Royal Commission into Institutional Responses to Child Sexual Abuse

Response to the Consultation Paper on Institutional Responses to Child Sexual Abuse in Out Of Home Care

The work of Relationships Australia

This submission is written on behalf of Relationships Australia's eight member organisations.

We are a community-based, not-for-profit Australian organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia provides a range of support services to Australian families, including counselling, dispute resolution, children's services and relationship and professional education. We aim to support all people in Australia to achieve positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

Relationships Australia has been a provider of family relationships support services for nearly 70 years. Relationships Australia State and Territory organisations, along with our consortium partners, operate one third of the 65 Family Relationship Centres across the country. In addition, Relationships Australia Queensland is funded to operate the Family Relationships Advice Line, work previously undertaken by Centrelink staff.

Relationships Australia organisations each provide a range of support services to people whose lives have been, or are being, affected by change, challenge, crisis and/or trauma. Each of our organisations has also been contracted to provide a range of supports to people who are affected by investigations undertaken by the Royal Commission into child sexual abuse. We have worked closely with the Commission over the period since its inception to ensure that our services dovetail with Royal Commission operations. A number of our organisations have also worked with State and Territory Inquiries to support people affected by child sexual abuse and to inform policy outcomes.

The information in this submission reflects our involvement with, and support of, clients who have experienced Out of Home Care (OOHC) and have been affected by child abuse. Our comments are

informed by listening to the experiences of clients, discussion with practitioners and service providers, research and reports.

We commend the Commission for acknowledging the need for improved responses to, and greater and longer-term support for victims and survivors.

Introduction

Our services have a long history of working in the OOHC space, including supporting children living in OOHC, those transitioning out of OOHC and post care services for adults with childhood experience of OOHC, such as those accessing our general therapeutic and Royal Commission support services. Clients come to our services from many and varied sources, including juvenile justice, child protection agencies, education settings or other community based support services.

We have observed very little change in OOHC in the time we have been providing support services to children and adults who are experiencing or have experienced OOHC. Unfortunately, while the language may have changed, the OOHC environment has made little progress in terms of improving outcomes for children. The pathways out of OOHC are similar to those we have observed in the past with children transitioning from OOHC to drugs, prostitution, unemployment and homelessness. We see children whose parents and grandparents were in OOHC, continuing a cycle of intergenerational disadvantage.

Whether children spend a little or long time in OOHC, the experience is generally traumatic due to the loss, interruption or absence of secure caregiver relationships. The intensive level of distress we see in our clients highlight the negative impact that OOHC care can have. At best it provides experiences of protection and nurturing that support children to overcome the traumas that precipitated placement out of their home. At worst, OOHC amplifies or continues children's experiences of trauma and abuse.

Relationships Australia sees our interaction with children with prior experience of OOHC as an opportunity to change the 'normal' trajectory for these children and break the intergenerational transmission of disadvantage signified by experience of OOHC. We hope that by understanding their experiences and histories we can assist them on the road to recovery.

Child sexual exploitation and child-to-child sexual abuse

- Relationships Australia supports the use of the descriptor/qualifier 'child-to-child' in front of the terminology 'sexually harmful behaviours' as important in reminding us that all children are victims.

- Vulnerability of young people often results in increased self-blame, in particular when the child has accepted gifts, food and/or shelter in return for 'sexual favours'. Our experiences suggest that young people who have experienced OOHC are less likely to disclose sexual abuse when it

occurs and /or are often unclear that such behaviour is against the law. This leads to higher levels of exploitation and lower levels of reporting.

Data limitations

- Relationships Australia shares the concerns of the Royal Commission with respect to the lack of good quality data to inform policy decisions and under-reporting of abuse in OOHC.

- The management of records is another area of concern that contributes to data limitation and poor outcomes for individual. Training in the importance of good record keeping needs to be improved across all OOHC providers and statutory bodies, with client needs given greater importance than the current legislative requirements. Access to records remains difficult within most jurisdictions and there is a need for more timely responses to access records to assist in the healing process. Records management could be re-designed with a greater emphasis on the person for whom records are being kept and information needed to inform program improvement.

