Anglicare Victoria's response to Institutional Responses to Child Sexual Abuse in Out-of-Home Care Consultation Paper

Royal Commission into Institutional Responses to Child Sexual Abuse

Abstract

This submission provides feedback from Anglicare Victoria to the Royal Commission into Institutional Responses to Child Sexual Abuse Consultation Paper on Institutional Responses to Child Sexual Abuse in Out-of-Home Care (March 2016).

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Institutional Responses to Child Sexual Abuse in Out-of-Home Care

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1. Introduction

1.1 About Anglicare Victoria

Anglicare Victoria ("AV", "the Agency") focuses on transforming the futures of children and young people, families and adults. Our work is based on three guiding pillars: Prevent; Protect; Empower.

AV is the largest Home Based Care ("HBC", i.e. foster care and therapeutic foster care, kinship care, and lead tenant) provider in Victoria, and one of the largest and most experienced providers of out-of-home care ("OOHC") services in Australia.

In 2014-2015, the agency facilitated placement of 664 children and young people into foster care, and directly provided 109 children and young people with residential care placements. Additionally, our kinship care programs assisted 193 children and young people to access kinship care placements.

Alongside this significant array of out of home care services, sits our family services, placement prevention and reunification programs – which seek to keep children from entering or re-entering the OOHC system. In each year AV would work with over five thousand families throughout metropolitan Melbourne and regional areas of Victoria in this regard.

AV was formed through an Act of the Victorian Parliament - the Anglican Welfare Agency Act (Vic) 1997 - which joined together three of Victoria's long established Anglican child and family welfare agencies: the Mission of St. James and St. John, St. John's Homes for Boys and Girls and the Mission to the Streets and Lanes. Combined, these three former agencies had over 260 years' experience in providing care and support services to Victorians. And in August 2014, AV merged with St Luke's Anglicare in Bendigo, another Anglican child and family welfare agency to form the Agency that now exists.

Today, AV is a leading social services organisation, with a total expenditure of approximately $100 million. The majority of this expenditure is on Department of Health and Human Services (DHHS) funded OOHC and family services.

The Agency also provides a great many other community programs funded by the Victorian and Commonwealth Governments, and the Agency's own resources.

AV employs a staff of approximately 1,400 professionals - including social workers, psychologists and other community and welfare professionals - and works with over 1,300 volunteers. Staff are managed through a corporate governance structure incorporating a Board, a Council, CEO, executive staff group and a hierarchy of highly experienced and qualified regional directors, program managers, team leaders, a dedicated Principal Practitioner and other highly experienced and skilled support staff.

All staff and volunteers across the organisation operate within a well-developed and sturdy framework of policies, procedures and accountability mechanisms, including internal and external quality auditing. These policies and procedures are compliant with relevant legislation, as well as professional registration and funding guidelines.

As you would be aware, AV has previously provided a submission in response to Issues Paper 4, November 2013, to the Royal Commission into Institutional Responses to Child Sexual Abuse ("the Royal Commission") and provided testimonial evidence through Chief Executive Officer, Mr Paul McDonald at the Royal Commission's public hearings on Out-of-Home Care (Case Study 24) on 17-18 March 2015 in Sydney.

1.2 Opening remarks

Anglicare Victoria believes that the Royal Commission's findings as expressed in its Consultation Paper on Institutional Responses to Child Sexual Abuse in Out-of-Home Care, March 2015 ("the Consultation Paper") are an accurate and a valid representation of the current conditions and factors effecting the prevalence of child sexual abuse in Out-of-Home Care and of institutional responses to incidents of child sexual abuse in the Australian context.

AV has been at the forefront of operationalising the sector's increased understanding of the impact of trauma on children and young people and, as a result of this, AV has been a leader in implementing trauma-informed practice across its OOHC services. This has ensured that the Agency takes an individual approach to children and young people and their care needs.

This submission provides feedback on the specific matters, which the Royal Commission lists on page 31 (1.5 This Consultation Paper) of the Consultation Paper. (Royal Commission into Institutional Responses to Child Sexual Abuse, 2016)

> *[The Royal Commission] seek[s] your feedback on a number of specific matters:*
> - *adequate data collection and information sharing*
> - *elements of a child safe organisation*
> - *regulation and independent external oversight of the OOHC system*
> - *strengthening sexual abuse prevention education*
> - *therapeutic care and support for children and carers, including those who are leaving care and those who sexually harm other children*
> - *access to care leaver records.*

2 Elements of a child safe organisation

On 26 November 2015 the Victorian Government enacted legislation requiring organisations, which have contact and/or involve children and young people, to comply with *Child Safe Organisation Standards*, as recommended by the Australian Children's Commissioners and the Parliamentary Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations ("Betrayal of Trust Inquiry") (Family and Community Development Committee, 2013).

To create and maintain a child safe organisation, an entity to which the standards apply must have:

Standard 1:	Strategies to embed an organisational culture of child safety, including through effective leadership arrangements
Standard 2:	A child safe policy or statement of commitment to child safety
Standard 3:	A code of conduct that establishes clear expectations for appropriate behaviour with children
Standard 4:	Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel
Standard 5:	Processes for responding to and reporting suspected child abuse
Standard 6:	Strategies to identify and reduce or remove risks of child abuse
Standard 7:	Strategies to promote the participation and empowerment of children.

AV has committed to be compliant with these standards from 1 January 2016 and recommends to the Royal Commission that the approach taken by the Victorian Government in implementing the *Child Safe Organisation Standards* and other "*Betrayal of Trust*" recommendations (Family and Community Development Committee, 2013) be implemented across Australia.

3 Data collection and information sharing

3.1 Information sharing

3.1.1 Privacy and information sharing regarding safety in OOHC

The Agency notes that the Report of the Royal Commission into Family Violence (State of Victoria, 2016) includes a recommendation that new laws be enacted by the Victorian Parliament to ensure that privacy considerations do not trump victims' safety. It is AV's view that if this initiative were to be adopted by all Commonwealth and State/Territory Governments, and provided that there are also the necessary checks and balances implemented, it would more readily enable OOHC service providers, child protection services and other institutions across Australia to share information about the needs, vulnerabilities, threats posed and risks faced or presented by children and young people in, entering or leaving OOHC.

Implementation of this initiative would take a concerted effort by governments, OOHC service providers and other institutions (e.g. schools) to ensure staff and volunteers involved in OOHC service delivery, child protection services and other related institutions have adequate knowledge and understanding about privacy principles and how to share information, in a timely, complete and accurate manner, about children and young people in OOHC, and about anyone who presents a significant threat to their health, safety, stability and/or wellbeing and development.

3.1.2 Pre-placement assessment and placement establishment processes and information sharing in OOHC

The Agency contends that the pre-placement assessment and establishment of placement processes in OOHC are inextricably reliant on the accuracy, completeness and timeliness of essential client information being shared between all parties involved. In Victoria, it is mandatory for the "Looking After Children" ("LAC") Records to be utilised to assist in facilitating and documenting this process and, further, this process is subject to mandatory compliance criteria within the framework of the DHHS Human Services Standards (State of Victoria, 2015a) (State of Victoria, 2015b) independent review procedures.

The LAC program was developed over two decades ago in the United Kingdom in response to increasing concern about the way children and young people were being cared for away from home when in the care of the local authority. Similar concerns were evident in the Australian OOHC context, and after several years of research and advocacy, mainly driven by community sector OOHC service providers, such as Anglicare Victoria, the LAC program was introduced by the Victorian Government into the OOHC system in 2002 as a mandatory program requirement.

