# TRANSCRIPT OF PROCEEDINGS

## COMMISSION OF INQUIRY INTO THE TASMANIAN GOVERNMENT'S RESPONSES TO CHILD SEXUAL ABUSE IN INSTITUTIONAL SETTINGS

**At Hearing Rooms 6A and 7A**
**Tasmanian Civil and Administrative Tribunal,**
**38 Barrack Street, Hobart**

**BEFORE:**

**The Honourable M. Neave AO (President and Commissioner)**
**Professor L. Bromfield (Commissioner)**
**The Honourable R. Benjamin AM (Commissioner)**

**On 4 May 2022 at 10.09am**

**(Day 3)**

MS ELLYARD: Good morning, Commissioners. Our first session today is a panel which comprises Professor Donald Palmer, who appears remotely, and Dr Michael Guerzoni who appears in person. I ask that both of them first be asked to take the affirmation.

**<MICHAEL ANDRE GUERZONI, affirmed and examined: [10.10am]**

**<DONALD ANTHONY PALMER, affirmed and examined:**

<**EXAMINATION BY MS ELLYARD:**

MS ELLYARD: Thank you. Professor Palmer, may I begin with you; could I ask you again, please, your full name?

PROF PALMER: Donald Anthony Palmer.

MS ELLYARD: You're presently a Professor at the Graduate School of Management at the University of California, Davis?

PROF PALMER: That's correct.

MS ELLYARD: You've made a statement to assist the work of the Commission dated 12 April 2022; is that right?

PROF PALMER: That is right.

MS ELLYARD: Do you have a copy of that statement with you?

PROF PALMER: I do.

MS ELLYARD: Are the contents true and correct?

PROF PALMER: They are.

MS ELLYARD: And you've marked and attached as an exhibit to your statement a copy of your full curriculum vitae?

PROF PALMER: That is correct.

MS ELLYARD: And you've also attached for the assistance of the Commission a copy of an article written by you and a colleague dealing with some of the matters relevant to the work of the Commission?

PROF PALMER: That is correct.

MS ELLYARD: Thank you. May I turn to you, Dr Guerzoni, and ask you again your full name?

DR GUERZONI: Michael Andre Guerzoni.

MS ELLYARD: You're presently engaged in academia at the University of Tasmania; is that right?

DR GUERZONI: That's correct.

MS ELLYARD: That's the role that you are currently performing?

DR GUERZONI: I'm a lecturer in criminology but my title is Indigenous Fellow.

MS ELLYARD: Drawing your attention to paragraph 7 and following of the statement that you've made, could you summarise for us, please, the areas of work that you're engaged in as they relate to the work of the Commission?

DR GUERZONI: Yes, thank you. I lecture in child protection and juvenile justice which covers material on Ashley Youth Detention Centre, and I also research in the prevention of child sexual abuse in religious organisations.

MS ELLYARD: As I understand it, you also have a professional interest in the wellbeing of Aboriginal and Torres Strait Islander children?

DR GUERZONI: That is correct.

MS ELLYARD: And a personal interest as well; is that right?

DR GUERZONI: That is correct. I am a descendent of the Trawulwuy People in the northeast of Tasmania and a member of the Tasmanian Briggs Aboriginal family.

MS ELLYARD: Thank you. You've made a statement to assist the work of the Commission dated 29 April 2022. You've got a copy of that statement in front of you?

DR GUERZONI: I do indeed.

MS ELLYARD: There's a minor correction that as I understand it you wish to make to paragraph 74, so I'll invite everyone to look at paragraph 74. Am I right, Dr Guerzoni, that in the final line of paragraph 74 you wish to add a word so that the sentence will read:

*... rather than to respond solely ....*

Insert the word "solely":

*... to an event of abuse by reporting it externally to police.*

DR GUERZONI: That's correct, and please, an addition of a comma after "abuse".

MS ELLYARD: Commissioners, that last line should read, with the amendments that Dr Guerzoni wants:

*... rather than to respond solely to an event of abuse, by reporting it externally to police.*

With that amendment made, are the contents of your statement true and correct?

DR GUERZONI: That is correct.

MS ELLYARD: The focus of today's session is going to be about questions of organisations and organisational culture and the way in which those matters are relevant to the work of the Commission, but perhaps to begin, we've heard some evidence already this week about the way in which the Commission should regard that cohort of offenders who are motivated actively by a desire to sexually abuse children and might enter organisations for precisely that reason.

Professor Palmer, you've made it plain in your statement that your area of interest is less to do with that cohort of offenders and more to do with another cohort who you go on to deal with in your statement?

PROF PALMER: That is correct.

MS ELLYARD: Dr Guerzoni, you've made the point at paragraph 16 and following of your statement that in your

view there are some common misconceptions about the cohort of people who engage in child sexual abuse within institutions, can you tell us a bit what that misconception is?

DR GUERZONI: There's a common belief that all individuals who abuse children sexually are paedophiles, however criminal logical literature shows us that there's a breadth in the type of offenders we have, and so, by only assuming that it's a paedophile, it means that there's a misunderstanding about the clinical diagnosis, but also in my view it narrows the scope of the people we're looking out for in terms of our prevention efforts.

MS ELLYARD: And so, would I be right to understand, looking first to you, Professor Palmer, that it's important to consider the ways in which organisations themselves, rather than just the people in them, might be creating circumstances where the abuse of children is possible?

PROF PALMER: That's correct. As I say in my statement, organisations are what social psychologists refer to as "strong situations", which have a substantial impact in the way people think, feel and behave.

MS ELLYARD: Thank you for referring to that reference to strong situation; that's at paragraph 11 of your statement. Can I invite you, by reference to paragraph 11 and 12, tell us a bit about what it means to be a strong situation and the ways in which organisations can operate to affect behaviour?

PROF PALMER: So, any social organisation like the family has structures and processes that shape behaviour within them; we have roles, mother and father, that sort of thing. But organisations have much more refined structures and processes that regulate behaviour; they have administrative systems, rules and regulations, division of labour, separation of responsibilities into tasks, they have a vertical structure, a power structure that includes different positions in the chain of command. We could go on but I think I'll stop there.

MS ELLYARD: And I want to ask you to expand on a couple of them, professor. One of the structures and processes that you identify at paragraph 14 of your statement is formal authority and also informal power relationships.

Can I ask you to expand what you mean by those two different kinds of authority and relationships?

PROF PALMER: Sure. So, I think most of us who work in organisations are very familiar with the hierarchical chain of command. We learn early on in life that we obey those who are superior to us in the organisations which we are located. If you're in a school you obey the orders of the teacher; the teachers obey the order of the principal, that sort of thing.

Informal power is rooted in the control of scarce and important resources. So, a coach for example in a sporting club might have little formal authority; they may have a number of people above them in the chain of command, but insofar as they possess expertise that is valued by the club, the ability to train athletes so they're successful on the pitch, that gives them informal power.

MS ELLYARD: Can another way of gaining informal power be through personal style? You've identified later in your statement at paragraph 44 that the role that charisma can play sometimes, and the Commission has got a number of examples before it where it might not have been the person at the head of an organisation but somehow through personal relationships or charisma they were able to obtain power and avoid detection when they became offenders.

PROF PALMER: Yeah. So, academics, of course, care a lot about words and definitions and parsing distinctions. So, I think charisma is not a source of informal power unless it's viewed as a resource. So, if a teacher is viewed as charismatic, and part of the reason that is the case is because they are viewed as someone who can inspire students to do particularly well, then they would be considered to possess informal power insofar as they possess that resource which is valued by the organisation.

Sometimes people viewed as charismatic because they have appealing attributes, status characteristics and that has more to do with the position in informal groups.

MS ELLYARD: Thank you. Finally, one of the other important structures that you identified at paragraph 18 and following of your statement is the question of culture, and can I ask you first to outline what you mean by culture? And then I want to turn to Dr Guerzoni on the

same point.

PROF PALMER: Sure. So, as I said, academics care a lot about definitions and terminology and that sort of thing so we can get involved in disputes about what is culture and what is not culture. But sociologists tend to view culture in a very precise way to mean shared understandings about the way the world is and the way the world should be.

So, you may have worked in an organisation where the assumption was that the environment is competitive and that we're not here to help one another out, we're here to do as best we can in the tasks we do and we shouldn't bother with what other people are doing: that's an assumption about the state of the world.

MS ELLYARD: Can I turn to you, Dr Guerzoni, on this question of culture and assumptions that might underpin the way an organisation works. At paragraph 38 and 39 of your statement, linked back to the evidence you've already given about what you say is a misconception about who offenders are, you identify how that misconception can then create cultural attitudes that might be a barrier to protecting children. Can you tell us about that, please?

DR GUERZONI: Yes, thank you. I would agree with Professor Palmer, it's an underlying assumption which guides how social phenomena or occurrences within an organisational setting is viewed as well as problems within an institution and, from that, regulates what is deemed to be normative practice within an organisational setting. And so, within my research my concern as to understandings of abuse causation is that, when there's a fixed understanding as to what an offender is, that will colour all of the interpretations of institutional policy and procedure towards child sexual abuse and, in turn, it may lead to non-compliance with what is written down in the policies and procedures.

MS ELLYARD: And so, at paragraph 39 you identify a culture might emerge where people assume that people already inside are safe and the only risk is someone dangerous coming in from outside?

DR GUERZONI: That's right. So, if there's an understanding that only paedophiles are the ones to be concerned about, and by extension that it's the police

check that's the main protective factor for an organisation, it can mean that individuals can see their colleagues as safe by extension because they have already passed through that process of being screened and then being appointed to their role.

MS ELLYARD: Can I turn to you, Professor Palmer. You identify as well the question of socialisation as another means by which an organisation might operate to influence people's behaviour, including potentially in ways that will blind them to the risks associated with child sexual abuse. It's at paragraph 21 and following of your statement, could I ask you to summarise what we mean when we talk about socialisation in this context?

PROF PALMER: Well, sociologists who study socialisation have a very specific idea of what it entails, so let's just start with a very brief characterisation of it by saying what it is not, which is socialisation is not simply the imparting of information.

So, I'm in training to be a court appointed special advocate for foster children and we are getting educated as part of our training in how we are to import ourselves with regard to the different professionals in the foster care system, but to pick up on something that Dr Guerzoni just said, we never discuss the possibility that court appointed special advocates might have inappropriate relationships with children, so there's an implicit assumption in the training which perhaps the trainers don't understand, which is that court appointed special advocates, we call them CASAs, could never abuse a child. That's delivering an assumption about the way the world works that is not conveyed specifically in the training.

MS ELLYARD: And so, would one aspect of socialisation be, for example, that once someone, perhaps with existing skills and experience comes into an organisation, they might be socialised inside that organisation into certain attitudes or expectations that they wouldn't have had before they entered the organisation?

PROF PALMER: Absolutely, and my guess is Professor Guerzoni can speak to this if he studies juvenile detention facilities. People who become guards in a detention facility very quickly learn from their peers what the culture of that organisation is and it may be, for example,

never trust a child and what they say. That might not have been a view that they held before they took the job as guard in a juvenile detention facility.

MS ELLYARD: Indeed, Dr Guerzoni at paragraph 83 of your statement you touch on this matter by reference to Ashley. Am I right in understanding that what you're raising there is the possibility that, whatever might be the backgrounds and skills of staff once they arrive at Ashley, their behaviours and attitudes might be changed by that environment?

DR GUERZONI: Yes, that's right. So, within an organisational setting, as Professor Palmer said, there's a process of socialisation and that can be both formal and informal. Formal would be in training procedures, a mentoring arrangement between a more senior staff member and a junior staff member, but also the literature shows us that there's informal ways of socialisation.

So, the so-called water cooler conversations, lunchtime conversations, barbecue chats and that kind of thing where informal tips on how to do the job or ways of seeing problems and situations which arise within an organisational setting and how to respond to those. So, they're ways of socialisation, and in the case of Ashley, from reports that I've read from 2015, which I think was the METUS report, the 2016 report by Noetic, and I think there was a 2005 report by the Department of Health and Human Services.

Each of those, to my understanding, reference a culture which is unfavourable and so it's my assumption based on these facts within these documents that there would be a negative socialisation taking place.

MS ELLYARD: And that that's why successive generations of staff working at Ashley might continue to exhibit behaviours and attitudes from years past?

DR GUERZONI: That's my understanding, yes.

MS ELLYARD: Can I turn to the question of offenders. Each of you in your statements has identified the idea of offenders as being situational offenders rather than people who enter an organisation with a predetermined idea that they will abuse children. Turning first to you please,

Professor Palmer, at paragraph 25 and following you talk about this. What do we mean when we talk about situational offenders in the child abuse context?

PROF PALMER: Well, I think you just described it, which is situational offenders are people who do not have an abiding sexual interest in children, don't enter youth serving organisations with that abiding sexual interest, but once there for reasons related to the nature of the organisation develop an interest often in a specific youth or child.

MS ELLYARD: Dr Guerzoni, you deal with this at paragraph 28 and following in your statement. When we talk about situational offending, do we mean that it's the environment that causes someone to offend?

DR GUERZONI: It is, in part, yes. So, a situational - situational factors can lead individuals with pre-existing desires to offend against children to take up that opportunity, but also, as Professor Palmer said, situational factors can over time lead people to criminal decision-making. So, it can mean that the child - sorry, that the employee is placed in a position with a child, for instance a certain duty of care, a certain responsibility so that they're close with the child over a period of time, and the literature says that over that period there can be an erosion of boundaries between the practitioner and the child.

Others point to the fact that the stressors of the job and the hierarchical nature, and this is within the work of Marie Keenan, who's an Irish criminologist, point to the fact that these can also erode boundaries between the practitioner and the child which leads the practitioner to choose to offend.

MS ELLYARD: And that's an important point, isn't it; we're not suggesting in any way that the situational nature of offending makes the offending less serious?

DR GUERZONI: That's right, and I think for those of us who study this field it makes sense, but when we remember what we talked about earlier, that most people understand that only sexual offenders are paedophiles, this material from the criminological literature can be confronting but know we're always saying that there was a choice by a

rational decision-maker and it's a horrible crime.

MS ELLYARD: But as I understand it from what you've said, Dr Guerzoni, and what's in paragraph 29 and following of your statement, when we think about a situational perspective we can be thinking both about matters personal to an offender that make them vulnerable to over time cross a line, but we can also be talking about situations referable to the particular environment or institution in which they're working?

DR GUERZONI: That's right.

MS ELLYARD: And perhaps when a maligned combination of those two things will create an opportunity for someone to make the choice to offend?

DR GUERZONI: Right, so they can be geographical, architectural and social.

MS ELLYARD: Professor Palmer, is that right, we can think about situational offending occurring both because of matters personal to a person and to their environment?

PROF PALMER: Yes, that's correct.

MS ELLYARD: And so, can we turn then to think about what we can do about the institutional aspect of that. At paragraph 32 and following of your statement, Professor Palmer, you have started to deal with this question and thinking about features of an organisation which will create a situation where abuse might be more likely. Can I draw your attention to paragraphs 32 and following and ask you to summarise what we can say about organisations that will make them more vulnerable to abuse occurring?

PROF PALMER: More vulnerable?

MS ELLYARD: Yes.

PROF PALMER: Well, unfortunately, we don't have enough time to talk about all the many ways that organisations can facilitate and make abuse likely, but certainly the organisational culture that we've begun to talk about is one organisational structure which shapes the way people think, feel and behave. So, if guards are socialised to view children as not as human as the rest of us, and that

entails partly not being affected by maltreatment, then guards are more likely to treat children as if they don't have the same rights as the rest of us.

MS ELLYARD: Dr Guerzoni, in your statement you've identified and as you've just summarised, four features that you would - four areas in which institutions might be places where there's a high risk of abuse: structural issues, cultural issues, issues of perception and environmental factors.

Starting with structural questions which I understand you to refer to in part as the hierarchies in institutions, what's the way in which structural matters in your view can increase the vulnerability of an institution to abuse occurring?

DR GUERZONI: Yes, thank you. Closed institutions is one, so an institution which is set aside from common people - sorry, members of the public attending and being able to witness what's going on: that's one. But also structures which are very strict hierarchies, large hierarchies where there's a very set chain of command, and we see this within religious organisations in particular. Marie Keenan again talks about this in respect to the Roman Catholic Church. The Anglican Church of Australia also has similar responsibilities, or maybe the military too, where there's a set hierarchy, individuals are institutionalised to see that it's just the next person up who deals with the matter. So, I guess that would be one important part of that.

MS ELLYARD: Professor Palmer, at paragraph 40 of your statement you talk about the role of authority and you express the view that there's an underestimation perhaps of the extent to which power and authority are relevant factors in institutional abuse. Can you tell us about that?

PROF PALMER: Well, I believe you're referring to a paragraph where I talk about the different bases of authority in organisations?

MS ELLYARD: Indeed.

PROF PALMER: So, most of us work in organisations where the basis of authority is what Max Weber, a famous

sociologist, referred to as rational legal phenomenon. So we obey our superiors because we believe they are the owner of the enterprise or they have obtained their position by virtue of demonstrating competence.

But there are two other bases of authority and one of which is religious authority, and the other is charismatic authority, and both those types of authorities provide those in positions of authority with much wider scope of command. So, my guess is, your superior cannot tell you what to eat and what not to eat, but a charismatic gymnastics coach can tell his or her athletes what they should eat and not eat, when they should go to bed, who they should associate with, these sorts of things.

MS ELLYARD: Thank you. Can I turn to the question of culture, and we've already touched on culture at a number of points but I'll come back to it because we're concerned about it.

Dr Guerzoni, at paragraph 52 and 53 of your statement you talk about the role of culture; can you tell us a bit about that?

DR GUERZONI: Yes. So, a culture as we've described is an understanding of the world around them and how to respond to certain problems or matters which arise within an organisational setting and this is collectively held by individuals within an organisation.

There's also subcultures as well. So, within large organisations certain departments might have their own cultural understandings, and so, within organisations we've looked at in this field how cultures of secrecy, cultures of self-preservation can emerge within an organisation, and that can lead to individuals not reporting child sexual abuse events and concerns to the authorities.

But I think what's important, at least in my view to note, is that self-preservation is inherent of every organisation, because it's like an organism, it wants to stay alive and so its individual members over time can be socialised to be concerned about the self-preservation of an organisation or other forms of culture. For example, that children are deviant; that might be a cultural view within an organisation, or if we think about child protection, some people might have the view these children

are annoying or not worthy of care. So, an individual can come into an organisation and over time be battered and worn away and be socialised to go from A, being pro children, to B, having these unfavourable views about children over time.

MS ELLYARD: Professor Palmer, at paragraphs 32 and following in your statement you touch on some of these matters and you identify by way of an example in paragraph 33 there might be features which are not malign in themselves about an attitude of sportsman towards hard work and so forth that might create a culture which, as well as making them work hard at sport, might also make them less likely to complain if they're mistreated.

PROF PALMER: Yes. So, this is particularly the case of boys where my own personal experience is that it's considered a good thing for boys to tolerate difficult situations, including being bullied, and maybe even physically harmed, that it's good for boys to tolerate that, to stoically accept it and move on; that's a sign of becoming more mature, and it certainly would keep somebody from reporting being abused.

MS ELLYARD: And as I understand it you've also identified that some of those settings where there might be close contact and benign close contact at first between sports coaches perhaps and young men and young women, that might be the kind of environment where as you say at paragraph 36 you treat the children almost as young adults and that might increase the risk of a blurring of boundaries and inappropriate behaviour occurring.

PROF PALMER: Yes. So, some sports in order for coaches to instruct their athletes they have to be in physical contact with the athlete, as the case would be for wrestling for example or gymnastics or in some case swimming. It's very different than, say, coaching what we call in America baseball or cricket, where there's no need for the coach to be touching the child. Also in some sports children are wearing less clothes than others, and so, these are all cases which would bring the adult into close contact with a child on a repetitive basis, which then could eventually lead to inappropriate relationships.

MS ELLYARD: Thank you. Dr Guerzoni, the third topic that you identify is what you've called perceptual features and

practice and you talk about that at paragraph 54. To some extent we've touched on some of these things but as I understand it you've also identified that there can be circumstances where organisations see child abuse as something that doesn't happen or is a matter of historical record rather than current risk.

DR GUERZONI: Yes, that's right. So, my field is looking at church responses to abuse and we've seen that in several studies now individuals have the view that it's in the past, and to one extent that's understandable because we know that the Royal Commission has taken place and that was a monumental occurrence in our society, but it means that individuals can have a tick the box view and think, that's done and in the past, but we know that that's not the case, that these crimes are always a risk in our society. And so we see that within some religious institutions the idea of "it will never happen again" or that "it won't happen here because I know the people, I trust the people" and that goes back to what we were saying before about individuals have gone through the hoops of being screened so they're deemed to be safe by individuals within the organisation even though that might not be the case.

MS ELLYARD: Professor Palmer, at paragraph 31 of your statement you talk about the role of cognitive biases and the ways in which people might in various ways persuade themselves that there's no risk or that what they're seeing isn't what's happening. There's three different ones that you identify, could I ask you to speak to each of them briefly in turn?

PROF PALMER: You may have to remind me, but I know I talk about cognitive dissonance, and this is consistent with what Professor Guerzoni just discussed, which is our tendency to ignore information which contradicts closely held beliefs either about ourselves or others. So, if information comes to us that a close friend has been behaving inappropriately with a child, there is a tendency for us to ignore that information, to discount it.

Another cognitive bias which I believe I talked about is discounting the future; is that correct?

MS ELLYARD: Yes, that's right.

PROF PALMER: There's no shortage of these, by the way.

So, and this is the problem with any deterrence system, which is, typically we hope that if we put monitoring and punishment systems in place, people respond to those things and not engage in the behaviour that we're trying to discourage. The problem is that the benefits of engaging in a behaviour are immediate and the possible consequences of that are far in the future. So, you could imagine a high school teacher succumbing to an attraction to a child, a young adult, feeling they'll never get caught or if they do they probably won't have severe consequences because this is something deep into the future.

MS ELLYARD: The third one you've identified is motivated blindness, can you tell us about that?

PROF PALMER: So, this is related to cognitive dissonance in the following respect, which is that if somebody tells us information that, if we paid attention to, would cause us to have to do things which would bring us discomfort we tend to ignore that information. So, in the case of a famous case of child sexual abuse at Pennsylvania State University in the United States an assistant coach came to the head coach and said, "You know, one of our other coaches is abusing a child." Well, if the head coach were to report that, that would cause problems for him and the entire football program, so they're likely to call that information into question, "Are you sure you really saw what you saw?" "Why don't you continue to watch this person, let me know if you continue to see that", and this is one way that reporting is undermined.

MS ELLYARD: As I understand it, just to follow that point further, professor, what you're identifying there; it's less work for the person who's had a problem drawn to their notice to persuade themselves that it's not really a problem because there's personal consequences for them if they take it seriously and take it further?

PROF PALMER: Yes, and the key distinction between cognitive dissonance and motivated blindness is that the information is being ignored because of the personal consequences, so you put that well.

MS ELLYARD: Dr Guerzoni, this seems to raise the question of the extent to which people think of children as being real people with the same rights and opportunities for protection as adults, including adults in positions of

power.

DR GUERZONI: Yes, that's right.

MS ELLYARD: And so, it follows then, I take it, that part of the key role of policies and so forth in keeping children safe will be policies that have at their heart a core principle that children are human beings just like anyone else?

DR GUERZONI: Yes, and that is imbued within the culture of the organisation.

MS ELLYARD: Can I turn then to the question about policy because each of you in your statements have talked about what policies can do but also what policies can't do, the limitations of them.

Turning first to you, Professor Palmer, at paragraph 45 and following of your statements you describe the way in which organisations sometimes view policies as a complete fix. Can you tell us what that view is and why they're wrong when they think that policies of themselves can do the job?

PROF PALMER: So there's one general reason and one specific one. The general reason why policies and procedures are not a comprehensive solution is because they only address one aspect of the organisation, the administrative system. So, they don't address culture, they don't address power, they don't address informal groups, they don't address socialisation.

But there's a specific reason and that is that organisational theorists distinguish between organisations on the basis of the nature of their technology. There's an important concept here which is whether technologies are certain or uncertain. Uncertain technologies make use of procedures for transforming inputs that are less codified, and the inputs themselves are highly variable: that is a prototypical youth serving organisation. Kids are different from one another, vary tremendously between kids and over time. One kid can be different one day than they were the last day and our knowledge about how to process children is relatively uncodified. Those kinds of organisations do not do well with highly specified rigid rules and regulations, because they simply can't be applied

effectively to these very highly variable inputs in the context of our relatively imperfect understanding of how to transform kids into the outputs that we're seeking, whether it's a trained athlete, an educated child, an obedient law-abiding kid, these sorts of things.

MS ELLYARD: Thank you. Dr Guerzoni, you've identified at paragraph 68 in your statement that in your research you've observed organisations tend to have an over-reliance on policy as a solution. Can you tell us about that?

DR GUERZONI: Yes, thank you. There's an expression that organisational academics use and I'm sure you've all heard it before, it's that culture eats policy for breakfast. And so, we can have an idea that, by introducing policy, that that will mean that everyone in the organisation will automatically follow it. But as we've said before, organisational culture determines the value of policy and procedure, and so, in my research of religious organisations we see that policy can be seen by some as important and valuable; it can be seen by others as a hindrance to the core things that are part of their job or axiomatic knowledge, as Janet Chan from New South Wales calls it.

And so, yeah, there can be an over-reliance on policy by leadership to assume that they just need to go to the board meeting and pass the policy rather than work with the people within their organisation to socialise the values and the expectations that the policies have within them.

MS ELLYARD: One of the things that you've identified, Dr Guerzoni, at paragraph 80 and 81 of your statement is that part of the solution perhaps is that it shouldn't be left to an organisation once someone lands in it, to teach them about the importance of safeguarding; that really there's a lot of core knowledge about the risks of abuse and the way to safeguard that ought to be part of the professional training of any person before they enter an institution. Can you tell us about that?

DR GUERZONI: Yes, thank you, quite right. Janet Chan, again a New South Wales based criminologist, talks about the socialisation of police officers and the importance of imbuing within the educational settings of police officers the values, the behaviours and the expectations that we want our police officers to have on the field, and by

extension, Diane Vaughan who's an organisational scholar from the United States mentions that engineers, for example, are imbued with values, ways of seeing the world within their education.

So, with that said, we know that typically, as we've covered, individuals see child abuse as the product of someone who has paedophilia, and so, unless that's being challenged within an educative setting, an individual will come into their role with pre-existing understandings of why abuse happens, pre-existing understandings of what they should do, and then it's the organisation's role to fix that.

