of Life Without Barriers around
28 about four years ago.
29

30 MS FURNESS: Do you know what was the catalyst for that
31 review by the Ombudsman?
32

33 MS ROBBS: From memory, it was some matters that occurred
34 in our Sydney service around carers and some matters of
35 reportable conduct, or incidents.
36

37 MS FURNESS: You weren't at the organisation at that time;
38 is that right?
39

40 MS ROBBS: I was with the organisation at that time.
41

42 MS FURNESS: You were?
43

44 MS ROBBS: Yes.
45

46 MS FURNESS: What position did you have at that time?
47

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

2

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

7

8 MS ROBBS: Mmm.

9

10 MS FURNESS: Is that your understanding?

11

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

15

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

19

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

24

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

31

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

37

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

1 jurisdiction.

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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?

1
2 MS ROBBS: The department at the time conducted some
3 various reviews or checks as a result of the contractual
4 relationship that we had with them at that time, and the
5 Ombudsman also reviewed their oversight and level of
6 oversight with us as well, and that happened - that's an
7 ongoing review process, but that has happened since, and
8 there has been no concern raised, that I'm aware of, and
9 I would be aware of that, to indicate that we haven't done
10 everything possible to respond to that.

11
12 MS FURNESS: So let's look at the detail of what you
13 changed following the Ombudsman's inquiry. Firstly, in
14 relation to screening and assessment of staff, what changes
15 have you made?
16

17 MS ROBBS: One of the big changes that we made and that
18 was part of the concern, certainly part of the public media
19 at the time, was the fact that we did not employ the people
20 who were assessing foster carers at that time; we engaged
21 them on a contractual basis. They were engaged on an
22 ongoing contractual basis, but they were not employees at
23 the time. And so one of the changes that we made was to
24 reassess how tight we had to be on that decision around who
25 was assessing foster carers and then we brought that
26 function in-house and had our employees - qualified,
27 professional employees - assessing foster carers.
28

29 We also at that point implemented a panel for approval
30 of foster carers. So up until then the approvals had
31 happened through line management, with some checks in place
32 from our clinical services streams, so our psychologists.
33 But at that time, we implemented a panel so that although
34 line management are still involved in the decision-making,
35 there is a collective decision-making, and we put much
36 tighter processes and checks and a model of decision-making
37 around how we actually approve the carers, and much greater
38 discretion around what sort of care they are then approved
39 for.
40

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

1 practice examples of what we have changed there.

2

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

10

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

15

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

22

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

26

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

33

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

41

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

44

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

1 the training actually translates to practice on the ground.

2

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

6

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

12

13 MS FURNESS: What changes did you make?

14

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

23

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

32

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

38

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

42

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

47

1 MS ROBBS: Yes, I think it is twice - we've had two cycles
2 now, yes.
3
4 MS FURNESS: In terms of the department, have they done
5 anything and told you that they are content with your
6 practices and procedures?
7
8 MS ROBBS: Yes, I understand that the department in
9 New South Wales are content, and since then we also
10 renegotiated our contract with the department and they
11 would have expressed any concerns at that time.
12
13 MS FURNESS: Were the terms and conditions of that
14 contract the same as before the event that precipitated the
15 inquiry?
16
17 MS ROBBS: The terms and conditions of our contract in
18 New South Wales have changed a couple of times since then.
19 I am not completely confident if that was targeted
20 particularly at us and particularly in relation to the
21 Ombudsman's matter or if they were more improvements that
22 the New South Wales department made in their engagement
23 with funded organisations, but the terms have changed in
24 that time.
25
26 MS FURNESS: And you don't know whether that is particular
27 to your organisation or more general?
28
29 MS ROBBS: I don't, sorry.
30
31 MS FURNESS: And then you said you have conducted internal
32 reviews as well?
33
34 MS ROBBS: Yes.
35
36 MS FURNESS: Did the outcome of those reviews require you
37 to do any more work or make any more changes, or did it
38 confirm what you were doing?
39
40 MS ROBBS: It would be fair to say that every review we do
41 as an organisation generally says the things that we are
42 doing well and whether we have or have not achieved the
43 improvements we said we would, and in this instance, we
44 had. Each review also then tries to stretch us as an
45 organisation to then consider what needs to be done next to
46 continue to improve. So there are internal reviews that we
47 have done that confirmed that not only had we implemented

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

7

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

11

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

14

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

17

18 MS ROBBS: Yes.

19

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

22

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

24

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

29

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

37

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

41

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

45

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

1 almost a unique labour management arrangement where a large
2 percentage of the staff were, in fact, contracted,
3 particularly in its early days; is that correct?
4

5 MS ROBBS: That would be fair, I think.
6

7 COMMISSIONER FITZGERALD: As distinct from most other
8 out-of-home care agencies which, in fact, engaged staff as
9 employees. So your model was quite different; is that so?
10

11 MS ROBBS: That's fair.
12

13 COMMISSIONER FITZGERALD: You indicated to Ms Furness just
14 then and she mentioned the outsourcing, effectively, of the
15 assessment - you used independent contractors to perform
16 that function, together with a range of other functions
17 within the agency; is that correct?
18

19 MS ROBBS: Correct.
20

21 COMMISSIONER FITZGERALD: That, again, is unusual in that
22 particular sector?
23

24 MS ROBBS: Correct.
25

26 COMMISSIONER FITZGERALD: The third thing you said is that
27 as a consequence of the Ombudsman's report you have now
28 changed that such that the assessment and other workers
29 would, in fact, now be employees as distinct from
30 independent contractors - am I correct in relation to that?
31

32 MS ROBBS: Yes.
33

34 COMMISSIONER FITZGERALD: So just taking up Ms Furness's
35 point, did you find a weakness in that arrangement - that
36 is, the use of independent contractors as distinct from
37 employees? And, as I indicated, it was a central feature
38 of the way in which Life Without Barriers both established
39 itself and continued to function.
40

41 MS ROBBS: I think that it was a feature, and the benefit
42 of that feature and the reason that we had done it was
43 because it was successful for recruiting carers.
44

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

1 was not a collective-enough decision-making process, which
2 is why we then decided to employ them to manage the
3 conflict issue and implement the panel so that we had more
4 of a collective decision-making process.
5

6 Also, it was difficult for us to ensure that, as
7 independent contractors, they fulfilled ongoing
8 requirements around training and education and practice
9 improvement, because of the engagement method, whilst when
10 they were employees we found that our ability to control
11 their practice and practice improvement was easier.
12

13 COMMISSIONER FITZGERALD: Can I read from that that
14 business model of Life Without Barriers has now changed
15 such that there will be a greater emphasis on the
16 employment of staff rather than the use of independent
17 contractors in those types of roles going forward?
18

19 MS ROBBS: We made that decision as an organisational
20 policy four years ago and we do not have anyone fulfilling
21 that role in that method of engagement now. We implemented
22 that within two months, I think, of the decision.
23

24 MS FURNESS: Just going back to the incident, I need to
25 understand precisely what went wrong. You were talking
26 about exchange of information. So is it the case that the
27 person doing the assessment, who you have indicated was
28 outsourced, did not seek access to information or could not
29 obtain access to information?
30

31 MS ROBBS: Again, my memory serves me that it was around
32 them being unclear about their rights - their right to seek
33 that information and where from.
34

35 MS FURNESS: But the result of the lack of clarity was
36 that they did not seek the information?
37

38 MS ROBBS: They did not seek it, sorry, yes, they did not.
39

40 MS FURNESS: Who did they not seek it from, which agency?
41

42 MS ROBBS: My memory was that it related to the Working
43 With Children Checks in particular, around flags within
44 that system around the foster carer.
45

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

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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.

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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

1 helpful for us to provide the Commission with to answer
2 some of those more detailed questions. I apologise,
3 I don't have the information at hand today.
4

5 MS FURNESS: Thank you. Your Honour, I notice the time
6 and I want to turn to a different topic, and I apologise to
7 the other two members of the panel.
8

9 THE PRESIDING MEMBER: Yes. Just before we do, could
10 I clarify with you, Ms Robbs, you referred in answer to
11 Commissioner Fitzgerald's question to the identification of
12 a conflict in the assessment process. I would just like
13 you to help us understand what that conflict was that you
14 have identified.
15

16 MS ROBBS: The situation, for example, in a region, so in
17 a town, would be that we had contracted people doing the
18 recruiting and the assessing of carers, filling out the
19 paperwork and the assessment tool, who would then would
20 submit that to the local manager for consideration and
21 approval.
22

23 THE PRESIDING MEMBER: Local manager of Life Without
24 Barriers?
25

26 MS ROBBS: Yes, in New South Wales the organisation
27 approves the foster carers.
28

29 So once the paperwork was submitted to the local
30 manager, the local manager would consider that and then
31 approve or not the foster carer.
32

33 Then, if that carer was approved, the person who did
34 the assessment was often the person who then supported the
35 placement, so who visited the placement - often
36 fortnightly, if not monthly, but generally fortnightly -
37 and provided that ongoing support.
38

39 So one of the points of conflict when we looked at the
40 situation was there was a possibility that the person doing
41 the assessment would not bring an objectivity to the
42 fulfilment of the assessment task if, actually, their
43 income, effectively, via the contractual arrangements, was
44 impacted, because they were then possibly going to be
45 supporting that placement.
46

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

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

5
6 THE PRESIDING MEMBER: Thank you.