One major advantage of the LAC program is that it has the potential to facilitate the collection and analysis of client outcomes data across the OOHC service system in Victoria. More on this subject is written below under the heading "Data collection".

However, the LAC Records themselves do not facilitate the transfer of all the information needed at the point of referral from the DHHS Child Protection Service ("CPS") to OOHC service providers so as to help service providers work better towards the safety, stability and wellbeing of children and young people in OOHC. The LAC Record *"Essential Information Record"* ("EIR") is not a satisfactory referral document in its own right. OOHC service providers require considerably more in-depth information at the point of referral to enable the placement matching process to be completed thoroughly and quickly.

As the LAC program alone is not a sufficient approach to information gathering and sharing, a greater emphasis needs to be placed upon the assessment of children and young people's needs both prior to placement as well as during the initial stages of the establishment and settling of placements. This will allow the placement system to better plan for, and respond to, the needs of children and young people in OOHC placements and result in improved matching with appropriate and beneficial OOHC placements.

AV recommends that OOHC service systems further develop and enhance processes involved in the placement assessment stage. This stage is most critical for ensuring that the placement matching stage of the OOHC placement system delivers safe and stable placement of children and young people and facilitates their wellbeing and development in OOHC. Consideration could be given to the utility and desirability of establishing an enhanced and/or extended OOHC "assessment placement" phase particularly for residential care and home-based care placements where a child or young person presents

with complex issues, such as a history of unhealthy sexual activity, sexualised behaviour, conduct disorder, and/or attachment disorder.

AV also believes that it is important to consider the needs of HBC carers' family members, particularly any children and young people living at home, as they may be at risk of harm from children and young people placed in HBC or they may present a risk of harm to children and young people placed in HBC. Here again, the accurate, fulsome and timely sharing of information between parties to the placement matching process is critical to managing all known risks of detrimental harm and safety, to placement stability, and to the wellbeing and development of children and young people in care and other parties to the HBC placement.

3.2 Data collection

3.2.1 Should there be a nationally consistent approach to the collection of data (which includes agreement on key terms/definitions)?

Proposed national OOHC data collection and reporting model

- 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.
- 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; and the relationship of the perpetrator to the victim.
- 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; and culturally and linguistically diverse background.
- Data should be disaggregated by placement type.
- Data should be used to monitor treatment and support provided, and life outcomes.
- Data should include police reports, and outcomes of criminal and civil justice responses.

AV agrees with the Royal Commission's proposed national data collection and reporting model. To this end AV is involved in the Anglicare Australia ("AA") OOHC network data project, which is currently considering a common data collection and outcomes measures for the members of the national Anglicare OOHC network.

The Royal Commission has prompted AA to ensure the continued exploration of solutions to the collection of OOHC data, particularly outcomes data. In this regard, AA is developing processes to ensure that learning and continuous quality improvement continues once the Royal Commission has completed its work.

3.2.2 The "Looking After Children" Program

In Victoria there is a strong emphasis on the collection of data as a sound basis for government planning and intervention. The Victorian Child and Adolescent Monitoring System ("VCAMS") (see http://www.education.vic.gov.au/about/research/Pages/infosystem.aspx) was established to support government and community action by systematically monitoring how children are faring from birth to adulthood across thirty-five outcomes for Victoria's children, which are known to be of most importance to their present and future lives (State of Victoria, 2008).

A Child and Family Service Outcomes Survey ("CAFSOS") (Queensland University of Technology, and Social Research Centre, 2013) was also developed to provide information about outcomes for children involved with the Child Protection, Placement and Family Services systems from an initial implementation of two survey waves between 2009 and 2012. CAFSOS data feeds into VCAMS, so it is possible to compare the outcomes of vulnerable children with those for the general population.

Yet, while there is an increased focus on the assessment of client outcomes, a sustainable system is not yet in place that can rigorously monitor client and service outcomes over time. However, the potential of LAC to deliver aggregate client outcomes data to enhance the understanding of the needs and progress of children in OOHC has been explored.

In 2007 a project commenced in Victoria with the aim of aggregating information recorded on paper based Assessment and Action Records ("AAR"), which are a specific LAC Record. AARs completed in 2006-07 from 32 OOHC service providers were collated. The Looking After Children Outcomes Data Project (Wise, S. & Egger, S., 2008) established the potential for the AARs to produce outcomes measures for management, policy development and evaluation purposes. A further project for the (then) Department of Human Services modified the AARs (now named Assessment and Progress Records – APR) in a process designed to unlock the potential of the AAR to perform this dual practice and outcomes-monitoring function (Wise, S. & Argus, C., 2010).

It is AV's belief that the OOHC service system across Australia would benefit greatly from access to aggregated client outcomes data if a national LAC Outcomes Data Program was established. Access to this aggregated data would better enable policy development and service delivery improvement by State and Territory Governments as well as assist OOHC service providers to evaluate and improve their OOHC programs and initiatives through evidence-based management and governance decisions, resource allocation, practice improvements, etc.

For this vision to be realised, however, there will need to be a coordinated and concerted effort to shift organisational cultures from ones where there has been a dearth of real-time data available, to organisational cultures where client outcomes and service performance data informs, if not drives, practice and service development. In AV's view, it would also be crucial to move the LAC system from a largely paper-based system to an integrated and aggregated screen-based information management system and database.

3.2.3 Anglicare Victoria's "Children in Care Report Card"

Children and young people in OOHC have not had the same chance as other children and young people to grow and thrive. Parental maltreatment and other disadvantages mean that their life outcomes are often poor compared to children and young people generally.

Since 2013, AV has been publishing the "Children in Care Report Card" annually. (Wise, S., 2013) (Wise, S. and Smith, T., 2014) (Corrales, T., 2015). The purposes of these report cards are to: document how children and young people in OOHC are faring in comparison to the general population, and; advocate, with and on behalf of children and young people in OOHC, for improvements to the OOHC service system, and other systems that have an impact on their life outcomes, such as the education, homelessness assistance, youth justice and health services systems.

As well as the primary benefits listed above, this voluntary initiative by the Agency provides a level of transparency about the impact of the Agency's activities, so that the Agency can be held accountable to stakeholders, grant-makers, donors and the public. It is AV's belief that this form of transparent reporting by OOHC service providers and by governments should become the norm across Australia.

Anglicare Victoria's "Children in Care Report Card" model is being considered by the Anglicare Australia OOHC Network data project as a possible exemplar for data collection and reporting at a national level (see section 2.2.4).

3.2.4 RiskMan Incident Management and Reporting System

In the Financial Year 2011-12, AV allocated resources for the implementation of the *RiskMan Incident Management and Reporting System* and the Agency switched from a mixed electronic and paper-based data collection incident reporting system to a fully integrated screen-based information management system.

Features of the RiskMan system include, but are not limited to:

- Facilitates the integration of Critical Client Incident Reporting (including mandatory reporting to DHHS for DHHS-funded clients and to DHHS and Victoria Police for all client critical incidents covered by the Mandatory Reporting provisions of the *Children, Youth and Families Act (Vic) 2005 (Part 4.4 – Reporting)*); Workplace Health and Safety hazards and incident reporting (as required

under the various Commonwealth and State legislation and regulations), and; collection of feedback, including complaints from clients and other stakeholders.