However, within religious organisations we've seen that that's seen as an additional component to their main role, and so, the organisation, my argument is, is framing it as not core business, which in turn is socialised as something to protect one's self and the organisation rather than something to be done on an everyday basis.

So, in order to prevent that my counsel is to imbue it within education at universities, at theological colleges and other places so that the individual knows they already have to do this in their job, so when they come to the organisation they're already prepared to take that on.

MS ELLYARD: So perhaps to use an analogy from, for example, nursing. Just as when one is training to be a nurse, one learns basic things about anatomy and physiology and how to perform certain technical skills; one should be learning as part of the core training matters relating to child safeguarding so that the person graduates understanding that part of being a nurse is knowing about those things?

DR GUERZONI: Quite right.

MS ELLYARD: And they don't have to wait until they arrive at a hospital to be taught about it for the first time as an organisation-specific practice?

DR GUERZONI: Quite right.

MS ELLYARD: Professor Palmer, I saw you nodding along with some of what Dr Guerzoni was saying. I'd be grateful for your comment on this idea that, really, leaving aside

questions of organisations, there needs to be a degree of core knowledge imbued in people who enter organisations to complement what organisations can then do once people work there.

PROF PALMER: Well, we've mentioned organisational culture many times already in this discussion. Academics have cultures as well and the culture of sociologists is to be cynical, so I think that's a great idea, but what we've found in the case of police misconduct is often what cadets learn in the academies are unlearned as soon as they show up at the police force and are assigned a trainer on the police force.

So, I want to be very clear, I think what Professor Guerzoni is talking about is a great thing, but I don't think it's a silver bullet, it's not going to solve the problem in and of itself, we're going to continue to have problems because the organisation is a strong situation and the training can be untrained on the job.

MS ELLYARD: Thank you. Dr Guerzoni, turning back to you and drawing your attention to paragraph 58 and following of your statement, you identify there that whilst we're talking today about organisations and organisational culture, there's a role for individuals within organisations too to be proactive themselves in relation to child safeguarding.

DR GUERZONI: That's right. So, within the social sciences we have the debate about structure in agency: is it the organisation's responsibility or is it the individual's? And, too often I think that when there's a crisis within an organisation we can perhaps sometimes move to only blame the organisation rather than say, look, there are lots of individuals who take up an organisation.

So, I think that individuals every day, in my view, have to be looking out for the signs of grooming, they have to be looking out for things which are odd amongst their colleagues, and they have to be aware of the requirements at law within this jurisdiction and the policies and procedures in respect to child protection within their organisation and be willing to make a movement, rather than have a denial of responsibility, as Sykes and mats(?) would say, you know, "It's not my responsibility, it's my manager's". And I think, if we imbue it within their

everyday practice, that might be helpful in this case.

MS ELLYARD: Can I ask you to comment on some evidence that the Commission's heard and perhaps it's been heard in a lot of contexts, often people are worried about the implications of being wrong; it looks a bit odd but if I report that's a terrible, horrible career destroying thing that I might be falsely accusing someone off, of course it might also be true. How should individuals and organisations try to strike that balance between making this awful accusation and potentially not naming wrongdoing?

DR GUERZONI: That's a good question, and we all know that in Tasmania everyone is connected in some way - and, I think Dr Salter mentioned this earlier in the week - and so, it's understandable that people would have that concern, but within our legislative framework there's safety for people who report and there's the assumption - my understanding is, within the legislation there's that assumption of good faith as well, and I think that that should be the standard of the organisation; to support people to say, "Look, if you see something, we'll back you", and then, if it's not found to be true, perhaps address it there rather than have a stance where it has been historically that it's known that could never happen; I think we should encourage people to report and then offer them support if perhaps their assessment was incorrect.

MS ELLYARD: Professor Palmer, can I ask you about the role of leaders in driving cultural change and as distinct perhaps to the role that other parts of an organisation play. At paragraphs 50-56 of your statement you deal with this. How should we understand the role of leaders in organisations in achieving the kind of cultural change that we've been talking about?

PROF PALMER: Well, to answer that question succinctly I would say there's a distinction between what leaders say and perhaps write down and how they behave, and I think sociologists would typically say that how leaders behave is a lot more important than what they say or write.

One of the most well-known sociologists of culture, Edgar Schein, lays out five elements of behaviour: the people they hire and fire, the people they promote or demote, the issues that they attend to, how they handle

crises, and then just generally how they comport themselves. I think I gave an example when I testified before the Australian Royal Commission of a warden who described watching children in the juvenile prison who were being walked to a van to be taken to court and he noticed that they were being walked barefoot and when he enquired of a guard why they were being walked barefoot, he was told that a year prior one of the children was wearing sneakers and had taken the laces out and tried to hang himself. So, the warden said, "Can't we get them sneakers that have elastic?" That's a behaviour that tells the guards, I'm paying attention to things that pertain to the child's sense of dignity. That's way more important than giving a formal speech.

MS ELLYARD: Thank you. Can I turn then to the question of oversight and reporting which both of you in different parts of your statement deal with. Perhaps sticking firstly with you, Professor Palmer, at paragraph 60 and following you talk about the roles of internal and external oversight. Can I ask you to speak to those matters?

PROF PALMER: I believe those are paragraphs where I describe organisations as having the right to investigate misconduct to determine who deserves the privilege to be a member of the organisation, whether that be a student at a university or an athlete in a club, those sorts of things. But when it comes to abuse I think it's important to get those reports as quickly as possible to an external entity, law enforcement, because organisations have a conflict of interest: on the one hand they may want to address any problems that are arising within the organisation, but they also, as Dr Guerzoni pointed out, have a survival instinct; they want to avoid scandal, they want to avoid negative publicity, and so they also have an incentive to diminish the visibility of the report and perhaps to sweep it under the rug.

MS ELLYARD: Dr Guerzoni, you deal with this at paragraph 69 and following in your statement, and perhaps drawing on the observations from your research, can you comment on the respective merits of internal and external forms of reporting and investigating misconduct?

DR GUERZONI: Yes, thank you. I'd agree with what Professor Palmer has said, but we see that historically there's been a silencing of individuals and that, in part,

is due to the hierarchical nature of organisations, particularly religious institutions. But, in my view, it's important that, where there are allegations of abuse, it must be handled externally and that's not only so that the professionals, namely police, can intervene, but also it prevents conflicts of interest being undertaken within an organisational setting, and I think that gives more peace of mind to individuals within an organisation because they know that it's actually gone out and it's being reviewed, rather than being handled internally by a boss, for example.

And I understand that the New South Wales Ombudsman has given advice on how to handle complaints and that information is available online, but we see there that there's guidance as to the procedure, so there's the individual concern should be suspended or - they also advise, or move to a role where no children would be present. I would personally prefer that they would be suspended from their position. Then, moving on, if the police make charges, that decision by a court of law would then be taken on by the organisation and that would inform internal procedures as to disciplinary and termination.

But also, if police do not come to a conclusion, there's options for the organisation to then step in and then to undertaken an enquiry of their own about it.

MS ELLYARD: One of the issues that appears to often arise is that, there might be safeguarding concerns or concerns about the way in which a person's behaving towards a child that aren't going to have sufficient clarity to get a police response but nevertheless do potentially raise profound concerns about the safety of that person to be around children. Isn't one of the potential risks of always sending it out externally is that organisations might then feel, well, now we've dealt with it, unless the police charge the person, they're safe to keep going?

DR GUERZONI: Yes, I would agree with that position, that would not be uncommon to think that, yep.

MS ELLYARD: And so, what's the solution then for organisations? They'll need something presumably to complement the role of the police to make sure that whatever the police do, they're not losing sight of their own internal responsibilities.

DR GUERZONI: Yes, thank you. This is something I'm still thinking through, but looking at the Anglican Church of Australia, they have quite a, in my view, detailed procedure about investigation post police procedure, and so, I think organisations need to make sure that they have a process which offers natural justice, procedural fairness, and is receiving advice from legal professionals and police where relevant, and to look to the examples set by the Royal Commission on how to establish an internal procedure so that in the instance that the professionals - police - don't come to a conclusion, that organisations can advocate on behalf of children and work to their - well, work to justice for children, yeah.

MS ELLYARD: Thank you. Professor Palmer, you've identified at paragraph 66 and following of your statement the lessons that can be learned from what you've called high reliability organisations, and to perhaps continue this discussion about the way in which organisations can be monitoring themselves as well as relying on external agencies, what is a high reliability organisation and what's the potential lessons that child organisations could draw from those practices?

PROF PALMER: High reliability organisations are organisations which function with a very, very low error rate. Most organisations that we live in have a relatively high error rate. So, an aircraft carrier which is landing airplanes, it cannot afford an accident. If one plane crashes on landing, there are seven more planes in the air which have no place to land. Each plane is worth 10, 15, $20 million, so that's a high reliability organisation.

These kinds of organisations have developed techniques on their own to reduce the rate of accidents. One of the hallmarks of these systems are a heightened attention to small variations from normal practice. So, in the case of youth-serving organisations and child abuse, you might say we'd like them to be high reliability organisations where children never get abused, and one way to do that is to pay close attention to circumstances which you might think could have resulted in abuse but didn't, so we call them close calls.

MS ELLYARD: So near misses and you make the point that organisations tend to forget either things that almost went

wrong or things that were quickly resolved and potentially lose the opportunity to learn how to avoid those things occurring again?

PROF PALMER: Yes, and so, this links back to Professor Guerzoni's point. What you'd like to do is identify risky situations before you have to report someone to the police. So, before you see them touching a child inappropriately, to notice that maybe they're developing a relationship with that child which is unnecessary for the tasks at hand, an uncommonly close relationship, and you have regular meetings and at that time you could mention, without generating too much uncomfortableness, "You know, I notice you were spending a lot of time with that one athlete and not paying attention to the others; is that a good thing for all of us to be doing?" And you could discuss that. If the person had an abiding sexual interest in children this would not be an organisation that they would like to be a part of because they'd be constantly discussing their behaviour.

MS ELLYARD: You draw another analogy from the way in which surgeons, for example, another professional where you really don't want to have a miss; it's part of their standard practice to review cases afterwards quite dispassionately and to constructively criticise each about the way in which practice can be improved.

PROF PALMER: Yes, and so often these near misses are discussed without identifying the individuals involved. Say, here's a case, here is what happened, this is obviously not something we would like to see happen on a routine basis, how might we figure out a way to avoid this happening again.

MS ELLYARD: And in your view, whether it's in the aircraft context or the surgeon context, those kinds of principles of being alert to potential problems and near misses and having an active strategy of learning from them, that's an approach which organisations dealing with children could usefully take advantage of?

PROF PALMER: Yes, and getting back to the issue of policies and procedures: the problem with policies and procedures is not that rules and regulations aren't a good thing, but that typically we give all organisations the same policies and procedures as if one size fits all, and I

think, if there was one thing that I would like to leave the Commission with, is that, organisations need to - I think Professor Guerzoni would agree, so you should ask him - organisations need to invest in the time to identify the risks that are unique to that organisation and develop ways to mitigate those risks and they're ultimately going to be specific to that particular organisation.

MS ELLYARD: Thank you, Professor Palmer. You are nodding, Dr Guerzoni, you would agree?

DR GUERZONI: I would concur, yes. Keith Kaufman's situational prevention model is one model where that could be undertaken.

MS ELLYARD: Thank you. The last matter that I wanted to cover and it's specific to you, Dr Guerzoni, is at paragraph 87 and following of your statement you offer some comments from your personal and professional expertise in issues affecting Aboriginal children about the particular needs of Aboriginal children, including perhaps particularly Aboriginal children who find themselves involved, as we know they disproportionately sadly are, in the Out-of-Home Care system or in the youth justice system. Can I ask you to tell us your views about the particular needs of those children and how they could be met including within government services?

DR GUERZONI: Certainly. Literature on Aboriginal and Torres Strait Islander children and their wellbeing really points to the fact that - several Cs: connection to community, connection to country and connection to culture, is not only beneficial for their wellbeing but it's beneficial for educational success, it's beneficial for growing up strong, as Maggie Walter would say. And so, in terms of Out-of-Home Care, my view is that it's important that as much as possible - and this is in agreement with the Aboriginal Placement Principle - that we ensure that indigenous children are within community as much as possible and that they receive care and support which are imbued with cultural elements so as to develop their self-esteem, their self-concept so they can do well at school, and to foster community relationships.

MS ELLYARD: And you see a particular role for the government in funding or providing some of those supports?

DR GUERZONI: I would support that, yes.

MS ELLYARD: For example, you've indicated potentially a role for schools?

DR GUERZONI: Yes, so my research is more with schools, but we see within those situations that, where teachers are more open to Aboriginal children doing well, that's important in shaping their practice so that Aboriginal children receive the care and support that they need within schools, rather than being seen as someone who cannot do well and therefore the teacher, whether implicitly or subconsciously, does not offer the child the same degree of care.

MS ELLYARD: You've also identified perhaps some assumptions about Aboriginal parents that might operate to the disadvantage not only of parents but also children?

DR GUERZONI: Yes, thank you. So, we know that unfortunately Aboriginal men in our country have a bad reputation, there's the stereotype of Aboriginal fathers being disinterested, distant or, you know, a violent parent. But it's important to note that some literature coming out here in Australia is pointing to the fact that there are a number of Aboriginal men who want to be involved with their kids' lives, they want to do the right thing, and they really need support tailored specifically for men rather than general parenting programs which more favour women; and within that, again, there's a theme of wanting cultural connection, to have it rooted within Aboriginal culture for their community, and so, I'd suggest that that's an important consideration as well.

MS ELLYARD: You've also identified the need for policies in this area to be alert to the legacy of colonialism and the intergenerational effects of that.

DR GUERZONI: That's right, so a lot of research and government enquiry has pointed to the settler colonial establishment in this country and the ongoing ramifications of colonisation and how it imbues trauma in a lot of indigenous children, and so that by extension changes their behaviour; that's why we have a lot of young people who are indigenous within our Out-of-Home Care and within Juvenile Justice, and so, I think attentiveness to that is important when we see Aboriginal children and the same goes with

abuse. There's a tendency to think, you know, there's been the Rudd apology, there's been the Uluru statement: we mustn't think it's all over, it's constant, these structures are constant.

I think, too, as much as possible we should try and ensure that care programs are here in Tasmania, where I understand that in some instances there has been a preference to moving children external to our jurisdiction

MS ELLYARD: Thank you, doctor, and thank you very much, professor.

Commissioners, those are the questions that I had for the panel but I'm conscious there may be matters you wish to raise.

PRESIDENT NEAVE: Thank you, Ms Ellyard. Any questions?

COMMISSIONER BENJAMIN: Yes, Dr Guerzoni, you talked about administrations permitting people to report issues, and I think you used an analogy a little later of the shoes which didn't have laces.

MS ELLYARD: That was Dr Palmer.

COMMISSIONER BENJAMIN: Sorry. I think you were talking about the permission to support people who needed to report. In Australia there's a real penalty for whistleblowers, isn't there?

DR GUERZONI: That's my understanding.

COMMISSIONER BENJAMIN: A heavy penalty and it's a significant cultural thing from what I've heard and seen so far. I think then Dr Palmer talked about changing the leadership, but that's a really hard thing to do, isn't it?

DR GUERZONI: It is.

COMMISSIONER BENJAMIN: And, unless you do that, change is not going to occur. And I guess what you were saying, and just so I understand it, is (1) the first thing the organisation has to do is put the child first; is that what you're saying?

DR GUERZONI: Yes, sir.

COMMISSIONER BENJAMIN: Dr Palmer?

MS ELLYARD: Professor Palmer, would you agree?

PROF PALMER: Yes, I would agree.

COMMISSIONER BENJAMIN: So, you put the child first and protect the child. The second is to - and I'm not sure of the way - I know the criminal justice system says crime must go first, but I guess it's then the balance of - and it probably makes no difference - (1) report any crime to police or any possible crime to police, and then the third thing is to understand the organisation, whether it's external or internally, but preferably on your evidence externally, examine the circumstances and see whether, I suppose, the first thing it has to do is determine if the child's safe and how you keep the children safe, and then at the same time determine whether that job is a job in which that particular employee should remain?

DR GUERZONI: Yes, sir.

COMMISSIONER BENJAMIN: And do you think that has the capacity to start the changes that you're looking for or that you're seeking?

DR GUERZONI: I do, sir, yes. It is hard, as you've identified, but I think that we've had a lot of research show what we need to do and I think organisations were at a time where they're open to making change, particularly the organisations with who I consult and work with, and so, I think this is the time where such change can take place.

COMMISSIONER BENJAMIN: Professor Palmer, have I got that half right or am I understanding it reasonably well?

PROF PALMER: Yes.

COMMISSIONER BENJAMIN: Sorry, I've got to lean forward, I've been told to lean forward and speak into the microphone because I'm softly spoken. Did you hear what I'd said earlier and what I was thinking through?

PROF PALMER: I did and I agree.

COMMISSIONER BENJAMIN: Thank you.

PRESIDENT NEAVE: I've got a follow-up question on changes to culture. I wonder whether organisations should think about ways of actually rewarding people who whistleblow and whether that would make a contribution to the terribly difficult task of cultural change, if either of you have got any comments on that and any models for that?

PROF PALMER: In the United States there's a form of legal suit called qui tam where people who bring a suit, and that suit is joined by the government, they are guaranteed a substantial fraction of whatever civil suit penalties result, and so that is a model for rewarding whistleblowers. In the United States it's restricted to suits where the Government has been defrauded. So, you could imagine something like a qui tam suit being instituted for child abuse. I have my doubts that it would be workable, but that would be a model.

PRESIDENT NEAVE: Dr Guerzoni?

DR GUERZONI: Thank you, Commissioner, that's a good question. My thinking, and I admit I need to think through this more; I've only thought through verbal affirmation to individuals within organisational settings, to encourage it consistently throughout the year as something that can happen and would be respected, and to have the person brought alongside and, you know, encouraged, "Thank you for making this report", and to offer counselling if they need after the fact.

PRESIDENT NEAVE: Thank you.

COMMISSIONER BROMFIELD: Thank you, Dr Guerzoni and Professor Palmer, it's been an interesting session. Professor Palmer, I've really enjoyed reading your work about the different cultures that can heighten risk for child sexual abuse in institutions, I found it very informative.

I wonder if from your work about organisational wrongdoing you had any views about what a culture that was child safe would look like or what some of those particular cultural features would be that we should be looking out for if we're doing it well?

PROF PALMER: So, I think I can provide a relatively

succinct answer to your question; the problem is, bringing those cultural elements into a workable relationship to other aspects of an organisation's culture. So, a child safe culture would be one that assumes that children - assumes rather that the penultimate goal of the organisation is to keep kids safe, to have beliefs and values that place child safety above other values of the organisation.

So, it would be nice if our local soccer club as its primary goal keeping kids safe and developing in a healthy way, but it's primary goal is developing athletes who can win matches. So, the problem is not so much figuring out what a child safe culture would look like but how to institute it alongside other cultural values that the organisation was often created to pursue. Our local soccer club was not created to keep kids safe, it was created to train athletes so that they're successful. Does that make sense?

COMMISSIONER BROMFIELD: Makes perfect sense. It makes it quite a challenge.

PROF PALMER: Yes.

COMMISSIONER BROMFIELD: Thank you. Dr Guerzoni, happy for you to comment on that but I had a specific question for you. You mentioned the importance of culturally-specific programs for Aboriginal dads in relation to parenting. I just wondered if, by extension, that applied; you know, the need for culturally-specific programs were there for things like therapeutic responses to trauma and did you have a view on that?

DR GUERZONI: Thank you, that's a good question, Commissioner. I was only reading it this week in fact for my lectures. Yes, that is a recommendation that I have seen, but unfortunately I haven't read on it in depth, but I do know that cultural considerations are important so that it's culturally safe, that the indigenous girl or boy feels that they would not be judged or that they would be treated badly because of their indigeneity; that would include cultural elements so that it's of cultural significance for them, yes.

One thing to note, though, is that we know that, as we've said before I think, about it's not a blanket, that

there are different Aboriginal communities in Tasmania who might have different practices and cultures, and so, it requires a place-based response.

COMMISSIONER BROMFIELD: And currently within Tasmania do you feel that the service system is there to provide that choice for people, for Aboriginal people?

DR GUERZONI: I don't know enough to comment, sorry.

COMMISSIONER BROMFIELD: Thank you. That was all for me.

MS ELLYARD: Thank you very much, Commissioners. Thank you, Professor Palmer; thank you, Dr Guerzoni.

PRESIDENT NEAVE: We'll take a short break.

**SHORT ADJOURNMENT**

PRESIDENT NEAVE: Thank you, Ms Bennett.

MS BENNETT: Commissioners, the next witness is Professor Helen Milroy who appears remotely and you can see her on the screen now. I ask that she be sworn in.

**<HELEN MARY MILROY, affirmed: [11.44am]**

**<EXAMINATION BY MS BENNETT:**

MS BENNETT: Q. Professor Milroy, thank you for making yourself available to give evidence today. I'm going to just identify your statement. You've made a statement for this Commission; is that right?
A. Yes, that's correct.

Q. You provided an updated statement this morning which you signed because you noted a reputation of paragraphs; is that right?
A. I think I doubled on two pages when I scanned the document.

Q. We've now provided a corrected version, Commissioners, and that will be uploaded into the court book, the hearing book. And the contents of that statement with that deletion is true and correct?
A. Yes.

Q. Thank you, professor. Professor, your qualifications are too numerous to mention but can I identify a few. You were a Commissioner on the National Royal Commission into Institutional Responses to Child Sexual Abuse; is that right?
A. Yes, that's correct.

Q. And before that you worked as a general practitioner and a consultant in childhood sexual abuse at the Princess Margaret Hospital for Children for several years before specialist training in child and adolescent psychiatry?
A. Yes, that's right.

Q. You're currently the Perth Children's Hospital Foundation Professor of Child and Adolescent Psychiatry?
A. Yes.

Q. And a Commissioner with the National Mental Health Commission?
A. That particular appointment's finished now, but yes, I was, yep.

Q. A co-chair to the Million Minds Medical Research Advisory Group and an Honorary Research Fellow with the Telethon Kids Institute?
A. Yep.

Q. Thank you, professor. Are there any other qualifications that you consider to be relevant that I haven't mentioned?
A. No.

Q. Professor, can you start by explaining to the Commissioners and those watching what you can tell us about the impact of sexual abuse on young people?
A. Sexual abuse has a profound impact, in fact any trauma in childhood can have a profound impact on development, and there is some evidence to suggest that different types of trauma have a different impact, but generally speaking any significant trauma in childhood, of course of which child sexual abuse is one of those, has a profound impact on all aspects of development. So it's not just about mental health issues, it actually can have an impact on your physical development, meeting developmental milestones, it can impact on your ability to learn at school, to develop good social relationships, for example, and social skills, it can impact on your ability to work.

So, if you think about it, it just impacts on your whole sort of developmental trajectory throughout childhood and then continue to have this kind of cascading impacts throughout adulthood as well. Obviously things like substance abuse and other sorts of issues that can be a direct result from having experienced the trauma would then also have another level of impact. So, sometimes the impact is purely from the trauma itself, and sometimes it's cumulative over the life-span as more things happen and you get that sort of multiplier effect of the impact as well.

Q. Can I just explore that for a moment, that multiplier effect. Is one of the multipliers perhaps the way in which a child who tries to disclose their trauma is responded to; is that something that can contribute?
A. Yes, it can. So, if a child gets sort of a negative response, then that can also increase the feelings of trauma that they experience; they may feel like the world is not a safe place and no-one can be trusted and that is then in turn going to have another impact on mental health and development and the development of safe and good relationships.

So, anything that increases the level of trauma that a child experiences puts them at greater risk for adverse outcomes.

Q. Is another example, professor, we heard some evidence on Monday about a young woman who was the subject of some abuse by a teacher and that caused - her mother described it, she never came back onto an even keel and that caused degradation in her mental health which then caused her admission to hospital, and in that hospital was a paedophile nurse working, and so, her exposure to that sequence of events seems to be related. Is that one of the examples of the multiplier effect you're talking about?
A. Yeah, so I think we have to understand that when trauma happens to a child it makes them very vulnerable to other things happening. So, for that young person who ended up in hospital, she would have been particularly vulnerable to control by other people. It's easy for children who have had these traumatic experiences to not feel that they can defend themselves or do anything about it; sometimes they just sort of give up or give in and other things then happen.

So, for example, one of the parts of evidence that we have in terms of research is that, for women for example who have had sexual abuse in childhood, they may well end up in quite violent and abusive relationships as adults. And, although we don't know all of the exact mechanisms of how that happens, we know that those early experiences increase your vulnerability in actually experiencing other adverse events later in life and in particular other sorts of forms of trauma.

Q. I'd like to talk to you then about some of the barriers to disclosure that children might face and you cover this in paragraph 11 of your statement, and I think you identify some of the most significant barriers, I just wanted to explore some of them with you.

The first one you identify is the notion that it's a taboo topic, it brings stigma and shame with it. Can you tell the Commissioners and the people watching what that really involves?

A. I think that it's one of these sorts of topics that's really difficult to talk about, and also, we have no way really of identifying who potentially might be the perpetrator. We do know that by and large most of the perpetrators are male but some women are perpetrators as well, and they can be people that you know and trust which makes it even more difficult to know how to identify these things and what to do about it.

So, I think it creates a huge amount of distress. Even thinking that a child could be abused in this way is quite abhorrent for most people if they have to think about that idea, and so, there is this taboo, no-one really wants to talk about it, no-one wants to go there, it's a horrible and very traumatic topic to speak about and think about. And as well I think for the child or young person that experiences this type of trauma, it's very, very hard to even know how to begin a conversation in terms of disclosure. They feel ashamed, they feel embarrassed, they feel it's their fault, they don't know how people are going to react. A lot of kids talk about testing the water and if they get a sort of negative response they're not going to go any further because they don't want to really reveal what actually happened, because if they then get an even greater negative response, that's going to increase their feelings of shame. So, it's just a very, very difficult topic in general.

I think society hasn't really come to terms yet with the fact that these things happen to our children and we need to be far more open to talking about it and preventing it from occurring in the first place.