7
8 COMMISSIONER FITZGERALD: Just to be very clear about
9 that, there was a financial consideration linked to the
10 assessment and ultimate approval of carers, as well as
11 a financial incentive in relation to the support of that
12 care placement - would that be correct, in broad terms?
13

14 MS ROBBS: In broad terms that would be correct. The only
15 qualification would be that it was not guaranteed that the
16 person that did the assessment would definitely be the
17 person doing the supporting, but in practice, that's
18 actually what happened.
19

20 COMMISSIONER FITZGERALD: But in relation to each of those
21 aspects, there was a financial consideration, and in
22 responding to her Honour's question, that conflict was not
23 only in relation to the ongoing management per se, but
24 there was actually a financial conflict, or a potential for
25 a financial conflict in the arrangements that then existed;
26 is that correct?
27

28 MS ROBBS: At the time we believed there was enough of
29 a potential for us to take action, yes.
30

31 COMMISSIONER FITZGERALD: Thank you.

32
33 THE PRESIDING MEMBER: We will take the luncheon
34 adjournment now, Ms Furness, and we will return at 2.
35

36 LUNCHEON ADJOURNMENT

37
38 MS FURNESS: Thank you, your Honour. Ms Robbs, have you
39 thought over lunch whether there are any other improvements
40 that Life Without Barriers has made following the
41 Ombudsman's inquiry?
42

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

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

7
8 MS FURNESS: Can you tell me what that means in more
9 simple language?

10
11 MS ROBBS: To make sure the integrity of our systems was
12 correct, so looking at the integrity of our complete
13 system, our incidents system, the accuracy and currency of
14 our policies and making sure that the overarching quality
15 framework around our processes and our services was on the
16 ground.

17
18 The other one linked to that was also that we enhanced
19 the investment into both the clinical services - so mainly
20 psychologists - that actually sit in the services with the
21 practitioners and the case workers and the people
22 supporting the carers, so that we could have a greater
23 clinical intervention into the decision making as well.

24
25 The third piece was that we added additional
26 out-of-home care practice positions. So more like senior
27 practitioner positions. And we matched all of those
28 resources alongside the line management that then held the
29 delegations for some of those critical decisions that
30 somewhat contributed to the situation that the Ombudsman
31 reviewed as well.

32
33 We think that the wrapping - and our experience so far
34 as been reinforced that the wrapping - of the additional
35 expertise and professional areas around the decision-making
36 made by the people in the actual operations or in the
37 services, has added to the quality of that decision-making,
38 as well as the assurance and compliance.

39
40 MS FURNESS: Do you know now whether there was one or more
41 than one child involved in the sexual abuse.

42
43 MS ROBBS: In the matters that the Ombudsman reviewed,
44 there were a number of carers involved in that matter -
45 different concerns, not all sexual abuse, but different
46 concerns of quality of care.

47

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

9
10 MS FURNESS: You say there were sibling groups. Were the
11 sibling groups split up as a result of the changes you've
12 indicated?

13
14 MS ROBBS: No, my understanding was that the sibling
15 groups remained together. They weren't large sibling
16 groups, they were smaller sibling group and more easily
17 cared for within a foster care situation.

18
19 MS FURNESS: So of each six, there was a complete sibling
20 group, at least one, in each six? Six children stayed, six
21 children went.

22
23 MS ROBBS: Sorry, yes. I can't remember the exact
24 configuration of the sibling group but I know that all
25 12 children had full case reviews. Six remained in
26 placement and if there were sibling groups, there was no
27 separation of the siblings and they all went to the same
28 placement. Six of the children remained with us and six
29 were moved to alternate places.

30
31 MS FURNESS: So when you say six remained with you, that
32 was Life Without Barriers' case managers or foster carers.

33
34 MS ROBBS: Life Without Barriers, through their contract
35 with Community Services, so they're providing foster care.
36 And at the time in NSW we had a case planning function, so
37 a next-level coordination function, and the department had
38 case management for some of those children.

39
40 MS FURNESS: The other six you said were moved to
41 alternate places. They were alternate places not managed
42 by Life Without Barriers?

43
44 MS ROBBS: Correct.

45
46 MS FURNESS: Did they go back to the care of the
47 department.

1
2 MS ROBBS: I would need to have that confirmed.
3
4 MS FURNESS: So either the care of the department or
5 another NGO.
6
7 MS ROBBS: Most probably another NGO at that time, in each
8 region, but I would need to have that confirmed.
9
10 MS FURNESS: Do you know why the other six, who may well
11 have been moved to alternate carers, weren't moved to
12 carers within the Life Without Barriers arrangement?
13
14 MS ROBBS: In regards to each individual child, I'm not
15 sure of the exact recommendations, but I do know that at
16 the time we undertook a capability review of the carers
17 that we had in that region and we were very conservative
18 about the care for the children that we could support
19 because, understandably, that particular team were under an
20 awful lot of pressure and change at the time, and so the
21 decision was made in the best interests of those children
22 that they be supported by other organisations.
23
24 MS FURNESS: If I can say, in short, you didn't have the
25 capacity and so they were moved to other care givers; is
26 that right?
27
28 MS ROBBS: I would say it would be more accurate to say
29 that we chose not to find placements for those children.
30
31 MS FURNESS: Because you didn't believe you had the
32 capacity.
33
34 MS ROBBS: Correct.
35
36 MS FURNESS: Thank you, Ms Robbs.
37
38 Could I turn to you, Ms Cronin. You operate in two
39 States, recently operating in a third, which is WA?
40
41 MS CRONIN: Yes, that's correct.
42
43 MS FURNESS: What was the reason for the move into WA as
44 well as the other two States?
45
46 MS CRONIN: Part of the impetus for that was specifically
47 around the provision of therapeutic foster care, and the

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

6

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

9

10 MS CRONIN: Yes, the Sanctuary Model.

11

12 MS FURNESS: Can you explain that for us?

13

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

17

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

25

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

28

29 MS CRONIN: Yes.

30

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

33

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

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

3

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

6

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

16

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

19

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

25

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

28

29 MS CRONIN: We do.

30

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

37

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

43

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

46

47 MS CRONIN: In terms of foster care?

1
2 MS FURNESS: In terms of screening.
3
4 MS CRONIN: Screening of carers?
5
6 MS FURNESS: Leaving assessment to one side - so the
7 screening process. Screening of carers or residential care
8 workers or kinship workers. Do you do any kinship --
9
10 MS CRONIN: Yes. I did need to correct that. We do
11 actually have kinship care in NSW, about 22 places.
12
13 No, there isn't any requirement that is above what's
14 in the legislation.
15
16 MS FURNESS: Do you impose, yourself, in any State, a
17 requirement above the Working With Children Check?
18
19 MS CRONIN: All staff, regardless of what area they are in
20 the organisation, are required to undertake to have Working
21 With Children Checks and national police checks, and
22 similarly for carers, so, yes.
23
24 MS FURNESS: In relation to residential care workers and
25 foster carers, they're all required to hold a Working With
26 Children Check clearance as well as be subject to a
27 national police check?
28
29 MS CRONIN: Yes.
30
31 MS FURNESS: What about kinship carers?
32
33 MS CRONIN: Kinship carers in NSW, it's the same screening
34 as general foster carers, so yes, they are required to.
35
36 MS FURNESS: But in Victoria they're exempt?
37
38 MS CRONIN: Yes.
39
40 MS FURNESS: Do you know about WA?
41
42 MS CRONIN: I'm not sure about WA, I'm sorry. We don't do
43 the kinship care anyway, so I couldn't answer that.
44
45 MS FURNESS: In relation to assessment, I take it that
46 each contractual arrangement has provisions in relation to
47 assessment; is that right?

1
2 MS CRONIN: They do.
3
4 MS FURNESS: Let's start with NSW. What are the
5 contractual arrangements that require you to do something
6 in relation to assessment?
7
8 MS CRONIN: The assessment of carers is the step-by-step
9 program and the training that is associated with that, and
10 the expectation in the program guidelines is that we will
11 use that framework.
12
13 MS FURNESS: You will effectively follow what the
14 department does in accordance with its own policies and
15 guidelines in respect of assessment?
16
17 MS CRONIN: Yes.
18
19 MS FURNESS: That's in NSW?
20
21 MS CRONIN: Yes.
22
23 MS FURNESS: In Victoria.
24
25 MS CRONIN: It is the same in Victoria. The step by step
26 program that has been adapted for Victoria is the same
27 framework we use in Victoria.
28
29 MS FURNESS: Western Australia?
30
31 MS CRONIN: Western Australia has a very similar
32 framework. It's caring with skill and care and it has a
33 very similar competency framework, and we use that
34 framework.
35
36 MS FURNESS: Do any of the agreements require you to do
37 anything more than the departmental policies and
38 guidelines?
39
40 MS CRONIN: No, not to my understanding.
41
42 MS FURNESS: Do you do anything more?
43
44 MS CRONIN: One of the differences for us in Western
45 Australia has been that we contract an external provider to
46 undertake the assessment process, so separate from our
47 team. In order to ensure that we have the highest level of

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

5
6 MS FURNESS: Who are they contracted out to?

7
8 MS CRONIN: Perth Psychology Clinic, I think that's the
9 name. I can't remember the name of the contractor. But it
10 is a specific contractor that is quite separate and has
11 nothing to do, then, with the service delivery.

12
13 MS FURNESS: Is that contractor experienced in assessment
14 for the purposes of out-of-home care?