- Provides e-mail and internal system alerts to line management and senior management about high priority and high risk incidents, for example, Category 1 DHHS Client Critical Incidents are reported automatically and immediately data entry has been completed to the Client Services Director, and subsequently to the Chief Executive Officer.
- Enables the linking of incidents to each other and to other clients, enabling histories and relationships to be tracked and patterns to be more efficiently identified.
- Keeps a record of responses to the alerts and tracks changes over time.
- Provides tools for analysis and reporting of data stored in a wide-variety of standard and customised analyses and reporting formats.
- Logs and tracks all changes to incident entries providing accountability and traceability.
- Is available to all staff so that information is captured at the point of activity by the observer, consequently avoiding the subjective re interpretation of incidents.
- Is auditable and reinforces compliance with a critical system of observation.
- Links events and activities, consequential actions and outcomes and tracks changes over time.
- Allows for an independent systems wide non-professional-biased layer of risk identification that is independent from service delivery.
- Provides a tool for all staff involved with an incident to see what has occurred and what follow-up action has been proposed and taken.

The RiskMan system has also enabled initiatives such as the Quality of Care Concerns ("QOCC") Register to be developed. The QOCC registers date back to 1 July 2015 and contain information from each client critical incident such as the RiskMan reference number (Roonie, 2016) and is an aid to analysis of critical incidents for reporting to the AV Board's Quality of Care Committee ("AVQOCC").

Future improvements to the RiskMan Incident Management and Reporting System being considered are to: record actions taken by third parties to the critical incident record; integration of case notes, and; monitor the completion of recorded plans. As RiskMan is not the client case management system, it doesn't always show that actions proposed have occurred or what is the outcome of an action, other than broadly observing any increase or decrease in client critical incidents being reported subsequently. The Agency is also considering the benefits and consequences of having a unique client identifier to enable long term data validation, data searching and mining, and to avoid naming errors etc.

This initiative has required, and further improvements will require, significant investments of funding and effort over several years and will continue for several years to come as the system is enhanced to integrate performance monitoring, risk management and quality management systems. As well as proximal benefits for the safety, stability and wellbeing of children and young people in OOHC, the integrated systems are expected to improve governance (strategic) and management (operational) reporting that will have a beneficial influence and impact on practice improvement, and management and governance decisions.

Given the benefits that the Agency is experiencing and it anticipates in the future in terms of preventing and responding to incidents of child sexual abuse in OOHC (and other services and activities), the Agency highly recommends that an electronic Incident Management and Reporting System, such as RiskMan, be implemented as part of every OOHC service providers' risk management system.

4 Therapeutic care and support for children and carers

Before providing feedback on this subject, it is necessary for AV to clarify what the Agency considers "therapeutic care and support" as the term "therapeutic" is not an accurate representation of the Agency's practice, or of its impact on children and young people in OOHC. AV prefers to use the term "trauma-informed care" to distinguish it from therapeutic interventions that are provided by Medical Practitioners, Psychiatrists, Counselling Psychologists and Mental Health Social Workers, for example. This may be viewed as a pedantic position, but it is believed that most people would have expectations of "therapeutic" models of OOHC, that are not realistic in the current climate of government funding, mandatory program

requirements and standards, and the capacity for the community sector to fundraise to resource OOHC at that level of expectations.

AV's understanding of "trauma-informed" care is described succinctly in Child Family Community Australia's Paper No. 37 2016:

> *"Trauma-informed care is a framework for human service delivery that is based on knowledge and understanding of how trauma affects people's lives, their service needs and service usage."* (Wall, et al., 2016) p.2

And, as an important aside, AV concurs with one of the authors' key messages that:

> *"With the lack of an overarching framework in Australia, there is a danger of inconsistent or piecemeal development of trauma-informed models and practices that do not share a consistent language or framework for implementing trauma-informed systems of care in child/family services."* (Wall, et al., 2016) p.2

Having made this distinction, the following feedback is offered on this subject.

AV has been implementing trauma-informed models of OOHC in both its Residential Care and Home-Based Care services over the last decade. A trauma informed model of care ensures individualised care plans are developed and implemented to reduce affected children and young people's trauma based behaviour.

It is for this reason the Agency's advice to the Royal Commission is that the OOHC service system across Australia would be vastly improved if all OOHC service models and facilities were fundamentally based on trauma-informed practice principals.

4.1 Anglicare Victoria's approach to professional learning and development

Anglicare Victoria has an extensive professional development program centred on further enhancing the knowledge and practices of our workforce. In our Learning@Anglicare Victoria calendar there are specific trauma informed programs.

These include:

1) Anglicare Victoria works with the Australian Childhood Foundation to provide a comprehensive range of trauma informed programs designed for participants to reflect upon and understand challenging behaviours with new insights to enhance their practice activities with their clients.

   These programs include:

   - Trauma Informed Practice in the Early Years. This program explores the impacts of complex relational trauma and neglect on infants and young children, particularly with regards to brain development
   - Trauma Informed Practice with Families. This program explores trans-generational experiences of trauma – understanding and engaging with marginalised families
   - Understanding the Neurobiology of Trauma. This program explores the most recent research of abuse-related trauma and its impact on the developing child, brain and body systems. It provides a trauma sensitive framework for understanding the consequences of abuse and neglect on a child's cognition, social and emotional functioning and gain insight into implications for practice. This program explores the impacts of complex relational trauma and neglect on infants and young children particularly with regards to brain development.

2) Anglicare Victoria works with the Children Protection Society ("CPS") to run programs to equip managers and practitioners on how to work with clients displaying sexualised behaviours. The CPS have also conducted specific programs for our residential carers and unit co-ordinators.
3) Our therapeutic residential carers participate in the 'With Care' therapeutic residential care training program conducted the Berry Street Take 2 team and The Salvation Army WestCare. This program explores the difference between therapeutic care and other existing models of residential care, with a focus on deepening participants' understanding of the traumatic impact of abuse and neglect on the development of children and young people.

4.2 Overnight Safety Plans

As of March 2015, the DHHS program requirements for the residential care program and the therapeutic residential care program were updated to support the introduction of stronger overnight staffing and safety requirements.

These program requirements now stipulate that all therapeutic and non-therapeutic residential care placements in four or more bed units must have in place:

- A mandatory active staff member in place overnight between the hours of 11pm to 8am.
- A mandatory Overnight Safety Plan that articulates how the OOHC service providers will proactively respond overnight to the care, safety and supervision requirements of children and young people in residential care.

(State of Victoria, 2015c)

4.3 Remunerated HBC Carer model of "Professional" Foster Carers.

AV has previously considered independently introducing a "professional" model of remunerated Foster Carers (Marshall, 2006), however, the Agency could not even afford to trial this approach without additional funding guaranteed by the Victorian Government DHHS.

Although AV supports the call to introduce a "professional" model of HBC in the near future to meet the need for recruiting more foster carers, in terms of budget priorities, and in terms of adequately preventing and responding child sexual abuse in OOHC, AV would recommend that AV's "TrACK" program model (SuccessWorks, 2005) (see section 4.6) or DHHS's "The Circle" model of therapeutic foster care (Fredrico, et al., 2012) become the base model for all HBC services in Victoria and across Australia.

4.4 Anglicare Victoria's TEACHaR program: The importance of educational outcomes

It is clear, not only from the research, but from AV's experience that young people living in OOHC do suffer disadvantage in the school system and that consistent and intensive support is needed to reengage them with education (David & Wise, 2015). AV's TEACHaR (Transforming Education Achievement for Children in Home-based and Residential care) program aims to contribute to improved outcomes for this vulnerable group of young people. The TEACHaR program model deploys seven Educational Specialists attached to the OOHC programs (particularly, Residential Care and HBC) in three of the five AV regions – Eastern, Southern, and Northern Regions.

