

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into the handling of child abuse by religious and other organisations

Melbourne — 22 October 2012

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Mr A. Hall, Executive Director, Service Delivery and Performance division, and
Mr A. Alisandratos, Assistant Director, Placement and Support, Department of Human Services.

The CHAIR — On behalf of the committee I welcome Ms Gill Callister, Secretary of the Department of Human Services, and Mr Alan Hall, executive director, service delivery and performance division, and Mr Argiri Alisandratos, assistant director, placement and support, also from the Department of Human Services. Welcome to you all.

Just before we commence with your presentation, I would like to run through a few preliminaries with you. All evidence taken by this committee is taken under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Any comments made outside the precincts of the hearings are not protected by parliamentary privilege. Witnesses may be asked to return at a later stage to give further evidence if required. All evidence given today is being recorded. Witnesses will be provided with proof versions of the transcript, but please note that these proceedings are not being broadcast. Following your presentation I will then invite committee members to ask questions relating to the inquiry.

I will call on you, Ms Callister, if I could, to give a brief presentation of 30 minutes or so and then open up to members of the committee to ask questions. Welcome again, and thank you very much for being before us.

Ms CALLISTER — Thank you, Chair. I think our presentation has been distributed, and I will take you through it. We have been asked to provide information about procedures for responding to allegations of child abuse in funded non-government services; requirements for agencies to establish organisational policies and procedures to protect children in contact with their organisation; and policies, guidelines or legislation that aim to protect children in agencies that have contact with children. So what I plan to do is provide the committee with a brief background about the history of services, particularly those provided in what we call the out-of-home care sector — so services provided for children unable to live with their family. I will talk about our approach to ensuring the safety of children and young people in those services, covering how agencies are registered and monitored, how carers are registered, the action we take when there are allegations of abuse and the training of staff and carers.

I take you to slide 4. In May of this year the government released the directions paper, *Victoria's Vulnerable Children — Our Shared Responsibility*, which outlines the first phase and next steps of the government's response to the Protecting Victoria's Vulnerable Children inquiry as at May of this year. This underlines that meeting the needs of children and making sure they are safe in a family is a shared responsibility across the community, government and individuals. Where adults caring for children do not follow through with their responsibilities, are abusive or exploit their position, then it is the child protection system that becomes responsible for taking action. Any person who believes on reasonable grounds that a child needs protection can make a report to the Victorian child protection service.

Slide 5 gives you a snapshot of some of the changes in out-of-home care in Victoria. 'Out-of-home care' is the term used to describe the placement of children away from their parents due to concerns that they have been abused or neglected. On the left-hand side you can see the different parliamentary Acts, from the 1950s through to the current relevant acts in this area. In the centre you can see some of the types of care in which children were cared for over those decades; then on the right-hand side we explain some of the changes that have taken place.

The system has effectively changed a great deal over the past 60 years, from one marked by large institutions to one that is now predominantly provided in home-based care. In the 1970s Allambie was the state's major reception facility for children being removed from their families, and in the mid-1970s there were large numbers of children placed at this facility. Other state-run institutions, such as Turana, Winlton and Baltara, all accommodated significant numbers of children and young people during the 1970s and onwards. At that time many of the children's homes that had been running through the earlier part of that century — St Cuthbert's Home for Boys, Kildonan Homes for Children, the Tally Ho Boys' Training Farm and the Christian Brothers St Vincent's Boys Orphanage, to only name a few; that is not an exhaustive list — were all gradually starting to phase down.

It was around the late 1980s and into the early 1990s that most of the big children's homes and institutions closed. Home-based care — foster care in particular — started to become more current during the 1980s, and many of the children who would have been placed in large institutions started to be placed in foster care. Allambie was closed in June 1990. The system moved to smaller congregate care facilities and gradually moved

more rapidly into home-based care, with what is called kinship care becoming a more often used form of care by the mid-1990s.

