People with Disability Australia (PWDA)

Royal Commission into Institutional Responses to Child Sexual Abuse

Consultation Paper: Institutional Responses to Child Sexual Abuse In Out of Home Care

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Submission

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About People with Disability Australia

People with Disability Australia Incorporated (PWDA) is a national disability rights and advocacy organisation of and for people with disability. We operate within the human rights framework and provide advice and information; individual, group and systemic advocacy; training and education; and a representative voice of people with disability in New South Wales, nationally and internationally. We were founded in 1980, in the lead up to the International Year of Disabled Persons (1981), to provide people with disability with a voice of our own. We have a fundamental commitment to self-help and self-representation for people with disability, by people with disability.

We have a vision of a socially just, accessible and inclusive community, in which the human rights, citizenship, contribution, potential and diversity of all people with disability are recognised, respected and celebrated. Our purpose is to be a leading disability rights, advocacy and representative organisation of and for all people with disability, which strives for the realisation of our vision of a socially just, accessible, and inclusive community.

We have a cross-disability focus – membership is open to people with all types of disability. Individuals with disability and organisations of people with disability are our primary voting membership. We also have a large associate membership of people and organisations committed to the disability rights movement. Our services are not limited to members; they are available to people with all types of disability and their associates. We are governed by a board of directors, drawn from our members across Australia, all of whom are people with disability. We employ professional staff to manage the organisation and operate our various projects. Many of our staff are also people with disability.

Introduction

In general in relation to Consultation Paper: Institutional Responses to Child Sexual Abuse in Out of Home Care, we must express concern that the Royal Commission has not fully investigated the situation of children with disability in out of home care; nor that the investigations that have occurred thus far are fully inclusive of the experiences of children with disability. This is reflected in numerous absences within the text, and we raise these to ensure that the Royal Commission is fully discharging its investigatory duties in relation to this cohort.

In order to situate our commentary, we provide opening remarks which first highlight the human rights context within which out of home care must be considered and addressed. We then turn to address some misconceptions and errors included in the text of the Consultation Paper in relation to children and adults with disability. Following this, we respond closely to the different sections of the Consultation Paper, responding to the issues and questions raised in the break-out boxes in the text.

Section 1: Opening remarks

International obligations

One of the key absences is that, even in the delineation of the various relevant Convention Conventions to which Australia is a signatory, the UN Convention on the Rights of Persons with Disabilities (CRPD) is not mentioned. We would point out to the Royal Commission that Australia ratified the CRPD in 2006, and it contains articles focussed on children, violence, family and living situation which are of relevance to the Royal Commission’s discussion of out of home care. The specific relevance of each article to the current topic is specified in the table below, along with reference to contemporary comment provided by the Committee on the Rights of Persons with Disabilities regarding Australia’s performance in relation to the articles.

UN CRPD Article	**Relevant observations about Australia made by the CRPD Committee, 2013**[1]	**Relevance to Out of Home Care**
Article 7 - Children with disabilities 1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. 2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration. 3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.	The Committee expressed concern that there is no national framework that outlines how the rights of children, including children with disability, are protected, promoted and monitored. The Committee recommended that Australia bolster its efforts to promote and protect the rights of children with disability. As part of this, the Committee stated that children with disability should be given avenues – through the establishment of policies and programs – to express their views on issues concerning them.	Children with disability are disproportionately represented in OOHC settings. There is also a high rate of unrecognised disability in these settings, due in part to the fact that definitions of disability differ across jurisdictions. Additionally, children in OOHC may receive care from multiple providers, meaning that children with disability are even less likely to get a diagnosis or have their support needs recognised or appropriately met. Caseworkers and other relevant OOHC personnel must understand the concept of disability, and the supports that they may need to provide to children with disability. In particular, caseworkers should be supporting children with disability to express their views and opinions regarding their placements, including where they live, with whom they live, and where they go to school.
Article 9 - Accessibility Appropriate measures should be taken to ensure people with disability have access on an equal basis with others, to enable people with disability to live independently and participate fully in all aspects of life. Access should be ensured.	The Committee was 'concerned at the level of compliance with accessibility standards and regulations in the State party', and recommended that resources be allocated to ensure that accessibility	The OOHC system must be fully accessible for children with disability. In particular, information about policies and procedures should be available in multiple alternative formats, to ensure that children with disability are able to access and understand it.

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[1] The observations on the following pages are all drawn from: Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013*), 10th sess, 118th mtg, UN Doc CRPD/C/AUS/CO/1 (21 October 2013). Available at: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsnzSGolKOaUX8SsM2PfxU7tjZ6g%2fxLBVYsYEv6iDyTXyNk%2bsAB%2fHgrVpAKHcEYTB%2b1t%2fH3HX1F%2f%2bo%2bk3O4KhxfhPoTQZ3LeS75n8PHidYHE3

In particular, 2. States Parties shall also take appropriate measures to: Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public; Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities; a. Provide training for stakeholders on accessibility issues facing persons with disabilities; b. Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms; c. Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public; d. Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information; e. Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; f. Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.	standards and requirements are established, met and monitored.	Of particular significance is the accessibility of OOHC complaints handling mechanisms. These must be fully transparent and accessible, to ensure that all children feel comfortable to come forward and make complaints where necessary. Children with disability should be included in the creation of Disability Inclusion Action Plans for various OOHC settings, in order to ensure the accessibility of physical environments, print and electronic information, and policies and procedures, as well as the attitudinal accessibility or support offered by OOHC staff and personnel.
Article 16 - Freedom from exploitation, violence and abuse 1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects. 2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support	‘The Committee is concerned at reports of high rates of violence perpetrated against women and girls living in institutions and other segregated settings’. The Committee recommended that Australia investigate the violence, exploitation and	Children with disability are often not believed with disclosing their experiences of violence, abuse and neglect. They face multiple barriers to disclosure, and further barriers to accessing justice processes. OOHC systems must have appropriate policies and procedures in place that support children with disability when they make allegations of violence or abuse.

