



WITNESS STATEMENT OF NICOLA JANE CRATES

I, Nicola Jane Crates of Possability, [REDACTED], in the State of Tasmania, Director of Practice Innovation and Service Development, Possability, do solemnly and sincerely declare that:

1. I am authorised by Possability to make this statement on its behalf.
2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
3. I was assisted by my colleague at Possability, Matthew Spicer, Practice Leader, in preparing this statement. Matthew Spicer is a registered Psychologist, Sanctuary Faculty Member, NDIS Registered Behaviour Support Practitioner Self Assessed at the Advanced and Specialist (Trauma Informed Support) levels of the Behaviour Support Practitioners Capability Framework. He has over 20 years of experience as a Psychologist and leader in Disability Services and over 10 years of experience working with children and youth in Out of Home Care (OOHC) residential settings.

BACKGROUND AND QUALIFICATIONS

4. I have the following qualifications:
 - (a) Bachelor of Applied Science Speech Pathology, from Flinders University;
 - (b) Advanced Diploma, Management, TAFE Tasmania;
 - (c) Certificate IV in Workplace Training and Assessment, WORK and training; and
 - (d) NDIS Registered Behaviour Support Practitioner Self Assessed at the Advanced and Specialist levels of the Behaviour Support Practitioners Capability Framework.
5. Prior to my role as Director of Practice Innovation and Services Development at Possability, I was a Director of Service Management at Possability between December 2016 and April 2019.



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6. Attached to this statement and marked **NJC-01** is a true copy of my curriculum vitae.

Current Role

7. Currently, I am employed as the Director of Practice Innovation and Service Development at Possability. I commenced this position in June 2018.
8. In this role I am responsible for the leadership of national teams to deliver best practice and new services within Possability. The national teams I am responsible for are:
- (a) the Client Engagement Team that facilitates opportunities for clients to provide feedback about the services they receive, to raise concerns and complaints and develop self-advocacy skills;
 - (b) the Practice Engagement Team that provides advice, training and coaching in Practice Leadership; and
 - (c) Positive Behaviour Support and Trauma Informed Support and a team of Behaviour Support Practitioners who deliver behaviour support services in house and externally as well as training, coaching and development of Positive Behaviour Support across the organization.

The teams also research and pilot programs, convene an annual conference and collaborate with operations on design and delivery of new service offerings.

POSSABILITY – BACKGROUND AND OPERATIONS

9. Possability began operating in Hobart, Tasmania in 1989, as a voluntary, non-government organisation, then known as Euphrasia, and led by a group of nuns. The organisation brought a new approach to support clients to have socially valued roles to help them achieve 'a good life'. Services initially included two group homes, a transition house and the oversight of six independent units.
10. In 1997, Euphrasia merged with Tyenna Wholistic Health Inc., which provided supported accommodation in the community to people who had previously lived in institutional care in Willow Court, New Norfolk. The merged entity was



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called Optia Incorporated. By this stage, the organisation was a fully professional not for profit organisation, not aligned with a religious organisation.

11. Over the following decades, services expanded across Tasmania as the State Government transferred services to the community sector. The suite of services also grew to include Intensive Support Services, Children's Respite and Adult's Respite.
12. Since the introduction of the NDIS in July 2013, Possability has continued to grow services across Tasmania, responding to individual and community needs. We have also partnered with other organisations and companies to develop much needed affordable and accessible accommodation.
13. In 2015, Possability converted from an incorporated association to a company limited by guarantee and, following comprehensive research and consultation with clients, families, employees and other stakeholders, the Board determined to change our name from Optia to Possability. This new name encapsulates our focus on individuals' strengths and abilities, and the desire to inspire people to realise their potential.
14. In 2016, Possability merged with OAK Tasmania to become Tasmania's largest disability services organisation. Our other branch of the organisation, Oakdale Enterprises, is Tasmania's biggest provider of supported employment.
15. In 2018, we commenced services in Victoria for claimants of the Transport Accidents Commission in Frankston and Lilydale. In 2019, we welcomed more than 300 participants and close to 500 Department of Health and Human Services employees to Possability as part of the Victorian Government's Disability Services Transfer. Possability now provides services in the Grampians, Loddon and suburbs on Melbourne's western outskirts.
16. In March 2022, a further 29 Department of Families, Fairness and Housing (DFFH) participants and 79 employees transferred to Possability as part of the Victorian Government's Disability Services Transfer. Possability is a non-



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government not for profit provider of support services, largely in the disability sector. It provides a range of services including:

- (a) supporting people with disabilities to live in permanent and transitional living arrangements in Victoria, Tasmania and Queensland;
- (b) assisting people with disabilities to develop skills and experience to obtain, and then continue, in community based supported employment in Tasmania;
- (c) short term accommodation or respite services in Tasmania and Queensland;
- (d) support services to people with disabilities in Victoria and Tasmania to develop life, community and social skills;
- (e) supporting school leavers with disabilities to obtain employment in Tasmania, and to develop employment related skills;
- (f) youth and child services on behalf of Child Protection Services, Department of Health and Human Services in Tasmania, including providing positive behaviour and trauma informed support;
- (g) positive behaviour support and therapy; and
- (h) training support professionals on positive behaviour support, crisis intervention, child youth services, and leadership management.