TEACHaR is a holistic, highly individualised service model that works across student, school and placement contexts, integrating social support with education (teaching) specialisation. Where possible, the program works directly with students to provide flexible, learning support. A core aspect of the model is the employment of experienced registered teachers ('Educators'), who are based within established foster care and residential care teams (David & Wise, 2015).

TEACHaR has defined specific evidence-informed objectives, with an inter-related outcomes and service framework as an evaluation imperative. This has supported and enabled the TEACHaR program to collect outcomes data over time, and to begin to understand the potential impact of the service across a range of learning domains, and where it can be improved (David, 2015).

Children and young people often enter the care system well behind their peers in terms of education achievement, and experience a range of attitudinal, learning, social and behavioural difficulties that can constrain progress, leading to deeper disengagement and disenchantment with education. The TEACHaR program however has demonstrated that placement in OOHC need not necessarily undermine the educational opportunities and outcomes possible for vulnerable children and young people. By embedding specialised teachers in OOHC service delivery, and enabling them to customise education supports to suit individual children/young people in partnership with carers, schools and other stakeholders, TEACHaR shows that students in care have the potential to catch-up with their peers (David & Wise, 2015).

Now in its fourth year of operation, the TEACHaR program is commencing a phase of review. Drawing on the accumulated qualitative and quantitative data that has been collected over the past three years, the review will focus on revising/updating the original program logic. This review will help consolidate the strengths of the model, while also providing insights into areas that may require further elaboration and revision. Ultimately, this will assist AV to strengthen the program's efficacy, thereby contributing to its long-term sustainability (David & Wise, 2015).

In terms of relevance to the prevention of and institutional response to child sexual abuse in OOHC, AV contends that the engagement of children and young people in OOHC in educational settings and facilitating their achievement of educational outcomes is fundamentally protective and restorative.

AV recommends that any further development of OOHC service models must prominently place children and young people's educational engagement and achievement within OOHC model fundamentals – safety, placement stability and wellbeing and development.

4.5 Education Support Program & Youth Movement Initiative

Anglicare Victoria's Youth Movement Initiative ("YMI") is one element of the Educational Support Program that operates out of AV's St Luke's Division ("SLD"), which is based in Bendigo, Victoria. The Program aims to address current gaps within the Statutory Care system and Leaving Care services in supporting educational and vocational outcomes for young people aged 17 to 23 years, who are leaving or have already left OOHC.

YMI developed from a focus group to guide the establishment of the Education Support Program and emerged as a pronounced and successful feature of the Program. The YMI undertakes advocacy and consultation within the Agency, for example, engaging with OOHC staff to talk about the impact of case management and planning approaches on educational outcomes, and beyond to the sector. YMI has also engaged with the Centre for Excellence in Child and Family Welfare, DHHS Child Protection staff, Area Partnerships, and the (former) Commissioner for Child Safety. The YMI participants have spoken extensively about their experiences in care and the impact on their educational outcomes and on other aspects of their lives. YMI has also written papers on various subjects, including a paper published in the Anglicare Australia *State of the Family Report in 2014: Being a/part* (Anglicare Australia, 2014). The members of YMI, through this program, have developed leadership skills, public speaking experience and developed confidence and social skills. The YMI is also an avenue to employment – a core experienced group are employed by YMI on a casual basis and some of the YMI are also connected to Educational Coaches (another element of the Education Support Program).

As a vehicle for involving young people leaving or post-OOHC, it also provides opportunities for engaging young people who are not attending school, in discussing and learning about more general issues to do with everyday life, such as relationships including sexual relationships.

4.6 TrACK Program in OOHC

The Treatment And Care for Kids ("TrACK") Program was developed by a partnership between Anglicare Victoria, Australian Childhood Foundation ("AChiF"), and DHHS (Eastern Metropolitan Region) and operated under this partnership for several years.

The TrACK Program is a specialised HBC program, which provides intensive therapeutic intervention for children and young people who present with a range of complex needs and challenging behaviours.

The key elements of the TrACK Program include:

- Coordinated therapeutic intervention for children and carers
- Specialised training for carers about the impact of trauma on brain development and behaviour
- The provision of intensive case management by AV and AChiF staff via a case contracting agreement between DHHS and the OOHC Service Provider
- Provision of secondary consultation by AChiF Therapist to carers and other stakeholders, and
- Additional mechanisms for carer support such as regular peer support meetings.

Since its inception, TrACK has provided strong outcomes which reflect the importance of the multidisciplinary, intensive and therapeutic care approach it provides to children and young people with complex needs and challenging behaviours.

A formal evaluation of TrACK (SuccessWorks, 2005) highlighted that the TrACK Program is consistent with new directions in models of care as described in Australian and Victorian Government policy statements. The program has clearly developed an innovative and cost effective approach to assisting children with complex needs and challenging behaviours to recover from the effects of abuse related trauma and disrupted attachments.

The lessons and experience garnered from the operation and evaluation of TrACK have directly influenced the development and implementation of the DHHS "The Circle" Program (Therapeutic HBC Program), which was evaluated in 2012 (Fredrico, et al., 2012), and therefore AV recommends that the Royal Commission consider this model as an exemplar for the direction of the development of new OOHC models across Australia.

4.7 The Home Stretch Campaign

'The Home Stretch' is a campaign calling on state governments to allow the option to extend state care for those in OOHC from 18 to 21 years.

In every state of Australia young people are required to leave state care once they turn 18 years. Current government policies require the child protection system to begin preparing a young person to leave care as early as 15 years, while most would leave their care placement during their 16th or 17th year. In comparison, children residing at home with one or both parents are remaining at home longer, with almost 50 per cent of young people aged 18 to 24 years having never left the family home. Research both nationally and internationally indicates that a high proportion of care leavers end up homeless, in the criminal justice system, unemployed or a new parent within the first year of leaving care.

In response to witnessing too many young people having poor life outcomes after they had been exited from care at 18 years or earlier, the United Kingdom recently provided the provision to extend the care placement for those in foster care through to 21 years via the 'Staying Put' legislation, where both the young person and carer wish to continue the placement. Among other countries, the United States of America have also taken action and have extended care to 21 years in more than 20 states, whilst Canada and many European countries have followed the same way.

The outcomes for the young people, when care is extended to the age of 21 years, compared to the places where state care is still only to the age of 18 are staggering. Research shows that when care is extended, tertiary education participation doubles and homeless rates are halved for this group of young people. It is further estimated that for every $1 spent in extending care the state is repaid $2 in social benefits.

Whilst there are some available services to assist the transition to leaving care, too many young people are still struggling to cope independently at 18 years after a life in state care.

It is AV's view that the time for our state governments to extend the provision of care to those in state care to 21 years of age, much like what is happening in any other family setting in Australia, and in care settings internationally. This reform asks governments to extend the care to 21 years for those that choose to stay on and have the agreement from their carer, or receive care in another setting (for those in residential care or for those who do not wish to remain in foster care) that supports them in the community until they are 21 years.

To call for this change we have established a campaign called The Home Stretch. The aim of The Home Stretch campaign is to advocate to the state government and the Federal Government to allow the option for a young person to remain in a care placement to 21 years.