for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive. 3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities. 4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs. 5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.	abuse occurring within these settings, and that it respond appropriately to the findings.	Rates of violence and abuse are often higher in segregated settings, in which children with disability are disproportionately located. These include specialist settings like respite services, day programs, disability services and special schools, among many others. Caseworkers and other OOHC personnel must be aware that children and young people with disability are at a much heightened risk of violence and abuse. Additionally, caseworkers and other OOHC personnel must be trained in how to identify and respond to violence and abuse experienced by children and young people with disability. In particular, they must be made aware of the various ways in which trauma responses can manifest, and the indicators of abuse that may be demonstrated by children with disability. The establishment of a national strategy to prevent child sexual abuse in OOHC must include direct consultation with children and young people with disability, and the ways in which this cohort can best be supported and protected from abuse. Trauma-informed therapeutic treatments should be established to support all children who may have experienced child sexual abuse in OOHC, especially where this trauma has resulted in psychological harm necessitating rehabilitation.
Article 19 - Living independently and being included in the community	‘The Committee is concerned	Children and young people with disability are more

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that: a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement; b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community; c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.	that despite the policy to close large residential centres, new initiatives replicate institutional living arrangements, and may persons with disabilities are still obliged to live in residential institutions in order to receive disability support'. The Committee recommended that sufficient resources must be allocated to ensure that people with disability can receive adequate support services to live in the community, wherever and with whomever they please.	likely to be removed to residential settings, rather than into kinship or foster care, sometimes in the name of therapeutic intervention. This is highly problematic. Segregation in institutions often has very detrimental effects, as these institutions rarely meet the emotional and developmental needs of children and young people. People with disability face high levels of violence and abuse in institutional settings. Often, children with disability are provided with OOHC in segregated, 'specialist' settings, despite the majority of Australian jurisdictions having deinstitutionalisation policies. Indeed, in some jurisdictions, policies and legislation differs for children and young people with disability, resulting in these individuals being segregated into institutional settings like group homes or nursing homes, in which they may be forced to live with adults. These settings are often closed off to external oversight mechanisms, which can mean that children and young people with disability have scarce, if any, opportunities to disclose experiences of abuse and neglect they may be experiencing in this setting. Regulation and oversight of these institutions must thus be improved to better prevent and respond to child sexual abuse. Furthermore, any screening processes or assessments made of children and young people in OOHC should be intently focused on the types of supports these individuals may require to

		participate fully in their communities.
Article 23 - Respect for home and the family 1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: a. The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized; b. The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided; c. Persons with disabilities, including children, retain their fertility on an equal basis with others. 2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities. 3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families. 4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests	The Committee did not raise explicit concerns or recommendations relating Article 23.	A lack of appropriate or sufficient support for families can contribute to children with disability being placed into OOHC. Additionally, studies have shown that children of parents with intellectual disability are over-represented in OOHC. This can be due to the lack of support or information provided to these parents, as well as the perceptions of child protection personnel about the capabilities of parents with disability.

of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents. 5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.		
Article 31 – Statistics and data collection 1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall: a. Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities; b. Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics. 2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights. 3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.	The Committee stated that there is limited disaggregated data available about people with disability, and thus recommended that nationally consistent data collection measures be developed, for the collection of data disaggregated by age, gender and disability. Additionally, 'the Committee regrets that the situation of children with disabilities is not reflected in data on the protection of children.'	There is insufficient and inaccurate data around disability more generally, but rates of disability in OOHC are not reflective of the real situation. The lack of data also stems from the failure to implement a social model of disability, and measure disability in this manner. Furthermore, each jurisdiction has a different definition of disability, which makes it difficult to compile nationally consistent data. For instance, a report by CREATE Foundation (2012) stated that estimates of the prevalence of children with disability in OOHC varied from 4% to 70%, depending on the data collection method.[2] Despite the National Framework for Protecting Australia's Children containing an action to ensure the disaggregation of data by disability through the Child Protection National Minimum Data Set, the Australian Institute for Health and Welfare continues to fail to report on the numbers of children with disability in out of home care.

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[2] CREATE Foundation, 2012. *Supporting children and young people with a disability living in out-of-home care in Australia: Literature Review*, CREATE Foundation. Available at: http://create.org.au/wp-content/uploads/2014/12/03.-CREATE-Research-Article_CYP-With-A-Disability-Living-in-OOHC_August-2012.pdf (page 4)

The impact of the lack of data

It is concerning that the Royal Commission has not yet given adequate attention to children with disability in out of home care specifically, especially in regard to their experiences of child sexual abuse. Children with disability are generally considered to be overrepresented in out of home care, which is unsurprising given that they are a) overrepresented as victims of violence and neglect;[3] b) require levels of disability support that are difficult to access;[4] and thus c) are overrepresented as subjects of voluntary relinquishment. It is a problem that investigations in relation to children (including children with disability) in out of home care identify the lack of data with respect to children with disability as an issue, yet frequently decline to make recommendations regarding its improvement.

This means that recommendations arising from these investigations are either targeted at 'children in general,' meaning that children with disability are effectively excluded from consideration to the extent that their needs differ; and/or the lack of data becomes an excuse to not address the issue. Despite numerous inquiries in relation to out of home care over the past two decades, children with disability continue to be overrepresented in out of home care, yet dramatically underrepresented in initiatives designed to ensure the safety of children in out of home care. Additionally, the lack of data means that any initiatives which have been implemented cannot be analysed for their impact on this cohort, despite their overrepresentation both in out of home care and in sexual abuse cases.