17. Possability has operations in Victoria and Tasmania, and some smaller operations in Queensland. Possability has provided OOHC services to youth and children in Tasmania for the last 15 years.
18. Currently Possability has over 750 clients in Tasmania and Victoria, providing support services to people with complex needs and disabilities, including children and youth. It provides services to people in their family home, or to people who are in OOHC. Currently in Victoria there are three children in OOHC funded by DFFH and the NDIS, two children whose parents continue to be their guardians and one child who is in OOHC due to child protection issues. In Tasmania, Possability currently has no children in OOHC funded accommodation.



SERVICE PROVISION

19. Possability (then Optia) started providing OOHC support services in Tasmania 15 years ago. These services were limited to providing placements on request in North West Tasmania, for children, most of whom presented with a disability.
20. As an established disability support provider, Possability was approached initially by Tasmania's Disability Services and later Child Safety Services to establish accommodation support for children and young people who were unable to be accommodated through other options. Typically they presented as having a disability and significant behaviours of concern. The accommodation supports were established by renting and furnishing a property, identifying suitable staff through the organisation's staffing group of disability support professionals, and working with state funded allied health providers to train employees to respond to each child's needs.
21. This process changed in 2015, when there was a request by the Department of Communities (**Department**) for proposals from not for profit service providers to apply to be on an approved list of providers to deliver supports for young people in OOHC. Possability (at that time Optia) applied through a formal procurement process. Possability submitted a model for delivering individual therapeutic accommodation support for children and young people experiencing accommodation placement breakdowns. The proposal included funding for oversight of each child's support by a Possability allied health professional and intensive supervision for the team of direct support professionals to foster the development of a safe, stable living environment for children and young people in acute distress. Possability was selected as a provider and signed a contract that included funding for the entire therapeutic model of support. Following the awarding of the contract Possability joined a panel of providers funded under the Special Care Packages Program who met regularly under the leadership of the government employees responsible for special care packages to collaborate in finding solutions for young people. I provide further detail of the services provided under the Special Care Packages Program below.



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22. During the transition of the Safe Pathways service, this panel worked collaboratively to provide continuity of support for all the affected children and young people.
23. The process started to change as government employees responsible for the oversight of the program left and were not replaced, the organised collaboration ended and then the "Material Basics" funding model was introduced.

Special Care Packages Program

24. Possability (then Optia) was selected by the Department to be on the panel of providers to assist children with high needs or more extreme behaviour problems, for example, hurting others using their bodies, objects in the environment or weapons they have made, significant property damage, engaging in dangerous activities such as setting fires, driving vehicles and leaving support to engage with unsafe adults, self-harm such as cutting or wrapping cords around one's neck, inappropriate sexual behaviours such and laying traps for support professionals. Referrals included children and young people who had experienced trauma, and some who had also been diagnosed with intellectual disability and/or autism. Some children presented with significant developmental delay but improved significantly over time, and some did not have a diagnosed disability.
25. Possability was one of a number of providers engaged to provide a range of services including specialist foster care and sibling care. Those children generally had either had previous multiple placement breakdowns and required a stable placement, or had come directly from a family situation and were severely traumatised and neglected, and were considered unlikely to be able to be fostered initially.
26. Possability was selected for this type of service provision because we had demonstrated expertise in this area through successfully supporting young people in the past, presented a therapeutic model of care and had appropriately qualified and experienced allied health staff to support the service. This expertise was developed by consulting literature, attending conferences, engaging a health professional who had training and experience, utilising knowledge and experience from disability practice and further developing expertise through reflective practice and evaluation.



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27. The service provision provided to these children was through special care packages. A special care package at Possability included 24 hour a day 7 days a week rostered care for each child with a dedicated support team. The child lived in a dwelling house with no other children (unless it was a sibling group) and was cared for by rostered support workers. Possability provided each child with therapeutic support, which was in the form of therapeutic supervision of the support team with a support plan for the child.
28. The purpose was firstly to provide the child or young person with a sense of stability and security, and a sense that this placement would not “give up on them” when things got hard. This was the establishment phase and could last up to 12 months. Once the placement was stable, the support team would move to a consolidation phase focusing on a reduction in trauma based behaviour, skills development in self-regulation and practical skills where they experienced success, re-engagement with education if they were disengaged so that each child was progressing towards a successful transition to a less restrictive placement setting, independent living, or reunification with family.
29. The therapeutic model of intervention initially proposed by Possability combined Trauma Informed Support to help support professionals understand the child or young person’s responses, and to use trauma based response strategies to respond to behaviours of concern and when these strategies were not successful to utilise Multi-Element Positive Behaviour Support, particularly Non Aversive Crisis Intervention to keep both the child or young person and those supporting them safe in order to maintain the placement.
30. The individual support plan would be developed by a team of people, which included people with allied health qualifications and direct support professionals working with the child or young person. The team would work to understand the child, their needs and preferences, their behaviour and how trauma impacted the child. With that understanding, the team would develop a suitable plan to help the child develop a sense of safety. As the plan was implemented, and the child progressed and became more settled, the frequency of in-house reflective practice meetings would change. Initially the team would meet weekly for a few weeks, and then fortnightly or monthly, to discuss how the child was progressing, review how the plan was working and



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to agree any adjustments to the plan. If a child was very complex or was not progressing, the team would continue to have weekly meetings.