15
16 MS CRONIN: Absolutely. They're used by other
17 organisations and the department to conduct their
18 assessments as well.

19
20 MS FURNESS: So they do the assessments and then move
21 away - they don't have anything more to do with the outcome
22 of the assessment or the foster carer?

23
24 MS CRONIN: No.

25
26 MS FURNESS: So you've outsourced all of your assessments
27 in Western Australia?

28
29 MS CRONIN: Yes, but it's very small.

30
31 MS FURNESS: What about the other States?

32
33 MS CRONIN: In the other States, we conduct the
34 assessment. Our staff internally conduct the assessment of
35 carers in line with the assessment frameworks in each
36 State.

37
38 MS FURNESS: So you don't add to the requirements that the
39 department imposes upon you in terms of assessment in any
40 State?

41
42 MS CRONIN: No. What I was going to add was in terms of
43 the framework around Sanctuary, we would be having
44 conversations with them in terms of - I think one of the
45 things that is part of the assessment process with
46 potential foster carers is an understanding of the
47 organisation's values and culture and expectations and

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

8
9 MS FURNESS: Have you observed any difference in the
10 experience in Victoria by not having a Working With
11 Children Check of kinship carers?

12
13 MS CRONIN: I couldn't comment on that because we don't
14 deliver kinship care in Victoria.

15
16 MS FURNESS: You deliver it in NSW?

17
18 MS CRONIN: In NSW, and the check is the same. We have
19 the same check across foster carers and kinship carers
20 there.

21
22 MS FURNESS: In terms of other provisions in the
23 contractual arrangement that you have, are there any other
24 provisions that might impact on the work you do in relation
25 to protecting children?

26
27 MS CRONIN: I think that some of the programs that have
28 been - I mean, I think one point was made this morning
29 about this being a - we have learnt a lot across
30 particularly the last decade about how do we respond to the
31 needs of children and how do we keep them safe. Some of
32 the more recently developed programs, and specifically in
33 terms of program requirements around the therapeutic
34 programs, there are some much more detailed requirements
35 that are imposed on us by government in terms of the way in
36 which those programs are delivered. So there is more
37 detail in that.

38
39 MS FURNESS: Where do you deliver those programs -
40 Western Australia and --

41
42 MS CRONIN: It is a bit different in Western Australia.
43 Across all three jurisdiction we deliver similar
44 therapeutic programs.

45
46 MS FURNESS: Let's deal with the Western Australian
47 jurisdiction. In terms of your contractual arrangements

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

3

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

11

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

17

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

20

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

35

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

40

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

42

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

45

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

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

7
8 MS FURNESS: Is the therapeutic model and the work you do
9 when you first hear about the child who will be placed with
10 you the same across the three States?

11
12 MS CRONIN: There are some real similarities across the
13 program, yes. It tends to be much more planned. It tends
14 to have a much stronger focus on an assessment of the
15 individual child's needs. There is a greater focus on the
16 appropriate matching of carers to child and environment to
17 child and there tends to be, yes, more time to plan, is one
18 of the specifics.

19
20 MS FURNESS: Why would a child in foster care not receive
21 the same treatment?

22
23 MS CRONIN: There are definitely elements of what we're
24 learning about in terms of the roll-out of the therapeutic
25 program - and I think Katy Haire said before - in terms of
26 what we would like to see improved is that - I mean,
27 I agree, I think any child who comes into out-of-home care
28 will have had a degree of traumatic experiences in their
29 lives.

30
31 MS FURNESS: All have been abused, either physically,
32 emotionally, sexually and or as well as neglect.

33
34 MS CRONIN: Yes. So a trauma informed response to each of
35 the children in out-of-home care is absolutely where
36 I think the whole system is driving.

37
38 MS FURNESS: So tell me the distinction between those
39 children who end up in normal or general foster care and
40 those in therapeutic care, when the starting point is these
41 children have all been removed from their family because of
42 some problem in relation to their family?

43
44 MS CRONIN: The degree of trauma is different and often
45 the complexity in terms of responding to their behaviours
46 can be different. One of the issues that is critical for
47 children in out-of-home care is how disruptive their

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

9
10 MS FURNESS: What assessment happens before the child is
11 put into your care to determine which child goes into the
12 therapeutic model and which doesn't?

13
14 MS CRONIN: I think assessment is one of the aspects of
15 the system that most of us would agree needs to be
16 strengthened. It's variable. One of the issues that we
17 have, I think, is that some of the children who end up in
18 out-of-home care have been - they and their families have
19 been - known by and engaged with family services for quite
20 a long time. One of the things that we don't necessarily
21 do very well as a system is share information across from
22 family services to the out-of-home care system.

23
24 One of the initiatives in Victoria that has been in
25 response to that has been "Child FIRST". So each of the
26 States has attempts to join up those aspects of the system.
27 Maree Walk talked about New South Wales in terms of the
28 work that needs to be done to keep children in families
29 being where a lot of the focus needs to be.

30
31 So it is not necessarily that there hasn't been an
32 assessment done. Sometimes there has been, and a lot of
33 work has been done with the child and the family, but then
34 they move from the family services system into the
35 out-of-home care system.

36
37 MS FURNESS: And the information doesn't come with them.

38
39 MS CRONIN: That doesn't always follow.

40
41 MS FURNESS: I understand that. I'm trying to understand
42 who makes the decision, and what basis, about which child
43 goes to general foster care and which goes down the
44 therapeutic path?

45
46 MS CRONIN: Again, there would be some variations across
47 jurisdictions, but, generally speaking, those placement

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

3

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

6

7 MS CRONIN: Yes.

8

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

13

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

18

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

28

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

31

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

39

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

43

44 MS CRONIN: Yes.

45

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

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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

1 matter where the child needs more intensive support
2 immediately.

3

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

9

10 MS FURNESS: Thank you.

11

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

14

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

22

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

29

30 MS CRONIN: Yes.

31

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

36

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

43

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

1 around working in a trauma informed therapeutic way. So
2 the guidelines do talk about additional levels of screening
3 around the therapeutic programs.
4

5 MS FURNESS: In terms of residential staff - and leaving
6 aside the therapeutic program for the moment - do any of
7 your agreements stipulate qualifications or skills sets in
8 relation to residential staff?
9

10 MS CRONIN: No, not specifically, other than - I mean,
11 I would agree with the way it was characterised yesterday,
12 and I think Maree Walk talked this morning, about the
13 quality of the type of service and, therefore, the skills,
14 but not a specific description of the skills, no.
15

16 MS FURNESS: Are there any requirements imposed on you in
17 relation to training of any of your carers or staff?
18

19 MS CRONIN: For internal, we have mandated training.
20 Externally, there are strong expectations that our staff
21 will undertake the training programs that are described in
22 each of the jurisdictions.
23

24 The RCLD - the Residential Care Learning and
25 Development program in Victoria, for example, we are
26 engaged with, and absolutely there is an expectation that
27 our staff will participate actively in those training
28 programs.
29

30 MS FURNESS: Do you provide training for your staff in
31 relation to sexually abusive behaviours of children?
32

33 MS CRONIN: That's an area I think we need to get stronger
34 in. We have had homes that have been specifically set up
35 to respond to and work with children who are at greater
36 risk of sexual exploitation or whose behaviours, their
37 sexualised behaviours, are informed by their trauma, and
38 the staff teams have been trained to respond to the needs
39 of those. So in particular instances, yes, we have, but
40 not as a general rule, no.
41

42 MS FURNESS: So when you say you could do better, what
43 would that look like, if you were doing better?
44

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

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

7
8 MS FURNESS: Are there people that you're aware of who
9 have the skills and experience to provide that training in
10 each of the States in which you work?

11
12 MS CRONIN: Yes, I think we could access - yes, I think we
13 could find that and there are people who could do that.

14
15 MS FURNESS: So it is not the absence of trainers. Is it
16 the absence of a fuller understanding of the importance of
17 this to children in care?

18
19 MS CRONIN: Is that the reason we haven't done that yet?

20
21 MS FURNESS: Yes.

22
23 MS CRONIN: I think that - yes, it's not an absence of
24 trainers. I think it probably is an absence of a really
25 concerted overarching approach. So I'm not saying it
26 doesn't happen, because I do think that it does happen, but
27 a much stronger focus on the vulnerability of the children
28 in our care, the vulnerability of our organisations to
29 people in the community who might see us as access points -
30 I think those things we could have a stronger approach to,
31 yes.

32
33 MS FURNESS: You would understand that the Royal
34 Commission has recently published research that the Royal
35 Commission commissioned in relation to a number of matters
36 in relation to out-of-home care?

37
38 MS CRONIN: Yes.

39
40 MS FURNESS: In particular, there was work done in
41 relation to child-to-child abuse.

42
43 MS CRONIN: Yes.

44
45 MS FURNESS: What's your first experience of that in
46 relation to the work you do in each State?