We are further concerned that this same approach may be taken by the Royal Commission. For example, the Royal Commission's examination of the implementation of recommendations from prior inquiries[5] neglected to examine the five key recommendations made in relation to children with disability in the second report of the Senate Inquiry into Children in Institutional Care, "Protecting Vulnerable Children: A National Challenge" in 2005.[6] This reflects an ongoing neglect of the situation of children with disability in the area of out of home care, despite the numerous policy initiatives designed to improve this part of the service system.

Indicators of prevalence

There is minimal data regarding the overrepresentation of children with disability in substantiated sexual abuse cases in out of home care. However, what does exist demonstrates that this cohort experience sexual abuse at much higher rates than other children. The NSW Ombudsman recently released data demonstrating that although children with disability are thought to represent approximately 12% of children in out of home care (estimate from the Department of Family and Community Services, and subject to the above critique), 36% of closed notifications from the out of home care sector involve a child with disability or additional support needs. Additionally, children with disability represent approximately 24% of the sexual offence reports made to the NSW Ombudsman, which is a strong overrepresentation.[7]

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[3] Robinson, S. 2012. 'Enabling and Protecting: proactive approaches to addressing the abuse and neglect of children and young people with disability', *Children With Disability Australia.* Available at: http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1111&context=ccyp_pubs S Robinson, "Enabling and Protecting:"

[4] NDIS reports regarding lack of disability support/ABS on lack of disability support

[5] Parenting Research Centre, 2015. 'Implementation of recommendations arising from previous inquiries of relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse', *Parenting Research Centre.* Available at: http://childabuseroyalcommission.gov.au/getattachment/d4979671-c493-46af-a989-d4a646b7cbcd/Implementation-of-recommendations-arising-from-pre

[6] Available at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/inst_care/report2/index

[7] Available at: https://www.ombo.nsw.gov.au/__data/assets/pdf_file/0017/31760/Disability-Forum-slides-1April.pdf
https://www.ombo.nsw.gov.au/__data/assets/pdf_file/0017/31760/Disability-Forum-slides-1April.pdf

If this prevalence is reflected across all jurisdictions (and there is no evidence to suggest that NSW is unique in this regard), it indicates a substantial problem that must be specifically addressed.

Children of parents with disability and Child Protection

The Consultation Paper suggests that children are removed from parents only where there is substantial evidence of child neglect or mistreatment.[8] This is not the case in relation to children of parents with disability, who are overrepresented in child protection cases.[9] There is a growing body of evidence to suggest that children of parents with disability are a) more likely to be brought to the attention of the child protection system due to discriminatory perceptions of their parenting capacity by social services;[10] b) are more likely to be understood to be inadequate as parents often due to discriminatory perceptions of their 'independence' or need for support;[11] and c) often have children removed prior to other strategies such as parenting support even being attempted.[12] These forms of discrimination mean that many children are removed from parents who are quite capable of parenting (perhaps requiring some support) as a first rather than a last resort.

We draw the attention of the Royal Commission to Recommendation 23 of the Senate Inquiry into Out of Home Care in relation to these issues, noting that it has not been implemented in the Third Action Plan of the National Framework for Protecting Australia's Children:

The committee recommends that COAG include in the third action plan (2015-2018) of the National Framework a project to develop and implement a nationally consistent family support framework addressing:

- *universal services targeted at improving the wellbeing of all children and young people;*
- *secondary interventions to support children and families at risk of child protection interventions;*
- *respite services and 'shared cared' models of support aimed at family preservation;*
- *evidence-based evaluations of family support services to determine best practice models; and*
- *equitable funding models for family support services.*

The committee further recommends that this family support framework should consider the specific needs of Aboriginal and Torres Strait Islander communities, families and children with disability and CALD communities.[13]

PWDA endorses this recommendation.

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[8] Page 22 of the consultation paper P. 22

[9] 'In NSW, Ms Marissa Sandler from the Intellectual Disability Rights Service (IDRS) told the committee that families with an intellectual disability make up just one to two per cent of all families with children aged 0–17, but account for around nine per cent of child protection cases before the NSW Family Court.' Senate Community Affairs Committee, 2015, 'Senate Inquiry into Out of Home Care,' available at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Report (page 77)

[10] This includes, for example, 'checks' being performed by hospitals while mothers with disability are in recovery from childbirth. See also Corrigan, N. R. 2015, 'What makes someone fit to parent?', *Daily Life.* Available at http://www.dailylife.com.au/life-and-love/parenting-and-families/what-makes-someone-fit-to-parent-20151216-glosp9.html

[11] Carter, B. 2015, 'Rebuilding the village: Supporting families where a parent has a disability', *Office of the Public Advocate Victoria*. Available at: http://www.publicadvocate.vic.gov.au/our-services/publications-forms/research-reports/social-inclusion/parents-with-disability/327-rebuilding-the-village-supporting-families-where-a-parent-has-a-disability OPA Vic two reports

[12] For more information, see: Intellectual Disability Rights Service, 2014. 'Assessment of parents with intellectual disability', IDRS. Available at: http://idrs.org.au/makingsense/lawyers/assessment-of-parents-with-intellectual-disability/ IDRS work on this topic.

[13] Senate Inquiry into Out of Home Care, 2015. op cit., pages xxi-xxii

‘Voluntary’ Out of Home Care

On page 22, the Consultation paper comments that the Royal Commission has not examined voluntary out of home care in detail, but offers no justification for this exclusion. In light of the concerns raised above regarding the overrepresentation of children with disability in sexual abuse reports in out of home care, this is particularly concerning. We expect that voluntary out of home care should be a core consideration of the Royal Commission given its Terms of Reference.