If I take you to slide 6, that shows you the main types of care that we provide now in Victoria. The predominant form of care these days is kinship care, followed by foster care. Kinship care is where children are placed with relatives or members of their close family network. We currently today have 2,536 children in kinship care, which, as I said, is the predominant form of care, and that is a very big change in the system over the last 15 years. That is followed by foster care and then residential care and permanent care. So in effect we have no children living in large institutions any longer, and probably the largest group of children who are placed together is approximately six.

It is probably important to note that over the last 10 years there has been a 50 per cent increase in the number of children placed in out-of-home care. As of June this year there were 6,434 children placed in the out-of-home care system.

If we go on to the regulatory and legislative framework and mandatory reporting, slide 8 just gives you an overview of the main legislative Acts that govern the protection of children in this state.

If we move to slide 9, this is the legislative requirement for mandatory reporting. Mandatory reporting describes the legal obligation of certain professionals and community members to report incidences of child physical and sexual abuse. Section 182(1) of the *Children, Youth and Families Act 2005* lists the following people as mandated to report: a registered medical practitioner, a nurse, a midwife, a person who is registered as a teacher, the principal of a Government or non-Government school, and a member of the police force. We currently have approximately 230,000 professionals who are mandated reporters in Victoria.

Where physical or sexual abuse is reported to the department, we jointly investigate that with the police. The department has a very detailed protocol with the police — it has just been updated this year, and we can provide copies to the committee — which governs the many different ways that we interact with Victoria Police, either to investigate child abuse and neglect or to respond to any other criminal actions that may come to our attention.

If we move to slide 10, we have considerably more protection over this system than I think we did in the past. We essentially have a three-tier approach to ensuring the safety of children and young people in out-of-home care. It involves agency registration and program requirements, the registration of actual carers and responding to any allegations of abuse of children in out-of-home care. I will take you through each of these in turn.

Before any agency can provide a service funded by the department it must be registered. The *Children, Youth and Families Act 2005* and the *Disability Act 2006* set out the requirements of agencies that delivered community-based child and family services and also of disability service providers. The service activities funded by the department that require an agency to be registered are detailed in the department's policy, procedures and forms for registration of disability service providers and community services. To be registered or to apply for renewal of registration agencies need to demonstrate compliance with the gazetted Service Standards that the department has. A requirement to meet the governance and management standards of their selected independent review body has also been gazetted.

Agencies must then enter into a service agreement with the department. This sets out requirements for agencies to comply with certain requirements that include the standards. The agreements identify the types of services to be delivered and include specific performance measures around the quantity, quality, timeliness and cost of services.

The standards are structured in accordance with current quality standard practices and are summarised as: empowerment, whereby people's rights are promoted and upheld; access and engagement, whereby people's right to access transparent, equitable and integrated services is promoted and upheld; wellbeing, whereby people's right to wellbeing and safety is promoted and upheld; and participation, whereby people's right to choice in decision making and to actively participate as a member of their chosen community is promoted and upheld. The funded agencies undertake a performance review in relation to those standards every three years and obtain and maintain accreditation by an independent review body. Failure to meet the independent review and accreditation is considered a repudiation of the service agreement.

Slide 13: the service agreement is the mechanism by which we detail the funding provided to an agency and specify the service that has to be delivered. There are a whole range of policies and programs that will be included in the requirements that sit inside the service agreement. They include things like adherence to the *Critical Client Incident Management Instruction*, the *Charter of Human Rights and Responsibilities Act 2006* and complaints management practices.

If an agency is found not to be meeting the standards, then they are in breach of their service agreement, and there is a graduated approach to concerns about performance. That can include the development of action plans, putting conditions on an agency's registration, renegotiation of funding, consideration of the appointment of an administrator — which is a legislated ability — or, finally, that an agency can be defunded.

I move on to 'Approval of carers', and I will take you through each point on that slide. All carers prior to commencing care are required to have a police check. Where a police check returns a disclosable outcome — so where there is a recorded conviction — senior departmental endorsement of that person going ahead as a carer is required, and that requires some sort of assessment of the type of that disclosable outcome, how long ago it was and what the circumstances surrounding it were.

Kinship carers undergo an assessment for suitability, including child protection CRIS checks; so we check the child protection database in effect to see whether there has been any prior involvement prior to children being placed.