47

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

3

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

7

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

16

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

21

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

30

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

35

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

39

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

1 range of processes that encourages them to speak and ensure
2 that we are hearing their stories is a key strategy that we
3 need to do more work on.
4

5 I think one of the other things in addition to what
6 has been talked about is a culture in which everybody who
7 is around that child is both authorised and encouraged and
8 see it as their responsibility to speak up if they see
9 something that is inappropriate that is happening and act
10 on that. So anybody who is around that child. And that we
11 both encourage them and that we then, again, have processes
12 to ensure that we listen to them. So good, strong robust
13 complaints processes ensuring that people know that if they
14 speak up then they will be listened to, they will be dealt
15 with fairly, they will be protected - I mean, the issue
16 that has been talked about, about the need for staff and
17 colleagues to name it if they're seeing something that is
18 inappropriate.
19

20 One of the things that is a real issue in out-of-home
21 care is that the relationships that we've all been talking
22 about as so critical to the healing and positive care of a
23 child are often very intimate and there's not a lot of
24 oversight of that. It can be in a house - even if it is a
25 residential house, we have some where there are three staff
26 on, but it's often two. So it's not like a room where
27 there's a whole lot of people watching the way you're
28 interacting with the child. Sometimes it is just a another
29 resi worker, or sometimes it's a case worker. We need to
30 ensure that we have a culture that means that all of those
31 people know that they are responsible to speak up and that
32 they will be heard and responded to fairly and well.
33

34 MS FURNESS: I take it that that culture is created
35 through training?
36

37 MS CRONIN: Yes.
38

39 MS FURNESS: Supervision.
40

41 MS CRONIN: Yes.
42

43 MS FURNESS: What else?
44

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

1 I'll talk about supervision first and then some of the
2 other things that feed in to that culture. Supervision is
3 really, I think, the key tool that we have in order to help
4 inform expectations around behaviour, allow staff to
5 reflect on their practice and learn and to be challenged.
6

7 We've put in a lot of effort - we've completely
8 reviewed our supervision framework, we've trained all of
9 our supervisors. Anyone who has a supervisory role in our
10 organisation we're rolling out training to, and we're
11 resourcing them around what does it mean to be a good
12 supervisor and what are our expectations about what happens
13 in supervision. It is not just a checklist. It actually
14 means that you need to be able to have good challenging
15 conversations. So supervision is critical.
16

17 MS FURNESS: In the case of your supervisors, are they
18 invariably practitioners who have risen through the ranks?
19

20 MS CRONIN: Mostly, yes. That's a key issue. You can be
21 a very good practitioner, but we need to then skill them
22 up. You need good practitioners; you need people to
23 understand how to do the work. But then being a supervisor
24 is a different function. So we invest in our supervisors
25 to train them up in what it means to be a supervisor.
26

27 MS FURNESS: Training?
28

29 MS CRONIN: Training. In terms of establishing the
30 culture, which is what we were talking about, induction is
31 critical. Induction and, again, setting a framework in
32 terms of what are our expectations around the way you will
33 behave in this organisation. Induction is one of the first
34 touchpoints in terms of that.
35

36 MS FURNESS: Is induction training carried out from
37 internal and external providers?
38

39 MS CRONIN: Yes. Yes. In a range of things. There's a
40 broad overarching induction, "Welcome to the organisation".
41 Then there would be specific induction depending on what
42 program area you're in, and site-specific induction.
43

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

1 of sexual abuse.

2

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

8

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

12

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

15

16 MS CRONIN: Three years.

17

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

23

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

34

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

36

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

41

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

44

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

1 exceptions to that and --

2

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

5

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

16

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

33

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

36

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

39

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

43

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

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

5

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

8

9 MS CRONIN: Yes, sometimes they are, absolutely.

10

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

13

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

21

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

24

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

36

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

40

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

42

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

45

46 MS CRONIN: Yes.

47

1 MS FURNESS: Were those targets set by negotiation?

2

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

5

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

9

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

14

15 MS FURNESS: How can that be fixed?

16

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

26

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

32

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

43

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

47

1 MS CRONIN: That's right.

2

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

6

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

24

25

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

37

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

42

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

46

47 MS CRONIN: Yes.

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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?

1
2 MS FURNESS: Information exchange.
3
4 MS CRONIN: Information exchange with regard to assessment
5 of carers?
6
7 MS FURNESS: Yes, assessment and screening of carers?
8
9 MS CRONIN: Yes. Yes. There is pretty clear information
10 about that, yes.
11
12 THE PRESIDING MEMBER: Could I just clarify, in terms of
13 assessment and recruitment, is there a different process
14 for the therapeutic foster care placements when it comes to
15 assessment for those sorts of placements?
16
17 MS CRONIN: Generally, no, it's not a different assessment
18 process. It's probably a bit more rigorously looking at
19 what the capacities are of the carers that you're looking
20 for. So they might actually go through the same assessment
21 process --
22
23 THE PRESIDING MEMBER: The model is the same, but you're
24 looking for different skills and competencies; is that
25 right?
26
27 MS CRONIN: Yes.
28
29 THE PRESIDING MEMBER: That therapeutic model - I'll just
30 stick with the foster care model for the moment - is that
31 about the skills and competencies of the foster carer or
32 carers or about the services that are being provided into
33 that model or both?
34
35 MS CRONIN: Both. It is both - yes, the skills and
36 capacities of the carer themselves, and it's also about
37 what they're able to do within their current context.
38
39 It is more time consuming, for example. So you would
40 want greater flexibility of the time that the carers are
41 able to put in to caring for the children. So both their
42 capacities and their skills. But the therapeutic - the
43 foster care program is also - there are much more intensive
44 supports wrapped around the caring environment than general
45 foster care.
46
47 THE PRESIDING MEMBER: Does that mean support is coming

1 directly from your agency as well as external providers?

2

3 MS CRONIN: Yes.

4

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

7

8 MS CRONIN: Yes.

9

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

13

14 MS CRONIN: Yes.

15

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

21

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

23

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

27

28 MS CRONIN: What's different about it?

29

30 THE PRESIDING MEMBER: Yes.

31

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

37

38 THE PRESIDING MEMBER: Who is an employee of yours?

39

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

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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?

1 MS CRONIN: Yes.

2

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

5

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

13

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

19

20 MS CRONIN: Yes, I agree.

21

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

31

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

38

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

45

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

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

8
9 I would want to have more time to think through
10 whether or not the best place to hear the voice of the
11 child about whether it is a good placement is in the annual
12 review process, because I would imagine that there might be
13 some risks associated with that if there were problems in
14 the placement. You would be wanting to have that
15 conversation with the child the whole way through, but
16 I think it is a good point about how is the voice of the
17 child heard in an annual formal appraisal of the placement?
18

19 MS FURNESS: You say you would be wanting to have that
20 conversation earlier. Do you, as a matter of fact, tell
21 those who are having regular contact with the child in your
22 organisation that they should be doing that?
23

24 MS CRONIN: Absolutely. Absolutely.
25

26 MS ROBBS: Can I just add that as part of one of the
27 things that line up is the case planning and review process
28 which for children that would be therapeutic or intensive
29 foster care often quarterly and then, as part of that,
30 there's a conversation with the child around the placement
31 and their view of the care environment and so in some ways
32 it is an option of the feeding in of that information to
33 the annual or biannual carer review process and that being
34 one mechanism, only one of the mechanisms that the child's
35 voice can be considered into both their placement and the
36 carer's suitability within that.
37

38 MS FURNESS: You were present when the government agencies
39 had given evidence over the last day and a half. You would
40 have heard Ms Walk say that there has been staff,
41 particularly case workers, more engaged with process parts
42 of their job, not through any fault of their own but
43 because of the requirements and compliance has risen
44 significantly, at the expense of a relationship with the
45 child and I think Mr Kemp from Tasmania spoke about it in
46 terms of 80/20, it should have been 80 with the child and
47 20 elsewhere, but it seems to have been inverted. What's

1 your experience of that?

2

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

9

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

12

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

23

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

35

36 I would actually say that --

37

38 MS FURNESS: How do you do that?

39

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

1 that helps get some of the white noise of some of those
2 administrative systems out of the environment and although
3 the paperwork always has to be done and done well, we
4 really work hard to make sure what's necessary to fulfil
5 those safety requirements too.
6

7 I think as well the hard systems, most importantly, in
8 our experience, is the culture. NGOs particularly have a
9 great opportunity to really shape and drive the culture of
10 our organisations and so, as I spoke to previously,
11 relationships come first, for example, it's the first
12 primary value of Life Without Barriers, so that permeates
13 every element of how we communicate, how we train, how we
14 engage with the people we support, but each other, so it
15 becomes part of how we do what we do. The cultural element
16 and the systems, I think, shape a greater opportunity for
17 that relationship to still be present in the community
18 sector.
19

20 MS FURNESS: Thank you. Ms Salamone, can we bring you
21 into the conversation?
22

23 MS SALAMONE: Yes.
24

25 MS FURNESS: Firstly, dealing with that topic, is that an
26 experience that you've had in Victoria with VACCA, the
27 disproportionate amount of time that your people have had
28 to deal with administrative matters rather than engaging
29 with the child?
30

31 MS SALAMONE: Certainly. I think it was mentioned this
32 morning that every time there inevitably is a review or a
33 Commission, that the requirement becomes an additional
34 administrative compliance requirement. That's certainly
35 been my experience and it has been my experience over the
36 30 years I've been in the field, that increasingly there's
37 greater compliance. I think with greater compliance there
38 are some very good things that come. I would not be
39 supporting a process that says, "Let's get rid of
40 compliance", because I think compliance has actually added
41 a robustness to the system. I think it has made us much
42 more highly accountable. I think external auditing,
43 for example, the community service organisations in
44 Victoria that manage children are required to be externally
45 audited.
46

47 I think, actually, that adds significant protection.

1 Indeed, my proposal would be that that should be to all
2 jurisdictions irrespective of whether the child is actually
3 managed by the community sector or managed by government,
4 that there should be that external independent auditing.
5