- In recent years much has been written and declared about child-to-child sexual abuse in remote Aboriginal communities, particularly in the NT and remote SA. The SA enquiry into the APY lands in 2014/15 might offer additional information on the complexities where reporting, intervention and treatment are concerned. In reality there is anecdotal conversation amongst the profession about the potentially high rate of this type of abuse, but evidence and investigations identifying this as substantiated are low.

- Since March 2011, Relationships Australia Northern Territory in Partnership with the Australian Childhood Foundation has delivered a specialist counselling service to vulnerable children aged five to twelve years who have experienced interpersonal trauma and their families - Holding Children Together (HCT). In relation to children referred to our HCT team over the past 3 years; 15% are likely to have experienced sexual abuse. These children move between family, OOHC, kinship care and informal alternative family care so when and how the abuse has occurred is difficult to determine. However, our practitioners observe that child-to-child sexually harmful behaviour forms a part of this picture.

Regulation and oversight

- Relationships Australia supports the consultation paper's recommendations on accreditation of OOHC service providers, authorisation of carers and oversight of the OOHC system. Our experience suggests that relationships of trust between regulators and children would need to be a key element in facilitating a quality accreditation system. For example, simply asking whether things are 'okay' for the child will not solicit a disclosure. In developing accreditation standards it is important to ensure the input of children in the review of carers; a level of dependency on carers, fear of unknown consequences and insufficient care places will impact on a child's willingness and ability to disclose abuse.

- The framework for regulation and oversight should be enshrined in National legislation and policy frameworks so that institutions are clear about their legal responsibilities. This should include Commonwealth and State government departments such as child protection services, justice, health and social services, as well as private, secular, faith-based and other not-for profit organisations. National accreditation standards could be incorporated in standards for service that are required in order to attract funding.

- There needs to be robust policies and procedures that not only outline clear definitions of assault and abuse, but also clearly articulate expectations of staff with regard to the execution of their duties and the reporting of sexual assault and abuse allegations. Legislation, policies and procedures regarding female perpetrators should be considered with the same importance as given to incidents involving male perpetrators and to deal with the stigma that can surround the perpetrator being female. For example, one of our clients was told 'you should be so lucky, was it good?'

- There also needs to be clearly articulated policies and procedures with regard to the management of complaints with regard to allegations of sexual assault and abuse, and monitoring and regulation of the compliance of these policies and procedures. A National complaints policy should ensure that children, family members, carers and staff are made aware of their right to bring matters of concern to the attention of the organisation, its funding body, Child Protection agencies or an independent authority eg the Ombudsman.

- Complaints policy needs to be accessible and understandable to the children and adults who access services and OOHC settings and complaints policies should clearly articulate and comply with timeliness standards. The complaints management policy could include a requirement to hold a register that records all complaints with the aim of resolving all complaints and feeding back information to assist with continuous improvement.

- Organisations caring for children should be accountable to an independent reportable conduct scheme which has powers to monitor, review and investigate these organisations.

- A National regulation framework could benefit from the development of:
    - a National set of standards that specify evidence based best practice principles with regard to all aspects of OOHC.
    - a Child Safe Policy and Code of conduct whereby all staff, volunteers and students receive a copy and training upon induction to the organisation.

- We also recommend the establishment of a monitoring system that could record information to determine risk and notify regulatory bodies:
    - Where children are experiencing multiple placements a dedicated worker could be allocated for the extent of the time the child is in care to ensure that there is one consistent adult in the child / young persons' life who can have regular contact and build a trusting relationship.

- A check list / flagging system could be explored that alerts trends / patterns of behaviour that indicate increased risk such as 'missing from placements' or 'regular suspension from schools'.

- We support investigation of the potential of external monitoring systems for compliance as opposed to self-regulation. However, the cost of complying with external regulation requirements are difficult for NGO's to bear and must be factored in when allocating of funding.

- We also support better protections for whistle blowers who report child abuse. People do not come forward if they are in fear for their jobs. The current Whistle blower legislation states that it is illegal to vilify a person who has blown the whistle; however, it is often difficult to prove where the victimisation of whistle blowers is more subtle. Improved protection need to include strategies that support a change in culture at the senior levels of organisations.