31. These plans were developed, implemented and reviewed by Possability. There was also an expectation of regular "care team" meetings chaired by the Department and involving other key stakeholders such as the Department of Education, Tasmania Police, and Child and Adolescent Mental Health Service. The frequency of these meetings was variable; for some children they were monthly, and for others less regular.
32. The Department specified the goals of the child's placement through the procurement process of the individual special care package. An email would be sent by the Department to all providers of special care packages who were on the panel outlining the nature of the request. The providers who identified they may have capacity could request additional information that was provided in a standard request for support document. Providers then submitted a proposal responding to the identified needs. The goals specified by the Department would be long term outcomes, while the plans developed by Possability would focus on the steps needed to sustain supports and develop necessary skills for the child or young person to achieve those outcomes.
33. The regular "direct" support team meetings served as a way for the outcomes of the support plan to be monitored, and the plan could be adjusted quickly if needed. The child's engagement in leisure and self-care activities, family contact and the impact of this on health and wellbeing, engagement in education, mood and behaviour were discussed. Concerns and opportunities could then be identified and strategies to support the young person developed. For example, if a child or young person was typically hyper-vigilant following family contact, a plan might be developed for a preferred support person or supervisor to collect the young person, and a bush walk or visit to a play-ground organised following the contact before getting back in the car for a long drive. In the car would be some snacks and soft fidgets to engage the young person while travelling and low demand activities would be planned for the rest of the day.
34. The meetings were also the way that employees would be coached, supported and supervised. This occurred through reviewing the responses of the child or young person to the actions of employees, relating this to trauma and



behavioural theory and reflecting on approaches that were helpful and unhelpful. Staff well-being was also monitored, reflective practice was used to help employees understand the underlying trauma that was influencing behaviour and individual self-care strategies were developed using motivational interviewing techniques. Meetings were facilitated by a supervisor and allied health professional. Young people also had the opportunity to participate in the meetings to reflect from their perspective on how things were going.

35. Over time, most of the children and young people would be ready to transition from individual rostered care. Some children were able to be moved to foster care or shared accommodation provided by other providers but other children stayed in the program long term due to other options not being available. We also recommended that some children (not related by blood) could be transitioned into shared housing, if their needs matched, it supported their learning goals and it was physically and psychologically safe for the children to live together. However, these recommendations were not actioned by the Department unless the child or young person was transitioning to adulthood and NDIS funding was available.

Funding

36. The special care package services provided by Possability were funded by the Department on a fixed price per week per child basis. There was a set amount that covered all costs associated with providing support to the child including food and leisure activities. Living expenses related to clothing, birthdays and pocket money were funded separately. Medical treatment was an additional cost that was covered by the Department as needed. At the establishment of the package and annually, a formal support proposal was developed that specified the costs covered in the contracted weekly fee and any additional costs, for example some children required 2:1 support due to complexity of behaviours or a history of allegations, specific activities for example a child needing equipment such as an iPad, swing or trampoline.



Departmental change in program delivery

37. In about 2017, the people within the Department who led the panel process progressively left the Department and, as a result, the panel process stopped operating. In 2019, the Department changed the way of funding special care packages from an agreed contract price to what was known as the 'material basics' funding program. The material basics funding program provided funding to cover only the basic rostered care services being provided to the children. There was no funding for the additional supervision and allied health supports that Possability put in place to support the child and direct support team. It was the minimum amount to fund food, activities, rent and rostered staff, and there was less flexibility in the services provided than what was funded under the previous special care packages. Under the material basics program, the Department's focus seemed to be on the budget bottom line, rather than what services were required to support each individual child.
38. Around December 2015, Possability started using the Health of the Nation Outcome Scales for Children and Adolescents (**HoNOSCA**) to look at the severity of the child's issues, and how those issues changed over time.
39. One of the concerns Possability had with the material basics funding program was that there was no determination of the level of severity of trauma or disability of the child, and the level of funding provided for the services for the child was not adjusted to address the severity or complexity of the child's needs. Under the material basics funding program all of the children received the same level of funding regardless of the severity of their disability. For example, Possability received the same funding to provide 24 hours support for a child who could attend school full time, as to provide support to a child who was more severely impacted who only attended school part time or not at all and required a rostered on support person to provide care and supervision when the child was not in school, or in case the school called to have the child picked up from school early.
40. Possability was advised that the daytime funding should provide funding flexibility by having a supervisor on shift at this time, as the majority of children did not attend school full time or at all, and they actually required support at these times and so. Possability was at a disadvantage compared to other



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providers who had children attending school. There was also the suggestion that, as a not-for-profit, Possability could cross-subsidise across its program offerings and fund other OOHC supports which were not directly funded by the Department, such as allied health and staff practice supervision.

