



Bringing care to life

# Preventing and responding to allegations of child sexual abuse occurring in Out of Home Care

Submission to the Royal Commission  
Into Institutional Responses to Child  
Sexual Abuse: Case Study 24

Submitted by: BAPTCARE

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## PART A – Background Information

### Introduction

Baptcare is a welfare agency of the Baptist Union of Victoria. Our objectives are to plan and promote Christian social services within Victoria and to co-ordinate the various social service activities of the Union and churches of the Union. Objectives of the organisation are to provide welfare, health and community services to people who are disadvantaged by reason of their physical, emotional, economic and social circumstances; to provide relief to individuals, families and children who are in necessitous circumstances because of poverty, destitution, suffering or helplessness; and to undertake or carry out any other charitable purpose. Baptcare pursues excellence in every aspect of its work, integrating its holistic approach to care for each and every individual regardless of their faith, monetary, cultural or lifestyle backgrounds.

Baptcare has a long history of providing support services. The organisation was founded in 1945 when a group of Baptist women joined together to raise funds to open Australia's first Baptist home for older people. Today Baptcare continues to proactively respond to human need by providing care to children, youths, families, people with disability, older people, and people seeking asylum. Baptcare has 37 offices and facilities across Victoria and Tasmania and employs over 1,600 staff and 600 volunteers. With a broad vision of community participation, Baptcare is committed to creating positive change by addressing significant, emerging and chronic conditions within the community; particularly issues that concern and impact on the marginalised and the disadvantaged. Baptcare provides a range of services and support in Victoria and Tasmania including:

- Residential care for older people
- Independent living and assisted living options for older people
- In-home support packages for older people living at home
- Integrated family and children's services
- Disability support services
- Out of home care – foster care and kinship care
- Asylum-seeker housing and support services
- Health care services for the homeless
- Targeted Youth Support Services
- Affordable housing
- Pastoral care for clients, residents and their families



**Note:** This submission focusses on Baptcare's provision of Out of Home Care Service, which are provided in Victoria only. Although Baptcare has extensive operations in Tasmania, these do not include provision of Out of Home Care.

## Out of Home Care Services

The Home based care program provides care to children and young people from birth to eighteen years who are unable to live with their families due to child protection concerns. Baptcare provides Foster Care in the Western Metro Division and Kinship Care in Brimbank and Melton local areas.

### **Foster Care** (total placements = 38)

- **General Foster Care:** General foster care is voluntary or statutory care by way of Court Order, for children and young people aged between 0 to 18 years in the homes of volunteer caregivers. (25 placements)
- **Intensive Foster Care:** Intensive foster care provides care for children and young people assessed as having intensive support needs which may be behavioural, emotional, medical or physical. Intensive foster care may also be provided for children where there has been a placement breakdown as a result of their challenging needs or to manage the high demands of a large sibling group. Intensive foster care is always statutory care. (13 placements)

### **Kinship Care** (total placements 63)

The Kinship Care program provides case management and support to kith and kin families who have taken on the care of a child who has been removed from their parents due to protective issues. The care is provided within the family or extended network.

- **Statutory kinship** placements occur when a Child Protection intervention has occurred and a decision has been made to place a child with relatives or a significant friend, and may also involve an order made by the Children's Court (48 contracted cases) (15 placement establishment cases)
- **Private, informal or non-statutory kinship** care are terms which may be used to describe arrangements where children are cared for by relatives without any Child Protection intervention.

Responsibility for case coordination, management and support of Out of Home Care cases may be held by Department of Health and Human Services<sup>i</sup> (DHHS), or contracted to the Community Services Organisation (CSO).



## Legislative Framework

Baptcare's provision of services is subject to the following key legislation including amendments and associated regulations:

- Children, Youth and Families Act (2005) Victoria
- Child Wellbeing and Safety Act (2005) Victoria
- Disability Services Act (2006) Victoria
- Children, Young People and their Families Act (1997) Tasmania
- Disability Services Act (2011) Tasmania
- Crimes Act (1958) Victoria
- Working with Children Act (2005) Victoria
- Information Privacy Act (2000) Victoria
- Health Records Act (2001) Victoria
- Privacy Act (1988) Commonwealth
- Personal Information Protection Act (2004) Tasmania

## Policy and Program Guidelines

Baptcare's provision of Out of Home Care services is subject to the full range of DHHS policies defined in the Service Agreement Information Kit (<http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement>).

The following policy and program documents apply directly to the subject matter of this submission:

- DHS, Program requirements for home-based care in Victoria (Interim revised edition April 2014)
- DHS, Child Protection Policy and Practice Manual
- DHS, Step by Step Victoria Assessment tool
- DHS, Shared Stories, Shared Lives training package
- DHS, Police checks (Criminal History Checks) Policy
- DHS, Responding to Allegations of Physical or Sexual Assault, Technical Update 2014 (Vic)
- DHS, Guidelines to Responding to Quality of Care Concerns in Out of Home Care, Technical Update 2014 (Vic)
- DHS, Critical client incident management instruction, Technical update 2014 (Vic).