Foster carers undertake mandatory training and a competency-based assessment prior to being approved to provide care, and I will talk about some of that training a little bit further on.

Residential carers are screened and assessed for suitability by their agencies, and the preferred qualification is a Certificate IV in Child, Youth and Family Intervention in out-of-home care.

Foster carers and residential carers are also required to have a valid Working With Children Check Card.

Police checks have to be renewed every three years, and Working With Children Checks have to be renewed every five years.

Registration of carers: under part 3.4 of the *Children, Youth and Families Act 2005* the Secretary is required to keep a register of all out-of-home carers. The object of the legislation is to provide increased protection to children residing in out-of-home care by managing details about disqualified carers or any carers under investigation. The Act requires all approved out-of-home carers to be registered on the carer register. It is the Secretary's responsibility to provide the carer register for the use of out-of-home care agencies.

It is the agency's responsibility to ensure that all carers who are approved, employed or engaged by their organisation are entered and removed from the carer register within legislated time frames. Groups that have to be registered on the carer register are foster carers; all rostered staff, including permanent, part-time, casual and temporary agency staff in residential care; and all labour hire firm personnel engaged by Community Service Organisations.

The disqualified carer check is a legislative requirement, and it requires Community Service Organisations to check with the department if a carer is disqualified or under investigation. Once confirmation has been provided by the department that a carer is clear the agency can complete the registration of a carer on the register. Carers can be removed from the register by Community Service Organisations for a range of reasons — either because carers decide to stop providing care or because agencies have removed their accreditation or have ceased to employ them. Carers who are disqualified are removed from the carer register by the department.

I move on to responding to allegations of abuse or concerns about the quality of care. It is extremely important in such a dispersed system that cares for children across Victoria in multiple ways that we actively seek to have a process that responds to any concerns about children in care. Possibly the worst thing that can happen to a child who has already been removed from their family for abuse or neglect is to suffer any further abuse in their care environment. So all of the staff are trained and supported and encouraged to report any critical incidents during service delivery.

We have essentially two main systems for this. One is the *Critical Client Incident management Instruction 2011*, which requires all staff to report anything that falls within the incident reporting guidelines to the department in a particular time frame. Incidents categorised as category 1 are the most serious incidents, and they have to be reported to the department within one working day. There is also *Responding to Allegations of Physical and Sexual Assault Instruction 2005*, which is part of the incident reporting guidelines. It sets out the processes that have to be put in place where any child makes an allegation or indeed any staff member makes an allegation that a child may have been physically or sexually abused in care.

In relation to responding to quality of care concerns, we have guidelines called '*Guidelines for responding to quality of care concerns in out-of-home care*', and they have been operational since November 2007. The development of these guidelines was part of the overall system to do with the registration of carers, and it was incorporated into the requirements of the *Children, Youth and Families Act 2005*.

A quality of care concern is any concern about a child or young person's safety, stability or development within their out-of-home care placement. Obviously these can be at the serious end, which I spoke about just before, where children have alleged physical or sexual abuse, but they may be at the lower end, where children complain that carers have shouted at them or where families may complain that children have come to access in dirty clothing. It captures any complaint by a child or about a child in the out-of-home care system from quite low-level issues through to very serious issues. They are all fully investigated, and I will take you through that.

The guiding principles of the guidelines are that the best interests of the child will be paramount; children and young people will be listened to and heard; carers will be treated fairly, honestly and with respect; parents will be told about concerns for the welfare of their child; child protection and agencies will work together to ensure fair and transparent investigation and decision making; and decision-making, investigation and formal care-review processes will be well informed, clearly communicated and timely. We report all of the numbers of these investigations annually in our annual report.

If I just take you to slide 21, this is the three-tiered response to how we respond to allegations about quality of care. Firstly, there is an immediate quality of care review, and at the same time there is referral to the police for any allegations of physical or sexual abuse; and thirdly, down in the blue section, are legislated, independent investigations for allegations of physical and sexual abuse by registered carers, and I will explain that in a moment. So a quality of care review — we have quality of care coordinators. Their role is to monitor all quality of care concerns in a region and to follow a set process that involves a range of people, and on occasions the police.