This exclusion is also concerning because these forms of out of home care are already excluded from a range of forms of oversight. For example, the Child Protection Australia reports exclude the locations associated with voluntary out of home care from their data collection.[14] Similarly, the NSW Ombudsman has not thus far understood itself to be responsible for these forms of care (excepting ongoing residential placements) and despite the recent movement towards the inclusion of camps and respite care, for example, voluntary out of home care has not yet been discussed for inclusion.[15]

This absence is also concerning because this is one area where careful design of the National Disability Insurance Scheme (NDIS) could assist in providing protections to children. Many relinquishments occur due to a lack of services provided to children with disability, which means that these supports are usually provided informally (that is, by family members or friends). Combining these informal responsibilities with other formal roles such as employment can be difficult, a factor which has been raised in support of the NDIS. We would commend to the attention of the Royal Commission a recommendation made by the Senate Inquiry into Out of Home Care (2015):

The committee recommends that the National Disability Insurance Agency (NDIA) review the adequacy and availability of funding for children with disability at National Disability Insurance Scheme (NDIS) trial sites, including:

- *early intervention funding to support children with disability remaining at home in the care of their parents; and*
- *case management support for children with disability and families with disability to access family support services to assist children remaining at home in the care of their parents.*[16]

Voluntary OOHC should be a core consideration of the Royal Commission, and we encourage the Royal Commission to amend this gap in their investigations ahead of recommendations being made in this area.

Where are children with disability located in the out of home care sector?

The Royal Commission does not appear to have identified where children with disability are more likely to be situated in the out of home care sector, between the different forms of out of home care. Children with disability may be relinquished due to a need for disability support provision exceeding that which their family were able to provide. We would suggest that it is unlikely that they would in turn be placed in foster or kinship/relative care settings. Additionally, there is a broader tendency to segregate and/or institutionalise people with disability, so it is very probable that children with disability are more likely to live in residential care facilities.

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[14] Ref to p. 22 ? or to CPA reports, available at: http://www.aihw.gov.au/child-protection-publications/ Ref to p. 22

[15] NSW Ombudsman (2016) ‘Strengthening the oversight of workplace child abuse allegations: A special report under section 31 of the *Ombudsman Act 1974*’ tabled in NSW Parliament 17 February 2016, available at: https://www.ombo.nsw.gov.au/news-and-publications/news/strengthening-the-oversight-of-workplace-child-abuse-allegations

[16] Senate Inquiry into Out of Home Care, 2015. op cit., page xxiv

The failure to consider how children with disability may wind up overrepresented in residential settings rather than in home-like settings, due to the same lack of availability of access to services which leads families to voluntary relinquishment, ought to be addressed. It is clear from the research that residential settings tend to be more institutionalised, separating children from existing support networks and frequently exposing them to workplace cultures which are far from ideal. These issues have been raised in relation to segregation in our Submission to the Child Safe Institutions Issues Paper, and in a 'key policy issues' letter submitted to the Royal Commission.[17]

Section 2: Identifying and responding to child sexual exploitation and child-to-child sexual abuse

Child sexual exploitation

In relation to child sexual exploitation, we would encourage the Royal Commission to be mindful of some of the difficulties relating to children leaving or being 'missing' from a particular placement. It is important to recognise that in some circumstances, seeking a way to escape a care setting is one of the only ways a child has for expressing protest or dissatisfaction with being there. This may be for a variety of reasons, both innocent – such as missing friends that they have moved away from – and problematic – such as the presence of a perpetrator within a care setting. It is important that both workers in out of home care and police are mindful of the multiple causes of children 'running away' from an out of home care setting, and can respond in ways which do not alienate the child.

Child-to-child sexual abuse

We would encourage the Royal Commission to ensure that any enhancement of policies, procedures and practices, data collection and knowledge of child-to-child sexual abuse in out of home care includes adequate discussion of children with disability. Children with disability are frequently denied any sexual behaviours, denied support to learn about sexuality and/or denied even basic, mainstream sex education.

This can mean that ordinary sexual behaviours become understood as potentially harmful when a child with disability performs them. Additionally, it can mean that sexually harmful behaviours are engaged in without any awareness on the part of the child that they are problematic, due to a lack of education. Intervention in such a circumstance is obviously essential, but education rather than 'treatment' may be required.

It is important, then, that workers and/or foster families be equipped to tell the difference between ordinary sexual behaviours and harmful sexual behaviours between children, both in terms of response and in data collection.

It is also important that those working with children who have been sexually abused and/or are manifesting sexually harmful behaviours are properly resourced and supported to do so. They must also be aware of the needs of children with disability. The expert advice and assistance recommended for foster carers and kinship/relative carers should include advice and support regarding children with disability.

Finally, treatment programs which are not designed for children with disability or with them in mind

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[17] Available at: http://rcsupport.pwd.org.au/images/docs/PWDA-Response-Issues-Paper.pdf

may be inaccessible for them, making them useless at best and harmful at worst. Additionally, counsellors and psychologists in this area are also not always skilled in working with children with disability. We suggest that this be a core element in assessing the adequacy and sufficiency of treatment responses across Australia.

Section 3: Improving the quality of data on child sexual abuse in OOHC

Royal Commission proposed data model

1. *All allegations of sexual abuse concerning children in all forms of OOHC should be extractable as a unit record data file with a unique identifier for each child.*
2. *For each allegation of sexual abuse, data should be recorded in fixed-response fields that describe:*
    - *the date of the incident*
    - *the date of the report*
    - *the location where the incident took place*
    - *the relationship of the perpetrator to the victim.*
3. *Each allegation should include demographic descriptors for the child and the perpetrator, including:*
    - *disability (including the type of impairment)*
    - *mental health*
    - *Aboriginal or Torres Strait Islander background*
    - *culturally and linguistically diverse background.*
4. *Data should be disaggregated by placement type.*
5. *Data should be used to monitor treatment and support provided, and life outcomes.*
6. *Data should include police reports, and outcomes of criminal and civil justice responses.*

PWDA supports the data model proposed by the Royal Commission.