41. Under the material basics funding program, Possability found that it could not provide the therapeutic support and a safe environment for children, young people and staff at the funding levels provided. Possability found it increasingly difficult to obtain financial and philosophical support from the Department for the provision of therapeutic support. As a result, Possability made a strategic decision to gradually exit this program. Prior to the change in 2019, Possability was providing services to approximately 35 children.
42. When the material basics program was introduced, several other providers were sought at this time by the Department. Specifically, the Commissioner for Children and Young People (**CCYP**) reported, "*Monitoring activities have identified that during the 2018 calendar year, ten other OOHC providers that were not on the Register also provided OOHC placements for children and young people who were in receipt of SCPs.*"¹ Attached to this statement and marked **NJC-02** is a copy of this report.
43. Possability also observed that, as it withdrew the therapeutic support because of this different funding model, there was an increase in serious incidents and people suffering workplace injuries. To address this issue, Possability stopped taking on referrals for new children, so they could focus resources to support to the children it was already providing care for.
44. The reason for Possability's decision to exit was the capacity to provide safe and therapeutic placements. The increases in incidents also had a significant impact on organisational costs as additional resources were required to attempt to restabilise placements that were not funded but were necessary for safety. The impact on the Work Health and Safety Insurance Premium for the organisation was significant and impacted the whole organisation, making this cost significantly higher than the cost factored in material basics. This made

¹ 'The Tasmanian Out-of-Home Care System and "Being Healthy" (Monitoring Report No. 1, Commissioner for Children and Young People Tasmania, October 2019) 25.



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the service financially unsustainable and was a risk to the sustainability of the wider organisation.

45. Once the remaining children no longer needed the support of Possability, due to transitioning to other less restrictive OOHC options or as they became adults, Possability transitioned existing staff to disability support programs, and the final young person who was receiving SCP funding transitioned from Possability on 1 November 2021. The only services Possability was left then performing was out of home care for children with disabilities that are not under the care of the Secretary, who obtained funding through the NDIS for the therapeutic support provided by Possability and receive some additional funding from the Department of Communities Tasmania Disability and Community Services.
46. Possability is also currently arranging support services for a young person who is moving from interstate where the child protection department from that other state has sought Possability to work with the young person under their care.

Standards and assessments applied to providers

47. At the time Possability was providing special care packages, the Department did not have standards or a particular therapeutic framework which was mandated for providers to adopt or by which the providers were assessed when providing OOHC. The Department did not conduct regular assessments of the providers and did not require providers to conduct their own self assessments. The Department left it to the individual providers to devise their own standards, and therapeutic framework, and conduct their own assessments. This was recognised in the CCYP report dated January 2017 entitled 'Children and Young People in Out of Home Care in Tasmania'. That report noted that, "... *in Tasmania... no requirement for organisations providing OOHC to be accredited or registered based on compliance with an agreed set of Standards.*"² Attached to this statement and marked **NJC-03** is a copy of this report.

² 'Children and Young People in Out of Home Care in Tasmania' (Commissioner for Children and Young People, January 2017) 17.



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48. To my knowledge, this practice has not changed and Tasmania may be the only State in Australia which does not have a locally developed set of applicable standards.
49. It is possible that when the Department commenced the special care package program, there were no standards because at the time it was relying on providers who were already engaged in the disability sector (particularly in Tasmania) and already had services agreements with the Tasmanian Government. It is also possible that the Department relied on the fact that the Tasmanian disability services were doing monitoring of providers in the sector, so they did not need to. However, when disability service providers moved across to the Commonwealth NDIS there was no longer any oversight at a state level.
50. While providing the special care packages, Possability took it upon itself to engage in an external review of its services to children and young people because it wanted to know whether the services provided to the children was the best service we could provide. It also allowed Possability and its staff to feel confident that the service being provided was a best practice service when compared to services nationally.
51. While children had an allocated Child Protection Worker and there was contact between this worker, the child or young person and staff around day to day issues such as medical appointments, family contact and pocket money, it was unusual for case workers employed by Possability to attend the accommodation where the child was living or to talk with the child without support staff present.

ACCREDITATION

52. As a provider of services to vulnerable children and young people, Possability made a decision to ensure we had the best possible evidence based safe guarding policies and procedures in place, and that an external accreditation was the best way to monitor and improve our performance in this area.
53. Possability first undertook "Safeguarding Children Accreditation" with the Australian Childhood Foundation in 2018. The most recent full audit was on 20



April 2021, with the next full audit due on 20 August 2024. Annual desk top reviews are also conducted.