Information sharing

- Relationships Australia supports the four points outlined in the paper regarding proposed developments for improving information sharing in OOHC contexts.

- Of particular interest is the need for clarity on the boundaries of confidentiality and privacy within the context of safety. As mentioned in the consultation paper, confidentiality (or misunderstandings around what information is confidential) can be a barrier to ensuring effective transition for vulnerable young people.

Child safe organisations

- Our experience suggests that education and training are key elements of a system that promotes child safe organisations. Other elements include checking and monitoring and ongoing support for children who have been in OOHC.

Public information and education

- We commend the Royal commission for increasing the national visibility of childhood sexual abuse. We also note the importance of giving child abuse ongoing prominence and provide the general public with more information on how to respond, for example, using strategies such as the White Ribbon Campaign.

- Our services identify a need for more facilitated conversations for children and young people about healthy relationships, healthy / safe touching, sexuality and general sex education. These conversations need to be within the care system as well (including carers/kinship) so that people are able to discuss what is okay and not okay (and cover the many grey areas that lead to abuse not being identified as such). These conversations are also needed to reduce the stigma around sexual abuse.

- Training needs to be delivered across sectors and jurisdictions to increase the shared language and understanding on issues surrounding child sexual abuse such as grooming, child exploitation etc. Ideally this training would be done at all levels of the organisations so it issues are addressed at the frontline and practice, through to policy and standards.

- A range of information modes need to be available to accommodate different styles of learning. This can include accredited training, fact sheets, online modules and face-to-face approaches with a strong focus on grooming, dealing with sexualised behaviours, sexuality education, and building new/healthy relationships.

Ongoing support

- Ongoing support services should be provided for young people when they reach the point of leaving care. Access to accommodation and support is essential to addresse their ongoing issues of being institutionalised. Support to allow young people to transition well from OOHC to independent living should include therapeutic support and practical life skills such as cooking and budgeting.

Prevention of child sexual abuse in OOHC

- We agree that specialised training programs for children, carers and staff within OOHC are required to assist in the prevention of child sexual abuse in OOHC.

- We support the report's recommendations outlined in the paper, noting that training and education in the area of child sexual abuse needs an ongoing commitment by government.

- There is evidence that suggests that one of the best ways to prevent and detect child abuse of any nature in OOHC is to ensure a child has regular contact with family and kin. These relationships can be the safest and most effective way to monitor the wellbeing for children in OOHC.

- We also support the introduction of official "visitor" programs for children in OOHC. The importance of independent, regular monitoring of children in care would not only act as a deterrent to care providers, it is also an additional safety mechanism for children for both disclosure and feedback on quality of care. Such programs as the Official Community Visitor's Program provide a promising model for how this approach could work.

- Policies and procedures that ensure the views of children are heard and acted upon, such as requiring independent bodies speak regularly to children and report back with their findings. This is particularly important when children are living in an institution.

Training of workers

- We support the introduction of mandatory training modules on child protection. We support policy that leads to all staff engaged in direct practice with children being required to complete and pass all aspects of child protection mandatory training.

- Support services could be funded to provide mandatory training on protective behaviours and child focussed practice for staff working with children and for all children 2 – 18yrs (for example, see http://www.socialrelations.edu.au/workforce-development/child-focused-practice-online/).

- Policies and procedures should back up this training to ensure that the views of children in institutional settings, including out of home care are heard and acted upon. There could be requirements that independent bodies speak regularly to children and report back with their findings. This is particularly important when children are/or have been living in any OOHC setting, for example, post adoption support services should involve ongoing visits with the child by social workers till they reach the age of 18 years.

- All staff, volunteers and students should have their work regularly monitored by clinical supervisors and managers

- Prevention services should be mandated to ensure appropriate regular checks are carried out by the government on children who are cared for by child protection and social services, including those who are later adopted. For example, one of our clients experienced horrific sexual and physical abuse in the 60's and 70's after being privately adopted as there were no checks carried out on her welfare.

Training of carers

- There is a great need to re-assess the workforce within the child protection area. It is often the situation that there are highly complex circumstances surrounding a child in OOHC and they may have a multitude of co-morbidities. The workers managing these cases need to be highly skilled with high levels of communication and conflict resolution skills. It is currently our experience that child protection services attract new graduates, rather than people who are experienced workers in the sector and who aspire to work in child protection.