We would note, however, that recommending this data model in relation to children sexually abused in out of home care without addressing the adequacy of data in relation to children in out of home care is addressing only one part of the problem. If this model is implemented without improvement of current data collection about children in out of home care generally, then prevalence of child sexual abuse against specific demographic descriptors will not be able to be tracked. This means, for example, that while we might know the number of children with disability sexually abused in out of home care, we will be unable to present this as a percentage of children with disability in out of home care and thus unable to calculate true prevalence.

We would agree with the Royal Commission’s finding that existing evidence regarding the overrepresentation of children with disability in out of home care is lacking. This is not a new finding, however, and the ongoing failure to address the lack of data in this sphere is alarming. The National Framework for Protecting Australia’s Children, in one of its few actions regarding children with disability, sought improvement of the Child Protection National Minimum Data Set to be undertaken by the Australia Institute of Health and Welfare (AIHW), in order to be able to collect demographic information about children in out of home care, including disability. Of the demographic disaggregations sought by the National Framework’s Third Action Plan, only disability has proven to be out of reach. This means that we still do not know how many children with disability live in out of home care.

Some of the difficulty that AIHW has had in providing this data appear to be:

- Some children with disability in out of home care reside in disability services
- Disability is defined differently across various jurisdictions, impeding comparability
- Case workers in child protection may not fill in all elements of forms, neglecting disability information.

Whilst recognising that these are indeed problems with this data, all of them can be fairly easily addressed.

Additionally, as has been communicated by us to the Royal Commission previously, there are problems regarding the expertise of child protection agencies in recognising disability, problems with the definitions of disability used in different jurisdictions, and a general unwillingness to recognise that trauma may give rise to mental illness which can in turn result in psychosocial disability. Additionally, there can be a perverse incentive for child protection workers *not* to recognise disability, as identification of disability can mean that disability services are called in to provide care, which can lead to increased exposure to ableist stigma, and to removal of a child from their existing support network.

We would point out that in the report arising from the recent Senate Inquiry into Out of Home Care, this issue regarding data was also addressed:

The committee recommends that the Australian Institute of Health and Welfare (AIHW) work with states and territories to address data gaps in Child Protection National Minimum Data Set (CP NMDS) and other data sets of children in out-of-home care regarding:

- children and young people with disability;
- children and young people from culturally and linguistically diverse backgrounds;
- relationship between children and young people and their kinship carers;
- role of permanency planning and permanent care placements for children and young people;
- data collected by community service organisations; and
- how outcomes for children and young people in out-of-home care compare with the general population.[18]

We would observe that making adequate policy without evidence is highly problematic. The limited data we do have about the prevalence of disability amongst children in out of home care indicates that they are substantially overrepresented. In 2014, Anglicare Victoria found that 63.2% of children in out of home care experienced chronic health problems or disabilities. [19] This makes children with disability a majority of the children in out of home care. Further reinforcing this observation is that nearly two-thirds of children and young people living in out of home care had mental health diagnoses (giving rise to psychosocial disability).[20]

Additionally, the NSW Ombudsman data drawn from the Reportable Conduct Scheme referenced above indicates that children with disability are overrepresented in reportable conduct incidents in out of home care, including reports of sexual abuse. Together, this demonstrates that in order to

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[18] Senate Inquiry into Out of Home Care, 2015. op cit., page xvii

[19] Anglicare Victoria, 2014. ‘Children in Care Report Card’, Report No. 2, p. 3 Available at: http://www.aph.gov.au/DocumentStore.ashx?id=222758a7-181f-42e5-a02f-6daf8e787241&subId=304200

[20] N Milburn, Royal Children's Hospital Mental Health Service (2005), ‘Protected and respected: Addressing the needs of the child in out of home care: the Stargate early intervention program for children andadn young people in out of home care’care, Royal Children's Hospital Mental Health Service.

successfully address child sexual abuse in out of home care, it is essential to prioritise the needs of children with disability.

As the Anglicare Victoria report observes, without support, disability:

> *can lead to disadvantage across multiple domains of life, over and above that experienced as a result of their engagement in the child protection system. Whilst chronic health conditions and disabilities are likely to pre-exist in children and young people entering care, their impacts can be exacerbated, and treatment can become disrupted, in the context of multiple placement changes and placement instability. Health concerns and disability can also increase children and young people's susceptibility to other health issues, and can have a negative impact on school attendance and participation, self-esteem and confidence in social settings.*[21]

We would add that these factors also seriously impact on children's safety from child sexual abuse.

- **PWDA recommends that the Royal Commission support the above recommendations of the Senate Inquiry.**

- **PWDA recommends that the Royal Commission commission all existing data regarding children with disability in out of home care to inform policy in relation to children in out of home care who are at risk of sexual abuse.**

- **PWDA recommends that the Royal Commission ensure that all aspects of its recommendations in relation to out of home care involve adequate consideration of disability, disability support needs, and the rights of children as children with disability.**

Section 4: Improving regulation and oversight to better prevent and respond to child sexual abuse in OOHC

PWDA supports the proposal of regulation and oversight of OOHC in each jurisdiction, including accreditation of OOHC service providers, authorisation of carers and broader oversight of the OOHC system. However, we would recommend that in relation to each of the regulation and oversight aspects, the overrepresentation of children with disability be reflected in designing each element. This has not been adequately considered in the past, and has left a substantial gap in policy development.