To assist our efforts we have commissioned a study to look at the costs and benefits if care were extended post 18 years, and whether this would be socially and/or economically beneficial for the young person and/or the state. We plan to release the findings of this report to Government in April 2016.

AV recommends that the Royal Commission refer the issue of extending the provision of care to those in state care to 21 years of age to the Council of Australian Governments ("COAG") for examination and consideration by relevant Ministers at the earliest possible meeting.

4.8 The need for further research into the efficacy of OOHC models

In AV's view, there is a dearth of rigorous research that has specifically investigated the efficacy of Therapeutic Residential Care ("TRC") in reducing the incidence of sexual abuse/ sexual assault incidents, relative to standard models of residential care. Theoretically, TRC should accomplish this, as one of the core principles is ensuring the psychological, emotional and physical safety of children and staff. Unfortunately, the available research is weak on this front – at least at this stage.

AV's Policy, Research and Innovation Unit has undertaken some limited analysis of client critical incident data from one of the Agency's TRC residential homes. These data are inherently limited, and can't speak to the issue of efficacy and/or prevalence. From this analysis AV contends that analysis of all client critical incident data for these children would show that the impact of TRC OOHC models is difficult to quantify when the outcome of interest is operationalised through the lens of risk management and mitigation. Put another way, client critical incident data tells only one part of the story about the impact of trauma-informed models of care.

One of the problems that has been identified is the absence of longitudinal data to effectively track and monitor the outcomes of children and young people who have received "therapeutic" care. There is also a lack rigorous evaluation methodologies that compares these young people, longitudinally, with a matched sample of their peers who have not received "therapeutic" care. This severely limits our ability to draw empirical conclusions about the efficacy and impact of these models.

A further issue is that the principles of "therapeutic" care are difficult to implement with any degree of fidelity within a system that is inherently counter-therapeutic. Continuity of care is often compromised due to pressures to move children into TRC without the appropriate processes being followed. These same pressures see young people being moved into Lead Tenant (or other transitional placement arrangements) when this may not be appropriate given their emotional and psychological development.

Finally, the biggest issue that has been identified is the absence of a clearly articulated model of "therapeutic" care that can be applied consistently throughout the entire agency (or indeed across Victoria, Australia and internationally). Trauma-informed care or "therapeutic" care is a nebulous concept that is difficult to articulate. Implementation is therefore tricky, especially in the absence of organisational processes and structures that support effective training, research and dissemination of knowledge to the entire workforce.

As such, AV advises the Royal Commission that there is a need for more rigorous research on the effectiveness of TRC; that there is also a need to develop a theoretically grounded conceptual model of TRC that can guide the implementation and delivery of TRC, and; finally, that more research is needed to track the outcomes of children and young people who have received "therapeutic" or trauma-informed models of care.

4.9 Residential Care Models

It has been noted by the Royal Commission, children and young people can be both perpetrators as well as victims of abuse, and that residential care environments, by virtue of the number of clients within them, may provide greater opportunities for client-to-client abuse to occur.

And as has been discussed earlier in this paper (see 3.1.2), the placement matching process is critical to assuring the safety, placement stability and wellbeing of children and young people entering OOHC. However, pressure due to service demand from Child Protection often forces service providers into the "heads in beds" approach. That is, residential care service providers are too often forced to support pragmatic placements that do not take appropriate account for a given child or young person's stage of development, gender, level of vulnerability, capacity to be independent and complexity of need. Given that children and young people placed in residential care are typically those with the most complex needs and behaviours, the risks and therefore consequences of poor placements are significant. AV highlights the following key issues and offers recommendations for improvements that AV believes would mitigate the associated risks.

In the current system, children and young people can be placed with others who are both considerably older than them (and thus at a different developmental stage with different needs for support), and of the opposite sex. Given that children and young people in residential care typically have complex issues to resolve, the risks associated with large age differences and mixed gender placements are heightened – particularly when children and young people are known to have perpetrated sexual abuse in the past, and continue to demonstrate sexually inappropriate behaviours. When residential care placements are heavily influenced by pragmatic decision-making, the safety, placement stability and wellbeing of children and young people can be worryingly undermined. This may leave children and young people more vulnerable to sexual (and other types of) abuse, and may minimise the potential for those children and young people who have perpetrated (or have the potential to perpetrate) sexual abuse to receive adequate support and opportunities for rehabilitation.

In addition to this, poor placements can: (i) put further pressure on residential care service providers (and their staff) who provide safe care environments for children and young people, and; (ii) result in significant resources being spent at the 'service end point' of care (e.g. via surveillance systems, alarms, cameras, locks on doors, additional staff and resource-heavy contingency placements that provide children and young people with 24-hour, staff supervised, one-to-one care). These resources could be alternatively utilised to strengthen the number and range of residential care options available across the service system (e.g. earlier intervention).

Whilst AV strongly believes its OOHC programs are rigorous in their practice, the effectiveness of this work is undoubtedly limited by the current system. Due to the large demand for placements, OOHC service providers are not in a position to effectively self-regulate their practices, despite their own best efforts and their genuine commitment to ensuring that all children and young people have access to placements that are most appropriate for their needs. The lack of 'quality principles' to guide Child Protection referrals into standard residential care (despite the existence of National OOHC Standards) is a further complicating factor.

Due to a rising complexity in the needs of children and young people requiring statutory care, and the challenge of developing and implementing intensive and specialist models of foster care (e.g. professional foster care), a number of specific residential care homes have been established for children under the age of 12 years. This model, however, has been undermined in practice by the increased longevity of residential care placements and the resultant lack of available beds. In fact, the current system in Victoria now demands that all available beds be filled almost immediately, with OOHC service providers required to maintain a 95% occupancy rate to retain allocated funding without penalty. In AV's experience, an output target-driven funding model such as this can significantly impact the suitability of placements, and can result in poor household client mixes that serve no one. AV is concerned that an unbalanced focus on beds and targets has the potential to undermine quality of care, and can lead to unacceptable situations where children as young as eight (8) years old are regularly placed with adolescents twice their age.

Whilst AV does not currently have access to official statistics on age diversification in residential care, AV's experience is that it is quite common for children and young people across a very broad age-range to be placed together in one residential care home. This may be a normal occurrence within families, however, in residential care settings such wide age-ranges are problematic. Along with different stages of physical, sexual, and emotional development (expressed across pre-puberty, puberty and post-puberty) come the challenges associated with bringing together multiple children and young people with complex issues and/or behaviours and support needs. In terms of risk factors for sexual abuse, inadequate consideration of these factors when determining placements is concerning.

In addition to this, AV is now witnessing a greater number of younger children (i.e. seven (7) to ten (10) year olds) entering residential care due to a lack of available foster care placements. This points to broader system issues. The pressure for Child Protection to find appropriate accommodation for these children increases the likelihood of large age range variation, within homes, and the potential for less appropriate placements. AV argues that as long as placement coordination operates separately from child protection services, the pragmatic 'available beds' culture of decision-making will continue to be prioritised to the detriment of the wellbeing, placement stability and safety of children and young people in OOHC.