Q. Just before your session, professor, Dr Guerzoni gave some evidence that sometimes offenders can be known as quite charismatic or well-liked, and those sorts of characteristics, I understand from your evidence, make it more difficult for the child to disclose. Is that fair?
A. Absolutely, and I think that's what also makes society a little bit unsure and not confident in knowing what to do, because if we can't trust these people that we think are really nice and contentious and wellbeing and go the extra yard, they could be an offender, then who do you trust? How do you know who to trust? And I think that's what makes this whole area very difficult. It's not like we can have these things to look for and say, okay, stay away from those because they're potential - we just don't know so it makes it very confusing, and unfortunately we've seen many cases where it has been someone who is very charismatic, who knows everybody, is well-liked and well-trusted. So, of course, if a child then tries to say, look, this person did something to me, who's going to believe the child? I think we still have this preference of believing adults over children. Even though we know that both children and adults can lie, we still have this preference of believing an adult's story over a child.

The other thing that happens in grooming, and I'm sure you're well versed with this topic given this inquiry, but the other thing that happens in grooming is not only that the person becomes friends with everybody and is well-liked and trusted by everybody, but they also set up a negative reputation for the child. So, when the child does disclose, everyone says, "Oh, yeah, but that child never tells the child or that child's a bad child or that child's always getting into trouble." So, not only does the perpetrator ingratiate themselves with everybody so everyone believes and trusts them, they also create this negative experience for the child so if the child says anything no-one is going to believe the child over the perpetrator.

Q. That links to something which Commander Sirec, an AFP Commander working in this space, said yesterday which was

that the grooming can involve eliciting from the child photographs that are later used to blackmail the child or held over the child; is that an example of what you're talking about there?
A. Yeah, and there's - I think there's lots of aspects to grooming, which is why it's a really difficult thing sometimes to even identify because it can involve many different aspects. But one of the other things that can happen is, as the grooming continues, you know, the child is groomed as well in a positive way initially before it becomes negative, if you know what I mean. So, the child can be very, very trusting and then you start to get these coercive behaviours and, if they do ask for a photograph and the child then gives it, the child then is made to feel like they agreed to it, and there's this coercive element and so then the child feels that it's their fault and they're to blame, and then of course that's turned around through the grooming to actually make the child absolutely feel to blame and so of course that's going to prevent the child from disclosing because they think they're a part of it or agreed to it or encourage it and that's how they're made to feel.

Q. You mentioned a bit earlier that children will test the waters, can you give an example of the way children test the waters with the adults around them?
A. Yeah, sometimes - particularly depending on the age of the child of course - sometimes they don't really quite know what has happened to them anyway so they don't really know how to talk about what did happen because it's outside any kind of normal developmental experience. And, if they don't know how to do it, they will often talk about - in fact we had these examples given to us by focus groups with children where they talked about, they might bring up an issue of bullying, some sort of bullying incident at school and then they would see how that was dealt with. Now, if it was taken seriously then that sets up trust and the child thinks, okay, if I express a concern someone will follow through. Because we're always telling children to tell an adult, right, but often adults don't do anything and they dismiss the concern. But if the adult will deal with the more minor concern and deal with it well, then it establishes trust for the child and the child may then feel able to reveal the next level of problem that they have.

Q. It seems to me that might be something of particular relevance in institutions where the institution has a large

amount of control over the child's life. Can you tell us about that?
A. Yes. So, say in a school situation, for example, if a child brings up an incident of bullying and it's kind of dismissed and nothing happens, and the bullying continues, then the child is not going to trust that if they bring up anything else, that anything's going to happen or keep them safe; in fact, sometimes in institutions if a child discloses they're seen as a dobber, you know, sort of all those negative connotations of actually speaking out and, if that's the culture of the school, where these things are just overlooked and easily dismissed, then the child is not going to feel safe at all. And I think that also perpetuates a greater level then of bullying and problems in the school if that's the culture.

I also think that for adults as well, they don't always understand that with these sorts of stories you don't get the whole story all at once; you often get it in pieces, and so, the initial concern may not seem very serious. So, if you go, "Oh, that's nothing to worry about, forget about it", you really can't do that with a child because it's very dismissive, and even though it might be a minor concern, for the child it's still a serious concern. So, it's about taking those initial concerns seriously, checking that the child is okay, asking if there's anything else that they're worried about, because if we dismiss it up-front we won't get to the real sorry.

Q. We hear a number of - and we expect to hear evidence in the coming weeks about people who raised perhaps less serious versions of what was really concerning them, only to try to follow it up later; is that an example of what you were talking about there, that initial response?
A. Yeah, and also a child may have a very clumsy way of making a complaint. Now, I don't mean to be provocative here, but a child might say, "I keep getting a sore throat". Now, that might sound very, very minor, but if you then enquire from the child's perspective, "What is that about or what do you mean?" They might be able to tell you in actual fact that they've been assaulted, but the initial attempt at disclosure is very clumsy and very unsophisticated.

Q. Again, that comes back to something I think that Commissioner Hollonds, the Children's Commissioner, was

talking about on Monday, that need to authentically listen to children completely?
A. Yes, and a 5-year-old is very different in terms of how they explain things compared to a 10-year-old, compared to a 15-year-old and it goes on. So, in younger children they also have no ability to necessarily understand what the experience was, and so, they don't necessarily have the language to describe it, and that's why sometimes it comes out in a very clumsy or odd way, so I think it's about trying to understand from the child's perspective what they're trying to tell you. I think what we're really bad at doing as adults is jump to the conclusion of what we think the child is telling us instead of allowing the child to try and explain it in their own words.

Q. We've spoken a little bit about the particular barriers in an institutional setting, and this is something you address at paragraph 12 of your statement. You say there that sometimes institutions may be unwilling to think about child sexual abuse. Why would that be so?
A. Well, again, it's part of that societal taboo, I think, and I also think that some institutions probably pride themselves that they do all the right things, but no tuition is ever going to be 100 per cent safe. Even if you have all of the right policies and procedures in place, it only takes one person who wants to do these sorts of things to be part of an institution and create a problem. So, I think that we always have to be on the alert, we can never rest on our laurels, and if you don't think about it, you won't see it and that's one of the problems. If you think everything's fine, everything's safe, you won't look for it and you'll miss those early warning signs, like someone perhaps breaching a code of conduct or some minor events that in isolation aren't really relevant, but when you put all of those minor events together you start to see a picture.

Q. Is that almost a reverse of the testing the waters we see from a child, is that an adult can test the waters by breaching codes in ways that might not lead to serious consequences for them to see what the response will be?
A. Yes. Yes, that's what happens, partly in grooming I think and also in someone testing out to see whether anything's going to happen, and we've certainly seen that in some of the cases that have gone forward to prosecution, that there were all these breaches of codes of conduct and because everyone liked the person no-one thought about

reporting it or asking, "Hold on a minute, what's going on here?" Or no-one was held to account. So, even if you have a great policy and really good code of conduct, if people don't follow it and report on it or express concern, then by the time things are disclosed later on down the track, you know, you can go, "Oh look, all those signs were there we just didn't see them".

Q. Does that feed into keeping records about those breaches and sharing them at relevant times?
A. Yeah.

Q. Can you tell us a little bit about what that looks like?
A. I guess what we need to be able to do, without feeling like we're hypervigilant all the time and accusing people, what we need to be able to do is express concern. So, if we're concerned that something doesn't feel right or that these sorts of things are just not quite right in terms of how they should be in someone's behaviour, then it's better if we have an open culture of being able to express concern and maybe increasing education and training or support or supervision so that we tighten in the sort of surveillance that we really sort of want to have. If we have to wait until someone is absolutely convinced that something's wrong, chances are the story is already well and truly down the track.

Q. Dr Guerzoni was giving some evidence earlier about situations, particular situations leading to offending or making offending more likely, so leaving aside the predators who might seek out children to offend against, people who in a situation become more likely. Is what you're sort of saying that the situation becomes more likely when it's a permissive situation, when you aren't pulled up earlier?
A. Yep, yep, and when you kind of know no-one's ever going to say anything and I think that for some institutions, particularly something like a school, if their reputation is prided above child safety, they don't want to hear about concerns because that's going to damage their reputation that they're an unsafe organisation and so things can get dismissed and swept under the carpet and this is where you see language becoming really important as well, in that a child may express something in a certain way in a childhood language but then the way that's interpreted by an adult it lessens the impact of it and

suddenly it becomes insignificant.

Q. I'd like to talk to the period immediately after a child does make a disclosure. So, we've talked about the barriers to that disclosure and then assuming a child makes a disclosure of some form you say in your statement at paragraph 14 that the period immediately after can be a dangerous time for the child. Can you tell the Commissioners and those watching what you mean by that?
A. Well, I think that we don't really know what's going to happen, and the child doesn't either. This is a big thing, to tell such a traumatic secret that's incredibly personal and has a lot of, you know, very, very strong emotional feelings associated with it. And so, the child is trusting that it'll be okay and I think that what we often do is say "everything will be okay" when in actual fact it's not. So, the child might be removed from their home for example or their family, they might not be believed in which case they're sent back into an abusive situation, then this aftermath can go on for a very, very long time. And it can even include things like, you know, violence can happen as a result. You know, there have been situations where a person has attempted suicide following a disclosure, and then once that disclosure or investigation has been signalled and people know that something's happened, then the perpetrator may well actually be violent or commit suicide as well. So, I think there's a lot of potential outcomes that can happen and we can never be 100 per cent sure about which of those outcomes is going to occur.

Q. Are you able to assist us in what the best way is to receive a disclosure of that kind, in an institutional setting?
A. Yeah. So, I understand - so, coming from a mental health perspective it's a little bit different than coming obviously from a legal perspective and I understand there's this tension in trying to support the child to make them feel safe and comfortable in being able to disclose; at the same time not damaging any evidence that may be required if this is a new disclosure and it is a situation of safety for the child but also about then a criminal investigation that might ensue depending. So, I think we have to be careful that we don't say, "Look, don't tell me all this now because I'm going to ruin the evidence, let's get you to another place". It's the way we handle that so that we don't lose the disclosure but that we also don't go past

our boundaries in terms of how we take the information from the child; for example, coercive questioning or leading questions, all of those sorts of things. We want the child to be able to disclose in their own words what actually happened as the first source of disclosure.

So, I think there are ways of doing that in an institution where we can really support the child in saying, this is a really important story and, you know, you're very brave and encourage them that this is the right thing to do, but also get them to the right people to hear the disclosure and it may be one of the Child Protection Units or the police, you know, depending on what set up you've got in the particular area where the child is.

I think the last thing we want to do is to stop or close down the disclosure immediately, because we know that, if children feel like they can't speak when they sort of finally got up the courage to do so, then they may not disclose again ever or for some years to come, and of course that's then going to lead to that more punitive impact that we talked about, because often disclosure is part of the step towards also healing and recovery, so we know that it's a pivotal moment in a child's life if they're going to talk about this.

Q. And so, is it the case that there are positive impacts for the child if they disclose in a mental health sense; is that the way you see it?
A. Yeah, so I think when you work with trauma survivors for example, when you are able to hear the story, when the person is able to tell you what happened in their own words and you're able to then explore the impact that that has had on them and you're able to work with them through that story, the actual hearing of the story itself. Bearing witness, for example, is a very, very powerful process for someone: if they feel believed, validated, understood, then it allows them psychologically to move forward. If they're disbelieved, they're shut down, then that's going to increase their feelings of distress.

Q. And that's one of the multiplier effects that we've talked about that affects the child?
A. Yes. But of course if you do it well then the multiplier effect is in the recovery, so you actually get the journey started and you can get this momentum then that builds and then the person has a much better outcome over

time.

Q. And that makes it critical to have those structures in place within the institution to be able to authentically listen to children trying to make a disclosure, is that right?
A. Yes, in a safe way, but also meets any sort of legal or other requirements that we have around reporting.

Q. I just want to talk to you a little bit about what your statement tells us about the compartmentalisation between trauma, mental health services and child sexual assault services. Can you tell us about why you see that as an issue?
A. If you look at retrospective evidence around who attends, say, adult mental health services, or drug and alcohol services, by far the majority of people who have very severe illness, whether it's alcohol and substance use or mental illness, often have significant histories of childhood trauma. In some of these surveys they found that it could be sort of 80 per cent of people attending drug rehab may have these sorts of issues in their background. So, it seems to me that clearly there's this very strong association between early trauma and then these later outcomes. And part of the difficulty with mental health services is that they work on dealing with the diagnosis, but trauma is not a diagnosis, trauma is the event that happens, it sets the child on a developmental pathway, it's a huge risk factor for the development of any psychiatric illness you care to mention, but in particular things like post-traumatic stress disorder, anxiety, depression, substance use, eating disorder, suicidality and self-harm, huge array that we commonly see and certainly increasing in frequency particularly over the last 20 years and more so since COVID.

So, we have this disconnect then in understanding that there's these pathways that children end up on and we don't do enough early intervention once we are aware that these things have happened, nor do we sort of follow through with what is required in order to get the child's development back on track from a trauma perspective as opposed to a diagnosis that you're treating.

The example that I'll give is, if you have depression say as an adolescent, that the underlying reason for the depression was sexual abuse at an earlier stage in life,

and all you do is get treatment for depression, which would be a simple algorithm of treatment, but you never address the original trauma, the depression's not really going to improve or it will recur. So, you have to understand how to treat the underlying drivers of illness, and sexual abuse is a driver.

Q. You say in your statement it's not enough for services to be trauma-informed, they need to be trauma-competent.
A. Yes.

Q. What's the difference between those two concepts?
A. So, the whole trauma-informed movement is about making sure we don't re-traumatise people when they come through services, so it's about understanding that trauma can have an impact on the way a person presents and their behaviour, on their ability to engage, and what we often do in services is just expect people to fit in, and often the things we do to them are quite traumatic. So, for example, in mental health services it's very difficult to admit someone to hospital, it's very difficult to admit someone under the Mental Health Act, for example. That takes away a person's individual power and control.

So, you know, coming into services and having certain treatments can be very traumatic, and so trauma-informed care is meant to be a whole-of-system approach where we understand the impact of trauma, we try and create a compassionate and safe way for people to transition through services, and we try and reduce the idea of secondary re-traumatisation with that understanding.

Trauma competency is then being able to deal with the trauma itself, so being able to know what are the best evidence-based models of care for people who have experienced significant trauma, how do you actually incorporate some sort of narrative or bearing of witness or understanding the story and the impact as part of your treatment, and what we often see in services is, there's an understanding that trauma has happened, but then there's no understanding in the treatment plan of what's required, and so, what we don't want is for someone to - especially if it's a child or a young person - to have their depression treated by one person, their substance use treated by someone else, their sexual abuse treated by another service, the family therapy - you could have 10 clinicians for one child. I just think it's nonsense.

And I do believe that sexual abuse itself is such a driver for a whole array of adverse outcomes, and if you're working in mental health or substance use services and you don't know how to deal with the trauma impact in someone's life, then you are not providing a comprehensive approach to the problem.

Q. You mentioned there the importance of bearing of witness; can you tell us from the perspective of your role as a Royal Commissioner about how important that was or what your experience of that was?
A. It was really important and I just have to say, I really commend everyone that came forward and gave evidence for their incredible courage and determination to make Australia a better place and a safer place for children. But it really was an incredible process for people. I think that, when you've really been heard, and this was often what was said, was that "this was the first time I actually felt heard", and so, I think the way we often listen is only with sort of half the person, because I can imagine in your professional as a lawyer, you're taking a statement, you're writing things down, you're thinking about your next question and you're not really fully present, and I think that what we had the privilege of being able to do is be fully present and actually hear the story and listen as a whole person to what we were being told, and also having the ability to be able to respond to that as a whole person instead of thinking about questions and other things that, you know, take up, occupy half your attention. So, it's to be fully present when you listen to the story, I think, makes a huge difference and I think that was a very powerful process for people.

Q. Professor, returning then to the trauma competency of the response to child sexual abuse. You tell us in your statement at around paragraph 35 that it's your understanding that Tasmania has a reasonably small Mental Health Service, it's not dissimilar to Western Australia. Now, obviously we're not basing that on any direct comparison, but among the smaller jurisdictions in terms of population size. Can you talk a little bit about the challenges that arise from that smaller workforce?
A. Look, obviously as part of the National Mental Health Commission I had much more awareness of the size of different sorts of service systems and the like and Tasmania is definitely a smaller jurisdiction and sometimes

it's harder to get workforce and things like that. Equally in WA we're one of the smaller jurisdictions and certainly have had trouble with workforce and the like, but overall in terms of how we've seen mental health services develop in Australia there hasn't been the level of input or funding or resourcing that's been required, (1) to keep up with population but also to keep up with the incredibly increasing demand in regard to child mental health services.

Part of the problem I think for a place like Tasmania is that you have a number of children that require these more specialist services. So, sometimes if you think about a continuum some kids and families might only need a small amount of support and counselling in order to get back on track, and some people will end up on that continuum where there is a much more severe impact and they are going to require much more comprehensive assessment and they may well then have developed these comorbidities like mental illness or depression or whatever. So, if you don't have the sort of services there to be able to deal with the children and the families in a much more comprehensive way then these children are just going to have that ongoing impact and it may be that they re-present later on down the track in a worse state.

So, if a child's trauma and the impact that it's having on them and their behaviours and emotions and their thoughts, if that's not dealt with sort of early enough, then you could find that they, you know, try suicide attempt at 15 or 16 and end up in the emergency department repeatedly.

And we can actually prevent that if we have good wrap-around comprehensive services early enough and long enough. And there's always this tension I think between saying we don't want to create dependency, we don't want children and families to be in services all their life, we don't have to do that, but what we do have to do is provide an adequate dose of treatment or intervention that allows the child and family to move on. However, we also know that trauma has an impact along the life-span because of other developmental issues and life events.

So, for example, when a child hits puberty this is when all your sort of sexual characteristics start to develop. That is a trigger time. If you've experienced

these early trauma around sexual abuse that's a trigger time for you and your trauma is going to be rekindled. So, even if you've done well and even you've had good intervention at the time you might need a top up at puberty because this is a time that's going to trigger you and you're going to need to re-think everything.

Another really major trigger is when you develop an intimate relationship maybe in later adolescence, or you become a parent. For women pregnancy is a huge issue in terms of rekindling trauma. So even if you do well, you still need to have these services along the life-span to actually cope with different developmental stages and ages and also other life events.

Another trigger of course for trauma is going to be if you have another traumatic event, maybe you have a car accident or something like that, that's also going to be another trigger, or if you have a loss in the family, a death of a close family member or something like that. These are also triggers.

So we can't just say that's going to be enough then and there because there is no cure; this is something that will repeatedly come back to you across you're life-span. And then in old age, of course, we know that as your defence mechanisms age and as you become less able, I think, to cope with some of the psychological issues that arise, your brain is going to throw up these early memories that you had as a child and you are going to be triggered in old age and I don't think we've really thought about that much in older age services either.

Q. We hear sometimes, professor, in some of the work of this Commission about people who, having disclosed, don't receive much follow-up from the institutions that they've - that were responsible for them at the time of the offending, and it sounds like your evidence is directed to really identifying the need to continually check in on this person if they would like you to, if it's appropriate, to offer that support in an ongoing way. Is that fair?
A. It may not be the institution that they want to check in on them but if they've been engaged in some sort of therapeutic service it's hard to keep re-engaging with the new service, telling your story all over again and starting again. And I think what we do is we actually have services that only get set up really to support people in the short

term and if they want to come back a couple of years later they've got to go through the whole rigmarole of re-referral and they might not get the same people, there's no continuity of care, and that in itself can be quite traumatic, and the last thing you really want to do is to make someone tell their story repeatedly to new people, because that in itself can be quite traumatic. So, a way of providing some kind of support and also some continuity of care, and if we can't do that with the same service provider or the same people, then can we do it with some sort of record that goes with them, that they then don't have to keep going over all of the same material again each time. It seems like we get people so far and then we let them go and when they come back we start again instead of being able to build from where we were before.

Q. I want to turn, professor, and ask if there are particular considerations for First Nations children that you can talk to this Commission about?
A. So, I think with the First Nations groups we have to understand it in the context of history and, you know, the sort of genocide of Aboriginal peoples across Australia in terms of the massacres and the loss of life and all of the things that happened historically, so we're not just starting with contemporary child sexual abuse, we're starting with generations of child sexual abuse that happened on missions and sort of quite widespread really across the whole community. So, generally speaking, if you've got one family in a community that may be traumatised, the rest of the community can buffer them and provide support, but when you've got the whole community traumatised you don't have the same capacity or resources to be able to do that. That's what we have for some of our Aboriginal communities, particularly with some communities where the number of children who were removed to institutions through Stolen Generations was very significant and occurred over several generations so the level of transgenerational trauma is much greater, and so you're dealing with a greater trauma load overall.

In terms of the healing aspects of it, of course we had our traditional healers, we had our own ways of understanding some of these things and how we might provide a treatment. And although they might not have the evidence base to them they kept us in good stead for many thousands of years, so there's a lot to be learned from cultural ways of healing, understanding things that happened to you. And

certainly from a lot of people I've spoken with and a lot of the communities I've worked with in mental health, you know, they have some really amazing ways of assisting and supporting a person to go on a healing journey from a cultural perspective, and we also know that having a strong cultural identity, feeling connected to culture, to land, to nature, to ancestry, is a way of providing that healing journey which sits outside of a mainstream mental health response, it's a more holistic understanding of connection.

Q. Can a culturally competent response, for example, to disclosure or attendance in institutions be important to that?
A. Yeah, because there may be different nuances in the way children from First Nations communities relate, how they talk, who they're prepared to talk to, gender issues can be more significant, for example; an older male may not want to speak a female, a female may not want to speak to a male, those sorts of things become more significant depending on the adolescent status as well in terms of law and other sorts of things. They may need a way of engaging that's a little bit different than what we would normally expect for a kid of that age.

And also I think that there's issues with translation. If kids in some of the remote communities have four or five traditional languages or dialects that they speak, English may be well down the list, and so understanding whether you need an interpreter or how that translation occurs is a lot more important.

There's also this form of Aboriginal English which sometimes can be misunderstood or misinterpreted. I also think that we still have a lot of ongoing racism and discrimination, and so, you have to make sure that the system is safe for a child because if they already have experienced racism within the system that they're in, the chances of them talking to you about something really personal is very low.

Q. I think you make a similar point about LGBTIQ+ children who might be reluctant to disclose because it might force other disclosures, can you tell us a little bit about that?
A. Yeah, so I think this is that whole sort of sexual identity is really fraught and I think as a society this is still a bit of a taboo subject in general, we still don't

quite know how to support these kids through schools and in institutions and services. Hopefully we're getting better at it but it still remains a significant problem. If you look at some of the outcomes for kids who have some different sort of sexual identity issues or gender dysphoria, then some of their outcomes are much worse than for other kids in the population. So there's a greater need for sensitivity. And I think that because of sometimes again the shame and stigma and taboo about discussing these issues in childhood, children are less likely to want to speak about these sorts of issues or they're sort of kind of given the message not to in a way from society in that we don't want to hear about this, and so, it makes it harder for them to disclose if they've been abused in some way because it may lead then to a disclosure around their other sexual identity issues.

Just to be clear as well, sexual abuse can occur to any child. However, the way the child interprets that in terms of what it means for their sexual identity will vary enormously over the child population, and so, it does challenge the child as well in terms of knowing who they are and what their sexual identity is as well, so it's a very, very complicated area.

Q. Professor, I'm going to ask this one last question, so I don't completely monopolise your time and allow the Commissioners the opportunity to talk to you as well. I wanted to finish by asking you about the resilience factors that you talked about. In our opening Counsel Assisting opened this week by referring to your evidence around hope, and I'd like to finish by talking to you about hope and why that's important and what it means for individuals and for communities and perhaps even a state.

A. So, I think that what trauma does for the individual is that it really disrupts the personal narrative, it disrupts the person's ability to understand who they are and their journey through life, and it also destroys the future because you can get trapped in this cycle of trauma and feeling like there's no way out, and I think communities and institutions and everybody can get trapped in that trauma cycle in feeling that it's all very futile and that there is no hope.

And yet what we were able to see and certainly what I've witnessed in my own career having worked in the trauma area for some decades now, is that I'm always amazed that

some people have this innate ability to feel hopeful wherever that comes from, and I think that that helps people to see the future, that they don't have to be trapped within this trauma story or this trauma narrative, that there is actually a way that they can move forward, and I think having hope is a really important aspect of this whole sort of trauma area. Because, sort of, without that then - and look, certainly in services I've heard of plenty of kids saying, "Look, life's not going to get any better so I'm just going to go out in a blaze of glory", and that's a very, very awful state really for a young person to be in if they feel that's all they can do; that there is no life waiting out there for them. And this is what trauma does, this is how trauma impacts on how we feel about our place in the world.

Well, hope is just one of those things that, some people seem to be born with it, some people seem to be able to learn it over time, but we have to be able to give messages of hope as well because people are really amazing in their ability to survive, to be hopeful, to have hopes for the future and I have to say that most people really are driven by the fact that they don't want these things to happen to other children and so they do want to make a difference. So, I think being able to restore and keep hope is a really important thing.

MS BENNETT: Commissioners, I could plainly speak to Professor Milroy all day but I will now say those are the questions I have for this witness.

PRESIDENT NEAVE: Thank you very much, Professor Milroy.

COMMISSIONER BENJAMIN: Q. Yes, Professor Milroy, Robert Benjamin's my name. I heard what you were saying in relation to a child struggling in a difficult way to make a disclosure and you use the analogy of a child who had constant sore throats and the need for the listener to tease out the answer to, first of all, believe them and say what's behind it, and that kind of clashes with what the legal professional are doing to you at the same time, doesn't it? Where the legal profession are saying, don't lead, don't give answers, and that's hard. I guess that points to really thoughtful and significant training we have to look for in terms of how we train institutions to deal with disclosures. God help parents, I might add, but what are your thoughts on that?

A. Yes, I agree and I think that what we can do is try and just help assist people in practising the way they might talk to children about these things. Sometimes for, say a teacher, they may only ever take one disclosure in their entire life but it's going to be really important at the time, and so, it's hard to get a level of confidence in being able to deal with these sorts of things.

Certainly in clinical services obviously you deal with these things all the time so you can get an ability to increase your confidence, but there are ways of avoiding those leading questions or those sort of coercive type answers that can interfere with evidence. So, just always being able to be curious, and curiosity is something that helps a child to speak out. So, "Tell me a little bit more. What do you mean by that?", but without giving any sorts of answers; it's about being curious about the child's experience rather than asking any sort of leading or yes/no type answers which is unhelpful. It's exploring and being curious about what the problem is rather than being definitive.

COMMISSIONER BENJAMIN: Thank you.