For example, the National Standards for Out-of-Home Care document, in all 32 pages, contains a single mention of children with disability with the vague and potentially problematic claim that 'Children and young people with a disability who have experienced abuse and neglect will require specialised, highly skilled and well-supported out-of-home care.'[22] This claim is problematic because it supports the tendency to provide separate, often segregated services for children and adults with disability which isolates them from their community, rather than ensuring their inclusion and providing additional supports as required. This mention is not even included in the Standards themselves, despite the numerous observations made regarding the particular problems for children with disability in out of

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[21] Anglicare Victoria's Children in Care Report Card 2014 Anglicare Victoria, Children in Care Report Card, Report No. 2, 2014, p. 3

[22] Department of Families, Housing, Community Services and Indigenous Affairs, 2011. 'An outline of National Standards for out-of-home care: A Priority Project under the National Framework for Protecting Australia's Children 2009-2020' *Commonwealth of Australia* (page 4). Available at: https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf

home care in the report designed to support the Standards.[23]

- **PWDA recommends that the accreditation process refer to a more robust nationally consistent standard which contains a specific and meaningful focus on children with disability.**

- **PWDA recommends that all carers are supported to develop their recognition of and response to disability, including awareness of the heightened risks of violence faced by children with disability, and that this be a key part of their assessment and authorisation.**

- **PWDA recommends that the core oversight functions conducted by an external body include adequate and meaningful disability expertise across all oversight elements (that is, it is inadequate to simply appoint a single staff member to represent disability expertise).**

In relation to a Reportable Conduct Scheme, we have made a separate submission which is attached to this submission for your information.

Section 5: Potential improvements in information sharing to better protect children in OOHC

PWDA broadly supports an increase in information sharing, but would like to raise the following concerns.

Children with disability still experience significant discrimination in relation to their disability, and should be permitted to withhold information regarding their impairments. This should not be considered problematic; nor should disclosure of their disability be the condition for access to supports including communication supports, psychological supports and so on. The necessity of disclosing impairments should be explicitly considered, as in many circumstances, their disclosure will be unnecessary, and support arrangements can be made without sharing this information. This should be a key consideration of any information-sharing protocols.

Sharing information regarding a history of harmful sexual behaviour (or the suspicion of this) should be managed very carefully as this information can stigmatise and isolate children and render them at risk of inappropriate repercussions. This is especially the case for children with disability, particularly intellectual disability, who may be assumed to either be asexual or hypersexual.

Section 6: Applying the child safe elements to the OOHC sector

PWDA believes that the development of the child safe elements is important, but should explicitly provide guidance around disability (and other factors such as Aboriginal and Torres Strait Islander background, a diverse cultural and linguistic background, gender, and age) in relation to each element. Without this explicit guidance, organisations including out of home care settings, have historically made decisions and choices based on ‘general awareness’ or ableist stereotypes, and these settings have placed children with disability at risk as a result.

To support the Royal Commission in its investigations in this space, we below outline how disability

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[23] Available at: https://www.dss.gov.au/sites/default/files/documents/final_report_nsfohc_kpmg.pdf
https://www.dss.gov.au/sites/default/files/documents/final_report_nsfohc_kpmg.pdf

affects each of the child safe elements with specific reference to out of home care. PWDA recommends that these elements be written into funding contracts, audits and assessments (including of foster carers), and that they should be binding.

Child Safe Organisation Element	**Disability and Out of Home Care**
Organisational leadership, governance and culture	The significance of accessibility, inclusivity and support for children with disability must be disseminated through OOHC from the top down. Boards of governance and senior management must explicitly outline the supports available to this cohort, and must have a thorough understanding of the various ways in which children with disability are made more vulnerable in institutional settings. This would allow them to better protect children with disability. Leadership must also be responsive to the needs of children with disability, and must clearly articulate how the organisation is to support these individuals, through policies, procedures and practices. Boards of governance should provide oversight to the organisation, especially in relation to child protection and ensuring that swift and appropriate action is taken when complaints are made.
Human resources management	Robust screening processes, designed to ensure only appropriate people work with children, are important in ensuring known perpetrators or risky individuals are unable to obtain work with children. However, these processes do not work for perpetrators who have not been convicted, or even suspected of child sexual abuse. These individuals may have worked in aged care or disability services, and may have left these sectors without formal allegations or convictions being made against them. This is often facilitated by the countless barriers to reporting, and barriers to justice faced by people with disability. If people with disability do not receive accessible and adequate support to make reports or engage with criminal justice processes, perpetrators may be free to move on to another institution without blemishes on their record. As such, screening processes must involve significant reference checks and cross-jurisdictional police checks. This would be enabled by increased information sharing across agencies and sectors, encouraging aged care, disability, child care and OOHC sectors to communicate effectively to ensure child safety.
Child safe policies and procedures	Transparency and accountability are important elements of ensuring policies and procedures are safe for children with disability. Policies and procedures should be publicly available in multiple accessible formats. Children should feel able to engage in an open dialogue about policies and procedures, and should be encouraged to make complaints if they feel that policies and procedures are not being implemented or followed appropriately. This also requires all children to be aware of external oversight mechanisms and the various avenues through which they could make a complaint, about their caseworker, other OOHC staff or their carer.
Education and training	Ongoing education must be provided to all OOHC staff, including training in disability awareness, trauma-informed care and child protection complaint handling processes. This training should be revisited regularly through professional development and performance evaluations. Carers should also receive this training and assistance regarding how to support children with disability. Indeed, it should be mandatory for all foster carers and kinship/relative carers to receive these forms of training.
Children’s participation and	As outlined by the CRPD and the Convention on the Rights of the Child, children with disability have the right to be involved in decisions and processes that will