## Baptcare Procedures and Work Instructions

Baptcare implements internal procedure, guidelines and work instructions to instruct staff as to their responsibilities for action in particular circumstances. Those Baptcare procedural documents with greatest bearing on the subject matter of this submission, are listed below and are provided as Appendices

- Appeals process for unsuccessful carer applications (FACS Work Instruction Vic)
- Assault of a client during service delivery (FACS Procedure)
- Carer Accreditation and Review Committee (FACS Terms of Reference)
- Carer households – Identification and Monitoring (FACS Work Instruction Vic)
- Carer registration process (FACS Work Instruction Vic)
- Child abuse and reports to Child Protection (FACS Work Instruction Vic)
- Incident Reporting Vic (FACS Work Instruction Vic)
- Police Checks (Baptcare HR Procedure)
- Supervision of Staff (FACS Procedure)
- Supervision of carers, volunteers and casual staff (FACS Procedure)
- Working with Children Checks (FACS Procedure)

## List of Acronyms

ACSASS	Aboriginal Child Specialist Advice and Support Service
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CASA	Centre against Sexual Assault
CP	Child Protection, a division of DHHS
CSO	Community Service Organisation
DEECD	Department Education and Early Childhood Development
DHS	Department of Human Services Victoria (up to 31.12.2014)
DHHS	Department of Health and Human Services Victoria (after 1.1.2015)
FACS	Family and Community Services Division of Baptcare
OoHC	Out of Home Care
QoC	Quality of Care process
SOCIT	Sexual Offences and Child Abuse Investigation Team (of Victoria Police)
START	Specialized Training Assessment and Response Team
VACCA	Victorian Aboriginal Child Care Agency
VFPMS	Victorian Forensic Paediatric Medical Service
VICSEG	VICSEG New Futures, incorporating Victorian Cooperative on Children's Services for Ethnic Groups and New Futures Training



## PART B - Responses to Case Study 24

### 1. Recruitment, Assessment and Training of Carers and Staff

#### *1(a) Screening of carers and staff as well as carers' household members. For example working with children check and criminal check*

1(a)	Baptcare undertakes the following suitability checks prior to appointment:
1(a)	<p><b>Foster Carers</b></p> <ol style="list-style-type: none"> <li>1. The Carer Recruitment and Retention Worker receives initial enquiries and conducts a preliminary interview with the prospective foster carer, to overview the role. The Carer Recruitment and Retention Worker records interview outcomes and these are retained in a file established for the foster carer household.</li> <li>2. An on-line check that the prospective carer has not previously been disqualified from the Victorian Carer Register, is performed by the team leader or program manager. This check is made visually, using a secure login to the Victorian Carer Register. An email confirmation is generated by the Register to the enquirer, confirming the check outcome.</li> <li>3. A National Criminal Record Check ('Police Check') is undertaken for carers and members of carer households aged over 18 years, who reside or regularly stay overnight. If the Police Check result shows a disclosable outcome, this result is discussed between the Operations Manager and General Manager and a decision reached as to the carer's suitability. This decision is based on whether the matters disclosed indicate that the person is unable to meet the inherent requirements of the role, viz providing a safe environment for a child. If it is determined that the police check result does not preclude suitability for the carer role, then in consultation with DHHS Local Engagement Officer (LEO,) the appointment process proceeds to the next stage. An example of a check result that may not preclude suitability for the carer role, is a minor theft charges as a juvenile.</li> <li>4. Also required is a satisfactory result in an International Police Check from any country in which a prospective carer or member of the carer's household has lived for longer than 12 months during the previous 10 years. Here a satisfactory result would be absence of any convictions, and in particular those that indicate an inability to meet the inherent requirements of the role. If the applicant is unable to obtain an International Police Check, then a satisfactory referee report from 3 people who knew the applicant in this overseas country and can vouch for their good character, may be acceptable to Baptcare. The decision regarding acceptability of an international Police Check result is made by the General Manager in consultation with the Operations Manager.</li> <li>5. A Current Working With Children Check is required for prospective foster carers and for any adult member of the household who will have a parenting role with the child.</li> <li>6. If the prospective carer has previously fostered with another Community Service</li> </ol>





	<p>Organisation (CSO), the carer's permission is sought to obtain a reference from this organisation. If granted, the Carer Recruitment and Retention Worker contacts this organisation to seek a reference as to the person's suitability. If this CSO confirms the applicant's suitability in the form of a positive reference (verbal or written), then this information is retained in the carer file. If the carer does not grant permission, the appointment process for that carer applicant would not proceed.</p> <p>7. Reference checks are conducted and documented, with 3 people nominated by the prospective carer. These must be by telephone or face to face. The request to the applicant is to identify referees who have known them for 2 years' or longer, are currently in contact with them, and are not direct relations. To be regarded as satisfactory, these reference checks must be unreservedly positive and must vouch for the prospective carer's ability to interact appropriately with children.</p> <p>8. Confirmation of the suitability of all check results is the responsibility of the Carer Accreditation and Review Committee (further information is provided in para 34).</p>
1(a)	<p><b>Kinship Carers</b></p> <p>9. DHHS Child Protection is responsible for the completion of preliminary and comprehensive assessments of prospective carers ('Part A' and 'B' assessments).</p> <p>10. The Part A assessment includes consideration of:</p> <ul style="list-style-type: none"> <li>- The capacity of the carer to promote the child's safety, healthy wellbeing and development</li> <li>- The criminal history of the carer and usual adult members of the household</li> <li>- The history of the carer and household members as it relates to them as carers of the children'.ii</li> </ul> <p>11. The Part B assessment is undertaken for kinship arrangements likely to proceed beyond three weeks. This assessment focuses 'on the carer's capacity to engage in longer term planning for the child, and their ability to meet the ongoing needs of the child'.iii</p> <p>12. Police Checks (criminal history and International) of the prospective carer(s) and members of the household aged 18 and over, who reside or regularly stay overnight, are also required as part of these assessments, and are undertaken by Child Protection.</p> <p>13. At or soon after the time of referral of the placement to Baptcare, the Parts A and B assessments are provided. There have been occasions when the placement has been commenced and Baptcare has accepted the referral, prior to receipt of both Part A and B assessments. On these occasions Baptcare has received verbal confirmation of suitability checks having occurred.</p> <p>14. Working with Children Checks do not apply to Kinship Carers and household members.</p>
1(a)	<p><b>Staff, volunteers and contractors</b></p> <p>15. Baptcare's Police Check procedure prohibits the engagement into any role of any person convicted of murder or sexual assault or convicted of, and sentenced to, imprisonment for any form of assault.</p>