PRESIDENT NEAVE: Q. I have a question. You talked earlier in your evidence about how this is a taboo topic, it's not a topic that's well understood in the community. One of our previous witnesses talked about marketing campaigns and how they might be useful to get people to be able to speak about these issues more freely. What's your view about how we break down that taboo, what do you think about, for example, marketing campaigns, carefully constructed obviously; what do you think about those approaches?
A. I think we need to think about it in terms of a number of different levels and layers. So, for example, I think a marketing campaign as a general population awareness is probably a good thing and often what we hear from people is that, when they saw someone who's a bit of champion, maybe someone's well-known who then talks about their own personal history, it gave them the courage to come forward and speak about what had happened to them. So, I think that at that sort of population level that's good. But I think we also lack training and real understanding about these issues in most of our human services and most of our clinical services.

So, for example, at universities in all the training courses for doctors, social workers, psychiatrists, psychologists, everyone who's going to be working in this area, the level of content around these sorts of issues is generally pretty low. And so, even quite recently we were trying to do - we've got a trauma research team at the Perth Children's Hospital as part of the Telethon Kids Research Institute trying to actually increase our evidence and understanding and better interventions in this area, and we were trying to work with one of the paediatric teams around looking at the impact of trauma in this particular medical condition and they didn't want to screen for it, they didn't even want to ask about it. So, that's today, you know. So, I think we need to think about it in terms of levels and systems.

So, yes, we need something for the population level, but we also need to target and have specific strategies and training in all of the other systems that work with children and potentially work with people, so schools need their response, all the clinical services need their training, so I think it's got to be multi-faceted if it's going to be effective.

PRESIDENT NEAVE: Thank you very much, Professor Milroy, that was really most helpful, and you're excused now.

THE WITNESS: Thank you very much.

MS BENNETT: Commissioners, perhaps I'll let Ms Ellyard call the next witness.

MS ELLYARD: Commissioners, if it's convenient we're going to continue straight on with the next witness, Professor Sally Robinson. I'll ask her to come into the witness box.

**<SALLY ANTOINETTE ROBINSON, affirmed and examined: [12.33pm]**

**<EXAMINATION BY MS ELLYARD:**

MS ELLYARD: Q. Thank you, Professor Robinson, as you make yourself comfortable I'll ask you to tell us again your full name?
A. My name is Sally Antoinette Robinson.

Q. And you're presently employed as a professor of Disability and Community Inclusion at the College of

Nursing and Health Sciences at Flinders University?
A. Yes.

Q. You've made a statement to assist the work of the Commission which is dated 26 April 2022. Have you got a copy of that statement with you?
A. I do, thank you.

Q. Are the contents of that statement true and correct?
A. Yes.

Q. You've identified in your statement at paragraph 7 and attached a number of relevant publications which bear on the issues that you discuss in your statement?
A. That's right.

Q. And you've also identified and marked as Exhibit 2 a number of relevant articles that you've also drawn on to provide your evidence?
A. Yes.

Q. At paragraph 12 of your statement you identify some of your current areas of research. Could I ask you to summarise, please, the areas that you're working on that have relevance to the work of this Commission?
A. Yes. The work that I do is distinctive, I suppose, in that we work with children and young people with disability in ways that enhance their participation and their voice in the research. We work with people with disability as co-researchers and our work privileges the voice of young people in our research.

Q. At paragraph 12 you identify that you're particularly interested in environmental and systematic factors and how they lead to violence and abuse for people with disabilities.
A. We're really interested in the connections between people's individual experiences and what they mean for changing environments and systems that people live in.

Q. One of the pieces of work that you refer to and that you've attached as Exhibit 15 is some research that you did for the National Disability Commission. Can you tell us a bit about that research?
A. Yes. That was a project called Feeling Safe, Being Safe and it was about understanding how children and young people who had significant support needs understood safety

in their lives. For ethical reasons, it wasn't appropriate to go and talk to children and young people with significant support needs about their experience of violence and abuse, and we learnt a lot in that project about how approaching people in a more global way, children and young people in a more global way, helped us enter into conversations with them about the things that were safe and not safe in their lives and, from that, how we could really build in our own learning about implications for systems and structures from children's own understandings about safety.

Q. I'm going to ask you some questions that as I understand it your answers will in part arise from that research that you've done. Do I understand that you're also engaged in a current research project with another of the witnesses that's attending the Commission today, Professor Moore?
A. That's right.

Q. Can you tell us a bit about that?
A. Yes, we're doing an Australian Research Council project called Ethical Practice Involving Children. That is a big study which is about the experiences of children and practitioners in three different contexts: in schools, Disability Services and Out-of-Home Care services. My part of the project is specifically around Disability Services, but I can talk a little bit about the broader implications.

The other area that I didn't really mention is the work that I do around domestic and family violence and the experiences that children with disability have in that context which is relevant for today's conversation.

Q. I'm going to ask you some questions about that, thank you. So, you've made it plain that your area of research interest and expertise relates particularly to children and young people with disability. That's a phrase we've all used a lot so far. When we use that phrase, what's the cohort of children that we're talking about? I take it that they're not a homogenous group?
A. I'm really glad that you asked that question. There's a real tendency to think about the population of children with disability but it's such a diverse mixed group, and so, when I talked before about the Feeling Safe, Being Safe study that was specifically talking about kids with higher support needs who used services a lot across different

parts of their lives. But Helen's evidence just before talked about a whole different group of children and young people, and I think it illustrated really nicely just how diverse people's needs and their experiences are.

There is a very wide range of children and young people, from people who - I think you had evidence yesterday about a young woman or a girl's experience who had very high and complex support needs, through to a really interesting group of young people that we work with a lot who don't have a diagnosis, they don't necessarily have an identification at all as being people who've got disability; the kids who are bumping along in school who are not doing so well, who have got learning deficits that have been identified with at school, but neither they or their families identify as being children with disability. Through to people who are sort of in the middle of that range. It's a very broad, diverse range of people, so lots of different populations, lots of different identifications, some people who are proud of their disability, some people who feel a lot of shame.

Q. One of the things you also mention in your statement is that included sometimes in the cohort of children with disabilities are people who have been given diagnoses in relation to behaviour but perhaps properly understood that behaviour is evidence of underlying trauma and not actually a disability at all?
A. The work that we've done and other people have done around the connection between disability and trauma, I think, is really interesting, and I think Helen's work is very important there as well and pointed in very significant ways to the way that you can't unpack disability and trauma from each other, and sometimes we try to do that. Our work in domestic violence really showed that practitioners in domestic and family violence services, as soon as families talked about their children having disability were really keen to say, ah, that's an NDIS issue, kids go off to NDIS, but that was not necessarily the issue that was confronting families and, once disability was identified in the children trauma was not explored with the kids or the families because they were in the disability bucket. And across several of our studies that's been the case: once people receive the label of disability then the exploration or the experience or the understanding around trauma really drops.

Trauma-informed practice, or I really like the trauma-competent practice that Helen raised, is in its infancy in disability and there are very few practitioners who are skilled in that kind of practice and it's something that I'll probably return to as we keep talking.

Q. We will. You make the point at paragraph 16 of your statement that children and young people with a disability are at an increased risk of being exposed to sexual abuse, but as I understand it we know that to be true but there's not particularly good evidence about that, and you've made some comments in your statement about the implications of not having good evidence. Can you talk to us about that?
A. Yeah, sure. Well, there's lots of reasons that we don't have good evidence, partly because some children just will never be able to tell us because of the nature of their support needs, because of the way that people live quite service-dominated lives and we've heard a lot already this morning about the way that power works in institutions to make it very difficult for children to talk about what's happened to them.

And the fact that people have complex and intersecting challenges in their lives and so disability might not be front of mind for them. There's a whole series of other factors that I'd call situational vulnerabilities. I've heard us talking about vulnerability a bit this morning and it's a good point for us to touch on probably when talking about children with disability. My own view is that children with disability aren't inherently vulnerable because of their disability. You know, having Down's Syndrome doesn't make you vulnerable to sexual abuse, but the sort of situations that children with disability are more often in make them situationally vulnerable more often than other children might be, and so that sort of leads into some of the other risk factors that children with disability are exposed to many more services than children without disability, for example, so they're likely to be on their own with other adults that aren't known well to them, that they don't have trust relationships with, for example, they live lives that are more likely to be service-dominated than other children. They are expected to be compliant. All children are expected to be compliant to an extent but the expectations of compliance are higher often for children with disability, and when they're not compliant they are more likely to be subject to behaviour management techniques.

And the sort of dominant ablest approach to disability means that when children, especially children who don't have articulate voices, when they do protest and they're likely to use behaviour or to not be able to explain well what's causing them distress, it's likely to be put down to being a factor of their disability rather than potential trauma as a cause.

Q. The Commission's heard from a number of witnesses so far about the extent to which institutions sometimes make assumptions about children being less reliable, less likely to tell the truth, assumptions implicit or otherwise about children and their experiences being less valuable than the experiences of adults, and I would imagine that that's a compounding issue then when disability is brought into the picture?
A. Absolutely, yes. I think that's also because our institutions don't have a terribly strong history of making information available and accessible to children with cognitive disability or to children generally, but where the information hasn't been made available to children about things that they need to know, about their own bodies, about the way that communication works, all sorts of things, it's harder for children to have access to that information too.

Q. You touched on the evidence that the Commission heard yesterday from the mother of a child with high support needs arising from her disabilities and the horrific experiences that her daughter and she had had in the Launceston General Hospital, and a particular perpetrator. At paragraphs 32 and onwards of your statement you talk about the broken touch radar, this question of the difficulties that are imposed on children who, by reason of legitimate support needs, are getting touched all of the time and the implications for then knowing when and how to complain if the touch is wrong. Can you tell us about that?
A. That came out of our research and also some UK research with children and young people with disability where children with high physical support needs and also support needs due to multiple disability, experience people touching them from when they get up in the morning to when they go to bed at night. One of the examples out of the Child Abuse Royal Commission study was a young person who had high physical support needs and he was also receiving

speech therapy, and the therapist who was working with him talked about the fact that that therapy extended to putting her hand inside his mouth to adjust his tongue even, and so, there wasn't a part of his body that wasn't touched, and in that context it was very difficult - she reflected that his touch radar, what was a safe space and a not safe space was so fundamentally different from other children. And she was reflecting on how hard it would be to teach safe touch, not safe touch, for someone who needs concrete information and needs the information broken down.

And in other UK research people talked about their sense of bodily integrity really being broken down there as well when they received personal care assistance every day, and sometimes from people who they don't know as well, you know, with the casualisation of our industry too.

Q. One of the things that you've identified and it's part of the service-dominated lives of children is that sometimes the support needs of the child mean that the family sometimes has a high level of dependence themselves on care being provided by providers, and sometimes an incentive not to complain or to accept concerning levels of care because of the implications of services being withdrawn. Can you comment on that?
A. Yeah, that's right, and I guess that's the intersection between children's family life and what happens in the way services are funded and provided. So, with the National Disability Insurance Scheme when children receive funding for services that happen in their home around their personal care supports, support workers can come in and provide personal care supports and things that assist their families. It's an entrenched difficult issue for most families to receive reliable, consistent workers who don't change often. So, getting a reliable pipeline of workers is a real problem and dealing with organisations and keeping a consistent relationship that doesn't change over time is something that a lot of families talk about as a continuing issue. So, dealing with all of that change and churn is a real issue and it's something that's a fundamental problem in terms of training workers, in terms of maintaining trusted relationships for children, and in terms of keeping a stable number of people that children can talk to if they have concerns.

Q. But does it also raise, thinking about some of the evidence we heard earlier on about wilful blindness and

things of that kind, sometimes it might be very difficult for a family to contemplate saying they don't want a particular carer to come any more because they're concerned because the implications of sending that carer away might be the loss of a significant kind of support that their child and their family is relying on?
A. Yes, and also the fact that they just simply may not be able to find another person, so both of the levels.

Q. At paragraph 38 and following in your statement you talk about taking an ecological approach to how we think about preventing child sexual abuse, and you talk about an ecological approach, firstly assuming that children are active agents, and then putting the child at the centre and then considering circles moving out from the child. Can I ask you to just describe briefly the four levels that you describe and then I'm going to ask you some more specific questions of systems and how they work.
A. I really like ecological approaches because they make gut sense. So, the idea of the child at the centre is about the child and the way they understand themselves and their relationships. The next level out is the informal relationships that kids have with their families and their peers, their networks.

Next level out is the services, the sort of formal relationships with all of the people who get stuff done, and then at the outside is the culture, the societal mores and rules, systems, the things that glue all of the inside bits together; the things that we say make things okay and not okay.

Q. One of the things you identify is that sometimes, thinking I think at that outer level, society accepts things being done to children with disability that society wouldn't accept in other contexts. So, in paragraph 44 you give an example of a child who was being expected to travel in a certain way; can you tell us about that?
A. I think this is a really interesting example; that was the Feeling Safe, Being Safe study again. A mother talked about how she was being pressured quite hard for her son to take a taxi to school and back again, and this was being put forward as a thing that would really relieve pressure on the family, and her son was not able to speak, he was not able to move. And her reflection on that was, I would never put my other son, my older son, my 12-year-old son in a taxi on his own with a man he did not know. Why on earth

would I put my 10-year-old son who can't speak, can't move, can't tell me if anything goes wrong in a taxi with a series of people who he doesn't know? So there's sort of normative expectations about what's okay for children with disability and what's okay for children without disability; it was really quite stark when brought into the --

Q. And so that's an example of a system being designed to suit the service provision but not at all having in mind what the child's interests might be?
A. Yes, I thought so.

Q. You give another example at the end of your statement, a very sad story of a young man who was forced to go into care because of his behaviours being too difficult for his mother and the way in which visits between his mother and he were arranged. Can you tell us about that?
A. That was a terrible situation, where the young boy had been in care and his mother had worked very hard to have him restored into care, and they had both experienced severe trauma and as time went on they had no support really around trauma supports, and his behaviour became more and more difficult for them both to manage, and she very reluctantly relinquished him into the care of Child Protection and he went into a group home arrangement. When she did that, she lost any entitlement to how much she could see him, and the service provider decided that one hour per month - one hour per fortnight initially was the amount that they could spend time together. And he became very distressed at the end of each of those visits at the end of the fortnight, and so, the decision of the service provider was to reduce it to half an hour per month.

Q. Not a solution that would have seemed to be in his interests or thinking about his interests as being at the centre of things?
A. No, not for either of them, yeah, and unsurprisingly she reported that his distress had only increased as a result.

Q. So we come to the question of policies, and at paragraph 46 and following you identify some current policy issues and I'm paraphrasing you but you identify the extent to which children with disabilities are not in substance, although perhaps they are in name, in the view in the front of the mind of policymakers. Can you tell us about that issue?

A. Children with disability have got a great presence in statement of principles, but we're really lagging in movement beyond statement of principles into enacting practice for children and young people with disability.

It's a really good time right at the moment because we're right at the intersection of three national policy documents: we've got the Australian Disability Strategy, we've got the National Statement on Protecting Australia's Children and the incoming National Policy on Protecting Women and Children, but we're yet to see the action plans that actually activate what happens for children with disability.

Up until now we've seen statements of principles about the way that they matter, but not how that actually results in attention for children with disability.

Q. One of the key things that the Commission is keen to do as much as possible is listen to the voices of children and a number of witnesses so far have told us about that importance, and so I want to ask you some questions about what children have told you through the work that you've done.
A. That's correct.

Q. And particularly in relation to the work that you've done asking children with disabilities what it is that makes them feel safe, including safety in the sense of safety from child sexual abuse. At paragraph 60 and following of your statement you discuss each of the four things that were identified and, as I understand it, the four key issues that children talked about as priorities for being safe were: physical safety, emotional safety, having their access needs met, and feeling capable. I want to ask you about each of them first. Physical safety, it feels obvious, but when children talked about physical safety, what were they meaning?
A. I'll just preface this by saying that this was a fairly substantial study that we did with young people with disability that really underlined how incredibly capable young people were when we sat with them and really listened to what people's ideas and strategies were. So, this model of safety was developed from the young people's own ideas and priorities about what they needed to feel and be safe.

So, when they talked about physical safety, it was

sort of a baseline, it was you know, young people felt safe when they had somewhere safe to be, when they were out of danger, when they had someone who they could stick with, and when they weren't mistreated; it was something that they didn't really pay a lot of attention to but in its absence it really mattered.

Q. And as I understand it from paragraph 61 of your statement emotional safety was a very consistent theme in the groups that you had?
A. That was the biggest and most important thing that people really stressed. So, they talked a lot about trusting relationships, being able to develop them, being able to maintain them, being able to sustain them; feeling comfortable, and those sorts of relationships comprised feeling known, feeling respected, feeling valued, and the mutuality of that with other people. That's not to say that people always had that, and so, the absence of that caused a significant amount of pain to people. And the lack of that caused them a lot of difficulty because that was really poorly responded to by service systems. They didn't really see that - young people saw that service providers didn't put a lot of energy or attention into their emotional life, their emotional wellbeing.

Q. As I understand it some young people identified that they might try and get that emotional safety through behaving in challenging ways but then their behaviour was misunderstood by those they were trying to get emotional comfort from?
A. Yes, that's right.

Q. Turning to the third, access needs, which is about accessibility to the community and to live the kind of broad life that children without disabilities can lead, you include in your statement a reference relating to a café, it's not a big example but perhaps a meaningful example of what children meant when they talked about this idea of access needs.
A. Yeah, they talked about physical access but also emotional, psychological access, which means essentially being expected, feeling welcome and being missed if you're not there. So, the example of the café was one young man who talked about how, "When I come into a café I don't want everybody to rush around and move all the tables and make this big space and a huge fuss when I walk in; I want it already set up so that it's - I'm welcome there, I'm

expected there, I'm not someone special, I'm part of the community".

Q. And then feeling capable. You've already mentioned that your experience was that in fact young children with disabilities are very capable. What did it mean when they said that part of them feeling safe was feeling capable?
A. That was about feeling that young people were around people who were open to the fact that they had strategies; had this spirit of curiosity about working with them to develop their strategies, to help them to build their capability in using their strategies, their capacity to use their strategies, but it wasn't about being independent, it was about working collaboratively and knowing when to step in and help. But when help was needed, to use that in a complementary way, not to take over from young people; to work in a problem solving way with young people, so that they were using their own agency, but they had someone working in alliance with them around complicated issues.

Q. One of the things that you identify, and perhaps it's a theme that emerges from the evidence that we heard yesterday from Ms Donohue is, sometimes children with disabilities don't get the chance much to practise being capable and are shielded from the opportunities to participate as fully as they can because of a well-meaning, perhaps, concern by parents and caregivers that they're at risk.
A. Yeah, I don't want to present this as a straightforward thing because these were people's fantastic ideas and strategies, but there were lots of barriers to people implementing these things, partly because they didn't get the chance to practise them, and not everybody had really terrific ways of implementing their strategies because of that lack of opportunity and because of systems barriers too.

So, for example, people's fears got in the way of being able to implement strategies and the lack of education about where risk actually really sat. You know, people talked a real lot about stranger danger but not very much about risk that was closer to home; they're quite tricky conversations to have, and the lack of resourcing and skill building that sat with the people around them was quite apparent because a lot of people's knowledge came from TV, not from other places.

Q. I want to turn to some questions about protective measures, and at paragraph 73 and following of your statement you identify that, whilst of course we want to make sure that children are appropriately resourced to stick up for themselves, it's actually unrealistic and deeply unfair to expect children themselves to be the ones who keep themselves safe from child abuse?
A. Absolutely, and the more significant the disability that children have, the harder it is for them to stick up for themselves, especially for kids who lead service-dominated lives because the power difference that they live with is very stark. And, you know, this sphere of influence is very small; I mean, all children's sphere of influence is quite small, but for them it's even smaller.

There was some research done with children who were in quite disadvantaged circumstances back in 2005 that really did a great job of showing the effects when you educated the child and everybody around the child, which created multiple places for children to go. So, well informed education for the kids, but also for teachers, for parents, for key community people like community police and the difference that that made to children in being able to talk about sexual assaults and other kinds of harms in their lives.

Q. You identify at paragraph 75 that one of the advantages of educating communities and institutional communities perhaps like schools is, apart from anything else, perpetrators who might otherwise enter the system know that people have knowledge and have a capacity to detect them but also, as you've said, there's more people who know what to look out for and who know what to do if they see anything of concern.
A. Yeah, that's right, and some of that goes to culture, some of the points that were made earlier about changing culture, and building some of the skills of reflective practice that might go alongside training and education so that people are reflecting on what they're learning and how they can implement it in their own particular context.

Q. At paragraph 83 and following of your statement you talk about the question of trusted adult relationships, and the Commissioners have heard from a number of witnesses so far the importance of children having a trusted adult and that's obviously the research you've heard as well, but you

make some comments that what we know children want of a trusted adult who sticks with them is precisely how the system sometimes doesn't work, particularly where a disclosure is made. Can you give us your reflections on that?
A. Because some children with disability are more socially isolated than other children, where they might find an adult who understands their communication, who they have trust with, where they've built a bond, if they are able to find a way to confide in that person, to then be moved on from that person to another person that they don't know I think is a bigger breach than for some other kids who might be able to have - who have less barriers around communication or around other sort of disability-related issues that children might have; and so, to lose that connection to that person, I think it's very important that that doesn't happen for kids.

Q. So the argument might be, well, they chose to disclose to their personal care attendant, but the personal care attendant doesn't know how to support them through the disclosure process, they're not trained in trauma-informed practice; it's in the child 's interests to move them on to see this counsellor and that doctor and so forth. As I understand it, that isn't what children want?
A. No, they want that person to go, at the very least, a warm - a warm person to go with them to build that next relationship.

Q. And so, you identify that there's a need then for old people who might be interacting with a child and who might be the person the child chooses to confide in, all of those people need to be skilled up to know what to do if they're the one the child chooses to trust?
A. Yeah, I don't think it's just about disclosure though. I think, if we know in a very conservative estimate that a third of children with disability are experiencing a significant kind of abuse, everybody needs to be skilled in trauma-informed practice; that there's no reason for us not to have that as a fundamental basis of practice.

Q. Can I ask you then about the specific question of sex education for children with disabilities, and you've answered some questions about this in your statement at page 86 and following, perhaps could I ask you to reflect briefly on perhaps the myths that people have about what children with disabilities need to know about sex and the

implications of those myths for children being safe?
A. Yes. There's this horrible dual myth that they don't need to know anything and they should be protected from it, or they're going to be wildly promiscuous if they are educated about it. As a result children with disability are often excluded from sex education classes in their mainstream schools or, if they're in special schools, sex education classes aren't provided, or they're so watered down that kids don't get the information that they really need, so they're about biological puberty or they're so basic that kids really aren't getting the depth of relational education that they need around sexuality and identity and relationships, and all of the stuff that other kids get around sort of masturbation and sex and all the actual full range of education that children get as teenagers.

So, there are some resources that are available for children with cognitive disability, but by no means are they dispersed across all school environments and it's very important that they are because, first of all it's a right, but second of all, it's protective for children to have that sort of education at an age appropriate level in the same way that other children have it.

There's absolutely no evidence that children with cognitive disability play out those myths about promiscuity and all of those sorts of things, but the need for appropriate education that's tailored to the needs of people with cognitive disability is vital.

Q. You've given us some information in your statement at paragraphs 99 and following about harmful sexual behaviours, so the cohort of children who might include children with disabilities who act in ways that are problematic in terms of being developmentally inappropriate or potentially harmful to other children, and one of the things that you identify is the possibility that those behaviours might need to be understood as trauma responses and not necessarily motivated by any ill-will or intent on behalf of the child. Can you talk to us about that?
A. I go back again to the high rates of sexual abuse that children with disability are known to experience and the fact that we can't discount the fact that sexually harmful behaviour in children with cognitive disability is trauma responsive.

Some work that we did with practitioners who work with teenagers with sexually harmful behaviours was really interesting, in particular listening to them talk about the diagnoses that children had been labelled with, and the fact that a lot of the kids that they said they worked with came with this constellation of diagnoses that had been put one on top of the other, and some of their early work with the kids often involved peeling these diagnoses off that were often quite inaccurate and had been put on from kids quite young in response to things that had happened in their trauma backgrounds. So, kids who had very, very complex, difficult backgrounds and very traumatic backgrounds, and it goes back I guess to the earlier comment that we were talking about, about the intersections between trauma and disability and how tangled all of those things are.

Q. At paragraph 110 of your statement you talk about some work that you are involved with funded by ANROWS and the reflections that you had when you saw the way in which children and young people with disability were regarded during the processes of support for family violence. Can you tell us about that?

A. Yeah, sure. In that study we were quite concerned that with the absolute best of intentions early intervention domestic violence prevention services were responding to the needs of families by calling on NDIS resources to meet the needs of children rather than being able to support children's trauma-related needs, and domestic violence services take a whole-family approach and the idea of domestic and family violence responses is that, through supporting the mother, you support her healing and she's then able to support her children.

For kids with disability there's a fairly fundamental problem there; that some of the trauma in the children that we met and the families that we met was so extreme that they were enacting the trauma of behaviour that they had experienced in their family through the perpetrator in their family; the things that the families were living with were really desperate. It wasn't an NDIS issue, it wasn't about the - I mean, there was a real tangled web, I guess. NDIS were saying it wasn't an NDIS issue, but the disability and family violence services were saying it wasn't a family violence issue either because it wasn't coming through the stream of funding that the family - so these poor kids were really caught in between because it

was the need for trauma counselling that was causing the violent behaviour.

Q. And this raises an issue that the Commissioners have heard a number of times, that because of funding and governmental structures and other things, children might live with complex needs, but each of those needs is potentially met through a different service funded by a different person --
A. Absolutely.

Q. -- and provided in a different way. Is there any solution to that problem?
A. In this project we found that these kids were continually slipping between the cracks and, if they were in the care of Child Protection, sometimes that made it even worse although it should have improved it because they should have been taking financial responsibility for meeting the needs of the children.

I mean, a holistic approach is needed to meet the needs of those children. Funding streams in domestic violence that actually focus on children, meeting children's needs. Some domestic violence services now have children's workers who come alongside the family and have a focus on the children, which is a good advance. There's some pilot programs in South Australia now which are looking at what children's workers can offer in the domestic and family violence context, but the fundamental problem about the splintering of funding is a real issue, yeah.

Q. And again, an issue which arises from the fact that services are built starting from who pays for them perhaps, starting from the point of view of who's going to need them?
A. That's right.