In consideration of these concerns, AV offers the following key strategies to support safer residential care environments for children and young people, and to reduce the likelihood of sexual abuse in residential care settings:

- A maximum two or three year age range amongst children and young people in residential care homes.
- Greater support for developing and expanding alternatives to residential care for children under 12 years of age, such as more therapeutic foster care placements and introducing professional foster care. (See also 4.3 and 4.6)
- Whilst good progress has been made in the development of therapeutic residential care homes, expanding these programs must be an immediate priority. Residential care homes that can provide specific therapeutic or rehabilitative support for children and young people with problematic sexual behaviours should be explored.
- Funding is needed to enable residential care homes to be staffed by two qualified and trained staff members when needed. The current non-therapeutic or intensive system is funded for only one member of staff, which limits opportunities for support and monitoring.
- Options for single sex residential care homes with a maximum number of two children or young people should be resourced and made available in response to children and young people's needs. (This model is currently being tested by AV. The cost is $300,000 per client per year of which AV is contributing $150,000 per client per year.)

5 Regulation and independent external oversight of the OOHC system

AV supports the mandatory regulation and independent external oversight of the OOHC system, provided that the current plethora of controls and surveillance mechanisms is rationalised and better coordinated, guaranteeing less impact on OOHC clients and carers and increased accountability of management and governance of all parties in the OOHC service system, not just service providers. The Agency calls for a nationally cohesive OOHC system with legislation, regulations and processes mirrored across state and territory boundaries.

AV understands that this will be a difficult recommendation to implement, but with a clear, agreed and well-resourced implementation plan, and interim measures to make sure that mandatory components of a national system don't cause a gap in services for children and young people who need support now, AV believes it is possible.

Further, AV recommends that a national scheme for accreditation of OOHC service providers be implemented. Such a scheme should be against nationally recognised standards, such as the Quality Improvement Council's Health and Community Services Standards (6th Edition) (Quality Improvement Council, 2010). It is the Agency's view that the current National Standards for Out-of-Home Care Services are not suitable for OOHC Service Provider accreditation.

6 Upholding the rights of the child and effectively preventing and responding to child sexual abuse in OOHC

6.1 Rights of children in care

6.1.1 Planet Right & Getting it Right

Planet Right (https://www.youtube.com/watch?feature=player_embedded&v=4__eN1H3YhY) and *Getting it Right* (https://www.youtube.com/watch?v=PTjwS4h9gLE&feature=player_embedded) were developed by The CREATE Foundation in consultation with children and young people in 2010 as a way to communicate to children and young people in care what their rights are, according to the Charter for Children and Young People in Care that was developed by The Commission for Children and Young People (Victoria).

The *Imbedding the Charter Project* in 2010 aimed to help children and young people better understand the Charter of Rights. This project included the CREATE Foundation ("CREATE"), Berry Street and the Victorian Aboriginal Child Care Agency ("VACCA"), each agency developing different resources for specific audiences. CREATE consulted with children and young people to develop resources specific to children and young people under 12 and over 12 years of age.

Getting it Right is written by young people and features young people with a care experience who take viewers through some of the rights from the charter, to make sure young people know what they have a right to feel, do, and ask for while in care and after they have left care.

Young people in Victoria who sign up to *club CREATE* receive a copy of the *Getting it Right* products in their CREATE *Entering Care Kits*. Hard copies can be ordered at the DHHS, out-of-care unit, Statutory and Forensic Services and Design. (The Commission for Children and Young People, The CREATE Foundation, VACCA, and Berry Street, 2010)

6.2 Prevention of sexual abuse in OOHC

AV believes that there are three key processes that work together towards prevention of sexual abuse in OOHC. The first is; ensuring the best possible outcome of the placement matching process. The second is, ensuring that children and young people in OOHC have received appropriate education about sex, relationships and sexual relationships. Thirdly, ensuring that staff and volunteer carers understand how to assess for risk and presence of sexually abusive behaviours and tendencies, and intervene and respond in a "trauma-informed" or "therapeutic" manner.

The Agency's response to the Consultation Paper has already discussed the importance of the pre-placement assessment and placement establishment processes in section 3.1.2 above, so, rather than replicate that discussion here, this response reiterates the view that all known information about the children and young people entering or re-entering OOHC needs to be shared in a timely, complete and accurate manner so that OOHC service providers can match children and young people with the placements that are in their *"best interests"* (i.e. promotes: safety; placement stability, and; children and young people's wellbeing and development). Further, communication and close cooperation between child protection services, placement coordination mechanisms (in Victoria typically known as the *Placement Co-ordination Unit* within DHHS Child Protection Services in each region and the *Central After Hours Assessment & Bail Placement Service* (see: http://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/ahcpes-and-sos/central-after-hours-assessment-and-bail for placement referrals after office hours)), OOHC service providers and volunteer and paid carers is critically essential.

The Agency contends that age-appropriate education about sex, relationships and sexual relationships, is also a key factor in preventing sexual abuse in OOHC. AV has policies, procedures and guidelines for staff and volunteers in this regard. (Anglicare Victoria, 2012a)

AV's Therapeutic Residential Care Policy and Procedure Manual (unpublished draft) (Anglicare Victoria, 2010) provides the following insights into the need for intervening early and decisively (p.52):

> ***"9.3 Responding to Trauma-Based Behaviours***
>
> *Children and young people in the Therapeutic Residential Care Program will not usually choose to behave in challenging ways. Most child development theories express that children do not enjoy being 'out of control', that it is not part of human development.*
>
> *Children or young people will seldom be aware of the reason for their behaviour or the emotions that precipitate them. They need help to be contained and to return to a state of control. If we do not help them contain their behaviours - through supported interventions and guidance - their emotions and behaviours can escalate and will become entrenched as a response to ongoing pain and sadness. It is in these moments of pain that the child needs to be assisted to self-sooth and use safe outlets for expressing their emotions.*
>
> *All children and young people entering the program will be introduced to the behaviours that are acceptable in the house, and instructed on what is not tolerated (such as hurting oneself or others, breaking or hurling things, jumping off furniture, etc). The introduction will also include what the consequences would be for any behaviours that are unsafe either to themselves or to others.*
>
> *In situations where a child or young person is displaying unsafe behaviour, the sequence for responding should be:*
>
> - *advising the child or young person that the behaviour is not acceptable and cannot be tolerated*
> - *explain that they have a choice about what to do in times of distress (ie. talking to staff, be taken for some exercise, use a punching bag)*
>   - *reinforcement that if the child or young person chooses to behave in violent or dangerous ways this is a choice they are making, despite having other options, and it will not be tolerated*
> - *explaining that if they genuinely attempt other constructive options, and they still feel extreme distress, staff will contact management staff to consider other healthy ways to help*
> - *advising the child or young person that certain procedures will have to be followed if the actions continue*
> - *contacting the House Co-ordinator who will decide further procedures in conjunction with the management team and staff group*

To support this policy and procedure, AV ensures that OOHC staff and volunteers have received adequate and relevant training and skills development about responding to children and young people's trauma-based behaviour in OOHC.

6.3 Responding to sexual abuse in OOHC

Anglicare Victoria has established and well understood policies and procedures for responding to and reporting concerns about children's and young people's safety and wellbeing, including responding to sexual abuse in OOHC. (Anglicare Victoria, 2012b) (Anglicare Victoria, 2008) In summary, these policies and procedures mandate a victim-centred response to disclosures of sexual abuse in OOHC.

The Agency believes that it is critically important to focus on the needs and rights of children and young people in OOHC (both victim and perpetrator, if applicable to a certain incident). And again, close cooperation between OOHC carers and service providers, child protection services – protective interveners, DHHS Placement Coordination and /or Central After Hours Assessment & Bail Placement Service, and Police investigators and prosecutors is fundamentally critical to achieving desirable outcomes for those children and young people in OOHC affected by child abuse.