	<p>16. All Baptcare Family and Community staff members, volunteers, and contracted service providers with unsupervised client contact, are required to participate in a Police Check or provide a certified copy of a current Police Check (less than 3 months old) prior to confirmation of appointment and commencement in the role.</p> <p>17. If the Police Check result shows disclosable outcomes, these are discussed between the General Manager, Human Resources Manager and Operations Manager, to determine if the disclosable outcome indicates that the person may not be a fit and proper person to meet the inherent requirements of the role. A further opportunity may be provided for the person to demonstrate how the disclosable outcome does not preclude their ability to meet the inherent requirements of the role. The General Manager in conjunction with the Human Resources Manager, determines the person's suitability to be further considered for the position on the basis of this information.</p> <p>18. If they have lived overseas for 12 months or longer during the previous 10 years, all Baptcare Family and Community Services staff members and volunteers are required to obtain a satisfactory result in an International Police Check. If the person is unable to obtain a Police Check from the country in which they have lived, then a satisfactory referee report from 3 people who knew the applicant in this overseas country and can vouch for their good character, may be acceptable to Baptcare. If an international Police check yields a disclosable outcome, then the process for consideration of disclosable outcomes listed above in para 17, applies.</p> <p>19. All Baptcare Family and Community Services staff members are required to hold a current Working with Children Check. Volunteers engaged in unsupervised or regular work with children are required to hold a current Working with Children Check. At the time of appointment to Baptcare, the holder of the WWC check is required to notify the Department of Justice of the details of their employer. This provides for Baptcare to be alerted directly by the Department of Justice if the person's approval is withdrawn or if it expires.</p> <p>20. Contractors and suppliers engaged by the Family and Community Services division are subject to a risk assessment. The risk rating ascribed then determines the form of service agreement/contract offered by Baptcare and the information required to be provided by the supplier. If the contractor is involved in providing in-home services to families with children, or where the contractor may have exposure to confidential client information, their risk rating is assessed as high and they are required to warrant that their staff hold current Police Checks and current Working with Children checks.</p>
1(a)	<p><b>Renewals of checks</b></p> <p>21. The Baptcare Police and Working with Children Check procedures require that staff, volunteers and carers advise their supervisor or the Human Resources Manager of any charges or convictions that arise during their engagement, that may affect their Police Record or favourable assessment of their suitability to work with children.</p> <p>22. Baptcare maintains registers of expiry and renewal dates for staff, volunteers and foster carers and these are regularly reviewed in order that renewals of checks can be</p>



	<p>prompted. Police checks are held to be current for 3 years, and Working with Children Checks are current for 5 years. Team leaders and program managers are responsible for monitoring expiry dates. Baptcare relies predominantly on systems that provide visibility of expiry dates on intranet registers to prompt reminders to staff and carers to renew checks.</p> <p>23. Police Checks are updated three yearly for foster carers, volunteers and staff. All check renewals of staff members, volunteers and foster carers, are paid for by Baptcare.</p> <p>24. New Police Checks are instigated if new household members join the foster carer's household. Carers are required to notify Baptcare promptly of changes in their household composition</p> <p>25. Repeat Police Checks of Kinship Carers and their household members aged over 18 years, are initiated and paid for by DHHS at intervals of 3 years. When the Baptcare case manager undertakes Part C annual assessments, this includes a review of the currency of the kinship carer's police check. If a renewal is required, the DHHS case manager is advised in order that the check can be undertaken. Baptcare has been advised by DHHS that DHHS maintains a regular review of police checks including running reports.</p> <p>26. If a staff member, foster carer or volunteer in Baptcare Family Community Services is unable to renew their Police or Working with Children Check for any reason, they are ineligible to continue in the role.</p> <p>27. Currency of Police and Working with Children checks is monitored in both spot and regular quarterly audits undertaken by the Quality Officer. Audit results are documented. Audit results are monitored by the Quality Coordinator and reported annually to the Quality and Clinical Governance Committee of the Board. Audits of checks are also undertaken as part of three-yearly accreditation reviews by Baptcare's independent Quality assessor.</p>
1(a)	<p>28. <b>Records</b></p> <ul style="list-style-type: none"> <li>- Baptcare-PRM (Personnel Risk Management) Group database of Police Check results</li> <li>- Carer Volunteer Enquiry intranet database, which holds records of new carer enquiries</li> <li>- Individual staff, carer and volunteer personnel files</li> <li>- Intranet registers for maintaining currency of Police and WWCC checks (Staff, Volunteers and Carers)</li> <li>- Family and Community Services Supplier intranet Register</li> <li>- Family and Community Services Supplier Risk Assessment Register</li> </ul>