Q. Professor, perhaps as my last question, you'll be aware that part of the role of this Commission is to make recommendations to the Tasmanian Government about appropriate systems and policy changes that will better protect children in instructions from the risks of child abuse or respond to them if it occurs. Bearing in mind your comments about children with disability being present a lot in statements of intent but not necessarily present in the substance of the work, is there anything in

particular that you would wish the Commissioners to have in their minds as they go about that task of framing recommendations?
A. Thank you. I think it's really important that the Tasmanian Government look to how the state picks up the needs of children with disability outside of the NDIS, because so much of children's lives is lived outside of the NDIS. Looking at how to prevent this sort of continuing falling between the cracks that happens to children who experience violence, that we don't continue to sort of push children off and think the NDIS will sort that out, because the NDIS doesn't sort it out. The NDIS is not a trauma response service, it's not designed for that, and they're very clear about that, and so, they just keep pushing people back.

But the problem is, every time they push people back, it takes them six months to do that, and six months is a long time for a child, and then it takes another six months to sort something out, and things get worse and worse and spiral and spiral. So, whatever can be done at a state level to improve holistic support for children and young people, I think, is very important, and to connect in a responsive way to the three national policy frameworks that I mentioned before really matters.

The other thing that I just would mention is that, the way that funding for children with disability is progressively going is around individualised support to children, and there are lots of opportunities and strengths in that, but there are risks also around child sexual abuse, in that, children can be alone with a single provider, a single worker; in that, organisations are more likely to have individual workers who don't come together for reflective practice and strong supervision and training, and that there are sole providers who are working on their own without any oversight at all, and so increasingly in the disability sector that's sort of a developing picture and all those things constitute risk to children with disability.

Q. So whereas in the past a lot of those workers might have been part of larger non-government organisations which screened and supervised and supported; that's not the way the funding and the system is going?
A. And the funding - yeah, the funding also is quite restricted for the investing and training of workers, yeah.

And, of course, children and young people have very little authority to have input into what happens in the way that all of that is offered, so they get Vegemite or peanut butter level choices but very little input into those bigger level decisions.

MS ELLYARD: Thank you, professor. Commissioners, those are the questions that I have for Professor Robinson.

COMMISSIONER BROMFIELD: Q. Professor Robinson, thanks so much for coming today and for the work you do in this really important area. I had a few questions for you. When you were speaking about the disproportionate rates of child sexual abuse that children with disability experience and then talked about how they had then I guess the double jeopardy of then also missing education about sexual health and presumably then how to disclose, does this mean that children with disability might actually not even have the language or the words to describe what's happening to them?
A. Absolutely, yes. Yeah, that's exactly what it means.

Q. And does that present differently for different types of disabilities?
A. Yeah, that's a good point, it does, yeah. So, children with cognitive disability are particularly affected by that problem because there's not adapted materials for them in schools generally.

Q. Is, I guess, that disproportionate risk considered in things like children who might be restricted to an eye gaze board or to using Auslan; are there the words?
A. No, I don't think so, I think anybody who needs anything that's out of the ordinary; so, people who might need easy read materials, for example, so quite limited adaptations really that are needed. And I think there are a huge number of students who would benefit from broken down materials that are more concrete, so students who have English as a second language, for example, or there are a lot of students who would really benefit from more accessible materials.

Q. So, in having more accessible material for kids with disability, we could help a whole lot of kids, so thank you.
A. Yes.

Q. Often the case. I also wanted to just pick up the

NDIS, again thinking about this disproportionate risk for kids with disability to abuse and neglect. Given that disproportionate risk, have you seen disability services pick up with maybe greater gusto the National Principles around Child Safe Organisations, or is there some challenges in that regard?
A. The Ethical Practice Involving Children study that we're doing at the moment was interesting in looking at that. One of the organisations we used as a case study had a really interesting approach - let me rephrase that. One of the organisations involved in that research showed that they'd relied overly on policy and not enough on the interpretation of the connection to the thinking that the workers needed to do to apply that to a really complicated ethical decision, and so, just that sort of blanket, here's the policy, I'll apply it the way it needs to go, and the outcome for the young person was quite devastating as a result.

So, I can't comment more broadly about whether disability organisations as a rule are applying the child safe principles, I suspect that there is a whole spectrum, but certainly in the ethical practice study we're seeing organisations relying on the letter of the policy.

Q. Maybe I could put it differently. From your experience working in the disability sector and with disability services do you see an awareness within those services of that heightened risk and additional strategies being taken as a consequence?
A. No, I don't.

COMMISSIONER BROMFIELD: Thank you. I didn't have any further questions.

PRESIDENT NEAVE: Thank you, very, very much for your very helpful evidence and your excused and we'll now break, thank you.

**LUNCHEON ADJOURNMENT**

PRESIDENT NEAVE: Thanks, Ms Norton.

MS NORTON: Good afternoon, Commissioners. In the first session after lunch today we are going to continue the theme carrying over from this morning of looking at institutional risk factors and the next witness is

Associate Professor Tim Moore who I'll ask to come up to the witness box and be sworn in. He's going to speak in particular about institutional risk having regard to his participatory research with children and young people.

**<TIMOTHY PETER MOORE, affirmed and examined: [2.12pm]**

**<EXAMINATION BY MS NORTON:**

Q. Mr Moore - Associate Professor Moore, I should say, can you state your full name again please?
A. Timothy Peter Moore.

Q. And you are currently the Deputy Director at the Institute of Child Protection Studies at the Australian Catholic University?
A. That's correct.

Q. You've made a statement for the benefit of the Commission dated 28 April 2022?
A. I have.

Q. Have you reviewed that statement recently?
A. I have.

Q. And is it true and correct?
A. Yes.

Q. Thank you. Associate Professor Moore's statement can be found at folder C, tab 13 of the hearing bundle. Associate professor, I believe you have in front of you a copy of the statement along with the five exhibits?
A. That's right, yes.

Q. Are you able to identify that they are the correct exhibits, just take a look at them, and if they are the correct exhibits I'll just ask you to hand that complete version over to Ms Rolfe.
A. Yes, they are.

Q. You outline in your statement at paragraphs 4 to 8 your professional background, and Exhibit 1 to your statement is your CV. By way of overview, you have a background as a youth worker?
A. That's right.

Q. And you worked in that sort of role for about 10 years

from 95 to 2005?
A. That's correct.

Q. And then you moved over into an academic role?
A. Yes.

Q. Particularly with a focus on participatory research?
A. That's correct.

Q. Can you just explain in very general terms what participatory research involves?
A. So, my stream of research really is about engaging children and young people in research about their lives. So, instead of relying on adults or other proxies to speak on children's behalf and to give us a picture of how children understand and experience the world, we work with children and young people directly. So, our research gauges children and young people in interviews and focus groups and the like, but we also try to work with them in a more engaged way, so we might have advisory groups or peer researchers or what have you, so young people not only have an opportunity to have their say but also to shape what we do, how we do it and then how the research is received.

Q. Thank you. And why is it that it's so important in this area that we listen to children and young people's perspectives on safety?
A. I think, although for a long time people have been doing participatory research, it's only been really in the last 20 years or so that we've started to really appreciate that children understand and experience the world in different ways to adults, and the way that children encounter particular problems and challenges, including child sexual abuse, but things like family and domestic violence or problems in their families around mental health and drug and alcohol issues and the like. We've always had assumptions that we know what's going on for children and young people, but participatory research has really shown that children actually experience things quite differently and that that has an impact on, I think, the policy responses that we need to have.

For example, when talking about safety, children tell us that they prioritise feeling safe and that they believe that adults have a focus on reducing risks and the like, so in much of our recent work children have been saying that it's really important for adults to recognise that we need

to be able to feel safe within organisations, not only so that we can have good outcomes, but also that we have confidence in adults, so we are able to come forward and say, this isn't okay or I've been hurt or harmed or things need to change. So, I think it's really important to get insights into how children and young people are understanding something so that we can make sure that the responses we have are actually responsive to their needs, and also reduce the likelihood of unanticipated consequences. So, you know, kids are often saying, "Yeah, adults get things right a lot of the time, but sometimes they do stuff that makes life worse for us, can we therefore be part of the process so we can ensure that that doesn't happen?"

Q. In listening to what you've just said it strikes me that undertaking this sort of research and then using it to inform policy design is a form of co-design really?
A. That's right.

Q. I'd like to talk to you in much greater detail about the learnings from your research, but before we get into that can I just start by asking you: you conducted similar research for the National Royal Commission; is that correct?
A. That's right, that's correct, yes.

Q. And you've been engaged to conduct participatory research to inform the work of this Commission?
A. That's right.

Q. I appreciate that you are still in the process of performing your analysis on the Tasmanian data, but are you able to offer any broad observations particularly having regard to what the Commonwealth research told you five or so years ago and what you're seeing in the Tasmanian research now?
A. Yeah, sure.

Q. Any similarities or points of difference?
A. Yeah, sure. So, done a number of studies focusing on safety. We were really delighted with the National Royal Commission into Institutional Responses to Child Sexual Abuse's commitment to listening to children and young people. So, they commissioned a series of research projects including the piece that Sally was talking about earlier on.

So, we had the broad piece of work which engaged children and young people in focus groups across the country, and then followed up with an online survey where we asked children about their perceptions of safety, whether or not they believed their organisations had what we described as child-informed indicators of safety climate; so, the things that kids felt they needed to be safe and to feel safe in organisations and how they wanted adults to respond if they had a safety concern including child sexual abuse.

And then, throughout that piece of work it became quite clear quite early on that young people, children and young people with disability and young people in residential care had other safety concerns that really needed to be explored further. So, Professor Sally Robinson conducted the piece looking at children and young people with disability and we did other another piece looking at children and young people in residential care, so as you said we are delighted too to be able to do some work for the TAS Commission where we've worked with 59 children and young people across Tasmania within schools, healthcare settings and hospitals, Youth Detention and out-of-home and residential care.

So, I think there are a number of key things that came through the original piece of research which has been very much echoed within the Tasmanian context, that children and young people see their vulnerabilities in relation to not only some inherent challenges, that they're smaller and weaker and what have you, but also they recognise that they're probably vulnerable to abuse because of the way - using my language - they're positioned in society. You know, they say from very early on, you're told that adults are always right, you're told that you have to listen to adults and respect adults and do what adults tell you to do, and that children as part of that are seen as being naive or ignorant or that they make things up or don't understand things or what have you, and they felt that that makes them vulnerable because adults can take advantage of that situation, you know, because they're getting mixed messages all the time.

So, for example, in a broad study kids were saying, "At school we learn about our bodies and that no-one can force us to do things that make us uncomfortable, but every

Christmas we go over to granny's place and have to kiss Bertha who's got a hairy lip and makes us feel uncomfortable", so there's these mixed messages that kids are getting all the time, and that really their sense of what's okay and what's not okay is often gazumped by adults who tell them to do things that don't play out in that kind of way.

They also felt that, in addition to the way that they're positioned in their relationships with adults, that they felt there was an organisational aspect too; that in organisations adults always listen to each other, adults look out for each other. They felt that they were as children being bullied by a particular adult, or harassed by a particular adult or what have you, that that adult probably is using those same behaviours with others. So, you know, adults won't stick up for you because they don't want to have the repercussions.

And then young people were aware that sometimes adults found it difficult to talk to children about tough stuff and therefore may be dismissive of their situation, and that came through again in the interviews and focus groups we did with children and young people in Tasmania. We had some - and I'm in the process of analysing the data at the moment, so it is quite present for me at the moment.

I do have to say that, with the young people, particularly in foster care, out-of-home care and Youth Detention, these are kids who have been hurt time and time again, and a lot of the young people were sitting with this pain and were saying, "We need you to realise how much this affects our lives and not dismiss it because", they said, "sometimes adults find it too hard to talk about this stuff, so they say 'We don't want to have to cope with it, we're not going to deal with it' and push it to the side". But the kids said, "This is our lives, these things are impacting on our lives, on every part of our lives", as Helen and others mentioned this morning, "on my sense of self, my sense of safety, my sense of place in the world, and until you act up as adults and say, actually, this isn't okay and we're going to work with you to find solutions, this stuff's going to continue".

So, in addition to inherent vulnerabilities, children and young people definitely talked about some of the vulnerabilities that are entrenched in society within broad

cultures but also within the organisations that children and young people interact with.

Q. Thank you. Let's go with that theme and that is zoom out for a minute and look at institutional risk factors in a general sense. You talk in your statement at paragraph 41 about four different types of risk factors: individual, group, cultural and systematic. I'm going to come back to individual factors but I'd like you to address the Commissioners on group, cultural and systematic factors through the lens of Out-of-Home Care, because I understand you've done a lot of research in that area, and perhaps if we could start with group factors. You talk in your statement at paragraph 46 about the perennial issue of placement in Out-of-Home Care settings. Can you explain why that's a risk factor?
A. Sure. If you don't mind I'll just take one step back a little. So, obviously with young people who are in Out-of-Home Care predominantly these are young people who have experienced maltreatment either in their families or in the past, they've got trauma and they're often demonstrating this trauma in the way that they interact with others and the like. Some of that is internalised where kids are self-harming and hurting themselves and others, they're lashing out and hurting others.

We know from the international literature but very much played out in the research of the National Royal Commission and this piece of work, that one of the threats that young people feel is most pressing in out-of-home and residential care is physical violence amongst young people there and sometimes peer sexual abuse that occurs.

And I suppose, if we look at the residential care placement we see all the things that Donald and others talked about this morning playing out. You've got kids who are quite damaged and traumatised who are lashing out at those around them; you've got young people who don't have a lot of trust in the system, who don't necessarily have a lot of trust in adults, who feel incredibly powerless and feel like they don't necessarily have ways of expressing themselves in appropriate and healthy and safe ways, and therefore they're more likely to demonstrate some of these problematic behaviours and also more likely to experience some of those behaviours.

At a systems level we've always had that issue of

matching and mixing. We know in Australia that the numbers of foster carers have reduced significantly over time and that there's lots of kids who are ending up in residential care placements.

Now, I want to say that residential care can be the best place for some children and young people and lots of kids who have gone through residential care grow and heal and thrive, but lots of children and young people in residential care don't have that experience. So, I think what plays out in residential care with the mixing and matching, we can't find appropriate places for some kids so we put them together and we know that the kids who end up in residential care are often those young people with disability, young people with more significant behavioural issues and mental health problems, and unfortunately we often put them into residential care units where staff themselves are under-trained, under-supervised and unsupported, which means that they're not always able to act in trauma-competent ways that Helen was talking about this morning. So, you know, in lots of ways there's this powder keg of challenges that mean that many of our kids don't experience residential care as a safe period of their lives.

Q. You mentioned before, I think, and you certainly discuss it in your statement, the prevalence of harmful sexual behaviours in Out-of-Home Care settings. Can you speak to the Commissioners about some of the features of those settings that explain why harmful sexual behaviours are particularly common there?
A. Yeah, sure. So, in the international literature people have done some fairly intense work in residential care settings really to go, why is this happening? Obviously we've got kids who are in pain who are sitting together and there's that old maxim of hurt people, hurt people, hurt people, so you've got kids who are hurting each other out there.

But there are particular cultural aspects I think of some residential care units that, I suppose, exacerbate some of those risks. So, we know that in some residential care units children and young people are sort of either cast as being asexual or hypersexual and the ways that the organisation sets up the relationships between the young people and each other and with workers can foster that and can foster unhealthy types of expressions.

I know Lorraine Green and others in the UK, for example, have sort of talked about environments that foster this hypersexual, hypermasculine kind of behaviours amongst the young people, and it's really this dog eat dog world where young people say, "To protect myself I have to lash out at others before they lash out at me". In regards to sexual behaviours, young people sometimes use sex as a way of asserting themselves in these pecking orders. Others use it as a way of expressing their sexuality.

I think one of the things that we've been pondering over time is around, how do young people develop a sense of healthy sexual development, and what are some of the things that stop young people from acting on some of their urges, which all of us, including children and young people experience. What sorts of things curb their behaviours? Again, if you look at some of the lives of some of these children and young people who have been potentially sexually abused or physically harmed in their family environments, we put them through a system that discourages children and young people to have their intimacy needs met. When I'm talking about intimacy I'm not talking about sexual intimacy necessarily, I'm talking about to feel loved and cared for, to be hugged, you know, to feel like someone's demonstrating their care and love for you in this physical kind of way. Kids are often denied that within the system and therefore don't know what's okay and what's not okay and how to express themselves.

And, you know, young people sometimes say that their only way of understanding relationships is based either by TV, neighbours and what have you, or their experiences with their parents or their families where things weren't okay, or have this idealistic view that they know is not going to be achieved.

So children and young people tell us that they're not trying to excuse some of the problematic sexual behaviours that are occurring in these settings but say, well, we don't know what's okay and what's not okay and how do we deal with that.

I think also children and young people in those settings often have a problematic view of what happens in a normal relationship and as part of that where sex sits inside that. So, we've had young people in the past who

have talked about the fact that, you know, from a young age you're desperate to have a girlfriend and to show that that person's your girlfriend you have to have sex with them and this is the way that you have a sexual relationship. So, yeah, I think it's views on what is appropriate, what's not appropriate, what a relationship looks like can be often skewed and we don't, I think as a system, do well in talking to children and young people broadly about sex and sexuality and relationships, but in particular those kids where we've got in residential care.

Q. In a situation like that where you have a young person who's in care and who hasn't had those basic needs for intimacy met in a healthy way, what added vulnerability might that person have when, for example, somebody from outside the care environment starts taking an interest in them, starts giving them gifts, those sorts of grooming behaviours?
A. That's a significant issue and I think there's been quite a bit of work done in Victoria because it was an issue that was raised very much so within the Out-of-Home Care system there, that there was a lot of sexual exploitation that was occurring there, and talking to some of the young women who had experienced that, they said, "Yeah, I was desperate to be loved, to have someone to take notice of me, to show - to tell me that I was beautiful and valuable and what have you, so, when somebody started to show me that affection I, you know, jumped in". It didn't start off as a sexual relationship, seemed quite appropriate, but then things, you know, over time it developed into something that was problematic.

And, the young women that we spoke to about this talked about the fact that because the system asexualises them and says that sex is not okay in any kind of instance, that they didn't feel like they could talk to carers or their child protection workers or what have you about what had happened because they felt that they'd be judged or, in worst case scenarios, be kicked out of their residential care settings. So, young people got into this situation and went, "I don't know how to get out of it and I'm worried about the consequences of raising a concern about it for me and my situation".

Q. That leads into another point that you discuss in your statement about particular cohorts of children who are vulnerable, and you talk about relationships of dependence.

Can you elaborate a bit on that?
A. Yes, I think as Professor Robinson was talking about earlier today, there are particular groups of young people who are, not necessarily service-reliant, but have the system deeply involved in their lives and often they need workers and people around them to provide them with things that they wouldn't get in their families or other communities or what have you.

Young people have told us that, if they're worried that raising a concern might mean that they're exited from care or if they become homeless or what have you, then they do voice a reluctance to come forward and say, "This isn't okay". Children and young people also tell us that when they've been hurt or harmed for so much of their lives often they don't feel worthy of a response and go, "Well, you know, maybe I just need to put up with it. Maybe I don't deserve any better", and as a result I think that influences their own help-seeking and their ability to disclose and to be able to have some of these issues resolved.

Q. I think you have an example which I'll invite you to share with the Commission about a boy in Out-of-Home Care and how it was that he came to understand that he was in an abusive relationship.
A. Yeah, so this was a young person that we met through the work that we've been doing for the Tasmanian Commission. We had a young person who had experienced physical and sexual abuse in his family. He was placed into foster care, where there was fairly - sorry, I probably should have pre-empted my discussion today by saying that all of my work is around children and young people's perspectives, so this is how they understand what's going on around them. Not to discount their truth, but to say that sometimes there are things that are going on around them that they may not be aware of, and I'll come back to that later.

But this young person experienced abuse at home, went into foster care, had some fairly neglectful - maybe that's the better way of responding - carers who didn't know how to work with him and his trauma, were fairly punitive in regards to his behaviour, so he'd lash out or he alternatively forgot to say "thank you "for them making him dinner at night so they would lock him out of the house and not feed him for two or three days at a time. He thought

that that was what parenting was about because that was his experience in the past, and he said it was only when he went on Facebook and found a young parents page where they were talking about what's okay discipline and what's not okay discipline, did he go through the list and went, oh, hang on a minute, all these things in the not okay list are things that have happened to me while I'm in care. So, he said he didn't understand, he didn't have an expectation, and he thought that adults in the system thought that he would know these things and be able to raise them, but he said it was just totally off his radar.

Q. That, I think, is an example of the way in which - the corollary of the example you've given points to the protective value of healthy relationships and the educative value of them. You speak also in your statement about the healing function of healthy relationships; can you elaborate on that?
A. So, I think - look, you asked before about what's different about this piece of work and the work that we've done for the Royal Commission, the National Royal Commission. I think young people were more adamant in the interviews and focus groups we did, particularly those who had been in Out-of-Home Care or Youth Detention, about the fact that their life was characterised by trauma, and a lot of the young people spoke with frustration about this assumption in the system that, if you're not safe at home, put you in a new place and everything will be great; you know, you won't experience trauma any more and you'll heal and recover and grow. Young people said that wasn't the case, you know, particularly those young people who had terrible experiences at home, terrible experiences in care, and often were exited into independent living where they had no-one around them.

So, young people said that they were desperate to have people in their lives who cared for them, who loved them, who showed them affection, who they knew they could trust if things went wrong. And, although there was lots of stories of young people who had been hurt or harmed in the system, there were amazing stories too of carers and the like who had gone above and beyond.

There was a young person who had spoken about a critical incident in his residential care unit, he was exited into homelessness and had been treated pretty badly by the system and by coincidence he had ran into one of his

foster carers who he had when he was 4 years old, and they recognised him and went, "What is going on?" He said, "This is what's happened to me". They said, "You're coming home with us, I know the rules say that you can't, but we're going to help you, we're going to get you back on your feet". And he said, how powerful was it; every Monday night he goes to their place and has dinner, and they say, "What's going on, how can we help you, how can we ensure that you're getting some stability and the like", so those enduring powerful people are so important for our kids.

You know, I think I've flagged in my statement that one of the unintended consequences of some of the child safety work is that we are obsessed about adults and we see adults primarily as threats to children and young people, but every child needs to have those important people in their lives who can be their champions who are going to protect them, you know, who are going to take on that role of looking out for them, being an advocate when they've been hurt or harmed and who's going to help them in regards to recovery and growth.

And I think, just to finish off that, I think children and young people in this study said that, "Yes, I understand that I might only have short periods in Youth Detention or short periods in a particular foster care placement or what have you, but I've been part of this big system all my life, so it's not okay for you to say we can't provide therapy therefore you're not going to get it". We have to say, "Over this time you've spent in the system someone needs to provide that to you so that you can recover", because a number of the young people we spoke to who are a little bit older were saying, "In a couple of years' time I'm going to be by myself and I'm not going to be able to deal with this stuff and you may not be responsible for the abuse that happened when I was at home, but if stuff happened to me while I was in care you've got a responsibility to help me heal and grow otherwise you've failed me and set me up to fail into the future".

So, you know, I think there was this pervasive anger, I think, amongst a lot of young people who had gone through tough stuff. They said, "You know, I was removed from home because I was unsafe and you put me into an unsafe situation. So, they're saying, okay, one of the messages for the Commissioners - that's how we finish off most of the interviews - is we want to heal and grow and we need a

system to help us to do that.

Q. That leads nicely into another point I wanted to ask you about and that is, I understand you draw a distinction between Child Safe Organisations and child safe systems. Can you speak to that in the context of out-of-home care?
A. Yeah, sure. So, it's one thing that we've sort of been thinking a little bit more about in reflection on things we've been hearing from children and young people, and I think it leads on from that last conversation we've had, that rather than organisations just saying we need to look internally and what we're doing for kids who are part of our particular service or what have you, we need to go, how are we creating a system around kids that is child safe as well?

I was incredibly pleased to hear how many children and young people talked about the Commissioner for Children and Young People and the advocate for children in Out-of-Home Care; sounded like some of the kids had them on speed dial and would contact them all the time, but there were other kids who didn't know anything about it and they said, "If something was happening in my organisation and I was unsafe, I couldn't tell a carer, I couldn't tell a worker because adults stick together and adults don't necessarily respond to that stuff, so I would call Kids Helpline" or someone else who they realised might not really have a role in doing that.

So, I think a child safe system responds to kids' safety needs and obviously in this context the healing and growth, that there are advocates and allies who are outside who are accessible, who are trusted by these children and young people, and that we have an eagle eye view around what kids need to be safe and to feel safe and go, okay, if it's not being provided in an organisation, where else can it be provided, which means that we need to have joined up stuff; when kids say they need therapy, then an organisation needs to say how do we work with CAMHS, how do we work with others so that some of these things aren't there.

If workers in a residential care unit are reluctant to have a particular type of relationship with children and young people and express it through hugging and all those sorts of things, then how do we find those natural appropriate trustworthy people so that young people can

have those needs met as well, so taking a broader view. Because I think sometimes the child safe work can be sometimes too insular and I think also, while we're talking about it, unfortunately I think we miss an opportunity when pushing for child safe orgs where it's just focusing on how institutions respond to abuse that occurred within the institution, rather than saying how do we respond to kids who have been abused outside of that institution, and how do we take responsibility, not for resolving things, because schools aren't necessarily in the best position to do therapeutic work or what have you, but go, actually this is a kid who's part of my organisation who needs this sort of support, what do I need to do to help facilitate that in the longer run.

Q. You referred to CAHMS there and there was an exchange that took place yesterday between Commissioner Bromfield and Professor McDermott from CAHMS and it was in relation to an example of a child who had been in and out of home care or short-term placements, 14 or so, and the complex trauma that that individual no doubt brought into care and that's probably been exacerbated over their lifetime in care, and the fact that there was discussion about the fact that a service provider like CAHMS can face difficulties with scarce resources in terms of tackling really complex trauma.

Is looking at child safe at a systematic level one way of trying to assist children in that situation?
A. Yeah, absolutely, and I can't say that I know the Tasmanian system well enough to make comment on it, but I do know from previous work in other jurisdictions where agencies like CAHMS or other mental health services say we can't work with a particular child because they're in an unstable or chaotic space at the moment, so that has to change before we can provide them any therapeutic responses. That's not okay because it means that some of our kids will never get support.