There are four possible outcomes of a quality of care review: no further action because there is insufficient information or very minor concerns; support and supervision, so there are minor concerns which can be addressed by the agency with the carer to improve care; a formal care review where a pattern of repeated or minor concerns is observed and the carer has not improved their care despite agency involvement; or an investigation — allegations of physical or sexual abuse, serious neglect or serious quality of care.

I will give you a couple of examples. A 'no further action' might be an allegation, as I said earlier, from a child's parent that the child was coming to access in dirty clothing, and when that was looked at no substantiation of that was found to be the case. Support and supervision — an allegation that a carer spoke harshly to a child but no previous concerns had been identified or observed so the carer was supervised and supported to help respond to the child in different ways. A formal care review — allegation that a carer was not providing the child with adequate food. This had previously been raised with the carer by the agency through support and supervision but had not improved. And finally an investigation — an allegation by a young person that their residential care worker had physically assaulted them. All physical or sexual allegations are reported to the police and carers will be stood down or children moved if that is considered the safest way to manage the situation while police investigations are under way.

Finally, the Suitability Panel, which is effectively the creation of a negative register. The *Children, Youth and Families Act in 2005* introduced a requirement for the secretary to consider reports by authorised investigators in relation to allegations against carers of sexual or physical abuse of children in their care. This is essentially in response to a small number of people whom we had substantial concerns about reappearing in different parts of the system, so leaving one agency and popping up in another and then leaving there and appearing somewhere else. And this was despite repeated allegations about their care which had not led to any criminal conviction.

The Suitability Panel is a process whereby we have established a negative register. So where there is a criminal conviction it is easy to negatively register the carer, but in many cases there is not a criminal conviction because of lack of evidence and a range of other things, but we believe that the person has such a history and pattern of behaviour and that the comments that children have made about them have a great deal of veracity that we want to prevent them from being able to work in the system and keep finding different opportunities to put themselves in positions where they are caring for children.

The suitability panel is chaired by a legal practitioner who is appointed by the government on a three-year basis, and there are 10 members of the panel with a range of relevant skills and experience in child welfare. The referrals to the panel need to meet three criteria: they are incidents of physical or sexual abuse; the carer is registered; and the abuse occurred on or after 7 December 2002. There is a panel of suitably qualified and experienced contractors who undertake what are called 'authorised investigations', and those investigations are then put to the panel for consideration. Since 2007 we have had 69 matters referred to authorised investigators for investigation; 25 of those have been referred to the suitability panel, and five carers have been disqualified or placed on the negative register.

I will move on to preventative actions. Slide 24 details some of the key training and accreditation for child protection workers. Child protection workers, as you can see there, all have a level of tertiary qualification. All new practitioners need to have completed an approved course in either social work or another relevant qualification, including psychology courses. There is a substantial induction into child protection run over a six-month period, and then there is a substantial amount of training provided subsequently to child protection workers, team leaders and other senior staff. You can see some of that there. There is specific training in investigating sexual abuse, and that is for both our practitioners and for our team leaders.

In foster care and residential care there is a whole range of training and accreditation programs. You may already be aware of the *Child Wise Choose with Care* program. That is a child abuse prevention program that aims to create child-safe organisations. They do a lot of training of both our sector agencies and of local sporting and community organisations. It teaches them how to select people well where they are going to have regular contact with children and what sort of concerns to look out for and be aware of. That has been a very successful program.

There is a lot of training of our residential care staff to improve their skills and abilities in dealing with children. The 500 or so young people in residential care are often some of the most challenging young people to care for.

In relation to foster care, there is mandatory pre-service assessment and training. There is a program called *Shared Stories Shared Lives*, which is pre-service training for all prospective foster carers in Victoria. It consists of eight modules delivered over approximately 18 hours duration. Then there is *Step by Step Victoria*, which is a comprehensive competency-based resource for assessing potential foster carers. It includes a range of tools and a framework for assessing foster care applicants based on evidence of their skills.