empowerment	impact them. This should include being consulted on policies and processes within OOHC. Children with disability should also receive adequate and accessible information about any decisions that will affect their lives, such as changes to caseworkers or support providers, or what school they attend, and should be supported to actively participate in making these decisions and choices.
Family and community involvement	Children with disability and children of parents with disability should only become involved with OOHC as a last resort. Families must be adequately supported to care for and support children with disability. However, where this is not possible, children with disability must not be automatically placed in residential care arrangements. Sincere efforts must be made to place children with disability in foster or kinship/relative care placements, to ensure they are able to maintain positive connections with their family and natural support networks.
The organisation's physical and online environment	Physical and online environments should be made accessible to all children with disability. However, this must not translate to children with disability being isolated in segregated environments. There should be sufficient oversight mechanisms within these environments, and children with disability should be able (and supported) to make complaints about these environments where necessary.
Review and continuous improvement of policies and processes	Children with disability must be involved in organisational audits and/or evaluations to ensure that the OOHC system is responsive to their needs. This could involve consultative focus groups, in which a number of children with various impairments are able to give comprehensive feedback to the organisation. This feedback should in turn be provided to boards of governance and senior management, to ensure that the evaluation provided by this cohort is prioritised from the top down.
Child focussed complaint processes	Children with disability must have access to all information about complaint handling policies and processes. These policies and processes must be accessible and inclusive, to ensure children with disability feel comfortable enough to make a complaint. This involves providing information about the complaint policies and processes in Easy English and Pictorial formats, in PDF and non-PDF formats (to facilitate the use of screen-readers) and in Auslan, Braille and other alternative formats. Please see PWDA's submission to the Best Practice Principles in Responding to Complaints of Child Sexual Abuse in Institutional Contexts consultation paper for further information.

Section 7: A national strategy to prevent child sexual abuse in OOHC

PWDA agrees that a national strategy on child sexual abuse prevention education for children in out of home care is required. This should be conceptualised to intersect with other forms of violence prevention education currently developing across Australia. Whilst there will be distinct areas, the different strategies should seek to build on each other as far as possible.

The awareness-raising campaign described at element 1 should, however, be directed towards child protection workers also, and should impact on child protection policy development. Too many children are removed from families only to be exposed to far greater harms in out of home care. This is especially concerning given the information provided above regarding the removal of children from parents with disability.

In relation to element 2, it is extremely important that this entire package be trauma-informed. It should also be fully accessible to all children with disability, including children who have complex communication needs, intellectual disability, sensory impairments and psychosocial disability. Whilst we support element 3, it is important that children with disability are included in educational opportunities available to other children. In many circumstances, shared education can lead to protective relationships. Similarly, while element 4 is important, we would suggest that there must be inclusion of material on same-sex attracted children and young people across all education conceived of in this strategy.

With respect to element 5, we would emphasise the importance of highlighting to out of home care carers the heightened risk experienced by particular groups of children, and the extra barriers they may face in disclosing. It is important that all the skills that carers may be developing through this training are also useable in relation to a diversity of children, including children with disability.

An awareness of protective strategies is also important. It is especially important that carers understand that cutting children off from their relationships, networks and communities – even with a protective intent – is likely to put them at greater risk. When there are multiple people in a child's life, a perpetrator is likely to decide not to take the risk. This is poorly recognised, especially in relation to children with disability who frequently wind up isolated and thus at higher risk due to carers' anxieties about their vulnerability.

PWDA also supports the revision and redevelopment of these elements at appropriate intervals, especially given the developments across Australia in the violence prevention space.

Section 8: Improving support for children and young people

Establish a nationally consistent therapeutic framework for OOHC service delivery

PWDA supports the development of a disability-inclusive nationally consistent therapeutic framework for out of home care service delivery. The suggestion of longitudinal research in this regard is extremely valuable, especially to provide an ongoing evidence base to ground improvements in policy and practice, and to track changes over time. This must, however, be fully inclusive: a therapeutic framework must be inclusive of the kinds of therapies and support that children with disability require. This in turn may ensure that other, intersecting elements of the service sector such as the National Disability Insurance Agency, can ensure appropriate supports and therapies are being provided (for).

PWDA recommends that the Royal Commission support the recommendation made by the Senate Inquiry into Out of Home Care in relation to improving support for children and young people with disability:

The committee recommends that COAG include in the third action plan (2015-2018) of the National Framework a project to develop and implement a nationally consistent approach to integrating child protection and disability services to ensure children are screened for disability and complex health needs (such as FASD) and referred to appropriate services, and have access to disability services throughout their time in care. [24]

We would also note that this recommendation has not been implemented in the third action plan of the National Framework. PWDA would particularly point out that this recommendation diverges from the comment regarding disability in the National Standards. The recommendation speaks to the availability of adequate support services wherever a child is in care, where the National Standards implicitly accepts the segregation of children with disability into specialised forms of out of home care.

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[24] Senate Inquiry into Out of Home Care, 2015. op cit., page ixx

Expand trauma-informed therapeutic treatment and advocacy and support services

PWDA supports children in out of home care having independent access to trauma informed advocacy and support services. It is especially positive that the Royal Commission is drawing attention to the need for therapeutic treatment and advocacy and support that had due regard to ability and disability, including across rural and remote areas.

The recommended systematic training for carers and practitioners should include training in relation to recognising and responding to the diverse needs of children with disability. Building this awareness of disability across supervision and support is also essential to ensure it is meaningfully embedded in individual and organisational practice. We refer the Royal Commission to our detailed previous submission on advocacy, therapy and support for more general comment on the needs that children with disability sexually abused in out of home care may have.

Enhance placement stability and reduce the number of 'strangers' in a child's life by increasing the availability of placement options – including professional carer models

The enhancement of a range of placement options is important to reducing the number of 'strangers' in a child's life and increasing the stablility. However, we strongly recommend that as these placements are developed and expanded, the risks of segregated settings be avoided, especially for children with disability. Segregated settings – that is, settings designed specifically for children with disability – are in breach of UNCRPD Article 19, as demonstrated above.