### 1(b) Assessment of carers and staff

1(b)	<p><b>Foster Carers</b></p> <p>29. Prospective foster carers' suitability is assessed in a process which extends from first contact through to the completion of carer accreditation.</p>
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30. The Carer Recruitment and Retention Worker conducts the assessment process using the DHS-approved *Step by Step* framework, which includes suitability checking (covered in 1(a) above), medical fitness check, a Home and Environment Check, and pre-service DHS-approved training *Shared Stories, Shared Lives*.
31. Suitability assessment is coordinated by the Carer Recruitment and Retention Worker in relation to both the carers and their household members. Suitability assessment encompasses broad factors including attitudes, skills and personal attributes. The competencies against which potential carers are assessed include capacity to:
  - Provide safe environment free from abuse
  - Promote the positive development of children in care
  - Personal readiness to become a carer
  - Ability to work as part of a team.
32. At least one home visit is conducted as part of the assessment and all household members of the prospective carer household are required to participate in an information session, which includes an assessment component for the carers. The Assessment of foster carers is undertaken and reported by two members of the foster care team.
33. Mandatory pre-service training is in the form of *Shared Stories, Shared Lives* (V2006), a 3-day, 8-module training program for prospective carers conducted collaboratively by Baptcare in partnership with 3 other CSO's. This training is provided by staff who have participated in familiarisation training ('Train the Trainer' approach) and are approved as assessors of foster carer applicants. The Baptcare Team Leader and Carer Recruitment and Retention Worker maintain close contact with prospective carers as they undergo the training and preparation.
34. On completion of the *Step by Step* process, a report is prepared for the accreditation of the foster carer applicant. Accreditation is undertaken by the Carer Accreditation and Review Committee convened by Baptcare. The Carer Accreditation and Review Committee comprises both Baptcare and DHHS representatives; its role is to consider the assessment report (see para 31), formally review the application, determine acceptance or rejection, and if accepted, determine the carer's specific accreditation status.
35. On completion of the Accreditation Committee's determination the carer enters into a *Foster Carer Agreement* with Baptcare, signs a *Code of Conduct* that binds him or her to behavioural standards, and is registered on the Victorian Carer Register.
36. To maintain foster carer registration, the carer must retain current suitability checks (Working with Children and Police Checks), participate in required training and receive a favourable report in annual reviews against the required competencies. Carers are expected to fulfil the terms of the *Foster Carer Agreement and Code of Conduct*, by participating in care team processes, and by demonstrating an appropriate standard of care and nurture of the child in placement.
37. Ongoing assessment of foster carers occurs through supervision. The child is matched with an appropriate carer who holds the appropriate accreditation status, and who in the opinion of the foster care team leader, possesses the personal/household attributes



	<p>suited to the child’s needs. The foster care case manager is responsible for developing a positive and supportive relationship with both the child and the carer, and providing monthly support and supervision to the carer and child.</p> <p>38. Monitoring of the placement is continuous and occurs at each occasion of contact between the case manager, carer and child. Case workers are responsible making monthly home visits to the carer. All information that arises in their interactions with the carers and child, via direct communication and observation, are considered. This information is continuously evaluated in relation to the child’s best interests and his or her safety, stability and development. The information is also considered as it reflects the carer’s suitability to the role of carer.</p>
1(b)	<p><b>Kinship Carers</b></p> <p>39. As explained above (paras 9-11), Parts A and B Assessments of carers are coordinated by DHHS Child Protection and are provided to Baptcare at the time of placement commencement (Part A – within the first week of the placement) and in the early period of the placement (Part B – to be completed within 6 weeks of placement commencement).</p> <p>40. The preliminary assessment of kinship carers includes:</p> <ul style="list-style-type: none"> <li>- ‘The capacity of the carer to promote the child’s safety, healthy wellbeing and development</li> <li>- The criminal history of the carer and usual adult members of the household</li> <li>- The history of the carer and household members as it relates to them as carers of the children'.iv</li> </ul> <p>41. The Part B kinship care assessment focuses on ‘the carer’s capacity to engage in longer term planning for the child, and their ability to meet the ongoing needs of the child’.v</p> <p>42. In the event that an existing kinship care placement breaks down and a new placement is needed for the child, Baptcare – as contracted case manager – collaborates with DHHS in the assessment of a new carer/placement. In this circumstance Baptcare would be directly involved in completion of the Part A and Part B assessment form, and in other aspects of placement assessment. The completion of the Police Check for the new carer would remain the responsibility of DHHS.</p> <p>43. Ongoing assessment of kinship carers occurs during supervision of the placement: Kinship carers and the child in care, are matched by Baptcare with a kinship care case manager. The case manager develops a positive relationship with the child and carer, and provides regular supervision of the placement. Monitoring of the placement occurs at each occasion of contact between the case manager and the carer and child. Case workers are responsible for considering all information that arises in their interactions with the carers and child, via direct communication and observation. This information is continuously evaluated in relation to the child’s best interests and his or her safety, stability and development. The information is also considered as it reflects the carer’s suitability to the role of kinship carer.</p> <p>44. Formal review of kinship carers are undertaken annually (Child Protection kinship carer assessment report ‘Part C’), and incorporate a home visit and focus on the carers’</p>