- Where there is complexity in the circumstances surrounding a child there is a need for good collaborative case management approaches with true partnerships that include carers and families. This does require clear roles and responsibilities, and adequate training that is responsive and timely. Carers need to be part of all care meetings to ensure consistency in the intent of the intervention. We find that the current confidentiality rules often impede these collaborative discussions.

- There is also a need for carers and workers to be trained in trauma as we recognise that it is difficult and challenging for carers and workers to support children who have prior experience of trauma.

Aboriginal and Torres Strait Islander children

- We agree with the statement that programs are not tailored to support children from Aboriginal and Torres Strait Islander backgrounds. We also agree that developing a nationally consistent therapeutic framework for OOHC service delivery, outlining the key elements is essential.

- However, we do not believe that this alone would address the need for the development of culturally appropriate therapeutic care and response tailored to support children from Aboriginal and Torres Strait Islander backgrounds. We believe that a Nationally consistent therapeutic framework for OOHC service delivery without comprehensive and informed development of culturally appropriate models of practice and would serve to make invisible, the needs of specialist groups.

- Furthermore, a comprehensive and responsible program to assist Aboriginal and Torres Strait Islander community people to train and gain practitioner qualifications is vital to the sustainability of such an approach. Our experience in the NT and elsewhere support the proposition that models require employment of local Aboriginal staff. Bi-cultural teams need to be a feature of this work and funded agencies should adopt this practice as part of their model and be funded accordingly.

- There needs to be more funded resources and Aboriginal specific services to deal with the high level of Aboriginal children in OOHC and the impact of this on their life trajectory.

- We support the promotion and development of kin-specific processes and models of screening and assessment within Aboriginal specific as well as non-Aboriginal services related to OOHC. We favour models that include, support and address the needs of birth parents and promote an ongoing relationship with the child where possible.

- Equally important as developing a nationally consistent approach, is nationally agreed recognition of cost for this type of complex therapeutic service. There are some important considerations:

    - In order to keep children out of care, more resources need to be targeted at the early and secondary intervention end of a therapeutic, multi-systemic family support service.
    - Our experience suggests that once a child is in care, the sought after 'stabilisation' is not achieved. Children are likely to child experience care drift and frequent placement changes and the need for consistent therapeutic care is compromised.
    - The reality of multiple placement change is often coupled with pressure from child protection authorities who are paying for the therapeutic component of the child's care and insisting that it should be time limited and must demonstrate change.
    - The child's recovery and potential reunification with family requires long term intervention and support and this should be accepted as a part of the model and funded accordingly.

- Placement stability and reducing the number of 'strangers' in a child's life for an Aboriginal and Torres Strait Islander child may also be improved by developing long term (professional) relationships with a child's identified placement carer that could include ongoing training, professional development and reflection processes. This approach requires working with or a working alongside carers and an agreement to increase knowledge and expertise and gain recognition for doing so.

A supportive and quality care environment

- There needs to be a smooth continuity in the provision of ongoing services to children in OOHC. This should include an integrated system response that is easy to navigate and provides seamless transitions in line with an individual's journey (not pushing people from here to there). Key elements should include:

  - warm, supported referrals.
  - flexible service delivery, including outreach support, drop-in services, telephone and face-to-face counselling. An example of where continuity was not achieved was when the Australian Government provided compensation after the National Forced Adoption Apology through Access to Allied Psychological Services (ATAPS), rather than existing post adoption support services. ATAPS did not have a connection with the adoption community and had very few clients attending the program.
  - There should be a multi-layered approach. For example, when working with Forgotten Australians and members of the Stolen Generation, therapeutic treatment or healing may need to occur over multiple domains: trauma from child sexual assault and feelings of abandonment, loss and grief through separation from family, loss of culture, country and identity.
  - Specialised and tailored trauma-informed services.
  - Appropriate physical locations.