7 Sexual abuse prevention education

It is AV's view that, generally, the best form of sexual abuse prevention education is a well-rounded age-appropriate and accessible education programs about interpersonal relationships, sex and sexual relationships. The theoretical principles underpinning this approach is that: 1) sex education should be part of a complete educational program for all children and young people, whether they are in OOHC or not, and; 2) providing a sex education program aimed only at children and young people in OOHC, would only a) duplicate any program aimed at children and young people generally, and; b) runs the risk of marginalising children and young people in OOHC as different to other children and young people generally. This particularly works against OOHC service providers' efforts to "normalise" children and young people's OOHC experience.

In terms of what is needed in sex education programs, the following attributes are considered important by the Agency: a common curriculum across different age groups; teaching resources to support the curriculum, and; resources to adequately implement the sex education program in OOHC as well as universally, through education service systems (or other universal systems) across Australia. It is important to note that AV is concerned that the development and implementation of a sex education program may be left to OOHC service providers to fund as yet another unfunded expectation or program requirement of State and Territory authorities.

8 Access to care leaver records

The Royal Commission has requested submissions on records and recordkeeping in relation to OOHC, including the need for:

- a care-leaver focused, timely, streamlined and coordinated process for care leavers to access records from OOHC institutions about their time in care, including access to historical records and contemporary OOHC care leaver records
- more support and assistance from an agency, advocate or support person to help care leavers find and access information and records from their time in care
- face-to-face access to a free counsellor, advocate or support person when a care leaver reviews the information they receive from the OOHC service provider, and
- training for all carers, practitioners, staff working in records teams, and other key staff about the importance of good recordkeeping and timely access to records for care leavers

8.1 Care-Leaver Access to OOHC Records

After the National Apology to the Forgotten Australians and former Child Migrants in 2009, Anglicare Victoria experienced an increase in demand in requests for records. In response to this demand the Agency established a Heritage Services program staffed by a dedicated Heritage Client Liaison Officer located at Anglicare Victoria's Central Office in Collingwood. This position is responsible for facilitating access to both historical and contemporary OOHC care-leaver records held by the Agency. In addition, Heritage Services works with other record holders as well as *Open Place*, the support service for *Forgotten Australians* and *Former Child Migrants*, and *Family Information Networks and Discovery* ("FIND"), at DHHS, to promote a streamlined and coordinated process of accessing records for care-leavers. (AV's client records access policy and procedure is attached for information.) It is important to note that the Agency's client records access policy and procedure does not require specific personal identification or certified copies, etc. to make it as easy as possible for care leavers to access their records.

Anglicare Victoria's record collection dates back to 1886. The collection contains information relating to individuals and families including adoption, children and young people in OOHC, and work performed by the various institutions and homes run by the founding agencies - The Mission of St James and St John, The Mission to the Streets and Lanes, St John's Home for Boys and Girls and St Luke's Anglicare and its predecessors. Records on an individual client may vary from one line in a register identifying the date a child was admitted and discharged from an institution to more extensive files containing case notes, school or medical reports, and correspondence between parents and the mission in relation to payments to the mission for the child's care or to make arrangements to visit their child.

Community Service Organisations ("CSO's") with long histories of working with vulnerable populations, such as Anglicare Victoria, need to develop "practices to ensure, not only the preservation of historical records, but also the preservation and storage of current and future records" (Glare, 1999) (p.10). This presents a challenge to CSO's who lack the expertise and considerable financial investment required to promote access to important items related to a care-leaver's identity such as photographs. Anglicare Victoria continues to work to improve access to memorabilia and photographs by applying for grants to fund this work. In 2013, the Agency was successful in securing a grant from *Find and Connect* to index a large proportion of its photographic collection, which until that time had not been appropriately stored to preserve them and protect them from disasters such as fire and flood. AV has recently applied for a grant from *Relationships Australia* in order to digitise this collection. This will ensure care-leavers have access via a secure online portal to identify themselves and other children from the homes.

8.2 Support and assistance for Care-Leavers to Find and Access Information and Records

Research shows that providing access to OOHC records is essential in "assisting care-leavers to find out about their family and personal history and make sense of their time in care" (Murray and Humphreys, 2012 cited in (Murray, 2013) p.494). Adults who spent time as children in OOHC often wait decades before they feel ready to deal with the unfinished business from their childhood. Sometimes they wait until their birth parents, who had not been forthcoming about the circumstances in which their child was placed in OOHC, are deceased. Care-leavers approach organisations such as Anglicare Victoria, as the custodian of their records, searching for answers to questions such as: "*Who placed me in care and why?" "Why was I placed in care and my sibling wasn't?" "Why didn't my parents visit?" "Was the child welfare department involved?"* Anglicare Victoria understands its obligation to assist care-leavers in their search for answers for questions such as these, and more.

The *Heritage Client Liaison Officer* informs the care-leaver of the process for accessing their records updates them on how their request is progressing and makes referrals to other support services when appropriate. Once the record has been prepared for release, the *Heritage Client Liaison Officer* asks the Care-leaver if they would like to collect their record in person; this is referred to as a supported release as it provides an opportunity for the care-leaver to go through the record and ask questions. This is also when explanations can be given for why information has been removed in accordance with privacy legislation and the contents and language can be contextualised. AV's policy in relation to redacting records is based on compliance and compassion; compliance with privacy legislation and compassion to release all information with the exception of that which would have an 'unreasonable impact' on third parties (Murray, 2013 p.501). While there has been some headway in Victoria in interpreting privacy legislation, CSO's would benefit from training and guidelines to assist this, essentially discretionary, work.

Historical records in particular often contain what are considered today to be harsh judgements and offensive language in relation to the child client and their family. It is important to inform care-leavers that the records were created as an administrative tool and were never intended to be read by the person or persons they were written about. AV also advises care-leavers of this fact and that knowledge and understanding in the sector about child development and trauma has dramatically increased over time. Today, OOHC service providers now appreciate why a child may be 'acting out', instead of deeming them to be a 'bad child'.

OOHC service providers cannot assume that all care-leavers will react the same way to potentially distressing information written about them. Care-leavers are often incredibly resilient. However, AV ensures that there is someone they can talk with in the event that they require face-to-face support while reviewing their file or after they have had time to process the information contained in it. Care-leavers are individuals and each will have a different perspective on their time in OOHC as well as the information contained in their record.

Care-leavers will often want to talk of their experiences in OOHC so the *Heritage Client Liaison Officer* will encourage them to share their stories as many have not felt comfortable sharing this information with their family and friends. If the Care-leaver discloses that they were abused while in OOHC, Anglicare Victoria has developed a victim-centred response to handle abuse claims (refer to section 5.3 of this submission for further information).

8.3 Training about the importance of good recordkeeping and timely access to records for care-leavers

Anglicare Victoria strongly supports the need for ongoing training for all practitioners and key staff in relation to records keeping. It is critically important to ensure staff are acutely cognisant of the importance of good record keeping and consonant with good practice, such as that which was developed through the "Who Am I? Project", which was conducted by the University of Melbourne and the Australian Catholic University in partnership with 15 organisations, and in consultation with consumer support and advocacy groups.

(See http://www.cfecfw.asn.au/know/research-and-evaluation/sector-research-partnership/partnership-projects/out-home-care/who-am-i for access to the research findings and reports. Last accessed on 5/04/2016.).