	<p>competencies, home and environment check, training and skill development needs and currency of police checks. The review of kinship carers occurs within an overarching consideration of the carer's ability to meet the child's needs. The case manager observes the child in the placement, speaks privately with the child about his or her feelings about the placement, and considers broader information regarding the progress of the placement as evidenced in incident or quality of care reports.</p> <p>45. Responsibility for completion of Part C assessments resides with Baptcare.</p> <p>46. During 2014<sup>vi</sup> Baptcare conducted research into Kinship Care and our findings indicate that the complexity in kinship care placements may not be sufficiently apparent at the time of completion of DHHS Part A and B assessments. Our findings, based on analysis of 130 case files for kinship care placements managed across 3 provider organisations in Melbourne, indicated the presence of significant complexity issues in the carer household and the child, that were not recorded in Parts A and B assessments. Examples of these complexity issues for carers include conflict with the child's parents, financial difficulties, and concerns over concerns over parental contact arrangements and fear of reunification, carers' lack of engagement with services. Examples of complexity issues for children were significant behavioural issues, developmental delay, school difficulties, mental health issues, sexual abuse – past history of allegations. Our recommendations included that the assessment process for kinship care placements be strengthened to ensure detection and capacity to plan for and respond to the complexity in these placements.</p>
1(b)	<p><b>Staff members</b></p> <p>47. Baptcare Out of Home Care team recruits staff according to defined position descriptions that specify duties, qualifications and requirements in relation to prior experience. Staff providing client-facing, team leader and program manager roles are all required to hold appropriate tertiary qualifications (such as degree in social work or psychology), as well as demonstrated experience and knowledge of the sector (e.g. prior experience in Child Protection).</p> <p>48. The Baptcare recruitment process requires advertisement of positions, written applications from candidates which address key selection criteria, participation in an appropriately constituted interview panel that follows a consistent format and the results of which are documented, review of qualifications, and completion of satisfactory referee and suitability checks (detailed in 1(a) above). The staff appointment process is overseen by the program manager Out of Home Care, who participates directly in the interview and decision-making.</p> <p>49. A key aspect of Baptcare's staff recruitment approach is assessment of applicants' alignment with the Baptcare values (Respect, Justice, Integrity, Accountability, Commitment and Co-operation). Discussion of these values is included in the interview with the candidate, and their attitude and ability to demonstrate examples of behavioural compliance with the values, is assessed.</p> <p>50. Commencing staff are provided with a <i>Staff Handbook</i> that provides information regarding the values, and are required to sign a <i>Code of Conduct</i> which defines acceptable behaviours. New appointees are required to confirm their agreement</p>



	<p>through signature with additional organisational policies including 'Privacy and Confidentiality' and 'Computer Resources -Acceptable Use'. These policies are explained in a corporate induction session provided to new staff, as well as during one-on-one induction with the staff member's immediate supervisor which takes place in the first days after commencement.</p> <p>51. Ongoing assessment of staff in their operational roles, occurs through supervision. Case managers and team leaders in Out of Home Care are allocated to a supervisor and provided with regular, individual formal supervision (approximately one hour per fortnight) that enables among other subjects, review of case information. Formal supervision is documented. Informal supervision in relation to matters that may arise with the case is provided at the instigation of either case manager or their supervisor. Team reflective practice sessions are conducted periodically, as are peer case discussions. Case managers and other team members are monitored by supervisors and peers via their participation in these activities.</p> <p>52. Baptcare's performance development system entails annual individual performance plans and 6-monthly reviews between the staff member and their supervisor, at which overall performance is considered against position objectives, and training needs are assessed.</p>
1(b)	<p><b>Records</b></p> <p>53. Foster Carers:</p> <ul style="list-style-type: none"> <li>- Individual Carer Files, incorporating <i>Step by Step Assessment</i> documentation and Initial/Annual Reviews; <i>Foster Carer Agreement</i> and <i>Foster Carer Code of Conduct</i>; Supervision notes and training records; Quality of Care documents including outcome reports; Carer Accreditation and Review Panel Minutes.</li> <li>- Entries in client information databases, viz Client Relationship Information System (CRIS); Client Relationship Information System for Service Providers (CRISSP), and The Care Manager (TCM).</li> <li>- Databases cited in 1(a) above, that contain information in relation to suitability checks.</li> </ul> <p>54. Kinship Carers:</p> <ul style="list-style-type: none"> <li>- Kinship carer files, which are maintained as a component of the Client file for the child on placement and include Parts A and B assessments; Quality of Care documents including outcome reports, Part C assessments.</li> <li>- Entries in client information databases, viz Client Relationship Information System (CRIS); Client Relationship Information System for Service Providers (CRISSP), and The Care Manager (TCM).</li> <li>- Databases cited in 1(a) above, that contain information in relation to suitability checks.</li> </ul> <p>55. Staff members:</p> <ul style="list-style-type: none"> <li>- Individual staff personnel files containing appointment information, copies of job application, curriculum vitae, Position Description (signed), Contract of Employment (signed), payroll information</li> <li>- Individual staff supervision files containing supervision agreement and record of sessions</li> <li>- Databases cited in 1(a) above, that contain information in relation to suitability checks.</li> <li>- Peoplestreame performance development database.</li> </ul>