More recently we have developed quite innovative therapeutic residential care and foster care programs where our staff and the carers for those children are getting a great deal of training and support in therapeutic care to respond to some of the trauma that the children they are caring for have suffered.

Finally, on slide 26, one of the recommendations of the *Protecting Victoria's Vulnerable Children Inquiry* was, as you can see there, recommendation 46. One of the things that has now been included in the new national framework for protecting Australia's children — the three-year plan — at the instigation of the Victorian Minister, is the commencement of a piece of national research to evaluate mandatory reporting legislation and inform us further about what mandatory reporting regimes have delivered in terms of outcomes and how in fact we can ensure that they are bringing us the outcomes that we are very keen to see. I will leave it there.

The CHAIR — Thank you very much indeed, Ms Callister. Just before I open up questions to the committee, do either Mr Hall or Mr Alisandratos have any comments that they would like to make to the committee? Thank you.

Mr McGUIRE — Thank you for the historical overview and the explanation of the evolution of the state system. I will on behalf of the committee pick you up on your offer to provide more detail on the interaction with Victoria Police. And just further on that issue, I want to deal with the reporting to police and consent from victims.

In the departmental instructions for *Responding to Allegations of Physical or Sexual Assault*, from August 2005, on page 8 it states:

Reporting of allegations of —
physical and sexual —

assault ... is required whether or not the alleged victim has consented to the matter being reported. The alleged victim may choose not to participate in the police investigation.

And then in relation to determining whether or not to inform an alleged perpetrator the department instructions state that:

In relation to an alleged perpetrator, staff should consult with police as to whether the person should be told of the report to police. It is important that any steps taken do not undermine action that police may instigate.

Could you for the committee just please confirm that these departmental instructions remain the current practice of the department in the context of allegations of physical and sexual assault relating to children, young people and adults? Is that still the required proposition?

Ms CALLISTER — Yes.

Mr McGUIRE — Yes. I just need to know that, on the record, that is exactly what you are doing.

Ms CALLISTER — Yes.

Mrs COOTE — Thank you very much indeed. I found that extremely interesting, but I would like to just tease out the issue of the police protocol, if I could, and to know how frequently that is actually upgraded, who is involved with establishing that police protocol, how it is built on historical notions and how long it has been there. That type of information would be extremely useful.

Ms CALLISTER — There has been a protocol between child protection and police. I am going to have to take on notice the exact date, but it would go back at least to somewhere in the early 1990s. We do a great deal of joint work with the police, so all allegations or reports of physical or sexual abuse of children to a child protection service are jointly decided how they going to be investigated with the police. So child protection would receive that information and would make contact with the police. And there is a great deal of work done together, so there are well-established relationships at a local level between the police and child protection. They hold a whole range of meetings; they do a lot of work together. In our Dandenong office they are co-located for these sorts of investigations. The police and child protection will then determine the best way to respond to that particular allegation, which will often but not always involve a joint visit to the family or the child between police and child protection workers.

Mrs COOTE — Is there an issue here of confidentiality that becomes a tension point between establishing this protocol and your dealings with the police and the child protection workers? Are there confidentiality issues here that cause problems?

Ms CALLISTER — No. The police are entitled to all the information that child protection have received about a report, and it is well established in the protocol that the best way to respond to these is to bring in the expertise of child protection in looking after the safety and development of children and intervening with families along with the expertise of the police in investigating criminal concerns. And that works best when there are strong working relationships. We do a lot of joint training around this. We have done lots of joint training, including some in the last 12 months, with the police, so that we continue to develop our skills and ability to work well together. This year we are establishing a further three multidisciplinary centres, which is co-location of child protection workers, police and Centre Against Sexual Assault staff to have a more coordinated response to investigation of sexual abuse of both children and adults.

Ms HALFPENNY — I notice in your presentation you showed a bit of the history where children were looked after in large institutions, and that has changed a lot in terms of being moved into smaller residential units and foster care.