6 Having said that, however, it does require agencies to
7 do a fair bit of juggling in terms of meeting the
8 compliance requirements as well as actually doing the work
9 that's required. We employ and want our staff to be out
10 there with the children. We want them to be doing the
11 things that they're doing, which is transporting children
12 to school, they take them to medical appointments, they
13 develop a relationship, they do access with families.
14 We're really wanting them to do that because that's
15 absolutely critical in terms of them establishing a
16 relationship, the child getting a sense that there's
17 another person here they can talk to apart from their
18 carer. At some times I think that does come at a bit of a
19 cost in terms of the administrative requirements in terms
20 of thing having to be written up.
21

22 I think agencies seek to try to juggle that the best
23 that they can. One of the downsides of the external
24 auditing process is that if it is not written it looks like
25 it hasn't been done, so that's always a bit of, I think, a
26 tension for agencies.
27

28 MS FURNESS: VACCA operates only in Victoria.
29

30 MS SALAMONE: Yes.
31

32 MS FURNESS: You have an agreement with the Victorian
33 agency?
34

35 MS SALAMONE: Yes, the Victorian Government.
36

37 MS FURNESS: The terms of your agreement - you've heard
38 the evidence that has been given here. Does your agreement
39 require you to do anything more than the statutory
40 requirements in relation to screening?
41

42 MS SALAMONE: No, it's similar to what happens with
43 MacKillop, so it is a similar system.
44

45 MS FURNESS: And you provide a range of kinship services,
46 don't you?
47

1 MS SALAMONE: Yes, we do.

2

3 MS FURNESS: Is that your primary work in the kinship
4 area?

5

6 MS SALAMONE: In terms of out-of-home care, probably
7 kinship care and foster care would be the two areas we
8 provide most placements too. It's fairly comparable in
9 numbers; it depends a bit on the day. The other thing,
10 though, it is not a requirement by government. We actually
11 have some differing processes in terms of our foster care.
12 Once our foster care assessment has occurred and it has
13 gone to the panel, similar to the other organisations, they
14 may have similar processes, we have a process that we call,
15 for want of a better word, probation, which is really about
16 providing much more extensive support to the foster carers,
17 particularly for their first three placements.

18

19 We have reoriented how we do our work, so for the
20 first two placements that a foster carer has there's much
21 more intensive support offered to them, so that we get
22 foster carers off on a really good foot, so the actual
23 support isn't provided by the case manager, it's actually
24 provided by the team who has done the assessment and their
25 role is really to assist those carers.

26

27 We have had some very, very good feedback from carers
28 in terms of that support, being able to have somebody that
29 they are much more actively able to debrief with, what are
30 the particular issues that might be emerging. Like all of
31 us, foster carers have issues that emerge in their lives,
32 so it could be that a particular issue emerges and so we're
33 much more able to respond to that more flexibly. There is
34 one instance, for example, where the clinician had actually
35 gone in and done some work with the foster carer in those
36 first sort of six months where they've experienced a
37 particular life issue that potentially will have an impact
38 on their care, so we've done much more work in that space
39 with a view to really trying to settle and trying to get
40 foster carers a really good experience of care.

41

42 MS FURNESS: Do you do that with kinship carers?

43

44 MS SALAMONE: With kinship carers it's a different system
45 because the actual assessment of kinship carers is a
46 departmental responsibility. None of the agencies actually
47 do the assessment: that's a departmental one. For the

1 kinship carers that we then manage post that assessment, we
2 have a system whereby, because there's no assessment done,
3 as it were, our case workers then take on a very active
4 role with those kinship carers.

5
6 MS FURNESS: Can I just ask you, are you provided with a
7 child, as it were, and told that there has been this person
8 who is in some relationship with the child and that will be
9 the carer and you then manage it after that point in time;
10 is that right?

11
12 MS SALAMONE: Yes, in terms of our kinship care, yes, it's
13 by negotiation. The department doesn't simply say,
14 "You must take them." It is a negotiation process.

15
16 MS FURNESS: Is the negotiation process about the identity
17 of the carer or about something else?

18
19 MS SALAMONE: What do you mean by "the identity of the
20 carer"?

21
22 MS FURNESS: You said it is by negotiation.

23
24 MS SALAMONE: Yes.

25
26 MS FURNESS: Is it by negotiation that you'd take the
27 child at all because you've got capacity or not, or is it
28 that you can have some say in the identity of the carer,
29 that is, who the kin or relative carer is?

30
31 MS SALAMONE: No, that has already been established by the
32 department.

33
34 MS FURNESS: What do you negotiate?

35
36 MS SALAMONE: What we might negotiate is whether we think
37 we're the best agency to actually look after that child and
38 our principle is that if it's an Aboriginal child, we would
39 see that we have a fundamental responsibility to provide a
40 service to that child.

41
42 MS FURNESS: Can you take every child that you're offered
43 by the department, every Aboriginal child?

44
45 MS SALAMONE: No, we cannot take every child. We have
46 particular contracts. We certainly would like to be able
47 to offer many more placements to Aboriginal children and

1 believe that Aboriginal children are best placed with
2 Aboriginal agencies. However, our contract stipulates so
3 many targets. We aren't able to go beyond that.
4

5 MS FURNESS: What assessment process do you carry out
6 after you've been negotiating with the department to take a
7 particular child with a relative kin carer selected?
8

9 MS SALAMONE: We would get the departmental assessment
10 process. We would then support that with our own sort of
11 observations in terms of understanding the child. The
12 program has access to a therapeutic clinician. We would be
13 looking at that sort of work. The clinician often provides
14 secondary consultation to the case worker and may do some
15 work individually with the carers, depending on the
16 circumstances. There is that component of the assessment.
17 Often the focus of our assessment is how embedded is the
18 child in the Aboriginal community? Are there particular
19 events that they need to be going to? We strive to have
20 our children involved in a range of cultural activities and
21 we would see that as part of healing and assessment. They
22 might be involved in a possum-skin cloak project, they
23 could be involved in a mentoring program; it really just
24 depends.
25

26 MS FURNESS: In terms of the assessment process, the
27 therapeutic model that has been spoken of, do you apply
28 that at that assessment stage?
29

30 MS SALAMONE: For our foster carers when we are assessing?
31

32 MS FURNESS: Yes.
33

34 MS SALAMONE: Yes. What we actually do is that we've got
35 trained assessors, as most agencies do. We actually
36 include a clinician in our actual foster care formal
37 training, so they do three-day training. We include the
38 clinician in that to really support and we use "Our Carers
39 for our Kids", which is an Aboriginal version of the
40 "Shared Stories, Shared Lives".
41

42 MS FURNESS: I am sorry, what was that called?
43

44 MS SALAMONE: "Our Carers for our Kids". Rather than
45 simply use that training package, we also have a clinician
46 who attends to really assist carers particularly
47 understanding the impact of trauma and also to form a

1 relationship with carers at well. That's part of that
2 assessment training.

3
4 Apart from that is the mandated assessment, as it
5 were. The other mandated assessment that we have
6 internally to the agency is that if the carer is not
7 Aboriginal, that they're required to do a training package
8 that we've developed which is called "Nakara's Journey",
9 which is about really understanding the cultural context of
10 a child in care. That particular training program is open
11 also to the sector, so if MacKillop or whatever other
12 agency would like to access that service, the training they
13 do, and many do.

14
15 MS FURNESS: Leaving aside the language of the therapeutic
16 model, I take it that when you assess foster carers,
17 leaving aside kinship carers for the moment, you assess the
18 needs of the child and then determine the services that are
19 best put in place for those child's needs.

20
21 MS SALAMONE: Yes.

22
23 MS FURNESS: If they're more therapeutic in nature, you
24 would provide, presumably within the funding arrangement,
25 more services for the child to meet their needs.

26
27 MS SALAMONE: What we try to do is have a circumstance
28 where we look at the child who comes to our care and all
29 children that come to our care have experienced trauma, so
30 all to some extent require some therapeutic approach, some
31 more than others. A part of our process would be to have a
32 child come in, have a consideration of the assessment of
33 that child and then make the decision about what degree of
34 therapeutic input they would require. All children in
35 residential care have a therapeutic treatment plan. Many
36 children in our foster care have a therapeutic plan and
37 also in kinship care have a therapeutic care; not all
38 because not all require that type of plan. It could be
39 that the therapeutic intervention could be with the case
40 worker about how they can assist the carer, or could be
41 directly working with the carer.

42
43 Probably our point of difference would be our stronger
44 focus in our therapeutic approach about Aboriginal healing
45 and understanding the importance of the impact of past
46 policies and practices in terms of the trauma for
47 Aboriginal children. Our clinical team uses similar sorts

1 of theoretical constructs, as do most other clinicians -
2 you know, they look at Bruce Perry - they look at all those
3 sorts of things, but then also apply a cultural lens to
4 that.

5

6 MS FURNESS: How do you deal with a child coming into your
7 care who has sexually abusive behaviours?

8

9 MS SALAMONE: It would depend. For example, it could be
10 that if we're aware of that behaviour before the child
11 comes, there would be some discussions with the department,
12 in particular, about how we might best care for that child.