**1(c) Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to disclosures**

1(c)	<p><b>Overview</b></p> <p>56. Baptcare’s approach to education includes a range of delivery methods, such as sessional training provided to groups of staff members, one-on-one training provided by supervisors, access to on-line learning courses, group meetings where information provision and discussion occur, and provision of documented information to be used as a learning guide and resource.</p> <p>57. Some training is mandatory for staff and carers, as outlined below. Other training is ‘recommended’ for the target audience, and staff, carers and volunteers are encouraged to participate in organised programs however attendance is optional.</p> <p>58. Periodic training needs analyses are undertaken to inform education planning and provision of training opportunities for specific teams and for the division as a whole. Individual staff training needs are identified in supervision and via the performance development system.</p> <p>59. Training opportunities are listed in a ‘training calendar’ available to all staff on the intranet site, and staff are encouraged by their supervisors to locate and participate in training that is relevant to their individual training needs or changing skill requirements in the role.</p> <p>60. Staff training participation is recorded in an automated Learning Management database. Carer and volunteer training participation is maintained in individual manual records in the carer or volunteer file.</p>
1(c)	<p><b>Foster Carers and Kinship Carers</b></p> <p>61. All carers receive and are inducted in relation to the <i>Charter for Children in Out of Home Care</i><sup>vii</sup>. All carers receive a <i>Carer Handbook</i> and are encouraged to read this and direct any questions to their allocated case manager. The <i>Foster Care Handbook</i> outlines behavioural expectations of carers and provides information in relation to abuse and child trauma behavioural impacts. The <i>Kinship Carer Handbook</i> is a manual that provides links, resources and practical guide for kinship carers. Information is included regarding key supports such as counselling services.</p> <p>62. As outlined in 1(b) above, Foster Carers undertake <i>Shared Stories, Shared Lives</i> (2006), a 3-day, 8-module training session that includes a module on sexual abuse.</p> <p>63. Foster carers also receive and are required to comply with a specification of their responsibilities in the form of a <i>Foster Carer Agreement</i> and <i>Code of Conduct</i>.</p> <p>64. Mandatory training for Foster Carers includes ‘infection control’, and ‘responding to medical and non-medical emergencies’. Foster carers’ participation in this training is a</p>





	<p>program requirement. Participation in First Aid and CPR training is periodically made available to all carers for voluntary attendance.</p> <p>65. Specifically in respect of sexual abuse and trauma, examples of recent training offered to carers included sessions on 'Cybersafety' and participation of carers in the Australian Childhood Trauma Conference. Foster and kinship carers are regularly encouraged to participate in training auspiced by external providers such as the Royal Children's Hospital's Gatehouse Centre, or the Australian Childhood Trauma Group. Carers and case managers access START (Specialised Training Assessment and Response Team), a DHHS-auspiced group program providing education and secondary consultation with a therapeutic specialist. Take up of this service has been positive within the Baptcare staff and carer group.</p> <p>66. Baptcare also provides carers with periodic information bulletins and updates, such as on the framework for Quality of Care reporting. During 2014/5 Quality Updates were issued in relation to responding to Physical and Sexual Assault, and in relation to Sexual Abuse.</p> <p>67. Foster and Kinship Carers are encouraged by case managers to participate in regular Carer Support Groups, hosted by Baptcare. These include information provision – e.g. resources or guest speakers - and discussion. We observe that as carers may experience isolation and unique challenges in their caring task, they can benefit from connection to others who understand their unique position. Carers state that they derive emotional support, relevant information and practical strategies from discussion with other carers, as well as with team leaders and supervisors. Carers that participate in these groups express appreciation for the opportunity to meet in this way.</p> <p>68. For the past two years Baptcare has conducted a 'therapeutic practice' project<sup>viii</sup> led by an experienced therapeutic counsellor, whose role has been to educate all FACS staff and carers in relation to trauma and its impacts, and therapeutic approaches. This team member has provided training to carers in the context of the Carer Support Groups, and has also worked one-on-one with carers in provision of coaching and secondary consultation. Specific training for carers and case managers in relation to detection and response to child sexual abuse, is now being embedded by this position. This training is being provided in seminar and small group sessions of staff, and a component of the material is being offered to foster and kinship carers.</p> <p>69. Case managers provide one-on-one support and consultation to foster and kinship carers regarding children's behaviours, including provision of information resources in relation to sexual abuse and sexualised behaviours. This information may be in written form (e.g. fact sheets, 'quality updates') or links to websites. Two examples of this information are provided with this submission (Appendices 15 and 16).</p> <p>70. Where the child in placement has specific needs related to Aboriginal or CALD heritage, carers are provided with information, one-on-one training and support, to ensure that their approach is culturally-sensitive and aware and mindful of the additional consultation requirements, e.g. ACSASS involvement with Aboriginal children in care.</p> <p>71. Where the child in placement has a disability, carers are provided with specific one-on-one training to ensure that they are able to meet the individual personal care and communication needs of that child. Carers working with children with physical and</p>
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	<p>cognitive disability are supported to undertake First Aid training and if required, Positive Behaviour Support training.</p> <p>72. While Baptcare has achieved some engagement of both foster and kinship carers in optional training, it needs to be acknowledged that participation by carers in training is not separately reimbursed. Effectively carers' professional development takes place in their own time without the incentive of reward for their effort in attending. Where possible, to support carers' participation in training where this has been on-site at Baptcare's premises, Baptcare has arranged for childcare and in some instances transport assistance to carers. Baptcare sponsored carer attendance in the 2014 Child Trauma Conference (2014) through payment of registration fees.</p>
1(c)	<p><b>Staff</b></p> <p>73. On commencement, Baptcare Family and Community Services (FACS) staff members participate in a 'program' induction which includes introduction to key divisional documents, such as our Practice Framework. Specific service manuals are discussed between the supervisor and staff member, and staff are shown the location of these documents on the intranet and instructed to read them as part of their orientation. These documents reference issues of abuse and the impacts of trauma in relation to pain-based and other behaviours.</p> <p>74. Induction of staff in client-facing roles also includes key processes for reports to Child Protection, Incident Reporting, and Quality of Care concerns. Case managers are required to follow up with their supervisor any issues arising from their reading and familiarisation with this orientation information.</p> <p>75. Extensive reading resources are made available on the intranet to staff members. This information concerns children's normal developmental trajectory and the impacts of abuse and trauma. Information and links are provided about behavioural signs and physical symptoms of abuse and trauma (e.g. Fact Sheets and Specialist Practice Guides).</p> <p>76. Baptcare case managers, team leaders and program managers are encouraged to participate in a range of externally provided training opportunities, such as Child Protection Community Education Sessions, DHHS Best Interests Case Practice Model Training, Australian Childhood Trauma Conference, Centre for Excellence in Child and Family Welfare seminars, Circle of Security Parent Group Training. DHHS Child Protection training specifically targeting the needs of Out of home care staff is regularly taken up, covering such topics as quality of care processes, interviewing children and incident reporting.</p> <p>77. As part of the therapeutic practice project<sup>ix</sup>, over the past 2 years Family and Community Services staff have received specific training in relation to complex developmental trauma, its behavioural impacts on children, and effective responses to children who may have experienced sexual and physical abuse. The project has been funded exclusively by Baptcare as current funding models do not provide for therapeutic positions within general foster and kinship care services. A publication in relation to this project is provided as part of this submission<sup>x</sup>.</p> <p>78. Staff members receive regular brief written bulletins ('Quality Updates') concerning their</p>