RECRUITMENT AND TRAINING

54. Possability has made a strategic and philosophical commitment to be a child safe organisation, and its recruitment practices are in line with that commitment.
55. As part of the recruitment process, Possability conducts a range of checks on the person. There are initial standard checks for all employees, which include police checks and working with vulnerable people checks and now the NDIS approved working with vulnerable people registration. Possability takes a values based approach to recruitment identifying employees who align with the organisations. Possability's values are a key element of the Practice Framework.
56. The Department did not mandate any specific induction or training for staff providing OOHC services. Possability developed an induction and training program that was reviewed and updated overtime. Initially staff were trained through an induction to the organisation and attendance at three days of training in the Possability Practice Framework, which includes trauma informed support, positive behaviour support and non-aversive crisis management. Attached to this statement and marked **NJC-04** is a copy of the Possability Practice Framework for Out of Home Care.
57. Possability developed the Possability Practice Framework to combine aspects of trauma informed practices and multi-element behaviour support in order to develop a safe, sustainable environment in which therapeutic and relational approaches could be implemented while using multi element positive behaviour support approaches to provide structure and routines, develop alternative communication strategies and have safe non traumatising responses to crises.
58. Over time, online training with the Australian Childhood Foundation on Preventing and Responding to Abuse and Neglect, and a screening questionnaire to evaluate how the person had integrated the training and was able to apply it into responding to crisis situations, were included in the induction process.



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59. Practitioners employed by Possability have published their work in staff training related to behaviour support and non-aversive crisis management, including:
- (a) Nicola Crates and Matthew Spicer, 'Developing Behavioural Training Services to Meet Defined Standards within an Australian Statewide Disability Service System and the Associated Client Outcomes' (2012) 37(3) *Journal of Intellectual & Developmental Disability* 196;
 - (b) Matthew Spicer and Nicola Crates, 'Non-aversive Reactive Strategies for Reducing the Episodic Severity of Aggression' (2016) 6(1) *International Journal of Positive Behavioural Support* 35;
 - (c) Nicola Crates and Matthew Spicer, 'Reactive Strategies within a Positive Behavioral Support Framework for Reducing the Episodic Severity of Aggression' (2016) 6(1) *International Journal of Positive Behavioural Support* 24; and
 - (d) Matthew Spicer and Nicola Crates, 'Non-aversive Reactive Strategies (NARS) to Reduce the Episodic Severity of Aggression and to Reduce the Need for Restrictive Practices' in Robert Paul Liberman & Gary W LaVigna (eds), *New Directions in the Treatment of Aggressive Behavior for Persons with Mental and Developmental Disabilities* (Nova Science Publishers, 2016) 323.
60. After the induction training, the staff member completed a pre-screening questionnaire. That questionnaire set out a number of scenarios and asked the staff member to describe how they would respond to each scenario. The purpose of the questionnaire was to test two aspects. The questionnaire tested both the staff member's practical skills and their emotional response to the scenarios. Through this process, Possability screened whether the staff member adopted a therapeutic approach, and what that was, and that they did not revert to a typical consequence based parenting response. The questionnaire also tested whether the staff member had the resilience to deal with the work and not be traumatised, and that they had strategies to self-regulate and to practice co-regulation in order to calm the people around them. Possability would also use a staff member's responses to the questionnaire as a starting point to match suitable staff with children.



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61. Following the initial induction training, staff members would be coached and supervised through the regular team meetings, which I describe earlier in this statement.
62. The key elements for working successfully in this space were a high level of resilience and ability to remain calm, an ability to detach from verbal and physical aggression and understand this came from the person's trauma history, an ability to maintain hope and reset to a mind frame of: that was yesterday this is today, the ability to be physically active and playful, and a willingness to learn about the person, the thoughts and feelings of the person being supported and about themselves, and how this affected their responses to situations.
63. The rationale for avoiding aversive punishment based responses and physical contact during crises is that these approaches can re-traumatise a person with a trauma history.
64. Staff were supported to undertake certificate training but this was not a pre-requisite.
65. The Department did not have a routine process by which it reviewed the training provided by Possability to staff members who were engaged in OOHC and related support services. The times that the Department would consider the training provided by Possability was when an incident with a child occurred and the Department would then check whether there were appropriate training and checks and balances in place.
66. Our staff members completed, and continue to complete, the necessary reaccreditations for Safeguarding Children even though Possability currently cares for a very small number children. Possability still values this accreditation because children with disabilities are more vulnerable to grooming, exploitation and manipulation. The staff of Possability are trained and encouraged to develop relationships of trust with a child in their care, so a child feels safe to talk about things which are happening in their lives which make them feel uncomfortable or unsafe.