Similarly within, say, the Youth Justice System we constantly hear Youth Justice Centres saying, our kids aren't in for a long period of time and they're only on remand so we're not going provide them any rehabilitative work. That's not okay because some of these kids might be in 12 times and spend extensive periods of time within those detention centres. We have to think, are these policies, are these practice approaches actually meeting

kids' needs at an organisation level and, if they're not, how do we provide those services and support so that no-one's dropping out. Because, travesty's maybe overstating it, but I think there is a travesty that the kids who need the most support are being denied that because of the way that the system operates.

Q. You made reference there to Youth Justice and it strikes me that a number of the features that make children in Out-of-Home Care more vulnerable have parallels in Youth Justice. Can you speak to that?
A. Yeah, so I'm not going to make reference to the interviews that we did with young people in Youth Justice necessarily, just because there were only three of them and I don't want to be in a situation where their identities are raised, but absolutely. You know, in other work that I've done in Youth Detention Centres in other jurisdictions, there are characteristics, they are closed organisations. I think Donald Palmer was talking about those before, that there isn't a lot of other outsiders coming in and spending time with young people there, there's not always a good oversight, which means that the culture within that setting can sometimes both not have external scrutiny, but also sometimes they can be quite insular.

And, you know, we've seen in other detention centres where there are problematic behaviours particularly amongst staff and young people where those behaviours aren't challenged because it's kind of, this is the way that we do things. I will say that one young person we spoke to in Tasmania said that they felt that that was a problem with the setting here; that, even when new good workers came in, sometimes they felt like those workers were being bullied or brought into this culture that wasn't necessarily - or wasn't, let's name it - wasn't child safe or appropriate and what have you.

So, I think the closed nature, the cultural stuff's there, and bringing it back to the first set of comments that I made around children, the way that children are positioned: you know, I think we often talk about children as being innocent or naive, but conversely we talk about young people as being deviants or dysfunctional or what have you, so construct them in a way that dehumanises them as well, and we see that play out in Youth Detention centres where young people are seen as criminals or what

have you, and therefore adults in those services can go, actually, maltreatment's okay because that's what they deserve, so it's about going, how do we change those cultures? If we saw those kids in detention as being amazing and wonderful or what have you, that's one thing; but if we see them and say these are kids who are traumatised, these are kids who are hurting, these are kids who are in pain, this is what we need to be doing with them and this is why they're lashing out in this particular way, then I think things would be quite different.

Q. Is that looking to the cause rather than the symptom?
A. Absolutely, absolutely, yeah.

Q. I know you've been listening to the evidence over the course of the morning and the Commission has heard from Professors Robinson and Milroy about the particular vulnerabilities of First Nations people and also people living with a disability. I'm interested to ask you about compounding vulnerabilities and if I could put a hypothetical to you of the acute vulnerability that somebody might face in Youth Justice, where they come from an Aboriginal background, are living with a disability and, let's say, has also been in and out of care prior to being in Youth Detention. Can you talk about the situation of that person?
A. Sure. I'll probably start by saying that, although I've seen some pretty unsatisfactory, maybe, detention centres, I've seen or have read about particular settings that are amazing. You know, say, for example, I work quite closely with some groups in the US that are doing some amazing stuff with First Nation young people over there, where they've created a culturally safe environment for these young people --

PRESIDENT NEAVE: Q. Can I just interpose there. Are there any Australian examples that we should be looking at?
A. Only to say that my Youth Justice research experience is quite limited, so I probably only looked at - had interactions with three or four. I can take it on notice and provide you with some things, if that's helpful?

PRESIDENT NEAVE: Thank you.

THE WITNESS: So, young people in those environments flourish, you know; they have workers often from their communities who take charge of them, who give them - sorry,

who see the value in that child and also sees culture as protective and goes, okay, how can we build up your cultural identity, and as part of that your sense of self, your sense of worth, your sense of hope in the future, and how can we build that into the way that we're working.

Unfortunately in detention centres where we don't have those sorts of things young people are absolutely more vulnerable. If young people see their cultural background as being a source of derision or what have you through racism, discrimination, then that's going to compound their sense of worthlessness and their lack of confidence in the adults and the organisation in itself. If they're struggling with issues of sexuality or if their sexuality is ridiculed or what have you, then again, they're not going to come forward and say "this is going on for me" because sex and sexuality is something that's seen as shameful or something that they need to hide. So, again, there's multiple barriers for these kids to be able to say this isn't okay and to get the support that they need.

Q. I'm sure the Commissioners - it's heartening to hear that it doesn't have to be so and we'd certainly be assisted by any suggestions that you have about models where the previous example has been the case.
A. I'm sure there'll be criminologists who will appear before the Commission, but I think it is that, if we have pain-based models where it's about punishment and causing kids pain in the hope that that will change their behaviours, we know that doesn't work. If it's about rehabilitation and if it's about understanding trauma, helping kids respond to trauma and building a new sense of themselves and what they could become, then the trajectories are quite different and their experience while they're in detention is quite different too.

Q. Thank you. I'd like to speak to you in a bit more detail about your research and some of the information that you've learned through that. Can you begin by telling the Commissioners the sort of language that children use when they talk about safety on the one hand, what are synonyms for safety, and also the sort of language that they use to describe people who feel unsafe, for example?
A. So, in regards to synonyms, you know, children often talk about their bodily response to a person, place or experience. They talk about butterflies in their tummy or being like I am at the moment with sweaty palms or what

have you, or you know feeling in your shoulders or what have you, so it's a bodily response, the implications of which would be good to talk about.

They also are aware that they have a behavioural response; you know, so sometimes they can't rationalise and go, this person's unsafe, but they go, "Oh wow, I'm responding in a funny way to this person, maybe they're not okay". The implication for children and young people is that they say that because they've got a different language or a different way of understanding safety adults don't respond very well.

Kids often, in lots of interviews and focus groups in the national study, talked about creepy adults and talked about going to their parent or someone in the school or what have you and saying, "This person's creeping me out and freaking me out and I don't want to be with them". And the adults say, "What did they do?" And they say, "They just freaked me out", and they say, "Wait until the adult does something and then come to us". The young person says, you know, in situations some young people recalled scenarios where teachers were having inappropriate relationships with students and, prior to that coming out, you know, a number of young people had gone to the principal and said, "This teacher's creepy and weird and we don't like him". The principal had said, "Well, come back", and the young women were incredibly frustrated because they said, if this principal had taken notice then maybe things would have been different.

Now, the young people were very clear, they said, people shouldn't be sacked because they creep young people out, but maybe if that principal had gone, "Actually, I wonder if things are okay, maybe I'll watch out, maybe I'll ask other young people in the school, are you okay, and maybe I'll ask some of my staff to watch out as well", maybe things would have been different in that scenario, so it's about that bodily response

COMMISSIONER BROMFIELD: Q. My recollection of Associate Professor Moore from that research was that, when you actually asked the young children about - you were curious as Professor Milroy suggested about what that looked like, young people gave very sophisticated answers that showed they were very attuned to safety. They gave examples such as adults who stood too close to them, who talked about

inappropriate - made inappropriate jokes or told them private information that they didn't feel a teacher should share with them. So, some very, very concrete things that I would have thought represented grooming behaviours.
A. Yes, absolutely. But young people - those young people also said that they felt that adults didn't respond because those adults hadn't seen that behaviour, and that they felt that because it wasn't an adult raising that issue that the seriousness of that situation wasn't appreciated.

So, you know, young people are really aware that sometimes they get it wrong, but they want adults to go, actually we do know quite a lot about this and we think we know what the best response is, please involve us in that.

MS NORTON: Q. Can I ask you this: one of the themes that is coming through in the work of the Commission is that perhaps one of the reasons why institutions are - hamstrung's not quite the right word, but are overly cautious in responding to complaints like that or concerns like that from children, is that the institutional response is seen through a disciplinary lens. If we think about a school environment as an example, it's seen as a disciplinary issue, the consequences of disciplinary action can be significant for a teacher, and so, that sets the bar quite high in terms of the sorts of concerns that the school will act on.
A. Yep.

Q. I think some of - tell me if I'm right about this: that there's an alternative way of looking at it, which is not looking at it from a disciplinary point of view but from a safety point of view, and I'd be interested to know if you have any suggestions about how systems can be designed so that those concerns are listened to and acted on appropriately, but we're not in a situation where there's a disciplinary investigation commenced every time a student thinks a teacher's weird.
A. Yep. So, Professor Robinson referenced the EPIC Study before, the Ethical Practices Involving Children Study, where we're looking at disability services, schools, residential care settings, asking both children and young people and workers around what are some of the practices that foster children and young people's sense of safety, happiness and wellbeing, and Professor Robinson spoke a little bit about some of the disability services.

In the resi care space it's quite interesting, where we had residential care units and organisations that had kind of gone - we're a learning institution, we're going to create a culture of calling each other to account where we are curious and go, why did this play out in this particular way. Both the workers were appreciative of the fact that people are having these conversations and the organisation were going, actually, this is quite a good way of monitoring what's going on.

The workers appreciated it particularly because within that environment they're having to make all these really tough decisions all the time and often they didn't necessarily have an ethical framework to work with, so they talked about the fact that they appreciated it, and the managers in those organisations did go, actually, this is a way of recasting some of this safety stuff, you know. So, we're not going to put you through a formal process if we're worried about the workers' behaviours, as in, we're not going to put the workers through that, but we are going to have those curious conversations and we are going to challenge you and we are going to create an environment where it's not staff complaining or critiquing their peers, but asking questions and flagging where they don't think things are quite right. So, it was just changing, I suppose, the way that that organisation operates and they said that that was really quite helpful for them.

I totally, having worked in youth services and managed youth services, I totally understand that there is a hesitation to respond to all of children and young people's concerns because as young people say, sometimes they don't get it right, but I think it does behove us to be more critical and to be more observant and to take kids seriously - take more seriously than we have in the past.

Q. On the subject of grooming and boundary breaches, are there any examples or learnings from your research about the need to further educate children and young people about those sorts of risks?
A. I think it's fair to say that, besides probably three or four young people in some of the focus groups within the school settings, no student's really talked about adult child concerns. Most of the young people when we pushed them and said that the Commission's being set up because they're worried about some of the relationships that

teachers have had with students and what have you in the past, kids went, oh, we'd never really talked about that and it's kind of off our radar.

They talked at the end in the summary section where we asked them to come up with some messages for the Commissioners around what needs to change, they went, "We've got to change sex ed and healthy relationship training, because it's all about" - as Professor Robinson mentioned before, you know, around STIs and pregnancy and what have you. Sometimes it's about consent and peer harassment, but it's never about adults and it's never about adults that we know. So, absolutely, we need to change that because many of the young people weren't aware of it.

Young people in Out-of-Home Care, Residential Care, Youth Justice, seemed to have a greater appreciation of the risk but not what to do and not how to respond or seek support if they're in that scenario.

Q. It strikes me that sometimes perhaps adults don't have those conversations with children and young people because they're uncomfortable conversations perhaps for the adults as much as the children. Has your research gone into those sorts of matters?
A. Yeah, I think children and young people's perspectives are that adults are uncomfortable talking about sex and sexuality and things that cause the adult some vicarious pain, I suppose, is the best way of saying it. They say, "Adults don't like coming across a child who's in pain, they want to fix it all, and go, you're going to be better and off you go". Similarly, they're not happy to have uncomfortable conversations with kids around sex and sexuality because of the adults' discomfort with it. Young people often say, "We don't care, we don't need to talk about this", so it's the adults that are the ones that aren't willing to have these conversations, so I think that came through quite strongly.

And I think that point about adults not being good at encountering kids who are experiencing pain probably can be brought up to the community level as well. You know, I sort of reflect on some of the incidents where kids have, you know, been murdered or have experienced significant family violence or what have you, the way we talk about it in the media, the way we talk about it in the community.

Rightly we often talk about the impact for mums or if mums have been murdered or children have been abused or what have you, but I think that we find it difficult to have these conversations to say that this has actually gone on and I think as a result either we recast the issue or use euphemisms and things which aren't helpful for children and young people broadly.

Say, for example, I'm intrigued by some organisations' responses to the National Commission's work and the Child Safe Standards in particular, you know, standard 7 I think it is, is around children and young people's participation. So, a number of schools have said that the way we've done that is demonstrated that we want to hear from kids about their safety is to have a safety day and kids have said that they're worried about their safety in the parking lot after school, so we did a co-design session with them on redesigning the parking lot. That's fantastic, that's good, that's a concern of kids, they've responded to it.

But the intent of the National Standards and principles is around preventing and responding to child sexual abuse, so we need to - we want to be doing stuff with kids around parking lots, but how do we have conversations with kids around child sexual abuse and child sexual abuse prevention and should we be ticking off that organisation saying they're doing participatory work with kids around safety because they've talked about what's going on in the parking lot? So it's going, maybe they've built the confidence up in kids, maybe they've built connections as part of that work, maybe they've felt affirmed and valued in having the opportunity to work with adults to find a solution to this safety problem that they've identified together, but I'm not sure that kids are necessarily making that link, and that, for me, is a little bit worrisome.

Q. I suppose another reason why adults might be hesitant to have difficult conversations with children and young people is out of some kind of well meaning concern that they might frighten the child or that the child's not - it's too sophisticated a concept for them. As somebody who seems to me to have made a living out of having uncomfortable conversations with children, how do you approach those conversations? How should we approach them?
A. I get just as stressed and anxious with all these conversations as anyone else, but I probably need to be

really clear. I think there are situations where having these conversations with kids can be uncomfortable and distressing for the child. I think there are some situations where children aren't aware of things and there are some risks in venting it to children without proper scaffolding and support and what have you, so my rule of thumb is always, find out from children and young people what they know already and go from there and that's the approach that we've taken with this research and a lot of the work that we've done, often because adults freak out and go, "We don't want to talk about it. We're not sure about you as researchers going in and talking to kids about this stuff because that's not okay", so we talked about safety: what does it mean to be safe? What are some of your safety concerns? Kids listed them all and if they talked about interpersonal safety risks, if they talked about adult stuff then we talked about that and we went down that path. If kids didn't talk about stranger danger, if they didn't talk about teachers who are abusing kids or what have you, we didn't go there, unless young people were at a point where we felt that it would be okay for them to talk about it, so rule of thumb with the young people in schools, only 15 and 16 year-olds, so we said you might have heard about the Tasmanian Commission of Inquiry, the Commissioners are wanting to know about sexual abuse, are you okay for us to talk about it. If they said "yes" we talk about it; if "no", we didn't.

So, it's about giving them choice and control as well. So start with what they know, give them lots of choices, give them lots of outs, and then go, okay, I'm not going to leave you in a situation where you're feeling unsafe or where you're worried, how do we respond to it?

So, using an analogy from research, one of the pioneers of child abuse research, David Finkelhor, one of the things that he does in a number of his maltreatment studies is he has a little questionnaire at the end of the survey to see whether or not children and young people who have been asked questions about sexual abuse feel comfortable talking about it if they've experienced distress and what have you and if they need any support as a result of their participation.

Kids who have experienced child sexual abuse rarely say that they found talking about it, or in this case doing surveys about maltreatment, distressing or uncomfortable

and that if they do experience that it's short-lived and if they had known how they would feel and the things that they talked about would they choose to do it again, almost absolutely everyone said that they would.

There was a risk though. Finkelhor showed that some kids who hadn't experienced abuse who had been asked about abuse said that they found it somewhat uncomfortable because they hadn't realised that that could be going on for their peers. So, I think we as adults do need to be mindful of it, we need to be tentative, we need to put in scaffolds, we need to ensure that kids are safely able to participate, but we can do that and we need to work together to build our confidence to be able to have these conversations with kids because they're desperate to have them

MS NORTON: Thank you. Possibly my last question for the afternoon before I see if the Commissioners have anything that they'd like to ask you. There's been a lot of evidence given today by you and others about the importance of cultural factors in terms of encouraging people to come forward and disclose or express their concerns. What sort of an environment do children need in order to feel safe to disclose?

A. So, it's interesting; I was involved in the research that helped guide the National Principles, and am pleased with the fact that they've been established, but it was really quite interesting that what children and young people thought were the characteristics of a child safe organisation, what they wanted and needed was very different, and often it was about how they felt and how - sorry, what was achieved through all these initiatives that have been put in place by adults. They wanted to feel safe, they wanted to feel valued and respected, cared for; they wanted to feel as if they have rights, and adults were taking those rights seriously; that they wanted adults to see it as adults' responsibility for keeping kids safe, but that kids had a role in being able to shape that.

Within those environments children and young people said that they were more likely to be able to identify issues themselves but would feel more comfortable coming forward. If they felt that adults were able to have these uncomfortable conversations then they were more likely to come forward. Children and young people told us both firsthand accounts where they had reflected on their own

experience of coming forward, but also other young people who hadn't experienced abuse talked about what they think, thought their school or hospital or whatever would do if they raised a concern: most of them said that they wouldn't be believed. Many didn't have confidence that adults would know what to do, that adults would do the right thing and that there wouldn't be consequences.

So, for many of the children and young people we spoke to the culture is about creating an environment where kids are safe and feel safe, but where they have confidence in the adults and the organisation, and I suppose one of the things that children and young people have suggested to the Commissioners, is that, there's not much point doing stuff to keep us safe if we don't see it and we don't experience. So, children said, say if we use the example of the Working with Children Checks, kids said, "My God I didn't realise that everyone's got one of those things and why has no-one ever told us?" Kids are mindful with white vans and the like in Queensland. There was a focus group where young people were saying, you know, "Our school is useless, they would have absolutely no idea about what to do if this was a situation that unfolded here". The teacher in the room said, "Well actually, we've done all this training and we've done this, that and the other and there's a new patrol and every afternoon at 3 o'clock the police drive by". And the kids say, "What do you mean, nobody told us, and we're the ones who are affected by this and we're the ones that need to know and until we know we won't have confidence in you", and the confidence is important because, "We'll only come to you if we're confident that things will improve as a result of that".

MS NORTON: Commissioners, are there questions for Associate Professor Moore?

COMMISSIONER BENJAMIN: I do.

Q. Dr Moore, in a hypothetical situation, in a closed institution such as a school or a hospital or out-of-home care, or Youth Detention, if a child were bullied and/or induced to provide inaccurate or favourable information to authorities, what would be the impact of that, do you think, upon most children and what does it tell you about the institution?
A. A hypothetical. Young people who are in similar situations in our research unfortunately are in two groups,

I think: one group who went, yeah, of course, you know, adults talk all the time, organisations talk all the time about prioritising our safety and, you know, that this stuff is real and we're going to manage it, and that if there's openness and transparency then things are going to change and what have you, but we've been let down that many times, that's just how it's going to be. Others would feel incredibly - in fact, there was one, I was just trying to think what the quote was, one young woman who talked about it in the school context who said, you know, kids would be incredibly angry and let down and they would feel as if they were totally alone. You know, one young person said, people tell us all the time to go and talk to a teacher or adult if we've been hurt or harmed, and if that person says to us I don't believe you or we're not doing anything or we're going to put your needs below the needs of the organisation or what have you, they'd be up in arms and they would feel totally hopeless or rejected. In fact, one young person said if I was in that situation I'd probably end up in a mental health ward because it would just be the last nail in the coffin for them.

So, absolutely, young people would feel rejected and let down and, you know, either angry or frustrated or their sense of worthlessness or hopelessness would be compounded by the behaviours of that adult or the organisation.

COMMISSIONER BENJAMIN: Thank you.

PRESIDENT NEAVE: Questions?

COMMISSIONER BROMFIELD: No, thank you. Thank you for your evidence today, Associate Professor Moore.

MS NORTON: Before the witness is stood down, I'm sorry to end such a fascinating session with a very mundane matter, apologies for this. I understand that you didn't hand up Exhibit TM-5 in the bundle before. Can you just confirm that that is the final exhibit?
A. Sure. This is Professor Robinson's, yes.

MS NORTON: If you could hand that over to Ms Rolfe. If the witness could be stood down, please.

PRESIDENT NEAVE: A short break, please.

**SHORT ADJOURNMENT**

MS BENNETT: Commissioners, I'm about to call four witnesses to speak together in a panel, and before I do that, and I'll guide that discussion to assist the Commission, I'd just like to explain the purpose of the panel.

The panel comprises a number of people who operate or assist in operating what is colloquially known as the ARL, the Advice & Referral Line, and as you will hear, it's a point of reference for mandatory reporters and others, any Tasmanian who has concerns around children in the state, and we'll go through precisely what it does.

What I wanted to emphasise by way of introduction, Commissioners, is that the purpose of this panel is to understand the way in which the ARL works and how we are to understand the way in which the different policies and procedures fit together.

In coming weeks, Commissioners, you may hear some evidence and stories about some concerns relating to the ARL and they are not matters that I'm exploring today. Today is about understanding how it works and we are grateful that those who are able to give us that clarification and that detail have come to give evidence today.

Having thus clarified the purpose of this afternoon's session, could I ask that Ms Galanos, Mr Stopczynski, Ms Churches and Ms Hales come to be sworn in.

**<ZAHARENIA GALANOS, sworn:** **[3.37pm]**

**<JUREK STOPCZYNSKI, affirmed:**

**<EMILY CHURCHES, affirmed:**

**<RACHEL HALES, affirmed:**

MS BENNETT: Thank you for all giving evidence today. Ms Hales, starting with you, could you please tell the Commissioners your full name, professional address?

MS HALES: Yes, so Rachel Hales. Professional address, Level 4, Carruthers Building, St John's Park in New Town.

MS BENNETT: You've made a statement to assist the Commission today and that is a statement of 12 pages plus attachments; is that right?

MS HALES: Yes, that's correct.

MS BENNETT: Have you read that statement lately?

MS HALES: I have, yes.

MS BENNETT: Is it true and correct?

MS HALES: Yes, it's correct.

MS BENNETT: Ms Churches, turning to you, can you tell the Commissioners your full name and address, professional address.

MS CHURCHES: Emily Churches at Level 4, Carruthers Building, St John's Park, New Town.

MS BENNETT: Ms Churches, you've made a statement for the benefit of this Commission which effectively adopts the statement of Ms Hales. Is that correct?

MS CHURCHES: That is correct.

MS BENNETT: Mr Stopczynski, you have made a statement for this Commission. Is that right?

MR STOPCZYNSKI: That's correct, yes.

MS BENNETT: I'll first just ask you to tell the Commissioners your full name and professional address.

MR STOPCZYNSKI: Jurek Stopczynski, Suite 3, Level 1, 175 Collins Street.

MS BENNETT: Your statement also effectively adopts the statement of Ms Hales; is that right?

MR STOPCZYNSKI: That's correct.

MS BENNETT: Is that statement true and correct?

MR STOPCZYNSKI: Yes.

MS BENNETT: Ms Galanos, could you please tell the Commissioners your full name and professional address?

MS GALANOS: Zaharenia Galanos, Level 1, 2 Salamanca Square?

MS BENNETT: Ms Galanos, you've not made a statement to the Commission, you've attended to assist the Commission today in understanding the work of the ARL; is that right?

MS GALANOS: Correct.

MS BENNETT: Could you please tell the Commissioners your position.

MS GALANOS: At the moment I'm the acting director for Children and Family Services but my substantive role is the manager for the Strong Families, Safe Kids Advice & Referral Line.

COMMISSIONER BENJAMIN: I'm sorry, I must be getting on a bit, I didn't hear you.

MS GALANOS: My substantive role is the manager for the Strong Families, Safe Kids Advice & Referral Line.

COMMISSIONER BENJAMIN: Thank you.

MS BENNETT: That Strong Kids and - sorry, could you say that --

MS GALANOS: Strong Families, Safe Kids.

MS BENNETT: And Strong Families; that's what I'm referring to as the ARL, that's its full name?

MS GALANOS: Yes.

MS BENNETT: Thank you. I want to just make sure I understand each of your roles. So, Ms Hales, you work for Baptcare, and Baptcare through a contractual arrangement provides some of the operator services which operate the ARL?

MS HALES: Yes, that's correct.

MS BENNETT: So that means the people taking the phone

calls?

MS HALES: (Witness nods.)

MS BENNETT: Ms Churches, you work for Mission Australia in a similar role?

MS CHURCHES: Correct.

MS BENNETT: And, Mr Stopczynski, you're in the same category working for Mission Australia?

MR STOPCZYNSKI: Mission Australia as regional leader for Tasmania.

MS BENNETT: Do any of you on the panel, and I'll go through each one at a time, you are not yourselves operators of the phone, let's just be clear. Can you tell me, Ms Hales, where you sit in the hierarchy of the people dealing with this at Baptcare?

MS HALES: So my role is non-government manager so I oversee all of the Mission Australia and Baptcare teams so that's the people that are on the phones, their practice leaders and all our community liaison officers across the state.

MS BENNETT: Ms Churches, you have a similar role I understand?

MS CHURCHES: So, my substantive role is as Mission Australia practice leader so I support the six ARL workers, Mission Australia delivering Strong Families, Safe Kids contract on behalf of government.

MS BENNETT: Mr Stopczynski, can you tell the Commissioners what your role is?

MR STOPCZYNSKI: My role is regional leader for Tasmania so I have strategic and operational oversight of everything Mission Australia do in Tasmania with the Advice & Referral Line being one of those services.

MS BENNETT: Ms Galanos, you've told us your role, can you tell us what it means in relation to the ARL's operations day-to-day.

MS GALANOS: So I have responsibility day-to-day for all staff and our contracted partners with the Advice & Referral Line, so as the Manager I have direct line management supervision of our community liaison functions across the service.

MS BENNETT: What is the purpose of the ARL so far as you can tell us, Ms Galanos?

MS GALANOS: So, the purpose of the ARL is, well, we brought together the functions of the previous intake service across the gateway and the collective resourcing around the child safety intake teams together to deliver child safety wellbeing functions across Tasmania, so we're effectively the front door for child safety wellbeing across Tasmania.

MS BENNETT: And so, is it the case that a mandatory reporter discharges their function by calling your line?

MS GALANOS: Correct.

MS BENNETT: They could discharge that function in a number of ways, couldn't they?

MS GALANOS: They could call directly to the service or they could make an online contact as well.

MS BENNETT: I just want to make sure I understand the structure, so what I'm going to do is outline what I understand it to be from your statement, Ms Hales, and then I'll check in with you that I've understood it correctly.

So, there are six teams of ARL operators, is that right?

MS HALES: Yes, that's correct.

MS BENNETT: What do you call each team?

MS HALES: Team 1, team 2, team 3, team 4.

MS BENNETT: And each team has six operators and one practice leader; is that right?

MS HALES: Approximately six operators, yeah.

MS BENNETT: It varies a little bit?

MS HALES: Yeah, it does, yeah.

MS BENNETT: And one practice leader and, Ms Churches, you're one of those practice leaders?

MS CHURCHES: That is correct.