	responsibilities and role requirements. Recent editions have covered suspected abuse of clients (physical and sexual). Staff are required to read and familiarise themselves with the knowledge, skill and practice implications of these updates, and to seek clarification from their supervisors if there are aspects that they do not understand or need further assistance with.
1(c)	<p>79. <b>Records</b></p> <ul style="list-style-type: none"> <li>- Automated training records (CIM and LMS databases), which provide individualised histories of staff members' participation in training.</li> <li>- Carer training calendar, an intranet register listing training opportunities to which carers are invited.</li> <li>- Carer files, which hold records of carer participation in carer support groups and carer training sessions.</li> </ul>

**1(d) How does the agency determine that National Standard 12 is implemented and monitored?**

1(d)	'Carers are assessed and receive relevant ongoing training development and support, in order to provide quality of care.'
1(d)	<p>80. Foster carer selection and assessment procedures are systematic and thorough, as outlined in 1 (a) and (b). Baptcare's approach to training, development and support of carers is outlined in 1(c).</p> <p>81. Baptcare monitors our implementation of Standard 12 via processes of supervision and informal feedback from foster and kinship carers and other care team members. Carers communicate issues to case managers that are then addressed via additional carer support, supervision and provision of targeted training.</p> <p>82. Baptcare seeks periodic formal feedback from foster carers about their satisfaction with the support that they receive from Baptcare. The most recent feedback canvassing carers was received in 2012; this indicated a high level of satisfaction across all respondents on a range of satisfaction measures. For example, 100% rated the quality of the support they received as 'excellent' or 'good'; 92% 'definitely' or 'generally' received the kind of support they wanted; 83% said that 'all' their needs for support were met, or 'almost all' their needs were met; 75% were satisfied with the 'amount' of support they were receiving. In summary, the composite satisfaction score for these carers was 75% - 'very' satisfied, and 25% - 'mostly' satisfied with the level of service and support provided.</p> <p>83. Baptcare's quality management system includes regular auditing of core systems. Recruitment records and accreditation of carers, and their participation in mandatory training, is audited via Carer File Audits, undertaken annually. Audits are documented</p>



	<p>and the results reported to the FACS Victorian Quality Committee for identification of system improvements.</p> <p>84. Incidents and Quality of Care reports may arise through a range of factors, only some of which reflect the adequacy of carer assessment, training, support or supervision. To the extent that these factors have played a part however, Baptcare uses the information from the report for the purposes of review and identification of improvement actions. As outlined in (3) below, Baptcare has systems for monitoring, reporting and review of incident reports. Baptcare also participates in Quality of Care processes and ensures that corrective actions arising for our implementation from screening and/or investigation and reviews, are implemented.</p> <p>85. Baptcare funds a research unit with one researcher dedicated to undertaking investigations and program evaluations in the Family and Community Services area. As already highlighted, in 2014 Baptcare undertook research specifically into Kinship Carexi.. The findings of this research centred on the adequacy of the kinship care assessment process.</p>
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**1(e) Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?**

1(e)	<p>86. In addition to those previously mentioned, Baptcare employs the following measures for carers in Out of Home Care:</p> <p>87. Informal feedback opportunities:</p> <ul style="list-style-type: none"> <li>- Via 'Have your Say', an open, written feedback process available to all clients, volunteers, and carers;</li> <li>- Opportunities for carers to provide feedback to the Carer Accreditation and Review Committee as part of annual reviews ;</li> <li>- Periodic training needs surveys;</li> <li>- Informal feedback in relation to training.</li> </ul> <p>88. Foster Care Blog: Baptcare's Foster Care Blog (<a href="http://www.fostercareinfo.wordpress.com">www.fostercareinfo.wordpress.com</a>) invites participation and comment from foster carers.</p>
1(d)- (e)	<p>89. <b>Records</b></p> <ul style="list-style-type: none"> <li>- FACS Feedback Survey Findings</li> <li>- Training Needs Survey Findings</li> <li>- Incident Reports</li> <li>- Quality of Care reports</li> <li>- Audit reports</li> </ul>



## 2. Monitoring of Children in Care

### 2(a) Who monitors the children in out of home care, how is that monitoring carried out and with what frequency does it occur?