13

14 MS FURNESS: Can I just stop you there? How would you be
15 aware before the child came into your care?

16

17 MS SALAMONE: If the department are providing us
18 information in relation to the needs of the child, that
19 could be identified as an issue, so then we would look at
20 that and how we might deal with that. Sometimes we're not
21 aware the department itself may not be aware and so the
22 approaches we tend to take will depend upon the child.
23 What we have done in cases of very complex sexual abuse,
24 sibling abuse, particularly, which has been really very
25 complex and very entrenched for these children over many,
26 many years, we have taken a very strong sort of care team
27 approach and looked at also involving the Office of
28 Professional Practice, our own clinicians and really sought
29 to have the residential care staff also very involved in
30 this, so particular training in relation to these
31 particular children, so that people are aware about what
32 the triggers would be for these particular children, as
33 well as the requirement really to be very vigilant in
34 relation to the children.

35

36 I think one of the other things has been - and I'm
37 just thinking about a particular situation where two of
38 these children have actually gone home to their kinship
39 carers, which is an extraordinarily successful outcome to
40 these children.

41

42 MS FURNESS: Gone home to their kinship carers?

43

44 MS SALAMONE: Yes. It has been the capacity to work with
45 the children for them to understand some of their
46 behaviour, so the capacity to help self-regulate
47 themselves, the capacity for them to understand what is

1 normal attachment behaviour, because often some of these
2 children come into care with the view that sexualised
3 behaviour is how you actually seek affection; so looking at
4 telling children that there are other ways in which you
5 behave with other people. I think some of that particular
6 work, which is very intensive and is part of the
7 therapeutic approach more broadly that we want to introduce
8 for all children in care, has been really quite successful.

9
10 MS FURNESS: The children you're referring to were in
11 residential care?

12
13 MS SALAMONE: Yes.

14
15 MS FURNESS: And that work was done in residential care?

16
17 MS SALAMONE: Yes.

18
19 MS FURNESS: When you have the problems that you've
20 described with siblings and sibling abuse, how do you
21 manage the tension between keeping the siblings together
22 and dealing with the abusive behaviours?

23
24 MS SALAMONE: That's always a very difficult one. All
25 those children have a requirement and a need. It would
26 depend on the circumstance. In one instance, one of the
27 children was actually separated from the other younger two
28 because it was believed that it was just beyond the
29 capacity to stop the abuse occurring and it was actually
30 now starting to be the younger child abusing the even
31 further younger child. In that instance, there was some
32 separation of the older child from the two younger children
33 who still were exhibiting some of that behaviour, but what
34 we negotiated with the department was increasing resourcing
35 to actually enable us to have increased monitoring and
36 supervision, that's really, really important, and then
37 developing sort of therapeutic plans that looked at both
38 children but then looked at both children individually. So
39 it looked at meeting the children's individual needs as
40 separate, but also looking at what can we do in terms of a
41 house for children to understand the rules. In that
42 particular instance, even though their unit was a
43 four-bedroom one, we only had those two boys in there for a
44 certain period of time.

45
46 MS FURNESS: Do you have different processes to deal with
47 adolescents or young people?

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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

1 some of the Aboriginal sort of protective behaviours type
2 approaches and looking at maybe implementing something like
3 that. We will from now on be running, as part of our
4 normal suite of mandatory training for our carers,
5 understanding sexual abuse and abusive behaviour, sexually
6 abusive behaviour, so that's going to be part of what we're
7 saying is going to be a fairly minimal mandatory
8 requirement for all our staff. Certainly, our foster
9 carers get that. In terms of "Shared Stories,
10 Shared Lives", there's a component on sexual abuse and
11 abusive behaviours.
12

13 The other thing we've done for our foster carers and
14 our resi-carers is we have, in conjunction with
15 "Child Wise", developed a "Yarning Up About Sexual Abuse"
16 pamphlet. That's given to foster carers. What we're
17 actually in the process of doing is actually looking at
18 that process, looking at that actual pamphlet and wanting
19 to actually take it a bit more apart to have the capacity
20 to in some ways simplify it and to then use that as part of
21 some one-to-one work that we'd be doing with our kinship
22 carers. Rather than necessarily have kinship carers come
23 to a training program, it is often very difficult, is
24 looking at having our case workers actually being able to
25 do some of that work individually.
26

27 The other thing we have established last year but
28 which is in the process of being worked out, is wanting to
29 establish a youth advisory committee which will include
30 children who are in our care, as well as children more
31 broadly who VACCA have contact with. One of the things
32 that we're wanting to be talking to those children about is
33 some of the things and the programs that they would
34 particularly find helpful. That is very much a beginning
35 work in process. We've yet really to establish that
36 program.
37

38 MS FURNESS: Can I ask you whether you involve the police
39 in any of your training work that you do with staff or
40 children?
41

42 MS SALAMONE: Not as a matter of routine. There would be
43 incidents where police would be involved, but not as a
44 matter of routine.
45

46 MS FURNESS: Have you developed a relationship with the
47 police in terms of the work that you do?

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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,

1 and looking at ways they may want to respond to that
2 behaviour.

3
4 We've had some success in children actually doing
5 really well at school who are based in our residential care
6 programs. If I look, as an example, at those two little
7 boys who initially at the beginning of it might have been
8 I think last year or the year before, I get my years a bit
9 confused, were barely attending school. By the end of that
10 six-month period they were attending school every day.

11
12 MS FURNESS: Which was the intervention of the clinician
13 directly with the teacher.

14
15 MS SALAMONE: I think it was the clinician's work with the
16 teacher. I think it was the residential care worker with
17 the child, so the child also got the sense of how they
18 ought to behave more appropriately. I think there's still
19 significant work that needs to be done in terms of making
20 sure that not just Aboriginal children, but clearly my
21 interest in particular is Aboriginal children, have access
22 to education that's full-time, rather than a view that
23 children can only attend school for two hours a week or two
24 hours a day or whatever. I think that there is a piece of
25 work that needs to be done in that space.

26
27 MS FURNESS: In terms of preventing sexual abuse of
28 children in out-of-home care, what is it that your agency,
29 you think, does best?

30
31 MS SALAMONE: I think - I suppose somebody mentioned it
32 this morning - for me the best thing that we do and that we
33 can do is to create stability and permanency with the
34 natural family. To the extent that we put effort into
35 really seriously looking at keeping that family together
36 where possible, acknowledging that there are times where
37 that's not possible, I think that's the best prevention.
38 For me, we have seen that the concept of therapeutic input
39 has made a significant difference to many children in care.
40 For me, it would be something that we would want to I think
41 as a system consider looking at our family services. We
42 have programs in Victoria, for example,
43 "Stronger Families", where you can access a clinician to
44 keep the child at home. I would like to see that sort of
45 clinical support offered really for all our family
46 services, so that we're really able to address many issues
47 that the families have that they don't actually come into

1 care. I think that's the best protection, acknowledging
2 that there are some children who will have to always come
3 into care.

4

5 MS FURNESS: Understanding that, once they're in care,
6 what's the best thing you do to prevent them being abused
7 in care?

8

9 MS SALAMONE: I think it is having a whole range of
10 policies and procedures in place, to be clear about
11 expectations of staff, codes of conduct. I think
12 supervision is really important. I think the other thing
13 we do is reflective practice, which is part of the
14 therapeutic approach. I think it's made a significant
15 difference. People are much more aware of the issues of
16 children. It is discussed much more openly.

17

18 The other component to supervision is that we have a
19 "My Support Plan" for our residential care workers, which
20 is really about looking at their own professional
21 development, which is looked at in a very active process,
22 so that they themselves are aware of particular behaviours.

23

24 I think that the other element for us has always been
25 the importance of the cultural work that's done, that
26 actually makes children feel resilient. I think more
27 resilient children are more likely to be not quite so
28 vulnerable and so it is our view - backed up by evidence,
29 if you look at some of Chandler's work - that keeping
30 children connected culturally is really very important
31 prevention, in terms of just building a sense of self and a
32 sense of really positive identity.

33

34 THE PRESIDING MEMBER: Included in that is there training
35 specifically directed to assisting your residential care
36 workers in talking to children on the topic of sexual
37 abuse? In other words, assisting the possibility that
38 children will feel safe to disclose in the event that
39 that's something they need to do?

40

41 MS SALAMONE: We ran a pilot training program last year
42 which included our residential care staff. What we're
43 going to do is actually look at that pilot program. There
44 are some things in there I think we can add to that pilot
45 program and then that's going to be rolled out to all our
46 residential care staff as a matter of course.

47

1 THE PRESIDING MEMBER: Last year was the first time you
2 included that new training?
3
4 MS SALAMONE: Last year was the first year, yes, as in
5 terms of I think looking at not just individual cases where
6 particular workers will have had training in relation to
7 how to talk to children if there are particular issues, but
8 I'm talking more at a systems level, agency level.
9
10 THE PRESIDING MEMBER: I'm not sure that I've understood
11 the last part of the answer.
12
13 MS SALAMONE: In terms of ensuring that all our
14 residential care workers will receive that training, they
15 will be commencing this year.
16
17 THE PRESIDING MEMBER: I see what you mean.
18
19 MS SALAMONE: We had a pilot last year.
20
21 THE PRESIDING MEMBER: Where individuals were involved, as
22 opposed to at an agency level, at a whole agency level.
23
24 MS SALAMONE: Yes. Our aim is that all our residential
25 care staff will over a period of time actually be trained.
26
27 COMMISSIONER FITZGERALD: Could I just follow on from
28 that, going back to an issue that Ms Furness raised with
29 you, the issue of sexual exploitation of children in
30 residential care?
31
32 MS SALAMONE: Yes.
33
34 COMMISSIONER FITZGERALD: You would be aware from a number
35 of the case studies we've done where victims have made
36 allegations, in fact, presented evidence that they were to
37 subject to sexual exploitation which commenced in the home
38 but went beyond the home. In the roundtable that we had a
39 number of workers in the out-of-home care area urged the
40 Commission to look at the issue of sexual exploitation of
41 children that were in residential care because they were
42 easy prey, easy victims.
43
44 MS SALAMONE: Yes.
45
46 COMMISSIONER FITZGERALD: I just want to get an
47 understanding from the three of you, if you can, whether

1 you believe child exploitation remains a serious issue in
2 relation to children that are entering into or leaving
3 residential care and depending on that answer, what are the
4 measures that we've put in place that have reduced the risk
5 of sexual exploitation of children in care or if we fail to
6 achieve an outcome, what do we need to do? Perhaps,
7 Ms Salamone, you might want to comment on that.