MS BENNETT: Now, there are one team comprised of Baptcare employees; is that right?

MS HALES: Yes, that's right.

MS BENNETT: So that's the operators and the practice leader are all employees of --

MS HALES: Yes.

MS BENNETT: Ms Churches, for Mission Australia that's the same, is it, there's one team of operators and you are a practice leader?

MS CHURCHES: Correct.

MS BENNETT: Thank you. And then there are, Ms Galanos, four what I'll call CSS and by that I mean child safety --

MS GALANOS: Child safety wellbeing workers.

MS BENNETT: What do you call them?

MS GALANOS: We'll collectively refer to them as ARL workers if that's easier.

PRESIDENT NEAVE: Sorry, I didn't catch that.

MS GALANOS: ARL workers.

MS BENNETT: And what I mean, those are employees of the state.

MS GALANOS: Yes.

MS BENNETT: So there are two teams which comprise entirely what I'll call NGO staff, non-government organisation staff, and four teams comprised entirely of

state staff?

MS GALANOS: Yes.

MS BENNETT: I understand that. And all of those people are based in Hobart; is that right?

MS GALANOS: Yes.

MS HALES: Yes.

MS BENNETT: Mr Stopczynski, they all have the same qualifications or perhaps you can tell me from the perspective of Mission Australia what the qualifications are of each of the operators in each team?

MR STOPCZYNSKI: So, the qualifications would be the same and we aim for generally a bachelor of, or a degree, so a bachelor of social work or anything along those lines or a diploma with equivalent experience and significant experience with units across case management, et cetera.

MS BENNETT: You just referred to experience; do you mean academic experience so that the diploma has in it units concerned with caseworking, or do you mean you've got field experience in child protection or similar?

MR STOPCZYNSKI: Ideally both, but the qualifications would have the units within them, but we would also look at people who have had experience in the field in those areas.

MS BENNETT: Roughly, are you able to say roughly what proportion of your operators have field experience?

MR STOPCZYNSKI: I might defer to Emily for the current team.

MS CHURCHES: All our current staff have got qualifications and experience.

MS BENNETT: Are you able to say the kind of experience that they have?

MS CHURCHES: Working in - a number of them are working in not-for-profit services working with children, families or youth.

MS BENNETT: And, Ms Hales, can you say if that's the same with Baptcare?

MS HALES: Yes, it's the same.

MS BENNETT: So the minimum qualifications are academic; is that right?

MS HALES: Yes.

MS BENNETT: And there's no minimum qualification of practical experience?

MS HALES: So, if the degree was the diploma or equivalent, if it's not a social work degree the expectation, as Jurek said, would be that they have a placement, practical placement within that diploma that involves case management within the child and family field.

MS BENNETT: So, the academic qualifications are sufficient to be employed, the practical experience is preferred?

MS HALES: Yes.

MS BENNETT: Ms Galanos, is there anything different from the perspective of state employees?

MS GALANOS: No, it's exactly the same, so Bachelor of Social Work, Diploma of Community Welfare or other tertiary quals at diploma or above level which includes units of case management.

MS BENNETT: Just to pause there, are the staff that are employed on the ARL, are they exclusively employed with the ARL or do they interchange with Child Protection staff?

MS GALANOS: There is movement that can occur across the child safety space and the Advice & Referral Line, yeah.

MS BENNETT: What I'm trying to understand is, are they considered interchangeable?

MS GALANOS: Yep, they hold the same qualifications in the child safety space but if we have interest in movement from the ARL into child safety there's discussions around how that works. So, if you're employed in the ARL you're in

the ARL and if there's PD and movement we do that as well.

MS BENNETT: Are they considered two divisions of the one department?

MS GALANOS: An arm of the one department, yes, yep.

MS BENNETT: Is the ARL considered an arm of the department and CSS considered another arm or are they considered --

MS GALANOS: Together but the work and work flow moves from the ARL into the broader Child Safety Service.

MS BENNETT: The broader Child Safety Service, is that co-located with ARL workers to any extent?

MS GALANOS: We have a community liaison function across the state, so we've got a complement of about 21 FT(?) at community liaison level that move in and out of the Child Safety Service across the state.

MS BENNETT: That's really helpful. So, that's the operator level, so those are the people on the phones day-to-day, and in addition your practice leader, like you Ms Churches, are the people who will be providing advice and assistance on assessment and we'll come to that in a moment, but they're the day-to-day operators, is that fair?

MS CHURCHES: Is it worth mentioning the practice managers?

MS GALANOS: Yes.

MS BENNETT: I'm just about to move to practice managers. The next person is a Practice Manager, and Ms Churches, as I understand it, your role reports to a Practice Manager; is that right?

MS CHURCHES: Each two team has a Practice Manager that overseas clinical oversight and support for the cases within that team, as well as professional development opportunities and such.

MS BENNETT: Ms Hales, is it the same in Baptcare, that there are practice managers that sit a level above the practice leader?

MS HALES: Yes, that's correct. So, there's three practice managers in total, the Advice & Referral Line and each oversees two teams, so they're assigned two specific teams.

MS BENNETT: Ms Galanos, are they your employees?

MS GALANOS: They're government employees, yes.

MS BENNETT: So the staff at the ARL level report up to the CSS staff or the State Government staff; is that right?

MS GALANOS: Sorry, repeat that?

MS BENNETT: Your operators, operator teams, they all report up to a Practice Manager?

MS GALANOS: Practice leader.

MS BENNETT: Sorry, practice leader. Each team's got its own practice leader, doesn't it?

MS GALANOS: Correct.

MS BENNETT: And each practice leader reports to a Practice Manager?

MS GALANOS: Correct.

MS BENNETT: And in every instance a Practice Manager is a state employee.

MS GALANOS: That's correct.

MS BENNETT: Is their role entirely or exclusively associated with the ARL?

MS GALANOS: Indeed, yes.

MS BENNETT: Is there the same movement between the ARL and CSS?

MS GALANOS: At Practice Manager level?

MS BENNETT: At Practice Manager level.

MS GALANOS: Less so.

MS BENNETT: What are the qualifications of Practice Manager level employees.

MS GALANOS: Practice Managers also generally social work backgrounds, Allied Health.

MS BENNETT: Are there any requirements or are these preferences?

MS GALANOS: They're requirements as they come through - requirements, yep.

MS BENNETT: Do they have any experience in the field?

MS GALANOS: Yes.

MS BENNETT: What sort of experience do they have?

MS GALANOS: At least five years' experience in the child safety field and generally at leadership level as well.

MS BENNETT: Let me then go to, do they get promoted up from the operator level, do they usually come through doing operator work or do they come laterally?

MS GALANOS: At Practice Manager level?

MS BENNETT: Yes.

MS GALANOS: Generally we see movement from frontline ARL workers into practice leader positions and over time into practice management but we've had external movement into the Practice Manager level from different fields, yes.

MS BENNETT: Now, I'm receiving a note to ask you to speak up a little bit.

MS GALANOS: Sorry.

MS BENNETT: No, that's okay, we'll slow down and speak up. Now, each Practice Manager reports to a principal Practice Manager, is that right?

MS GALANOS: Correct.

MS BENNETT: And they're also government employees?

MS GALANOS: Correct.

MS BENNETT: And they are not exclusively engaged with the ARL; is that right?

MS GALANOS: So the principal Practice Manager that overseas our practice managers in the ARL sits slightly separately to the ARL operational business, so they provide clinical practice, oversight and management of the practice managers within our service.

MS BENNETT: So, is there one principal Practice Manager at any given time?

MS GALANOS: No, no, there's five across the state but one oversees the ARL Practice Manager group.

MS BENNETT: And what are the others doing?

MS GALANOS: They have oversight around the child safety Practice Managers embedded in those teams.

MS BENNETT: So they're all the same level at the child safety level?

MS GALANOS: Yes.

MS BENNETT: And one of them is allocated to ARL?

MS GALANOS: Yes.

MS BENNETT: Does that lead to sort of greater synergies between those agencies, is that why?

MS GALANOS: Yes.

MS BENNETT: And that's designed to create engagement and seamless transitions?

MS GALANOS: Absolutely, yes.

MS BENNETT: I understand. And does that person, the principal Practice Manager of the ARL, have clinical qualifications?

MS GALANOS: They would have social work background mostly.

MS BENNETT: While we're establishing who's who. Let's turn to the community liaison officers. Ms Hales, is there a community liaison officer employed by Baptcare?

MS HALES: Yes, there are.

MS BENNETT: How many are there?

MS HALES: So we have, in terms of Baptcare we have one full-time split between two people in the south, two in the north, and that's it for Baptcare, and then Mission Australia have two in the northwest of the state and one in the south, yeah.

MS BENNETT: Is that right, Mr Stopczynski?

MR STOPCZYNSKI: Yes, it is, yes.

MS BENNETT: Can you tell me, Mr Stopczynski, what their role is?

MR STOPCZYNSKI: So, the community liaisons have, I suppose, a multi-faceted role, one is to be I suppose a front-facing arm of the Advice and Referral Team out in the community, they would hold community education sessions, they will also act as a second worker when required to do in person visits, they will essentially be, yeah, a front-facing regional contact for those people and also be a liaison with the family support services and in the not-for-profit sector as well as others in the regions.

MS BENNETT: So, I just want to place these in the structure and it might be that we need to go through the assessment process before we can do that, but at this stage is it the case that the community liaison officers have a role in effectively raising the profile of the ARL? Is that part of their role?

(All panel members nod.)

MS BENNETT: Ms Galanos, does the state have community liaison officers as well?

MS GALANOS: Yes, we do.

MS BENNETT: How many do you have?

MS GALANOS: So we've got one community liaison officer in the north, we've got three in the northwest and three in the south.

MS BENNETT: Ms Hales, would you accept that part of that role is to promote the availability of the ARL?

MS HALES: Yes.

MS BENNETT: Make sure people know about it?

MS HALES: Yes.

MS BENNETT: There's another function that's been referred to that seems to be connected with investigations or meeting or assessments; is that right?

MS HALES: Yeah, so the liaisons may go and do an assessment where a family are better placed to do that in person rather than over the phone, so that could be because they have difficulty with the phone or there's difficulty getting in touch with them, or just, it's better for them to actually have that in person across the state. So, because the phone line is based in the south, sometimes in the regions the liaison officers will actually go and do some of that initial conversation essentially with the family to see what their needs are and what needs to happen next.

MS BENNETT: Ms Galanos, how does that meet CSS's community outreach or community service provision?

MS GALANOS: So, it's a finite resource across our community liaison group, and they are incredibly proactive in heading out into the community co-locating with other services and raising the profile around the Advice & Referral Line, but it's difficult in terms of given there's only a small number of them.

MS BENNETT: Isn't it one of the roles of CSS to be carrying out welfare checks and those things? I'd like to understand how the community liaison officers when it should be done by them and when it should be done by CSS?

MS GALANOS: I guess it's quite a flexible approach in the community liaison space. So, as Ms Hales mentioned, heading out and supporting some of that assessment work, but working in partnership with the regional child safety teams as well where the need arises. So, there's quite a flexible approach around how they carry out their duties, if that makes sense.

MS BENNETT: And so, sometimes are the liaison officers carrying out CSS functions effectively?

MS GALANOS: They would do that with them, to support them, yep.

MS BENNETT: Those that are employed by the state, are they ever the same person doing the two roles?

MS GALANOS: No.

MS BENNETT: There's always a delineation in the role?

MS GALANOS: Yep.

MS BENNETT: Sometimes, can it be a little bit difficult to tell which role is being carried out?

MS GALANOS: I guess it could, yes, but in terms of a flexible approach we're trying I guess as best to deliver the most appropriate service and if a liaison person by agreement can do that with child safety, that's how we'll engage.

MS BENNETT: I'd like to go through a phone call getting received and let's see if we can work this through now that we've got the structure. Ms Churches, I might start with you. A phone call is received. Let me just pause to ask this question. If it's received at 5.30, if a phone call comes in at 5.30, where does it go?

MS CHURCHES: It goes to the after hours service which is run by child safety.

MS BENNETT: So, Ms Galanos, back to you, who's answering that phone call at 5.30pm.

MS GALANOS: No, it's an on-call child safety representative and they would be responsive to acute

matters that occur after hours, so generally the day service when ARL return manage the day-to-day work.

MS BENNETT: So what's an acute matter that would be responded to?

MS GALANOS: So it might be a priority one notification or an immediate risk issue that requires acting on that evening.

MS BENNETT: Let me return to that when we come to the priority one matters a bit later, but that's helpful.

Returning then to you, Ms Churches, let's assume the phone call is received at 4.30. Is it simply random which of the teams will receive it?

MS CHURCHES: That is correct.

MS BENNETT: So there's not any regional specific focus for any team?

MS CHURCHES: No.

MS BENNETT: There's also an online notification system; is that right?

MS CHURCHES: That is correct.

MS BENNETT: Could I ask the operator to bring up COM.0001.0037.0020. Ms Hales, is this the most common method of contact, the online version or is it telephone?

MS HALES: Telephone would be the more common.

MS BENNETT: Looking at this, and perhaps this will come to a question I'm about to ask, this suggests that 65 per cent come through email.

MS HALES: Police referral, so that's separate to the online contact form.

MS BENNETT: I see, so that's the online contact form is one, email is another. My other question about this document is, are we talking now about every phone call or is there a filter that's been applied between the phone call and ending up in this table? And I might direct that

to you, Ms Galanos?

MS GALANOS: I was just going to note, the data here is from prior to ARL becoming operational, so that's 2017 from what I can tell there.

MS BENNETT: All right. Let me go back then to our phone call. We've got our phone call, it's 4.30 in the afternoon. At that stage, Mr Stopczynski, can you tell me, is it a contact, is it a communication, is there a difference?

MR STOPCZYNSKI: To be honest, it's probably best to - I'm not operational on that front so probably best to speak to Emily.

MS BENNETT: Perhaps I'll ask Ms Churches?

MS CHURCHES: It would be a contact.

MS BENNETT: And what's a contact?

MS CHURCHES: A contact is when somebody has made contact with us to either discuss concerns, worries around safety wellbeing for children or young people.

MS BENNETT: Is it fair to say, Ms Hales, that a contact and a conversation, a communication I should say, take you down two different pathways; is that right?

MS HALES: Could you clarify what you mean by two different pathways?

MS BENNETT: So when it's a contact there's been no assessment yet, has there?

MS HALES: That's correct.

MS BENNETT: So you might close that contact straight away. When it becomes a conversation, what is it?

MS HALES: So, every contact that comes in we would refer to as a conversation being opened. So, anything that gets opened within the CARDI system which is the initial system that we use within ARL, we call that a conversation so it's replaced the old language of "notification".

MS BENNETT: But there will be some contacts that never become conversations, is that right?

MS HALES: They would all become conversations.

MS CHURCHES: The expectation is that every contact would become a conversation, a new conversation if there wasn't already a conversation opened, or something with child safety response, case management response.

MS BENNETT: Is that your expectation, Ms Galanos?

MS GALANOS: Correct.

MS BENNETT: So the conversation or contact will always end up with a record created in the system you call CARDI?

MS HALES: Yes.

MS BENNETT: That system is an ARL system, is that right?

MS HALES: Yes.

MS BENNETT: And Baptcare, Mission Australia and the state all have access to the same system?

MS HALES: Yes, correct.

MS BENNETT: Ms Galanos, are there parts of the system that are accessible only to state employees?

MS GALANOS: Not the child safety system, but external systems, just state employees.

MS BENNETT: There's then an initial assessment, I understand, by reference to Ms Hales' statement at paragraph 26 and I'll ask the operator to bring up TDCT.0002.0004.50-2. You tell us that the initial assessment is undertaken by reference to the TRF. What's the TRF?

MS HALES: So that refers to the Tasmanian Risk Framework.

MS BENNETT: Is that right, is it, at this stage when you're receiving a phone call you'll be applying the TRF?

MS HALES: Yeah, it's one of the frameworks that will be

used to drive that professional judgment around what happens.

MS BENNETT: While we're doing that, another --

COMMISSIONER BROMFIELD: Do you mind if I just clarify?

The TRF, is that applied when the contact, the conversation, is still within the CARDI information management system or is that applied once it's transferred into the Child Protection information system?

MS HALES: So, both. So, when it's in CARDI it's not built into the system, it's used as a framework to support decision-making. When it's transferred into Super Switch, which is the child safety system, it's built into that system as part of that assessment.

COMMISSIONER BROMFIELD: Thank you, Ms Bennett.

COMMISSIONER BENJAMIN: What does that mean for the operator? They fill out something on the screen and it goes into the CARDI system and then goes into the Child Protection system, is that right, automatically or is that something --?

MS HALES: Not automatically, so everything that comes into ARL will be in the CARDI system so that's one that we're always using. Only if we're making a referral into child safety - a further assessment essentially, if there's deemed to be current risk or potential future risk to a child, then one of our ARL operators would put that into the CBIS system and they can work on it from there.

MS BENNETT: I might have not given the numbers correctly, so I'll try again. TDCT.0002.0004.50-2. That's a process which has three domains. The first domain is information gathering, the second is analysis and the third is judgment. Is that broadly what you mean when you talk about the Tasmanian Risk Framework?

(All panel members nod.)

MS BENNETT: So, information gathering stage, that means the person doing the initial assessment is going to gather some information; is that right?

MS CHURCHES: Yes.

MS BENNETT: And they're going to do that by way of a conversation, is that right? Sorry, I should direct my questions a little bit more. Ms Churches, they'll start a conversation and they'll be first gathering some information about the notification.

MS CHURCHES: The contact, yes, absolutely.

MS BENNETT: There are five categories you've identified that will inform that information gathering, I'll read them out because we can't put them on the screen. The child and young person, the parents, the sources of harm, the opportunity for harm and the networks. They're the categories of information that you'll gather?

MS CHURCHES: Yes, absolutely.

MS BENNETT: Can I ask, when you talk about source of harm, what is encompassed within the sources of harm? When you're thinking about gathering information about the source of harm, what kind of information are you trying to gather?

MS CHURCHES: Where that source of harm might be sitting in relation to the child, the relationship, and therefore the potential impact for current and future risk.

MS BENNETT: And is that capturing, for example, associations of the child with institutions?

MS CHURCHES: It may, yes.

MS BENNETT: In what circumstances would it?

MS CHURCHES: In what circumstances?

MS BENNETT: Well, let me put it another way, let me try to illustrate it by reference to a hypothetical. A parent calls and says, "I'm very worried about my child, they've been acting strangely. I don't know why but ever since they've come back from school camp they just seem withdrawn and self-involved and I can't get through to them anymore, I'm really worried that something's happened". Let's talk through about what would happen with that call. What sort of information would you be trying to get from that parent?

MS CHURCHES: We'd be trying to explore with the parent what other issues might be happening for the child, what other family influences may be impacting, their engagement with school. We would also want to speak with school and explore what those concerns or impacts, whether there's any historical mental health concerns, whether there's concerns that we have on our records through our very comprehensive recording of information in the history for the family that may allude to or indicate possible other risks that could be resurfacing for the family. Friendship networks, support networks that they may be engaged in.

MS BENNETT: Now that's a lot for the initial contact, isn't it, Ms Churches?

MS CHURCHES: It is, but we look holistically at all individual cases so, we really want to be able to touch base at a number of points to assess the safety and the wellbeing for the child.

MS BENNETT: At the end of that call you'll have enquiries that you'll want to make, I take it?

MS CHURCHES: That's correct.

MS BENNETT: Ms Galanos, taking this hypothetical further forward. The person has reported a child who seems disengaged following a school camp, the parent is worried about them. There's more investigations pending before a risk is identified or referred to; is that right?

MS GALANOS: Say that again?

MS BENNETT: So what will happen after that first conversation?

MS GALANOS: The staff in ARL would touch base with the Department of Education, we'd look at the networks, who that young person might already be engaged with and make enquiries through those lines.

MS BENNETT: So the mother who's made the phone call, what will she be told, Ms Galanos, about what's happening next after she's raised this?

MS GALANOS: Will be a conversation before that call is

entered around what is the next stage of information gathering, so she should leave that conversation knowing what those next steps are going to be, and even contracting with a call back to keep her in the loop around what's happening.

MS BENNETT: Are there timeframes around the call back?

MS GALANOS: Well, we'd do that at the end of that call, so we'd contract with the mum that we might get back to her in a couple of days potentially depending on what follow-up we need to undertake.

MS BENNETT: I think this is the Tasmanian risk framework and I'd ask that the graphic be displayed. So, we're in the information gathering stage now which is that first box, is that right?

MS GALANOS: Yep.

MS BENNETT: So that could take several phone calls, couldn't it?

MS GALANOS: Yep.

MS BENNETT: And we've heard some evidence today about how children sometimes slowly disclose. Now, how do you manage that? You're on the end of a phone line, how does the ARL manage that investigation process? Sorry, I'll ask Ms Hales first.

MS HALES: Well, in terms of disclosures or in terms of?

MS BENNETT: Well, in terms of information gathering, it seems like that can be quite a complex task when it comes to child sexual abuse; is that right?

MS HALES: Yes.

MS BENNETT: And you might not have a clear disclosure; is that right?

MS HALES: Yes, correct.

MS BENNETT: So, in the example I've given, it's not a clear disclosure but it's a concern raised by a parent that could lead to a disclosure; is that fair?

MS HALES: Yeah.

MS BENNETT: And so, what does the ARL do in response to the possibility of a disclosure that hasn't yet been made?

MS HALES: So, our primary role at the Advice & Referral Line is to make sure that that family have access to the supports that they need. So, whether or not there is a disclosure, if that mother, for example, is worried that something has happened, there are services that we can put her in touch with, as we spoke about before, Department of Education to do some of that follow-up, but our role is very much around ensuring the immediate safety, and in this instance with the hypothetical, there's not a disclosure, we're just a little bit worried something may have happened, and making sure that they've got the right supports to meet that need.

MS BENNETT: And so, there will need to be some more assessment before you identify precisely what that need is; is that right?

MS HALES: Yeah, potentially.

MS BENNETT: Then, who carries out those further investigations?

MS HALES: Again, it depends on the conversation. So, it may be that mum feels comfortable connecting, you know, with those next things or even talking to the school herself, so we very much as part of that conversation talk about who is best placed to talk to the family; if there's someone that already has a relationship, is that better than an Advice & Referral Line worker contacting them out of the blue, you know, that they don't know. And, once there is risk identified, if we through that conversation and through those follow-up calls we identify there is actually risk to that child that can't be ameliorated, that's when we'd be considering a referral down to Child Safety in the regional teams.

MS BENNETT: So, you're effectively referring the mother to the school to make further enquiries if she's comfortable to do that?

MS HALES: Or we may do that as well, and we normally

would follow up with the school as one of our general phone calls that we would make if a child is of school age.

MS BENNETT: If the parent says to you, "Okay, I'll call the school", do you then follow up again with them to see how that went?

MS HALES: It depends on the level of worry and what the agreement is with that mum or that caller.

MS BENNETT: Let me shift my question a little. Does the system require that you call them back again?

MS HALES: No.

MS BENNETT: So there'll be individual discretion about whether the caller calls them back?

MS HALES: Yes.

MS BENNETT: Would you accept that that, Ms Hales, would involve a degree of variability across teams?

MS HALES: I would say variability across contacts more than across teams, so all of the workers would, in the system, in the details page there is a box essentially about what the caller would like to happen next, and that's where we do our agreements and log what has been agreed with that caller. So, some may not want a return call at all, they might be very happy with what's happened, the child is safe, they're happy with the advice that's been given; others may like that feedback loop.

PRESIDENT NEAVE: Can I just add to the hypothetical? Let's assume that the mother who rings has got pretty poor English, is not very confident about contacting the school. What happens then?

MS HALES: We would contact the school to support her.

PRESIDENT NEAVE: So, you'd get in contact with the school?

MS HALES: Yes, and we also have access to Interpreter Service's as well; if there is difficulty with communication around any of that sort of thing we can do that for the phone calls as well as any follow-up

conversations that need to happen, and that's where we were talking about the liaison officers earlier; that's sometimes a situation where it might be easier to have that face-to-face conversation.

PRESIDENT NEAVE: What about the contact with the child, that's further down the track, but when would that happen? Would you have a role in that or would that be something that was done at the school level?

MS HALES: Advice & Referral Line wouldn't always have a role in having direct contact with the child; it would depend on the circumstance.

PRESIDENT NEAVE: So, that would be delegated, in a sense, to the school?

MS HALES: Yeah.

PRESIDENT NEAVE: Sorry, can I just go on one more?

MS BENNETT: Yes.

PRESIDENT NEAVE: Let's assume that you got three or four calls from parents whose children went to that school which disclosed a degree of concern about their children; would you be able to link that in any way through your systems?

MS HALES: Yes.

MS GALANOS: Yes, we would. Yeah, we would see - sorry to jump in - the pattern, the call, what's coming through and we'd engage with the school around that circumstance.

PRESIDENT NEAVE: Okay, thank you. I'm sorry if I cut you off, Ms Bennett.

MS BENNETT: No, please. To follow on from the President's question, can I ask the operator to bring up COM.0001.0037.0027, and I believe this to be a screenshot of CARDI; it might be out of date but you can tell me. Is that a screenshot of the CARDI system?

MS CHURCHES: Yes.

MS BENNETT: Could I ask the operator to zoom in on the three boxes at the bottom of the page. The Commissioners

will see, there's the initial contact box, there's the child family details, there's a summary; that's the first line. Then below that, if we could zoom in. I'm grateful to the operator. We'll see there the three text boxes and that's where you would record the details of the conversation that you're having?

MS GALANOS: Correct.

MS BENNETT: And so, in order to search across notifications or conversations, you would need to - everyone would need to be using the same keywords around the school, wouldn't they, or would they?

MS HALES: In the - well, you can't see there now - the bit above where it has the contact, we would be - so, all of the data that we pull around professionals actually comes from the CBIS system from Child Safety, so it would actually list the school there.

MS BENNETT: So, if we could just zoom into the top three now: we've got the "initial contact", then the "child/family", and then "summary". So, which one of those boxes is it?

MS HALES: So, the initial contact bit would be where it would show which school it was that was contacting us.

MS BENNETT: Okay. So, I see there "contact", "relationship to family", "family aware of call", "caller can be revealed", and then two boxes of "source and service". So, there are drop-down menus for schools?

(All panel members nod.)

MS BENNETT: Is that only if the notifier comes from a school?

MS HALES: Yes - well, if a professional's called from anywhere it would be in CBIS, essentially. So, any new person that contacts in from, as an example, Sexual Assault Support Service for example or a worker from there it's actually put into CBIS and the information is drawn from there.