CHILD SEXUAL ABUSE IN OUT OF HOME CARE

Responding to allegations of child sexual abuse

67. Children with disabilities, in particular milder or moderate intellectual disabilities, are more vulnerable to child sexual abuse or exploitation. Children, particularly those with anxious attachment profiles, want people to engage with them and like them and, if they have a disability, are less able to be suspicious of other people or question relationships with them.
68. I am not aware of any substantiated allegations of child sexual abuse arising whilst children were in the care of Possability.
69. If an allegation is made, there is a clear expectation that the allegation will be reported and investigated according to the following documents: 03CLI-153 Preventing and Responding to Abuse, Neglect and Exploitation Policy, 03CLI-027MAN Child and Youth Services Policy and Procedures Manual, and 03CLI-178 Recognising Signs of Abuse and Neglect - Practice Guide and Support Services. A copy of these documents are attached to this statement and marked **NJC-05**, **NJC-06** and **NJC-07** respectively. The allegation is reported verbally and through the organisation's client records management system as a Serious Incident.
70. All allegations of any form of abuse, including unsubstantiated allegations of sexual abuse, are reported in a de-identified format to the Australian Childhood Foundation for a review of how they were responded to as part of their surveillance process for monitoring accreditation.
71. In relation to grooming, there have been occasions where staff members raised concerns when another staff member of Possability wanted to give a gift to a child, for example for their birthdays or at Christmas, or to replace broken items. In these circumstances, there would be a discussion at the staff meetings about the proposed gift. If the gift would be of benefit to the young person then the gift would be made by the organisation, rather than the individual staff member. This is a learning opportunity for the team to consider their professional responsibilities.
72. When Possability received reports of inappropriate behaviour, depending on the severity of the behaviour and whether it met a threshold to be considered a



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criminal matter, the report would be referred to the Police or the Department, and if the Police or the Department did not investigate, Possability would conduct its own in-house investigation. For example, if it was alleged a person yelled or swore at a child or young person, made a derogatory statement, didn't prepare a meal, or took away possessions, this would not meet the threshold for Police to investigate. The Department would be advised and typically Possability would investigate and take appropriate disciplinary action. Any allegations of physical or sexual abuse would be reported to Police and the Department. If Police did not investigate the matter then the Department would.

73. One difficulty Possability encountered when a report concerned its staff was getting confirmation from the Department that the investigation had been closed and a report on the outcome provided in order to finalise the matter industrially.
74. There was one instance, which is on the public record, of a Possability staff member being charged and convicted of assault of a young adult in disability care. The staff member used physical force to move a person to their room and to take their pyjamas off and put jeans on. This was not considered a sexual assault but rather the person asserting their authority in relation to the daily routine in an assaultive manner. The witnesses present did not report any sexual element to this incident. As soon as the report was received, the staff member was removed from the workplace and, when charges were laid, the person's employment was terminated. The victim was supported by familiar staff members and an advocate but was not able to give evidence due to the nature of their disability. Possability also interviewed all employees working in that team to ascertain if there were broader concerns involving other employees, but all concerns raised identified the one employee. Following this, the organisation also implemented Zero Tolerance training delivered by senior leaders educating employees about the importance of reporting less serious behaviours to ensure potentially abusive patterns of behaviour are identified early. There was ongoing liaison with Police to ensure the matter went to court and to ensure when the person was found guilty a conviction was recorded. Direct support staff attending court to give evidence were supported through the process by Senior Managers and the CEO.



Risk of child sexual exploitation

75. One of the areas of concern Possability had when it was providing OOHC services, was with young women between 14 to 18 years old who were in OOHC and would be picked up by friends, in some instances older men, in cars. Some of these young women were at a stage where they would not make safe decisions for themselves. Although the Department, Possability and Police worked collaboratively when this occurred, there is not a cross departmental standard or guidance for how government services and providers should work together to address this issue.
76. Possability would record registration numbers of cars and details about the people, and Police would then warn the friend who was picking up the young woman that the woman was underage and that they could be charged if they had sexual contact. There would have been two or three incidences when a young woman was picked up before Possability staff could collect the necessary information and the police could intervene with such a warning. The guidance to staff was covered in the Abduction Topic in 03CLI-027MAN Child and Youth Services Policy and Procedures Manual, which is attached to this statement as **NJC-06**. In this document, staff were advised to follow these instructions even when a young person left willingly with an unknown person.
77. I think the better way of addressing this issue would be to place these young women in a secure placement for a short period of time, and for the support team who had been working with the young women to continue to work with them during that short period with additional therapeutic supports in relation to safe decision making. To my knowledge, there was not, and there is not presently, an ability or a coordinated approach to placing young people at extreme risk into a secure placement.
78. I believe there should be a standard and coordinated response between the provider, the Department and the Police on how to step in and deal with situations when an at-risk child or young person is about to put themselves in unsafe situations. The only avenue a provider had was to call the local police station and hope the Police were able to prioritise the issue.
79. There have been times in Northwest Tasmania, when there were regular meetings between providers, Tasmania Police, the Department of Education,



Youth Justice Services and the Manager of Child Safety in relation to the young people in the area and how best to support them. However, I do not believe this led to a prioritised or a standardised approach to this issue being addressed.