But the same organisations that ran those large institutions are often overseen or running these different forms of care, and these are the organisations that were involved in — or there are allegations and cases running of — child sex and criminal abuse. In terms of the processes and procedures that you now have in place — I am assuming to try to correct this — what evidence do you have that it is succeeding and working? What evidence is there to say that there has been organisational and cultural change within those organisations? I guess also bearing in mind that the police have said that they believe there is something like a 20-year lag in reporting of criminal abuse when it comes to child abuse — bearing that in mind — what do you say is the evidence and how do you ensure that things are not occurring?

Ms CALLISTER — I think we have far more rigorous mechanisms in place to require agencies these days to be aware of risks in their care of children and to be far more vigilant about how they monitor the care of children, so some of it is through the things that I talked about — for example, registration. You did not have to be registered or accredited before; you did not have to meet any particular standards in a systematic way. I think many of those agencies themselves, through the experiences of adults coming back and telling their stories about what happened in the predecessor agencies and in the institutions in which they grew up, I think that has made many of those organisations acutely aware of the need to change practices and culture and to be far more vigilant and accountable. I think there has been a great deal of soul-searching, followed by much better processes put in place.

Ms HALFPENNY — Initiated by them or by DHS or both?

Ms CALLISTER — I think a combination; I think both. Nobody wants that to happen; and I think people look back now and see that things were either ignored or, worse, fostered in some of those organisations in the past. I think we have put a lot of effort into encouraging, requiring and creating environments where any concerns will be reported, and hence we do get a large number of reports. I think that is a good sign because I think we are getting a lot more reporting of children who are feeling unhappy or uncomfortable, or who at worst are alleging that they have been abused, and we are getting that at the time they are in care.

Now some of it, as I said, is across a very broad spectrum and has many different outcomes. But I think the fact we have a culture of reporting, that people ring up and say, ‘This child told me this’, or, ‘I witnessed that’, or, ‘A child has said to somebody that they are unhappy about something’, the fact that that is immediately taken through a process — and it is a process that the child’s own caseworker is not the governor of, if you like, so they are involved, but we recognise that this has to happen with a separate, independent person and hence the quality-of-care coordinators who manage this whole process — I think that all of those things make the system more transparent and more accountable. I think that quite a lot has improved.

Mr WAKELING — I thank you, Ms Callister, for your presentation. If I could bring it back to the question that was raised by Mr McGuire in which he identified that in your guidelines the reporting of allegations should occur regardless of whether the alleged victim has consented or not and also that before perpetrators are advised of an allegation it should be reported to the police. Clearly mandatory reporting does not apply to religious organisations, and evidence presented to the committee has indicated that what is occurring currently does not follow the protocol as identified in your guidelines. So the question I have is: has your department determined a view or had consideration of the extension of mandatory reporting to religious organisations? And if mandatory reporting were to be extended, given the fact that it is a child-protection mechanism aimed at protecting children in a domestic setting, how would such an extension operate in the context of institutional child abuse in which the actual presentation of this may take many years — in fact we have heard 23 years for people to actually come forward and make an allegation?

Ms CALLISTER — I think the point that you made is one of the most important ones to pick up, which is that mandatory reporting is designed to capture instances where children are at risk in their family. There are many other situations where the police may be involved but child protection may not be involved because the child’s parents are able and willing to protect them from some external threat. One of the issues here is that if we assume that children are at risk or being abused by someone in an institutional setting, were their parents to become aware of it, they would take action to protect them. Perhaps the mandatory reporting issue here is more about the reporting of the criminal allegation to the police, because the role of child protection is where children are at risk from their family or where their parents are unable or unwilling to protect them, as opposed to from a more external threat.

Mr WAKELING — Okay. It is just that part of the challenge we have had is that the organisation is aware of allegations, and they deal with these allegations internally, but there is no requirement for anyone within that organisation to mandatory report any allegations involving a child. Does the department have a view? We are happy for you to come back if you want to take that on notice, but clearly this has been put to us by organisations. The police and others have indicated that this is something that should be seriously looked at.