8
9 MS SALAMONE: I'll start. Yes, I believe it is still a
10 significant problem. I think children in out-of-home care
11 are, as it were, easier targets. I certainly think a
12 number of things have happened, though, that has actually
13 provided a greater protection to children. I think the
14 fact that the police and DHS have worked together in
15 relation to really seeking to minimise child sexual abuse
16 has been really quite a positive program. Certainly, there
17 have been a number of training sessions that have been
18 rolled out across the state that our staff have all
19 attended, in terms of understanding what that might look
20 like.

21
22 I think the idea of looking at it as not an individual
23 child's responsibility but more the responsibility of state
24 agencies is really very critical. If in fact we know that
25 there's a predator who has got a car whose number plate is
26 ABC123, that that's actually recorded and we see whether
27 does that number plate still come up in another residential
28 care facility. The capacity to track I think is something
29 that we haven't had in the past which we now do much better
30 I think. I think it's both strategies required to look at
31 tracking those who actually are the predators, as well as
32 equipping our children for them to see that that sort of
33 behaviour is actually not in their own best interests.

34
35 I think that's another element, as well as I think a
36 system, and residential care in particular, where workers
37 are now much more actively involved in trying to get
38 children to actually not go to those places where we know
39 they're going to be unsafe, to seek to try to follow them
40 where possible so that they're not there, so they're not
41 the easy targets. I might stop there and leave it at that.

42
43 MS CRONIN: I would absolutely agree with you that sexual
44 exploitation of children is a significant problem. Just
45 from the data we submitted to the Commission, the
46 vulnerability of children to sexual abusive behaviour that
47 is external to the care environment is nearly half of

1 those. A significant proportion is client to client but a
2 very significant proportion occurs outside the care
3 environment.
4

5 The work that we do together to protect children from
6 that is very important. I think that I would agree with
7 what Connie has been saying in terms of taking a joined-up
8 approach to that, so that community service organisations
9 are working very closely with government, with the police,
10 and that they're seen as a shared responsibility is
11 critical. I think that that doesn't always happen as well
12 as it could, that there isn't necessarily always equal
13 respect about all of the partners and the parts that they
14 play and the information that they can bring. Information
15 sharing is absolutely critical because what often happens
16 is there are bits of information scattered across the
17 system and it is only when you map those and bring it
18 together that you realise what's actually occurring.
19

20 Having that in an environment that recognises the
21 incredible vulnerability of the children in our care and
22 that they will be preyed on, often in a very organised way,
23 and that we all have responsibility to respond to that, is
24 a critical piece of work for all of us.
25

26 MS ROBBS: Yes, I would agree. I think the young people
27 in our care are incredibly vulnerable to sexual
28 exploitation. Our experience tells us that and the data
29 that we have tells us that, from individual organisations
30 and more broadly. I think that the effort to try to do
31 things coordinated just out-of-home care or just child
32 protection, or just even services like the police, but
33 looking more at education and more broadly at health and
34 the community, so we're looking at much more of that
35 child-safe community, rather than just the people that have
36 been actively working with the children at appointment
37 time, is critical.
38

39 From our experience some of the messages into that
40 about the explicitness of the messaging that we put into
41 our systems, into our training and into our culture and in
42 our symbols as a community, the explicitness of what is
43 legal and illegal, what is allowed and not allowed and what
44 people do, is an area that we think that we could become a
45 little more courageous as a community and be more direct.
46 We think that in that way that might really help bring some
47 of this up into the light, which is obviously incredibly

1 important.

2

3 COMMISSIONER FITZGERALD: Thank you.

4

5 COMMISSIONER MILROY: Ms Salamone, you rightly pointed out
6 the connection between culture and resiliency and that is a
7 protective mechanism for Aboriginal children in care. You
8 also mentioned earlier that VACCA has a training program
9 that's available for staff working with Aboriginal
10 families.

11

12 MS SALAMONE: Yes.

13

14 COMMISSIONER MILROY: How well do you think that's
15 actually taken up and from your experience of working in
16 the sector, how well do you think that sort of cultural
17 resiliency is due to Aboriginal children who are not placed
18 within Aboriginal organisations or families?

19

20 MS SALAMONE: I think that there are pockets where it's
21 done very well. I think, however, we don't have a
22 system-wide approach that focuses sufficiently on the
23 importance of understanding culture as a resilient factor.

24

25 Most Aboriginal children in Victoria are not placed
26 with Aboriginal services, they're placed with mainstream
27 services, and I think many do an absolutely fabulous job.
28 I think, however, often where Aboriginal services can
29 provide greater input is the fact that a culture of
30 resilience is something that is part and parcel of an
31 Aboriginal agency's absolute existence, it's part of their
32 vision of who they are, and I think that translates to
33 children much better than can be done in a mainstream
34 organisation which has very good intentions and does some
35 very good work as well. I wouldn't want to imply that
36 that's not the case.

37

38 The other aspect for me is I think what Aboriginal
39 agencies can do is actually because of their connection to
40 the community, it means that children, Aboriginal children,
41 can always be part of an Aboriginal community in a much
42 easier, fluid way, because the Aboriginal agencies are part
43 of that community, so I think that's really quite important
44 in terms of, you know, VACCA organises, for example, an
45 Aboriginal and Torres Strait Islanders Children's Day or a
46 NAIDOC Day, communities come along irrespective whether the
47 children are in care or not, but the fact that Aboriginal

1 in care can come and be just an Aboriginal child in the sea
2 of all these other Aboriginal children having a good time,
3 I think is really fundamental to their well-being.
4

5 MS FURNESS: I understand that in Victoria there has been
6 a recent initiative, a combination of child protection and
7 the Victoria Police, whereby police are using intervention
8 orders more, they're using secure welfare, they're using
9 grooming laws more, in order to have some effect on sexual
10 exploitation. Each of you works in Victoria. Have you
11 noticed any improvement or change as a result of that work?
12

13 MS CRONIN: I think the organised responses to sexual
14 exploitation that have been occurring across really the
15 last couple or few years are a very good initiative.
16 I think that they have improved our capacity as a system to
17 keep some children safe, yes. I think that the ways that
18 they have done that is what I was talking before about
19 there was a very concerted effort around mapping children,
20 understanding the relationships between children and
21 organised groups of paedophile rings that were accessing
22 kids and that we have been able to keep some kids safe, and
23 that's right, in order to do that there have been a range
24 of strategies.
25

26 The disruptive policing approach that has been built
27 on very strong and respectful relationships between the
28 bodies and sharing of information has been critical to
29 keeping some kids much safer.
30

31 MS SALAMONE: Yes, I would agree with that. I think there
32 has been really quite a significant improvement to what was
33 once a very laissez faire, individual, you know, agency or
34 individual police approach to one that's much more about
35 the responsibility of all those services to actually work
36 together in a coordinated manner, particularly in terms of
37 disrupting some of those sort of paedophile rings or
38 particular predators. I think for me it has been one of
39 the most encouraging areas of practice I've seen.
40

41 MS FURNESS: Do you have anything to add to that,
42 Ms Robbs?
43

44 MS ROBBS: I have nothing to add.
45

46 MS CRONIN: Can I add something to that?
47

1 MS FURNESS: Certainly.

2

3 MS CRONIN: I think both of the other panel members have
4 talked about differences in attitudes. I think that when
5 I started working in this field, we talked about children
6 prostituting themselves. We talked about child
7 prostitution. We didn't talk about sexual exploitation.
8 There have been significant shifts in attitudes around
9 children cannot choose to prostitute themselves. These
10 children are being exploited. There was a sense of,
11 you know, lack of responsibility of the police and the
12 system and all of us to intervene that has very
13 significantly shifted. It is now seen as it is criminal,
14 these children are being sexually exploited and it is our
15 responsibility to intervene.

16

17 MS FURNESS: Thank you.

18

19 COMMISSIONER FITZGERALD: Would that be an experience that
20 you've identified across Australia, to the extent that you
21 have services, or is that something that's particularly
22 noticeable in the Victoria context?

23

24 MS CRONIN: I think there have been shifts across the
25 country. In my experience it has been there's been a much
26 greater coordinated effort in Victoria in response to that.

27

28 MS FURNESS: The Cummins Inquiry reported in 2012.
29 I understand that there was a significant focus in that
30 report on education. Have any of you seen any particular
31 changes as a result of that that's improved the safety of
32 children in care?

33

34 MS ROBBS: The safety or the access to education and
35 safety?

36

37 MS FURNESS: The safety as result of access to education,
38 the safety as a result of improving not only educational
39 opportunities but information?