RISKS OF SELF PLACING

80. I believe that the use of coercion and punishment towards a child in a placement tends to re-traumatise the child and make them leave placements, and be at greater risk to social networks which seek to exploit the child.
81. Possability was involved in instances where a child would self-place, that is, the child would leave a placement and decide for themselves where they would live, and this was permitted by child protection often due to the fact there was no way of physically stopping the child from leaving. This was happening particularly with older children typically around 13 to 14 onwards when they were either seeking or feeling ready to reconnect with family or trying to find a place to belong where people weren't paid to take care of them.
82. The difficulty was there was no assertive or coordinated outreach to the children who had self-placed. Possability did provide outreach services to some of those children but this service was outside the scope of services it had been engaged to do and was not always a safe option. By providing this service, Possability was able to monitor the safety and well-being of the child or young person, for example, helping them get their laundry done, providing food and checking in if anything had happened that made them feel unsafe, facilitate engagement in educational services and in some cases re-establish an accommodation placement at the young person's request when they realised the self-selected placement was not meeting their needs. At a local level, the leaders within the Department such as regional managers and the Child Safety Workers were supportive of outreach services being provided, but the Department did not put in place a centralised or coordinated approach to provide support to these children. This resulted in Possability having to negotiate on a case by case basis with the Department to provide outreach services. Within the Department, the personnel who considered outreach services were required for a child were separate from the people who had



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control of the budget for the services. This approach resulted in a varied approach to providing outreach services to children who had self-placed.

83. Possability did negotiate that funding be provided for outreach services for one particular young person. Those services involved staff of Possability checking in with her every day to see if she was clean, had clean clothes, had something to eat, and whether she was involved in risky behaviours or situations. Possability would then notify the Department if she was at risk, and this would be discussed with her by her child protection worker and mitigation strategies put in place. Eventually the young person came to Possability and asked for her placement to be re-activated, which Possability negotiated with the Department. That young person was quite distressed and disturbed when Possability started working with her, killing animals and setting fires, and at the end of our involvement, she was successfully living independently.

IMPROVING OUT OF HOME CARE SERVICES

Funding

84. A good OOHC service needs to be adequately funded. The funding needs to recognise the importance of funding therapeutic supports and supervision which are commonplace in other jurisdictions.
85. A lack of funding for these elements is the main reason Possability decided it was not safe to continue to provide special care packages to children. To improve funding, the Department should look at a needs based funding model that takes into account the complexity of the presenting issues and the number of placement breakdowns.

Better Service Model for Children

86. If funding was not an issue in this area, in a rostered care model there would be staffing levels which were adequate to meet the needs of the child or young person, and those staffing levels would be adjusted and flexible over time. The staffing levels may be one staff to one child, or it could be two staff to one child when necessary. It may also be a staff member sleeping over, or the staff member providing care throughout the night.



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87. It would be ideal if each child in OOHC had two case managers, a residential case manager and a Child Safety Officer. The Child Safety Officer would focus on the statutory requirements for the care of the child or young person, while the residential case manager would consider and ensure the proper on-going day to day care of the child.
88. There should also be an option for children and young people who are being significantly unsafe in their behaviours to themselves and others, to be placed in a safe and secure environment for a short period of time for intensive services to be put around the child for when they go back into the community. As described above, this was particularly an issue for young women who would make connections with older men, young people taking drugs or feeling pressured to abscond by family. If funding was not an issue, there could be a coordinated approach to keep these young people safe.

Therapeutic support

89. The position of Possability was, and remains to this day, that OOHC for children and young people with complex behavioural support needs, a history of placement breakdown and/or severe trauma should always involve therapeutic support. This therapeutic support should be in line with best practice guidelines, standards and models around Australia.
90. This would involve a provider having allied health staff and practitioners who would provide therapeutic models of care for the children and young people in OOHC. OOHC should not just be finding a child a bed. There should be services provided to assist the child or young person recover from their experiences of adversity. The Sanctuary model is one approach for organisations to implement a whole of organisation trauma informed approach to service delivery. Different models may suit different presentations for example Possability's Practice Framework, based on our evaluation of outcomes, achieved the best results when children started in the program under age 13. The older the child post 13 the less successful the outcome.
91. The child and adolescent mental health services as they are currently provided do not work well for children and young people in OOHC, particularly in regions where services are more appointment based. In my view, there needs to be



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specialist mental health services provided to children and young people in OOHC.

92. All stakeholders involved in the care of a child would agree to a therapeutic framework to be applied in support of the child, so all stakeholders were working in the same way, and to avoid points of tension. At times, Possability experienced pressure to include consequences and set limits when what was being described was punishment was known to lead to escalation.
93. Recently there has been a change in government strategy to focus on child wellbeing. However, a stronger focus needs to be maintained on supporting high needs and vulnerable children as those children have very poor outcomes throughout their lifetime if adequate support is not provided.
94. It is the experience of Possability that one on one placements led to quicker improvements in an 18 month to two year period. The child could then move to other options, such as foster care, family reunification or independent living. Transitions worked best when therapeutic supports and the relationships the child had made were maintained in some way. Co-ordinated plans need to be developed for children transitioning through placement so that all parties involved with the child know their roles and responsibilities in supporting the transition to minimise the trauma of changing placement.

Advocacy

95. The OOHC system within the Department is structured so that a different person is allocated at each stage of the process, and there is also a high level of staff turnover. The contact point for the child changes frequently and it is difficult for them to build a trusting relationship. A child in OOHC takes a long period of time to build relationships with people, so it would be preferable if there was more continuity with the people supporting the child.
96. In my view, every child in OOHC should have a person as an advocate who has on-going contact with the child, and is independent of child protection and service provision.