Ms CALLISTER — I think that this is a matter that is quite complex, and I am sure that the committee is going to hear a whole range of views, but I suppose what I would say as a bottom line is that we should not have a situation where children can be at risk of abuse and possibly other children be at risk of abuse and not have an effective system to protect them from that.

Mr O'BRIEN — Thank you, secretary, in relation to your presentation. Just following on from Mr Wakeling's question, and indeed Mr McGuire's and Mrs Coote's as well, in relation to the mandatory reporting issue, there is the issue where if you do not have a mandatory reporting regime you have got the issue of the crime effectively not being investigated as well as data not being collected about where the perpetrators are and the extent of it. One of the key issues identified in relation to the church and the question of extension is the willingness and absolute desire of some victims to remain anonymous. In relation to existing mandatory reporting regimes and departmental, child support and Victoria Police practice, could you outline for us the processes that go on in relation to a mandatory reporting regime in order to protect that degree of anonymity or desire for anonymity and confidentiality in relation to mandatory reporting? That is one of the key thresholds that at least the church has identified as to why they have not been going to police and one that this inquiry needs to consider.

Ms CALLISTER — The identity of the reporter to child protection — the person who reports a child as being abused or at risk of abuse or neglect — is protected. I think what you are asking me about is when a child or a young person says they do not want us to tell the police but we tell the police anyway. We do that because we have a view that as a child or young person, while we should take their views into account, in fact it is important that the issue is reported. And often what happens is the police will then speak to that child or young person, and sometimes they will go ahead with a statement of complaint even though they originally said that they did not want to and other times they will not.

But it may also be helpful to the police in putting that information together with any other information they have about assault of children by a particular perpetrator or in a particular set of circumstances, and we have found that to be the case on a number of occasions, even where that young person will not go ahead with the statement of complaint, which is what is needed for the police to take formal action. But sometimes just taking it very seriously and not following their initial instructions not to tell the police and trying to do that in a supportive way can actually bring about a better outcome for that child or young person. We do something very similar with adults who have a disability who make similar allegations.

Mr O'BRIEN — If that is the desire of the individual, even after they have been to the police or to your agencies, in what ways is that anonymity preserved?

Ms CALLISTER — It will not be taken any further. If they will not proceed down the criminal path, their anonymity is preserved in that there will not be further action taken in a prosecutorial sense. But the information that the police have may in fact be helpful in how they deal with other matters.

Mr McGUIRE — One of the issues we have to grapple with is that shadowy area between suspicion and proof concerning perpetrators, and you have introduced a suitability panel to try to address that. Could you outline to the committee an assessment or evaluation of how you think that has worked and its value?

Ms CALLISTER — It is designed to be reasonably narrow. Because it is dealing with exactly that grey area between proof and suspicion — although I would have to say once we are at that point we are fairly confident that we are dealing with someone who poses a serious risk to children if they continue being employed in that sort of environment — it is not meant to become a register that catches people from every allegation; it is at the more serious end. We think that on balance it has been a positive development. I think it is difficult for the bodies that do this; they are quasi-legal bodies, if you like, so the standard of proof applied is the balance of probabilities rather than reasonable doubt. But nevertheless it is often difficult. Again sometimes children and

young people do not want to participate in the process, so how evidence is presented and material is put to the panel can be a little bit difficult. But overall we think it has been a positive thing to do.

Mr McGUIRE — A worthwhile mechanism.

Ms CALLISTER — A really worthwhile mechanism. Prior to that someone in the department had a bunch of names in a top drawer and used to talk to agencies about being careful of this person and that person, which was not strictly speaking legal.

Mrs COOTE — Ms Callister, do you collect information on how many allegations of child abuse there are by religious groups or alternatively non-government agencies that DHS actually funds?

Ms CALLISTER — Yes, we do. We collect that information annually, and we publish it in the annual report. So we collect the numbers of quality-of-care concerns — that is the way we describe it — and that captures allegations of abuse of children in out-of-home care as well as those broader concerns. Following investigation of those, we substantiate a percentage of them, and we publish that annually.

Mrs COOTE — So that includes religious organisations as well?