MS BENNETT: And so, if the local soccer club is the concern, "I've got a concern about the coach at the local

soccer club", does the local soccer club appear there?

MS HALES: It would depend, so the initial contact --

MS BENNETT: And so, if it's the mother calling, the mum calling --

MS HALES: Yes, it's the mum calling, mum would be the initial contact.

MS BENNETT: And the mother's concerned about the soccer club. Does the soccer club come up there?

MS HALES: Not in the initial contact, no.

MS BENNETT: Does it come up in the free text boxes?

MS HALES: In the summary, would we put?

MS CHURCHES: Yeah.

MS GALANOS: Absolutely.

MS BENNETT: And the ARL worker needs to elect to record the name of the soccer club in the same way. And, if they don't record it in the same way in the free text box, it would be impossible to pick it up on a global search?

MS GALANOS: Yeah.

MS BENNETT: So, to extrapolate that back to a school, again, if a notifier - again a parent - has concerns about a school, the school won't end up in the initial contact, it will end up in the summary; is that right?

MS HALES: Yeah, sorry, that's correct. That's right, if the mum, yeah.

MS BENNETT: And again, we're in the world of the free text box, and so, we're dependent upon the operator entering the details the same way and spelling it the same way?

MS HALES: Yes.

MS BENNETT: And it's fair, isn't it, that that's a limited system for being able to identify institutional

problems, isn't it?

MS HALES: Yes, it is.

MS BENNETT: And that's something that needs to be updated or upgraded?

(All panel members nod.)

MS BENNETT: Returning now to a slight variation on my hypothetical. Let's assume now that I am a teacher who attended the school camp, so the same school camp that's been the subject of your earlier notification, and I call and I say, "I've been on a school camp recently and I saw teacher X go into the tent of this child a couple of times in the night and I feel strange about it". Now, my first question is, is that going to link with the notification of the mother?

MS CHURCHES: If the name of the child is known, yes.

MS BENNETT: Thank you, okay. And, if the name of the child isn't known, then it won't get linked necessarily, you're dependent on the free text box?

MS CHURCHES: Yes.

MS BENNETT: The school identity itself won't necessarily get you there?

MS CHURCHES: No.

MS BENNETT: Okay, thank you, that's really helpful.

Now I've diverted us from the initial assessment but I'd like to return to it because I don't think that at this stage we've finished and I'd like to understand when an initial assessment finishes. Because, when do you finish the assessments necessary to conclude the risk level for this child? Can this go on for weeks?

Ms Galanos, I'll start with you.

MS GALANOS: It can do. I think it's important for us to be clear that throughout the life of an initial assessment or a contact as it progresses through the ARL there are points of consultation and advice-seeking that our

frontline workers will grab from their practice leaders and Practice Managers. So, a frontline staff member isn't do that on their own. So, if they become unsure or want to seek some clarity on next steps, they'll use the consultation process throughout the service to gain support around next steps.

MS BENNETT: Ms Hales, at this point, are you looking at different computer systems with information about the subject of the notification?

MS HALES: Yes. So, as part of that information-gathering we would, as Ms Churches mentioned before, we'd look at our history but also attempt - well, with the non-government stuff we don't have access to all of the systems that we need, but places like the Family Violence system and, yep, Department of Education - what other systems would they be looking at?

MS CHURCHES: SIMS and Connect for Safety.

MS HALES: And Connect for Safety. So, with some of these systems, because we are non-government staff, we need to actually ask our government counterparts to access those for us because we don't - we don't have logins.

MS BENNETT: Okay, so you would then go to one of your government --

MS HALES: Colleague, yeah.

MS BENNETT: -- colleague, and they would get you access to, for example, the TasPol, Tasmanian Police database and they'd give you the information that you've requested?

MS HALES: That's right.

MS BENNETT: And, Ms Galanos, that information-sharing is part of your arrangement with Tasmania Police, that you'll provide that information to the ARL operators for that purpose?

MS GALANOS: Yep.

MS BENNETT: Are the NGO ARL operators acting or carrying out statutory functions? Mr Stopczynski, can you tell me, do you have a view about that?

MR STOPCZYNSKI: Yes, for that portion of it, yes; yes, they are.

MS BENNETT: Do you know what statutory function's being carried out by the NGO?

MR STOPCZYNSKI: Not specifically off the top of my head. Section 17?

MS BENNETT: Section 17 of the Children, Youth and Families; is that correct?

MR STOPCZYNSKI: That would be correct, yes.

MS BENNETT: Ms Galanos, is that right from your point of view?

MS GALANOS: Yes.

MS BENNETT: And, Ms Hales, is that the same for Baptcare?

MS HALES: Yes.

MS BENNETT: Now I want to understand when the police get called. So, we've got our initial assessment and that can go on for weeks. Let's return to my hypothetical and let's say that the teacher who saw the student and the teacher in the tent says - well, let me pause actually.

Ms Churches, I don't want to put you on-the-spot, but would you at that point assess there's a risk that that child's been abused?

MS CHURCHES: We wouldn't assess that the child's been abused, we'd assess that there's indicators of possible harm, which would require further assessment.

MS BENNETT: And then you would then carry out the further assessment?

MS CHURCHES: Yes.

MS BENNETT: Would that involve then speaking to the teacher who is said to have gone into the tent?

MS CHURCHES: No.

MS BENNETT: You'd speak to other children?

MS CHURCHES: No, we wouldn't speak to other children. We'd explore with the person that was contacting us in relation to that. We would obviously look at what was on our system as well for consideration of who else might be part of that support network who we could touch base with to see if there were any other concerns. For example, that child may have had contact with - or the family may have had contact with ARL in the past and they may have been linked in with a school social worker, so we may follow up with a school social worker to explore how that child or young person is currently travelling. We very much utilise indicators of harm at this point in time, because it is very early stage and there's clear procedural documents in relation to identifying and how to work through those indicators of harm.

We would then consider a police referral, even if it was for an FYI only. As our MOU and protocol with Tasmania Police, it wouldn't be a call, it would be a written documentation which is completed by the ARL worker, within quite a short period of time is the expectation. That would then be sent through to their practice leader to review and endorse and send through to Crime Management Unit north, south or northwest depending on which region it was relevant to.

MS BENNETT: So, if your notifier is a mandatory reporter who says - and I'll direct this to you, Ms Hales - who says, "I'm a teacher, I have a mandatory reporting obligation. I saw the teacher coming in and out of the tent, I know he's been texting this child outside of hours, I feel like there's something very wrong going on here". Dogs that go to the police or are you going to assess it further?

MS HALES: We're going to do both. So, we would make that referral to police, but we would also be looking into risk and safety for that child and other children.

MS CHURCHES: And we would also be looking on our system to ensure there was - check with that person, the alleged perpetrator, to see if there was any information or intel we had on him as well - or her depending, or them.

MS BENNETT: Including via the Tasmania Police website?

MS GALANOS: Yes.

MS BENNETT: Would that also encompass any intervention orders, family law orders, those sorts of matters would all feed in? I direct that to you, Ms Galanos.

MS GALANOS: So, we'd be using our Family Law Court liaison to grab that material, but as it relates to details for this teacher coming in and out of the tent, we'd be looking at our Child Protection information system to see whether or not they're known and have history in our system as well.

MS BENNETT: So, the fact that it's come from a mandatory reporter who's done it because they have a belief will influence the way that you deal with the report?

MS CHURCHES: Well, to be honest, if it was anyone, we'd treat it with the same respect and regard regardless. It could be a volunteer; we would still assess.

MS BENNETT: So, the thing that's changed, I guess, between my original hypothetical, where the teacher saw the other teacher go in and out of the tent - I added in the text messages, but is that - because earlier when we were talking about it, it was leading to assessment, but now we've gone straight to the police and I'm wondering what's tipped it the interim?

MS CHURCHES: The indicators of harm were increasing.

MS BENNETT: And, is that the text messaging?

MS CHURCHES: It's a number of instances that create question, which is what we'd be providing to police for their information.

MS BENNETT: And, I'm not being critical of that, I'm just trying to understand, it seems like there's a spectrum.

MS CHURCHES: Yes.

MS BENNETT: And somewhere on that spectrum the risk would be assessed at a point of notification to police, but it seems like there's not much between it, if I can put it

that way; is that fair? Could different operators reach a different view about the same scenario?

MS CHURCHES: Yes, but our protocol and our communications I suppose, and the process requires that, if there's any allegation of potential criminal activity, we are required to complete a police referral. If the decision is to not go with that based on that, where are we on the line, so to speak, there would need to be a rationale for that which would need to be case noted on the file.

MS BENNETT: And that's a matter of clinical discretion for the Practice Leader or the Practice Manager; who holds that discretion, Ms Churches?

MS CHURCHES: It would be between the ARL worker and their Practice Leader.

MS BENNETT: Ms Hales, you say in your statement at paragraph 31:

> *If a crime has been identified a referral to police be made as part of the work done by ARL within the above timeframe.*

So, are there circumstances where the notification to police will take place days later?

MS HALES: No. Our best practice would be once we have - so, we don't need to substantiate that a crime has happened; as soon as we're made aware that a crime could have been committed, that would be the point that the worker would be doing that referral.

MS BENNETT: You don't take any steps to substantiate that allegation before you send it to police; you simply --

MS HALES: That's not our role, no. So, as long as we have information that that could be there, our MOU is that we would send that through and we will update them with additional information if we continue to complete an assessment and further information comes from that, then we would update them with that information.

MS BENNETT: We talked a lot about the qualifications of ARL workers, this might be a good moment to talk about the training of the ARL workers. I understand that the ARL

operators have a six-month training program; is that right?

(All panel members nod.)

MS BENNETT: Ms Hales, can you tell us about how intensive that training is?

MS HALES: Yes. So, all our workers, whether non-government or government, all do the same induction program. There is a component that is specific to the Advice & Referral Line that was designed for us, and there are other components that are for all child safety officers as well. The reason it goes for so long is because it's obviously run in face-to-face training as well as online, so those trainings will come up periodically and staff will be registered for them and as part of that induction, yeah, it will go over a period of months. I think the training face-to-face is about 10 to 15 days off the top of my head.

MS CHURCHES: Correct.

MS HALES: As well as the online components as well, and then throughout that period that new - we'll just call them a new staff member essentially - would be doing regular check-ins with their practice leader as well around their progress.

MS BENNETT: Looking at paragraph 31, you tell us there that, in the latter part of the paragraph:

> *If the matter is assessed as a priority 3, "identified risks to the child are not immediate, and a planned approach should be taken within 14 calendar days to respond to the concerns". It will be referred to CSS within 14 days.*
>
> And then, to skip a line, we go down and then we see the last sentence:
>
> *If a crime has been identified, a referral to police will also be made as part of the work done by ARL within the above timeframe.*
>
> So what I'm trying to grapple with is, does that mean that, if there's an alleged crime but no immediate risk, is

the referral to police within those longer timeframes?

MS HALES: Best practice, it would still be done as soon as possible. I think what I meant there --

MS BENNETT: I accept best practice; I think what I'm looking for is, what's common practice?

MS HALES: Yeah, I think what I meant there was more that it would be done by ARL and not left to do at Child Safety, it's information for us to send through.

MS BENNETT: Okay, so it's not the case that you will necessarily do that as part of your close out, you refer to the police, you don't wait. As soon as you identify the potential for a crime --

MS HALES: Yeah, that's correct.

MS BENNETT: When we're talking about training one thing that's become clear to the Commission in the evidence it's been hearing this week is that the indicia, the indicators, of a crime when it comes to child sexual abuse can be difficult to identify. Are the ARL operators trained in the identification of child sexual abuse?

MS CHURCHES: They are trained in indicators of harm; both physical and sexual abuse is covered off on that. We use a traffic light system which all the staff are trained and provided with resources, in which they all share with families in that case that you spoke of earlier. The family might be provided with information or sent out to them a copy of indicators of harm, the traffic light system, so that they can be aware of what to look for and what to be considerate of in assessing the child's wellbeing or any deterioration in their wellbeing.

MS BENNETT: And those are tools that generally have been developed in the family safety context; is that right?

MS CHURCHES: That's correct.

MS BENNETT: So, they're not specifically adapted to the identification of risk of child sexual abuse in institutional contexts?

MS CHURCHES: No.

MS BENNETT: Just for the sake of the transcript, Ms Galanos, that's right, isn't it?

MS GALANOS: Correct.

MS BENNETT: Anyone who has a different view can speak up now. I'll leave it there in a moment because I'm conscious of the time.

The other matter I wanted to check with you concerns the closure reasons, and if I could ask the operator to go to TDCT.0002.0004.0026, page 13. I just wanted to check that I've understood this document correctly.

While we're doing that, can I confirm with each of you - and I'll start with you, Ms Galanos - that the assessment is the same whether it comes from, for example, Ashley Youth Detention Centre, will it go through the same process that we've described?

MS GALANOS: Yes.

MS BENNETT: It's not dealt with by different people?

MS GALANOS: No.

MS BENNETT: Are the indicators of harm seen differently because of the place that the notification is coming from?

MS GALANOS: No, we'll still - we'll assess in the same manner.

MS BENNETT: Mr Stopczynski, do you agree with that?

MR STOPCZYNSKI: Yes.

MS BENNETT: And, Ms Churches, that's your experience?

MS CHURCHES: Yes.

MS BENNETT: And, Ms Hales, your experience at Baptcare as well?

MS HALES: Yes.

MS BENNETT: And that relates really to, again, the

linking of the instances. If there were multiple instances arising from one institution, that would change the risk profile, wouldn't it, Ms Hales?

MS HALES: In terms of the level of risk that we felt was present, yes, it would.

MS BENNETT: And, Ms Churches, you'd agree with that, wouldn't you?

MS CHURCHES: That is correct.

MS BENNETT: Ms Galanos?

MS GALANOS: Agree.

MS BENNETT: Mr Stopczynski?

MR STOPCZYNSKI: (Witness nods.)

MS BENNETT: And yet, the system doesn't necessarily permit that linking at this stage?

(All panel members nod.)

MS BENNETT: There's nodding. Is that right? Can I ask one of you to say "yes" for the transcript?

MS CHURCHES: Yes.

MS BENNETT: Thank you. I won't take you to those further documents, the question I had is that, in one of the documents that's been provided to this Commission it identifies a reason for closure as:

> *The identified issues include historical or potential harm to a child and assessment indicates these worries can be adequately addressed through family support.*

Is that your understanding of a proper closure of a notification, Ms Hales?

MS HALES: And, is that in CBIS or in CARDI or both?

MS BENNETT: That's in CARDI, I believe.

MS HALES: Yes, that's right.

MS BENNETT: So, when we say it's historical, let's assume that somebody tells you about this school camp and this teacher visiting the tent has now moved overseas and lives in Switzerland: would you close the notification for that reason? Can I ask you, Ms Churches?

MS CHURCHES: Yes.

MS BENNETT: And, Ms Hales?

MS CHURCHES: Once we've done police referrals and ensuring all those actions have been completed, yes, we would.

MS BENNETT: Okay. So are you still doing the assessment?

MS CHURCHES: Look, what we would do is, we would follow the processes depending where the referral came from; obviously, if the referral came from TAS Police we're not going to send a referral through to them. But if it was something coming from a different source, we would complete those, if you like, mandated requirements which we have as an MOU with TAS Police and then we would close it because there is no ongoing harm to that child at this point in time. We would also record the alleged perpetrator on our data system as a person believed responsible so that we've ensured that, if they do come back to the country, we at least have a record which feeds through to the Department of Justice as a flag.

MS HALES: And it may be that we do make some referrals out to universal services; if there was, for example, that child in that historical circumstance was still experiencing some trauma or some sort of behaviour related to that, there'd be an opportunity to provide supports to that family as well before closure.

MS CHURCHES: Correct.

MS BENNETT: I have got two final questions for you and I'll ask you each in turn. Ms Hales, I won't ask you to repeat what's in your statement about what could be improved about the ARL. Is there anything additional that you'd like to tell the Commission that could be improved about the ARL?

MS HALES: Outside of the statement?

MS BENNETT: Outside of the statement.

MS HALES: No, I don't think so.

MS BENNETT: Okay. Ms Churches, what would you like the Commission to know about how the ARL could function better?

MS CHURCHES: Improved collaboration with other key services areas I think is really important, and not just at the state base but nationally as well.

MS BENNETT: Thank you. Mr Stopczynski, is there anything you'd like to tell the Commissioners about what could be improved about the ARL?

MR STOPCZYNSKI: Without delving too much into funding and those sort of details, the role of a community liaison is incredibly important, and to have resourcing and adequate resourcing in that space out in community is really vital.

And, with the ARL being designed as an Advice & Referral service, the availability to refer to those universal services is also incredibly vital. I know we spoke a lot about child safety and those services, but the family support sector is a really key player in that space, and for the Advice & Referral Line to be an effective early intervention service, which is what it was designed to be and how it should operate, we need that sector to be adequately resourced to be able to be the early intervention before things end up repeatedly referred or coming back to Child Safety.

MS BENNETT: Ms Galanos, is there anything you'd like to tell the Commissioners about how the ARL could work better?

MS GALANOS: I think we've had a lot of success in our co-location model and particularly with our specialist liaison areas in Family Violence. I think, if we had particular practice support in this area dedicated as a liaison I think, you know, the benefits for our team by way of practice would be amazing. So, in amongst everything that my colleagues have already said, specialist liaison support and greater referral pathways back out to community services, absolutely.

MS BENNETT: Thank you. I'd like to thank you all for your candour and assistance today, it's been of enormous help, I think, to the Commissioners. The final question I have is whether you would be open to the Commissioners visiting your advice line at the call centre?

MS GALANOS: Of course, yes.

MS BENNETT: Well, we'll pop in sometime. May it please the Commissioners, those are the matters that I sought to raise with this panel.

PRESIDENT NEAVE: Thank you, Ms Bennett.

COMMISSIONER BENJAMIN: Just so it's clear to me, Ms Hales, in terms of the training, if somebody's employed - and I'll lean forward, I'm being told to keep my voice up, I have the same problem at times - the new employee starts on day one, or perhaps has a couple of days training, then does the 10 or 15 days over that first six months; is that right?

MS HALES: Yes.

COMMISSIONER BENJAMIN: Then for the first four weeks they shadow or are shadowed by an existing trained employee?

MS HALES: Yes, that's correct.

COMMISSIONER BENJAMIN: Then the level of responsibility for that employee increases incrementally over that five or six-month period. Is that essentially how it works?

MS HALES: Yes, that's correct. So, they would shadow another worker initially so that they're learning how people are on the phone, and then, when they do get to the point where they're ready to start taking some calls an experienced worker would sit with them to do that over that period as well until it's deemed that they're experienced enough to be doing that by themselves.

COMMISSIONER BENJAMIN: Thank you. Ms Galanos, do we know what department you are at the moment given the changes in recent times?

MS GALANOS: We're still the Department of Communities,

yes.

COMMISSIONER BENJAMIN: It still exists but it's in a time of change; is that right?

MS GALANOS: Indeed, yes.

COMMISSIONER BENJAMIN: Yes, thank you.

COMMISSIONER BROMFIELD: Thank you all for explaining this, and I know that the work you do, any intake call centre, it's really hard work and there's a lot of calls. First of all, I just wanted to thank you for taking the time out of the practice context and explaining things to us.

I had a couple of questions, one is actually a follow-up from Robert's questions, Commissioner Benjamin's question. That process for the training, is that exactly the same for the State Government employees? So, is it conceivable that they might come into the ARL, not as their first day of work for the department, but potentially from one of the regional offices?

MS GALANOS: They could do, yes. Some of them already have had - it might be an existing child safety officer wanting to express an interest to move within - to the Advice & Referral Line, so they would already have had the beginning practice and the general induction that all child safety officers receive. But I will say, they will receive the ARL-specific induction as well on top of what they've come with.

COMMISSIONER BROMFIELD: What's kind of the more common pathway: day one newbie into the ARL or day one is somewhere else within the department?

MS GALANOS: New staff member actually, yeah.

COMMISSIONER BROMFIELD: New staff member is the most common?

MS GALANOS: Yeah, from external.

COMMISSIONER BROMFIELD: Following up on this, you mentioned it's the child safety officers who are in the regional offices, they get the beginning practice - I can't

quite remember what you said it was called, I think it was beginners practice training?

MS GALANOS: Yes.

COMMISSIONER BROMFIELD: And then there's the ARL-specific training. If you're a newbie and ARL is your first appointment in the department, do you, if you're a State Government employee, get the beginning practice training?

MS GALANOS: Absolutely.

COMMISSIONER BROMFIELD: And the ARL-specific training?

MS GALANOS: Yes.

COMMISSIONER BROMFIELD: And if you're from Baptcare or Mission Australia, do you get the Child Safety beginning practice training and the ARL?

MS HALES: Yes, we have access, yes, access to all the same things, so they'll have both as well.

COMMISSIONER BROMFIELD: So, access means, yes, you complete or you can?

MS HALES: Yes, they complete it, yes.

COMMISSIONER BROMFIELD: Okay, great, thank you. Now, that's kind of everything I had about qualifications and training. Just coming back to that very first example that Ms Bennett provided, where the first contact was from mum and she just wasn't getting through to her teenager any more after a school camp. It's pretty amorphous; I mean, it could be that they had fight with their friends or - it was really, really quite detailed.

Now, I imagine that it would take about two hours to do that assessment and then you may have additional outbound calls. Would it be normal to do a full assessment and then do follow-up calls with that level of information? Would it be common, I should say?

MS CHURCHES: I mean, it's not done at that one point in time, it's done over a - graded over the next week, I would suggest; so, emailing the school trying to get some more information from them. It may be that it can be closed at

that point in time if mum is just after information and advice, which may be one option that we consider, because we are a brief intervention service at the end of the day. So, we can always encourage people if they have any new concerns, "If you find out any new information, mum, please give us a call back. Are you okay with that?"

So, it's not necessarily that we will start unpacking everything depending on the level of indicators of harm that came through because, as you say, it could be a myriad of things which have created this changed behaviour, and we certainly don't want to jump the gun with inappropriate responses either or invasive interventions for the child or young person.

So, it would just be exploring bit by bit. It's very much a conversational approach, but that conversation is gathering pieces of information from different sources, and working with the individuals is key to identify what they believe needs to happen next; if, obviously, we have graver concerns than they do, that will require further investigation or assessment as we like to refer, but it wouldn't happen at any one point in time, it happens over a period of time.

COMMISSIONER BROMFIELD: I know you're a practice lead, you're not on the call, but if it were hypothetically you were on the phone or you were advising one of your people who are on the phones for that case, what would you do? If no other information gave you any flags that came up in that conversation with the mum, what's your instinct on that one? What do you think you'd be doing? Would you be giving mum the traffic light information and saying, "Call us if there's anything else? There's not much we can do now", or?

MS CHURCHES: Absolutely, I'd be exploring the when this change started, if there's any other variable that might have changed in the child's life; really, just inviting a conversation to broaden the scope so that we have a greater understanding of those different elements of wellbeing for the child or young person and what might be happening for them: friendship networks, is there any change in that. If I was still quite concerned I would be contacting the school trying to explore if they are linked in with a social worker, because we also do not want to be unnecessarily invasive. Which means, if they have got a

better person in their life who's better positioned to start exploring that safely with the child or young person in a trusting relationship, that would be the source that we would contact to do that with. Because we know, as a stranger walking in there, it's highly unlikely we're going to get a disclosure of information, so we'd use the networks around that child or young person to help try to unpack what might be happening now.

Because, I mean, sexual abuse is one, but it could be other things are going on as well, so we'd still want to be able to explore that: whether or not they need a referral from mental health support; whether there could be AOD issues which are impacting on them, so we want to look at broadly at what might be happening, but working as well to empower the people who are there in that support network, being the mum in this case.

COMMISSIONER BROMFIELD: It's potentially very resource intensive. We've heard earlier this week that in CAMHS they're having to make really difficult choices sometimes about who to prioritise services for. Do demands on the Advice & Referral Line ever determine the level of intensity of your response, particularly for things that might be more vague like this? I'm not trying to trick you here either.

MS CHURCHES: No, that's a fair question, and it definitely is sometime a matter of balancing that for the workers on the floor who can have anything from 15 to 25 conversations opened at any time, and you've got concerns for a 3-year-old who there's no eyes over this child, and there's concerns in relation to family violence and other complicating factors in the home, versus a 14-year-old who is going to school and is engaged; that's going to have a lower level, I suppose, of immediate risk potentially to it. But it depends, and this is what makes it hard is, every single case needs to be looked at individually on its own circumstances.

But, yes, we are grateful that we have been approved by the department for additional funding for an additional team and acknowledging that the Advice & Referral Line's goal was to have people call, call easily and call early: they are, the data is demonstrating that, the demand is something that we're having to constantly negotiate.

COMMISSIONER BROMFIELD: Thank you. I have one last line of questioning. With Ms Bennett's example of the teacher calling about observing the other teacher going in and out of the tent and then the text messages. If we took those same behaviours and we said that someone had seen a carer going in and out of a bedroom without explanation and seeing text messages to a child in residential care, would that be assessed differently or treated differently?

MS GALANOS: So, if we're talking about a child or young person within care, the ARL wouldn't necessarily manage that, we'd be referring straight to the region for their response and follow-up directly given they're allocated there.

COMMISSIONER BROMFIELD: Okay, great, thank you.

MS GALANOS: So, they'd be making their assessments from the regional perspective as opposed to ARL.

COMMISSIONER BROMFIELD: And so, you wouldn't be applying then the three boxes or the TRS?

MS GALANOS: Look at safety and initial assessment process just within the regional perspective, yeah.

COMMISSIONER BROMFIELD: So, they'd be doing it at the region?

MS GALANOS: They'd be doing, yeah, within the Child Safety Service.

COMMISSIONER BROMFIELD: Would the threshold be the same, the threshold for concern be the same for allegations for a child in care versus allegations for a child within their family of origin?

MS GALANOS: So, we'd be managing the risk and safety, well, differently; it wouldn't sit within the ARL service, it would be the child safety teams managing that, but they'd be looking at all those - each concern in that way, yeah.

COMMISSIONER BROMFIELD: Thank you, that's my exhaustive list, I really appreciate you responding.

PRESIDENT NEAVE: Thank you for all the hard work that

you're doing and thank you very much for appearing today and explaining to us how the ARL operates.

**AT 4.47PM THE COMMISSION ADJOURNED TO THURSDAY, 5 MAY 2022 AT 10.0AM**

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