PWDA is thus alarmed by the suggestion of residential therapeutic options designed especially for children with disability or with complex needs. Reproducing de facto disability institutions in Australia is a retrograde move in clear violation of Australia's human rights obligations. Additionally, in most jurisdictions there has been a decisive move away from housing children in out of home care in disability-specific residential settings, in recognition of this being developmentally inappropriate. Children should not be forced into segregated settings solely in order to access the supports they need. They should be provided to them wherever they live

These kinds of settings are precisely those in which children with disability have historically been at highest risk of being sexually abused, as demonstrated, for example, in the St Ann's case[25]. They have been demonstrated to be counter-productive, in the sense that they frequently diminish rather than enhance meaningful outcomes for children. They also to place children at risk of sexual abuse. They do this in a number of ways: segregation often leads to community standards of behaviour *not* being applied in the particular setting; it tends to isolate the children living within them, giving them fewer positive networks to disclose to; and it removes strong and everyday forms of community oversight. We strongly recommend the Royal Commission reconsider this recommendation.

All children deserve a family and a home, and ensuring settings that approximate familial life is important. Having a family-like home is also important in supporting positive therapeutic outcomes. In support of this, we would recommend a focus on the in-home care model in a child's existing home, particularly where a child is at risk of being relinquished by parents due to a lack of access to adequate supports, or within a foster family or other care model with a mixture of children with and without disability housed within it. In-home care, whether in a foster setting or within the family, ensures that children with disability have an ordinary family life, with the supports they need also available as required. This would also likely go a long way to ensuring that families are supported adequately to

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[25] Case study 9. https://www.childabuseroyalcommission.gov.au/getattachment/7563668a-3133-48b0-ac06-f26ec3b4d541/Report-of-Case-Study-No-9

avoid unnecessary relinquishment.

We would note that there is likely to be some cross-over here between the therapeutic supports envisaged by the Royal Commission and those that could potentially be funded by the National Disability Insurance Scheme. It is highly unlikely that the NDIS will ever fund all therapeutic supports required by children in out of home care (for reasons to do with eligibility limitations, amongst other factors). In this regard, it is important that alternative sources of funding are found, so that there is no cost-shifting into the NDIS.

Provide better workforce planning and development for residential care staff

PWDA supports the Royal Commission's suggestions regarding the professionalization and capacity-building of the residential carer workforce, and would highlight especially the need for training, supervision and accreditation in relation to disability awareness and competence. Currently there is low awareness of disability outside of the disability sector. This leads to numerous children with disability having their support needs dismissed as 'bad behaviour,' or 'recalcitrance'. Adequately training the workforce will address some of these issues.

We also support the reduction of the casual workforce in residential care facilities. Casualisation leads to high turnover as staff seek more secure positions, and this impacts on the quality of care that children receive. PWDA would also recommend that approach to addressing issues of casualisation not be limited to residential care staff, but to any other form of paid staff providing services to children in out of home care; that is, to professional carers, should that model be adopted, and to in-home supports provided to children with disability.

Additionally, we wish to highlight that there are current attempts through the Modern Award Review to introduce a more precarious form of part-time position specifically in relation to disability support provision.[26] This would effectively redefine part-time from meaning a set number of hours and a set schedule defined in a contract to meaning a minimum number of hours with no set schedule. This has the potential to significantly impact on the workforce providing care and support to children with disability. We raise this here to ensure that the Royal Commission can respond to what may be a new industrial position later this year.

Improve protections against child sexual abuse for children in kinship/relative care

PWDA supports the recommendations made in relation to kinship/relative care. We would highlight that the casework support and oversight should also ensure that those families which require in-home support, or other forms of support, are given access to them as a matter of course. No child or kin carer should be concerned that raising issues about higher support needs than are currently being fulfilled could lead to the institutionalisation of the child. In order to support this, some culturally appropriate support regarding disability (which is not a term that all members of all Aboriginal and Torres Strait Islander communities use, accept or identify with) is required. We recommend that the Royal Commission ensure the inclusion of the First Peoples Disability Network in the development and enhancement of the policies and processes in this space, to address some of these issues.

Increase support when leaving care, and in the care leaver's post-care life

PWDA supports the recommendations regarding support for care leavers both at the time of leaving

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[26] https://www.fwc.gov.au/awards-and-agreements/modern-award-reviews/4-yearly-review/am2014196-part-time-employment

care and in the aftermath, and support the idea that ensuring access to counselling and psychological support services remains the responsibility of the out of home care organisation and government. We would highlight that where sexual or other abuse has occurred in care, the needs of care leavers may be dramatically increased. We have highlighted these issues in our earlier submission to the Royal Commission Issues Paper regarding Advocacy, Support and Therapeutic Treatment Services Submission.

We would, however, highlight that many of the difficulties leaving care are heightened for children with disability. In many circumstances, this cohort are not provided with support to develop independent living skills ahead of leaving care, and disability support after they have left care may be very minimal. The transition out of care is generally poorly managed, particularly with regard to access to disability services.

However, we also support the increasing of support around care leavers at the time they are leaving care, recognising this as an opportunity for disclosure that may have been impossible prior to that point. We would highlight, once more, that the accessibility of all of these processes is important. Further, an ‘exit interview’ regarding a child’s experiences in care may not be the most appropriate location for disclosure, but should be used to empower young people, and to influence the progressive increase in quality in out of home care. These should feed back into the auditing, oversight, accreditation and assessment processes outlined in the Consultation Paper. The innovative suggestions of online or mobile disclosures could be a particularly fruitful method for enabling disclosure with minimal risk, and ensure that care leavers can access the supports that they need.

We also support the improvement of recordkeeping and access to care leaver records, particularly adequate supports for people with disability who are care leavers. The explicitly derogatory language used in records in relation to children with disability especially but not only in the past can lead to great distress on the part of a care leaver receive, so adequate support services are essential in this space. We look forward to the Royal Commission’s detailed work in this regard.

We thank the Royal Commission for the opportunity to make this submission.