Ms CALLISTER — It includes organisations that are accredited to provide care for children, some of which will be organisations overseen by a religious body, so there is still — —

Mrs COOTE — Can you see any trend in the collection? Has there been any analysis of the trending? We are led to believe that people do not come out with their allegations for many years — 23 I think it was that we were told here in this committee the other day. Is there a trend, can you see, of it increasing or otherwise in both non-government organisations run by yourself and the religious organisations?

Ms CALLISTER — I could not give you that off the top of my head. I would have to take that on notice — the distinction, the fine detail. Broadly speaking, there is a trend for those reports to increase, and I take that as, on the one hand at least, evidence of a positive culture of children feeling able, and other staff and carers feeling able, to raise concerns about how a child may be being cared for.

The most recent increase is in kinship care, so where children are placed with grandparents or other relatives, as I described earlier, which since it is the largest form of care we provide, it is probably not surprising that that is where we have had more of an increase in the allegations.

Ms HALFPENNY — Following on not from the last bit about kinship care but in terms of reports, is DHS involved then in the compensation part of that as well? Is that part of the process, or is that sent to a separate place?

Ms CALLISTER — No, we can be involved in that, so people who make a claim for past abuse may make that claim to the organisation in which they were cared for, or they may make it against the state of Victoria as a co-claim, so there is — the process that is in place to respond to claims for compensation?

Ms HALFPENNY — Yes.

Ms CALLISTER — So the general internal process once somebody makes a claim against the state as well as another organisation involves that claimant providing a statement of claim. They also provide a statutory declaration and other documents that are alleged to corroborate the past claims. The department considers the claim and those documents and makes a decision, generally within 12 weeks of receiving all that information, as to what the best way forward may be, and generally those matters are settled as opposed to going through any court process.

Ms HALFPENNY — Together with the non-government organisation, or is it all done through government?

Ms CALLISTER — No, it would generally be done with the non-government organisation as well.

Mr WAKELING — Ms Callister, you mentioned before positive culture, and I am interested with respect to how we can create a positive organisational culture, one that promotes transparency and communication, and how that can be fostered in funded agencies to help reduce a risk of child abuse.

Ms CALLISTER — One of the things that happens now in Victoria is that all incident reports relating to children in out-of-home care go directly to the child safety commissioner as well as to the department, and I think that adds an extra layer of transparency. The child safety commissioner can contact agencies and children themselves about those issues, and often does. I think the more openness there is — as I said, we report that in our annual report. The more people provide reports and information as opposed to having this be a more hidden system, the more that will contribute to that culture. It helps to show that, by and large, for the most part people involved in the system are doing their best to care for children and to provide them with a safe and good environment and that where that is not the case, it gets dealt with. I think that gives people more confidence about the system.

Mr O'BRIEN — I think it is fair to say that the research we have had and the evidence in relation to past practices, some well past, of religious and other non-government organisations in relation to child abuse has shown inadequate responses — let alone the prevalence but the response. To that we have had the church say things have improved at least since Towards Healing and the Melbourne Response. That is just one church, but in general there are issues of claimed improvement, yet we have this lag problem that Victoria Police have identified, that if there are still problems now they may not be reported, or they may not be evident for many years until children grow up, essentially.

Just from the department's point of view can you provide to the committee examples of what evidence you have seen of responses that have improved in areas such as minimisation of denial, failure to encourage victims to report, inadequate responses to the legal system, conflicts of interest et cetera in religious and non-government organisations?

Ms CALLISTER — I would just probably go back to the nature of those quality-of-care concerns that are being reported on a regular basis, and when I look at the spectrum of things that are reported as a quality-of-care concern they go sometimes to the quite small issues but issues that children feel strongly about, and so they get dealt with and responded to. So I think there is less of a culture of minimisation these days, and I think that is improving. I would not say it was perfect.

The CHAIR — I thank you very much, Ms Callister, on behalf of the committee, along with your colleagues for appearing before us today. We do appreciate your time, and your evidence has been most helpful. Thank you again. The hearing is adjourned.

Committee adjourned.