40

41 MS ROBBS: I think it goes back to the point made before
42 around our experience that there are more resources within
43 the education system in many jurisdictions to particularly
44 focus on the needs of children that are in care and more
45 vulnerable. I think it remains a vexed issue how those
46 resources are actually able to impact on the educational
47 experience for young people.

1
2 We, as an organisation, track the data around
3 attendance and participation, particularly because, yes, we
4 know it's attached to better life outcomes, but also it is
5 an area that we don't feel that we perform well enough in.
6 Even though in some instances we have people allocated
7 within the education system to help with that attendance or
8 participation of children in out-of-home care, and even in
9 instances where we ourselves have employed education
10 officers, so teachers, to try to talk the language of the
11 education system to improve those outcomes, we've been able
12 to achieve it at a regional level or at a school level or
13 at a particular-area level, but looking at improvement
14 across the board I'm confident it is an area that we would
15 say, from our experience, still needs a lot of work.
16

17 MS CRONIN: I would agree in terms of the need for it
18 continuing to improve. I think, again, there is a greater
19 focus. Having high aspirations around the engagement in
20 education of the children in out-of-home care is much more
21 at the forefront. Engagement in education is a protective
22 factor in a range of ways. Engagement in primary, normal
23 service systems like education is protective in itself, and
24 I think the other protective factor in that is having a
25 sense of hope for your future. If we can engage the
26 children in our care in education, training and employment,
27 it helps them have a sense of hope for a positive future
28 which, in itself, is a protective factor.
29

30 I agree with what Claire is saying in that you want
31 them involved in education for a whole range of reasons.
32 We want for them that they are able to achieve whatever
33 their potential is in terms of their educational outcomes,
34 but it is also normal peer networks, it's other adults in
35 their lives who are aware of what they're doing with their
36 time. It is a good use of their time. So there is a range
37 of reasons.
38

39 Our experience - again, my primary experience is in
40 Victoria - is that the education department is absolutely
41 shifting in terms of seeing children in out-of-home care as
42 part of their responsibility. One of the things that has
43 often happened, I think, with education departments who are
44 responsible for hundreds of thousands of children is that
45 for the couple of thousand that are in out-of-home care,
46 "They're the Department of Human Services' problem. You
47 dole with them. We've got to deal with all of the kids in

1 the community."
2

3 My experience would be that education departments
4 across the country are starting to see children in
5 out-of-home care as their responsibility, and when they do
6 that, then we will get better outcomes for those kids.
7

8 MS SALAMONE: The only other comment I would add to that
9 is that education for children is a basic human right.
10 I think the point at which we vary from that and make
11 excuses about particular cohorts of children is the extent
12 to which we as a society fail children.
13

14 For me it's a fundamental right for a child to have
15 education. We do struggle. I think we have seen
16 significant improvement, without doubt, but the fact that
17 still not all children in out-of-home care access education
18 as a matter of routine on a full-time basis indicates that
19 we have some work to do. That would be my quite strong
20 view.
21

22 MS FURNESS: Just to conclude, if I could give you,
23 Ms Salamone, a magic wand, what would you change in
24 relation to the work that's done with Aboriginal children
25 in out-of-home care to improve their safety?
26

27 MS SALAMONE: How big is the wand?
28

29 MS FURNESS: Huge. An endless wand.
30

31 MS SALAMONE: I suppose I would think of a number of
32 things. Firstly, I would look at the focus on children
33 remaining at home and what we do to support children really
34 seriously remain at home.
35

36 My other aspect would be that once children come into
37 care, that we actively and genuinely put in resources for
38 children to go back home. It is my view that there are a
39 number of Aboriginal children in care - in fact, I know
40 there are a number of Aboriginal children in care - who
41 should have gone home earlier. There is significant case
42 drift. So for me, one of the magic wands would be a really
43 strong focus on getting those children home.
44

45 I think part of how you do that is also about who
46 manages the children. Aboriginal children are part of the
47 community of Aboriginal services. For me the greater

1 involvement of Aboriginal services in the case planning,
2 the case management and the direct care of children,
3 I believe, will lead to better outcomes.
4

5 There is a very small project - and it is a very small
6 project - called the "Section 18 Project" which looked at
7 13 children. A very small project. All of those children
8 have been in out-of-home care for five years or more and
9 none have had home reunification plans.
10

11 Through the work we've done in that pilot where we
12 acted as if we were the child's guardian, we have been able
13 to get three children home, and two children have had their
14 child protection order lapse and one child is about to go
15 home.
16

17 Now, it is a very small sample, but it is promising.
18 For me, it is indicative of a very different approach that
19 Aboriginal agencies will take to looking after children.
20

21 I think on of the other benefits that we need to look
22 at is the therapeutic approach across all of the system,
23 across every child in out-of-home care, in our family
24 services and, dare I say, in family violence as well. One
25 of the key contributing factors to children coming into
26 care is the prevalence of family violence. So I think some
27 much more significant work in terms of looking at the
28 models of family violence, looking at a child-specific
29 approaches in that area and also looking at that
30 therapeutic lens is fairly critical in terms of getting
31 children not in care and then, if they are in care,
32 building some resilience.
33

34 I think we don't focus sufficiently on building
35 children's own individual resilience, and I think there is
36 work for us all to be doing - Aboriginal agencies and
37 non-Aboriginal agencies - in terms of building children's
38 resilience. We can never protect them from all that life
39 is going to give them, so the more we can build their
40 resilience, the more we're actually equipping them for
41 life. So I think there's significant work to be done in
42 that space.
43

44 I think capacity to input much more closely into case
45 planning decisions is really, really critical to getting
46 good outcomes for Aboriginal children. There are a few
47 others. I might have a bit more of a think about that, if

1 I could, and come back to you.

2

3 MS FURNESS: Certainly. You're coming back, I think, in a
4 later topic.

5

6 MS SALAMONE: I am, too, so I'll talk about it then.

7

8 MS FURNESS: I'm happy to hear from you at that time.

9

10 THE PRESIDING MEMBER: I was just going to ask a question
11 about the capacity issue that you just identified - the
12 capacity for input. Am I right in assuming that that's a
13 resource issue for the agencies rather than an ideological
14 issue that's a barrier somewhere further along in the
15 system?

16

17 MS SALAMONE: I think it's probably a bit of both.
18 I think there's certainly a capacity issue. If I look at
19 the Victorian system, the Aboriginal agencies in
20 conjunction with the Centre for Excellence put together a
21 five-year out-of-home care plan for Aboriginal children,
22 and in that plan it talked very clearly about the
23 importance of Aboriginal services being provided to
24 Aboriginal children. So while there might be some
25 individual areas of distinction, the Aboriginal agencies as
26 a whole said that these children should be in our care, and
27 I think that's a fundamental way to improve outcomes for
28 Aboriginal children.

29

30 THE PRESIDING MEMBER: So part of the capacity building is
31 building the capacity in Aboriginal agencies to deliver the
32 services to Aboriginal children?

33

34 MS SALAMONE: I'd probably look at it a bit differently.
35 I think, yes, there's always a capacity building, but
36 I think it is also about the will. It is also about
37 whether you actually seriously want to go down that line.
38 Because if you are seriously wanting Aboriginal agencies to
39 take on more children, then I think you actually invest in
40 doing that. You develop plans. My understanding is that
41 New South Wales is going down that approach and has
42 invested quite significantly, and I think that that is the
43 approach that needs to work. It's not just capacity
44 building in the agencies; it is also about what works
45 around the children.

46

47 Because the other concern I sometimes have when we

1 talk about capacity is that there's an implication that
2 mainstream services do it well, and I believe mainstream
3 services have significant capacity building requirements to
4 look after Aboriginal children as well. So I think
5 sometimes it gets used in a very negative way rather than -
6 I think the capacity building goes both ways.

7

8 THE PRESIDING MEMBER: I understand.

9

10 COMMISSIONER FITZGERALD: Could I raise one thing, which
11 was your last response to Ms Furness's question. Is it the
12 case - and we've heard this anecdotally - that there is a
13 looming crisis, in fact, some would say in relation to
14 Aboriginal carers, particularly given that the high
15 proportion of Aboriginal children are with maternal
16 grandmothers who are now starting to die --

17

18 MS SALAMONE: Yes.

19

20 COMMISSIONER FITZGERALD: Is that a genuine crisis that is
21 now being experienced and, if so, what strategies - and
22 I don't want the actual strategies, I'll just ask this
23 question: are there strategies in place to actually
24 address what has become, in a sense, a foreseeable problem
25 for many years now. So is there a problem emerging in the
26 way that I have described, and do we have strategies in
27 place to deal with that particular issue?

28

29 MS SALAMONE: Yes, there is a problem, without doubt,
30 attracting Aboriginal carers, and as you said, a number of
31 grandparents are aging, and the Aboriginal population is
32 actually a very youthful population.

33

34 I think there are things that could be done in that
35 space. I look at the poor support we offer basically in
36 terms of brokerage funds, for example, to kinship carers.
37 Many of the Aboriginal carers who are looking after
38 children are quite poor. So I think if we're wanting to
39 encourage other Aboriginal people to look after children,
40 we need to look at how we're going to support them to do
41 that. I think there are a number of things that could be
42 done, but I certainly think it is an issue, a major issue.

43

44 MS FURNESS: Your Honour, before the bench rises, can
45 I indicate to those who have a great interest in this that
46 for the next two days we'll be dealing with Topic 2, and we
47 won't reach Topic 3 until Monday.

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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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