Support beyond 18 years of age

97. In my view, support should be provided for the children beyond 18 years of age. Children who have had poor education are commonly discharged from care at 18 years of age into poverty. In a supportive home environment, a child is supported beyond 18 years of age. The way Possability has been able to achieve support for children after 18 years of age is to ensure the child went into the NDIS if they have a disability.

Support for families with disabled children

98. Children with disabilities, in particular severe autism and profound intellectual disabilities, when they enter puberty grow very quickly and can become aggressive towards family members. The family can then become overwhelmed and it is necessary to move the child into accommodation.
99. Historically in Tasmania there has not been a systematic response to support these children into accommodation. The parents almost have to generate care and protection issues, or there needs to be a breakdown of the family to make this happen. There have been instances where children are put into unsafe or risky housing, say housing with older people or in respite care. Also, the various government services who are responsible for those children can be adversarial against each other and disagree about which service is responsible for what aspect of the care for the child.
100. When I worked in Victoria, I observed that the interface between the NDIS and Disability Services was supportive, there was a targeted system where specific case managers worked with the child and there was a set of principles between the NDIS and the Victorian Government about who would fund which bits of the placement. Disability services had funds to ensure the needs of the child were met, for example, it was not in the best interests of a child to change schools, the NDIS would only fund transport to the nearest suitable school, the state provided funds to travel to the school that best met the child's needs.
101. The process for a child obtaining NDIS funding is the same for in home and OOHHC. However, a departmental case manager may not know how to fill in the paperwork and present the child's needs in the paperwork required for NDIS funding. Also the case managers are very busy and may not have the



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time to get through all of the evidence and paperwork required for a NDIS funding application. Possability has offered assistance to case managers to complete NDIS funding applications.

102. In Victoria, when a disabled child has been put in accommodation in these circumstances, the families maintain contact with the child. The parents come to the accommodation several times a week and also take them for outings, and help them with their bath and put them to bed. There were also instances where the child would stay with their families one night a week, with support available on standby if things got difficult.

Support for children of indigenous descent and diverse backgrounds.

103. In my view, there should be expert support provided to children of indigenous descent. Similarly, there should be expert support provided for children from other diverse backgrounds, such as children who are LGBTI+ or speak a language other than English. Possability has always attempted to engage with relevant experts, link children to community programs and activities that support their cultural and sexual identity and to provide additional training and development. This is an area the department has supported through child specific funding.
104. I understand that South Australia has a Children's Commissioner for Aboriginal and Torres Strait Islanders, and that Commissioner has legislative powers in relation to decision making and oversight.

Social Improvements

105. The Government needs to support a better supply of safe and appropriate housing for children and young people. Housing should be appropriately funded for repair works because a child's distress can commonly manifest in damage to property. The child's dwelling should also be functional for the needs of the child, and their treatment. The child should also have the ability to participate in recreational activities. Consideration should also be given to adequately funding transport for the children and young people to allow them to participate socially and attend appointments.



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106. Investment in flexible education for children in OOHC is also required. Children in OOHC carry a lot of trauma and often do not function well in mainstream schools. There needs to be more options for these children to engage with learning, whether that is flexible schooling or having teachers employed in home based learning.
107. Foster carers also need to be supported more to prevent placement breakdowns. Access to therapeutic support services that can coach them in the same way direct support staff are coached and regular planned breaks with respite especially in long school holidays and leisure support with a mentoring component.

Standard values and approaches

108. The OOHC system should have a standard set of values and evidence based approaches for working with children and young people which is applied by the Department and all providers, and for there to be training on those standard values and approaches. There should be a common focus or central vision for out of home care which everyone is working towards.
109. I think the focus of the out of home service should be on the child. In OOHC, the child should feel safe, and be better off and recovering from what has happened to them. The framework and standards should then be developed around that central vision. Once these standards are set service providers should be accredited against these standards.

Monitoring of providers

110. To be a provider in the NDIS there is an intensive audit process conducted which looks at the policies and procedures of the provider and whether the policies and procedures are adhered to, and it looks at the staff induction and training. I believe it would be beneficial if a similar audit process was applied by the Department.
111. Recently the Department has had an external third party conduct reviews of the child and young people's placement and what the children were receiving. The reviewers had a set of objectives which they applied. However, those objectives did not line up with what Possability was contracted and funded to



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provide. This led to the program which Possability ran being criticised in reports for not delivering on objectives, which were not part of the agreement. It would be beneficial if the assessment objectives were in line with the contractual requirements.

112. I would also introduce outcome measurement to assess whether the support provided is helping the child to progress. For Possability was working with children it was using the HoNOSCA. Using this measure, Possability was able to measure severity of problems at the start of placement and progress in domains such as relationships with others, health and wellbeing, mental health and behaviour. This meant we could demonstrate on an objective measure that improvement was occurring and, if it wasn't, review the reasons for this and make adjustments.

I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at [REDACTED] Tasmania
on 10 June 2022

[REDACTED] ...

Nicola Jane Crates

Before me

[REDACTED]