AV's recordkeeping policies (available to the Royal Commission upon request) require that all case records and other documents about children and young people in OOHC, are compiled on the basis that they may be requested by the young person, either during care, when changing placements, or after they have left care. Therefore, it is expected the privacy and dignity of all young people and their families, is protected and respected at all times, with regard to the style and manner in which information is recorded.

Furthermore, there is an expectation that records be complete and accurate, to ensure that a case file holds a whole picture of the child or young person's experience. AV's Out of Home Care programs abide by the principles of the *Charter of Rights for Children and Young People in Care 2005* (Geary, B., (Former) Child Safety Commissioner, 2005), which articulates: *'A child's right to access information about themselves – including reasons for being in care, history, child's file, rules of placement, information about placement'*, and *'A child's right to privacy – child's personal information only given to those people who require it to ensure best possible care of the child'*.

AV has policies and procedures in place to ensure that recordkeeping is maintained at an optimum standard. However, the increasing pressure of complex caseloads and reporting demands can impact on prioritisation of quality of record keeping. AV's view is that it is critical that OOHC service providers ensure the status and importance of record keeping is maintained, however, to achieve this ends, funding bodies also need to consider recordkeeping as a high priority. In AV's view, the costs of good recordkeeping, archiving and access to records by care-leavers is not adequately funded.

9 Summary of Recommendations & Conclusion

9.1 Summary of recommendations

1. That the approach taken by the Victorian Government in implementing the Child Safe Organisation Standards and other "Betrayal of Trust" recommendations (Family and Community Development Committee, 2013) be implemented across Australia.
2. That the Royal Commission echo the Report of the Royal Commission into Family Violence (State of Victoria, 2016) and include a recommendation that new laws be enacted by the Commonwealth, States and Territories that ensure that privacy considerations do not trump victims' safety, so that OOHC service providers, child protection services and other institutions across Australia would be authorised to share information about the needs, vulnerabilities, threats posed and risks faced or presented by children and young people in, entering or leaving OOHC.
3. That OOHC service systems further develop and enhance the placement assessment stage as it is most critical for ensuring the delivery of safe and stable placements of children and young people and for facilitating their wellbeing and development in OOHC.
4. And further, that consideration be given to the utility and desirability of establishing an enhanced and/or extended OOHC "assessment placement" phase, particularly for residential care and home-based care placements where a child or young person presents with complex issues, such as a history of unhealthy sexual activity, sexualised behaviour and/or attachment disorder.
5. That the needs of HBC carers' family members, particularly any children and young people living at home, be considered in placement matching as they may be at risk of harm from children and young people placed in HBC or they may present a risk of harm to children and young people placed in HBC.
6. That the Royal Commission's proposed national data collection and reporting model be adopted in consultation with OOHC service providers, and State and Territory authorities.
7. That a national LAC Outcomes Data Program be established.
8. And further, that the LAC system be further developed across Australia as an integrated and aggregated screen-based information management system and database.
9. That Anglicare Victoria's "Children in Care Report Card" model be considered as a possible exemplar for data collection and reporting at a national level, as it provides a form of transparent reporting by OOHC service providers and by governments that should become the norm across Australia.
10. That an electronic Incident Management and Reporting System, such as RiskMan, be implemented as part of every OOHC service providers' risk management system.
11. That all OOHC service models across Australia be fundamentally based on trauma-informed practice principals.
12. That all OOHC service providers ensure that their managers, staff and volunteer carers working in OOHC services are trained in trauma-informed practice.
13. That all Residential Care facilities that have a capacity of four or more children and/or young people roster at least one active staff member between the hours of 11pm and 8am the following day.
14. And further, that OOHC have in place Overnight Safety Plans that articulates how the agencies will proactively respond overnight to the care, safety and supervision requirements of children and young people in residential care.
15. That a "professional" model of HBC is developed to meet the urgent need to recruit more foster carers across Australia.

16. That AV's "TrACK" program model or DHHS's "The Circle" model of therapeutic foster care become the base model for all HBC services across Australia.
17. And further, that greater support for developing and expanding alternatives to residential care for children under 12 years of age, such as more therapeutic foster care placements and introducing professional foster care.
18. That any further development of OOHC service models place an emphasis on children and young people's educational engagement and achievement.
19. That vehicles for involving young people leaving OOHC or post-OOHC (e.g. AV's Youth Movement Initiative) be incorporated into OOHC service models to provide opportunities for engaging young people who are not attending school, in discussing and learning about more general issues to do with everyday life, such as relationships including sexual relationships.
20. That state and territory governments extend OOHC to 21 years for those that choose to stay on and have the agreement from their carer, or receive care in another setting (for those in residential care or for those who do not wish to remain in foster care) that supports them in the community until they are 21 years.
21. And further, that the Royal Commission refer the issue of extending the provision of care to those in state care to 21 years of age to the Council of Australian Governments ("COAG") for examination and consideration by relevant Ministers at the earliest possible meeting.
22. That the Commonwealth, State and Territory governments resource and support more rigorous research on the effectiveness of TRC and TFC
23. And further that a theoretically grounded conceptual model of TRC and TFC that can guide the implementation and delivery of TRC and TFC should be developed through Commonwealth, State and Territory government cooperation. Whilst good progress has been made in the development of therapeutic residential care homes, expanding these programs must be an immediate priority. Residential care homes that can provide specific therapeutic or rehabilitative support for children and young people with problematic sexual behaviours should be explored.
24. And further that more research be resourced by Commonwealth, State and Territory governments to track the outcomes of children and young people who have received "therapeutic" or trauma-informed models of care.
25. That a maximum two or three year age range amongst children and young people in residential care homes be adopted as a mandatory standard.
26. Options for single sex residential care homes with a maximum number of two children or young people should be resourced and made available in response to children and young people's needs. (This model is currently being tested by AV. The cost is $300,000 per client per year of which AV is contributing $150,000 per client per year.)
27. That a nationally cohesive OOHC system with legislation, regulations and processes mirrored across state and territory boundaries be implemented.
28. That a national scheme for accreditation of OOHC service providers be implemented.

9.2 Conclusion

Anglicare Victoria is grateful for the attention to detail that the Royal Commission has afforded the issue of institutional responses to child abuse in OOHC and the opportunity to provide feedback to the Consultation Paper.

In this paper, AV has provided feedback on all the specific matters raised by the Royal Commission in the Consultation Paper and illustrated the feedback with examples of policy, procedure and practice where it was believed that it would add value to the response.

AV would emphasise the feedback provided in section four of this paper regarding the use of the term "therapeutic care and support". The Agency prefers to use the term "trauma-informed care and support" as it is believed that this is a more accurate description of the type of care and support provided by the Agency in the OOHC services known as "Therapeutic Residential Care" and "Therapeutic Foster Care" (i.e. The Circle Program) in Victoria. In each of these OOHC services, the Agency's partnership with agencies, such as AChiF, ensures that children and young people in OOHC do receive appropriate therapeutic services, although the OOHC service provided by the Agency is not in-and-of-itself "therapeutic". Having said this, the Agency would prefer that all OOHC service models were trauma-informed in approach, and therefore, appropriately funded by governments to provide service at this level of complexity and difficulty.

In closing, the Agency would also like to emphasise that its approach to providing OOHC services puts the child and young person at the centre of its considerations in a holistic manner. That is the agency seeks to ensure that all the child and young person's needs are met – safety, placement stability, and wellbeing and development – as AV believes that every child and young person in OOHC is entitled to "Better Tommorows".

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