- Workers should be skilled in trauma-informed practice and be able to undertake case management. The service should also be flexible enough to meet the specific needs of the client and accessible to anyone affected by childhood sexual abuse, see http://www.respondsa.org.au/wp-content/uploads/sites/8/2013/05/Cry-for-Help-Report_2008.pdf

- The long term impacts on people who have been affected by OOHC are such that governments should remain responsible for providing support across the lifespan. Holistic support services will assist victims to break the cycles of disadvantage for themselves and their children, and holistically address experiences of the trauma.

- Transitioning may represent a key time for supporting children who have experienced OOHC. Where Relationships Australia supports children transitioning out of OOHC, we see poorly funded services and inadequate support. At this point young people often disclose sexual abuse. This is because they may have disclosed in the past and no action was taken, or it is the first time they feel they can trust an adult. Many of these clients do not trust people from institutions or the police as they have no experience of a trustworthy adult. We support a model that refers every child that has experienced OOHC to therapeutic aftercare when transitioning out of OOHC.

- The quality framework also needs to cover ongoing professional development for staff in working with trauma:

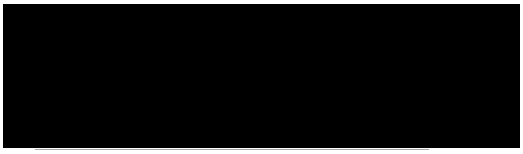
  - Increasing numbers of Aboriginal and Torres Strait Islander children are put into OOHC with a court order stipulating placement until 18 years old. There appears to be far less

investment in working with parents to increase the likelihood of a safe return of children to their care.

- Client's report threats from child protection authorities that if the mother gets pregnant again the baby will be taken away at birth. This appears to confirm an attitude of some workers that the mother is incapable of change. In contrast the mothers we have worked with have been highly motivated to make change.
- Pressures of high demand and high case loads of workers means that apparent lack of available options and/or time restraints can mean children are placed in an inappropriate OOHC situation, be that Kinship or other.
- Insufficient staff numbers and high caseloads also lead to a lack of meaningful training, professional development and supervision, and compromised decision making regarding placement.
- In contradiction to the paper, in our experience there has been a decrease in placements for Aboriginal and Torres Strait Islander children in the care of Kinship or relatives and an increase in placement in foster care.
- We believe there needs to be special consideration to the discourse developed and taken into the community around child-to-child sexually harmful behaviours in Aboriginal and Torres Strait Islander communities. We believe the discourse is vital; however, its implementation would need to take into account the different impacts such exposure would have within a collective culture compared to an individualistic culture.
- Our work with the Royal Commission has us believe that incidents of sexual abuse and child-to-child sexually harmful behaviours are higher than current estimates show. The geographic expanse and the isolation of many areas where people live, along with a long history of Inquiries and interventions, with a perception of little evidence of promised change, are barriers to uncovering the true estimates. Many people and areas have not yet been reached nor the relationships built to have the appropriate conversations.

Thank you for the opportunity to provide a submission to the Royal Commission Consultation Paper on Institutional Responses to Child Sexual Abuse in Out-of-Home Care. Should you require any further clarification of any aspect of this submission or need information about the services Relationships Australia provides, please contact me or Paula Mance, National Policy Manager, Relationships Australia.

Yours sincerely,



Alison Brook
National Executive Officer

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See also:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2010-13/govtcomp/report/c02

Additional Information

Australian Institute of Health and Welfare Report Young people in child protection and under youth justice supervision 2013–14 has confirmed the trend that young people who are in state care are much more likely to enter youth justice detention.

Data from the participating states (South Australia, Tasmania, Victoria and the ACT) shows:

- young people who were the subject of a care and protection order were 23 times as likely to be under youth justice supervision in the same year as the general population
- 7% of those who were the subject of a care and protection order were also under youth justice supervision in the same year (although not necessarily at the same time), compared with just 0.3% of the general population aged 10-17
- youth justice supervision was most likely for ATSI young people: ATSI males were 1.4 times as likely to be under supervision as non-Indigenous males, and Indigenous females were twice as likely
- just over one-quarter (26%) of those in detention were also involved in the child protection system, which is 13 times the rate for the general population
- The level of child protection involvement for those under community-based supervision in 2013-14 was also high: more than one-fifth (22%) were also in the child protection system.
- the younger someone was at their first youth justice supervision, the more likely they were to also be in child protection in 2013-14