2(a)	<p>90. Baptcare implements the approaches of <i>Looking After Children Framework (LAC)</i><sup>xii</sup> and <i>Best Interests Case Practice Model</i><sup>xiii</sup> (BICPM) which require regular assessment and review of the child in placement. These tools promote continuous evaluation of information concerning the child's best interests and his or her safety, stability and development. Baptcare believes that together the Best Interests and LAC approach provides a systematic basis for shared monitoring of the child's well-being.</p> <p>91. A crucial emphasis in these frameworks, is the voice of the child. Service providers must establish systems that provide for the child's perspectives and experience to be directly and independently expressed into case planning and monitoring processes. The <i>Charter for Children in Out of Home Care</i><sup>xiv</sup> enshrines the child's right 'to have a say and be heard' independently.</p> <p>92. The LAC and BICPM frameworks provides for the establishment of a 'care team' which brings together the carer, where appropriate the child/young person and the parent, the Baptcare case manager and DHHS case manager, into the one mechanism charged with responsibility for focusing on the child's wellbeing and hearing the child's voice. The care team approach requires that regular communication and consultation occur between all members including DHHS.</p> <p>93. The LAC framework prescribes assessment and consultation at defined intervals in relation to 7 key developmental and functional domains of life. These domains are health, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills.</p> <p>94. Baptcare case managers are required to regularly (i.e. at least monthly) spend time alone speaking with the child, to provide opportunity for the child or young person to speak about their experience independently of the carer. The requirement that the 'voice of the child' is clearly heard is explicit in program documentation including manuals and information brochures, and is made known to all parties at the outset of the placement. This expectation applies across both kinship and foster care.</p> <p>95. Carers are a key source of monitoring of the child's wellbeing and progress in the placement. Carers are required to report regularly to the case manager in relation to any concerns regarding the child, and to keep Baptcare 'in touch' via verbal communication and emails, with what is occurring for each child. The development of closeness and responsiveness between the child and the carer is encouraged in training, handbooks and updates, and through the supervision provided by case managers to carers.</p> <p>96. Foster care case managers are responsible for frequent liaison with carers and for providing support and monthly supervision (as outlined in paras 37 and 38). Contact must include face to face contact (home visits, transports or access visits) as well as phone conversations and email communication. Whilst this same approach is adopted</p>
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	<p>in supervision of kinship care placements (para 43), it is more problematic to ensure that the case manager's support is accepted and acted on by the carer.</p> <p>97. 'Monitoring' also occurs during supervision of case managers by their team leader (para 51 above). Supervision includes reflective discussion concerning the case manager's observations and insights about the case. Case manager supervision is conducted according to an agreement and a procedure; supervision is documented and a record of sessions is retained.</p> <p>98. Baptcare assures immediacy of response to carers, children and young people in two ways: A 'duty system' operates during business hours so that if an allocated case manager is not available to respond to the carer, another member of the case management team can provide a response. This system operates across both foster and kinship care. There is also access to after-hours support. For foster carers, an internal on-call system operates that ensures availability of 24/7 supervisory consultation for a carer, should a concern arise. In kinship care, carers may contact an on-call response through DHHS after hours and emergency service, which in turn can contact Baptcare. In the event of any incidents occurring within either service out of hours, Baptcare would be informed and be able to respond via the rostered on-call foster case manager and/or out of home care program manager who provides back up on call. Information regarding the availability and arrangements for on call support is provided to foster and kinship carers during induction.</p> <p>99. The Baptcare therapeutic practice project is referenced throughout this report. As part of this project<sup>xv</sup> This project provides a Baptcare a therapeutic coordinator position to consult with FACS case manager and carer staff (secondary consultation for case managers and carers, and in some instances 'co-working' of cases). This resource provides an additional contribution of expertise to ongoing assessment and monitoring of children's safety and wellbeing.</p> <p>100. Children of Aboriginal background are disproportionately represented in OoHC placement. Baptcare abides by specific provisions in the CYF Act and program guidelines, to ensure children of Aboriginal background are supported in placement in ways that acknowledge and promote connection to Aboriginal culture and community. These provisions are articulated in the Aboriginal Child Placement Principle<sup>xvi</sup>. When an aboriginal child is placed through Baptcare, our monitoring and support of that child in placement would take place in close consultation with VACCA and 'Lakidjeka', Aboriginal Child Specialist Advice and Support Service (ACSASS).</p> <p>101. The same principle of cultural respect and appropriateness, applies in working with children of culturally and linguistically diverse (CALD) background. Baptcare has some internal systems and resources to support culturally competent practice (e.g. bi-cultural workers who provide advice and consultation to other staff; access to written resources; regular staff training). Baptcare regularly seeks consultation and assistance from VICSEG, an organisation that supports culturally competent practice through advocacy, provision of training and case consultation to other organisations including mainstream and ethnic groups. When working with a CALD family, including a child in placement, or in supporting our CALD out of home carers, Baptcare seeks confidential de-identified case consultation from VICSEG. The purpose of such consultation is to ensure Baptcare is taking cultural factors into account and tailoring our service to be culturally</p>
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	<p>appropriate to the child's needs. Engagement of cultural advocates or case workers in the care team may also occur with the permission of the child and family. This engagement makes the provision of cultural consultation systematic throughout the case, and enhances the care team's capacity to monitor the child's wellbeing in placement.</p> <p>102. Carers of children with disability in out of home care placement receive individualised training to meet the particular care needs of the child. This includes communication training to support the carer to be able to understand the child's expression of his or her needs, and to respond appropriately to these. Monitoring of the child's wellbeing in placement is challenging when the child has cognitive disabilities or is non-verbal. Communication aides are supplied to facilitate the child's expression of personal needs, however monitoring in such situations may consist mainly of observation and regular medical review to oversee physical health. Baptcare ensures that regular face-to-face contact is provided by case managers of all placements where the child has a disability. Baptcare also liaises with DHHS Disability Services in relation to the case management of children with disability placed in out of home care.</p>
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**2(b) Practices which your agency has adopted in order to encourage disclosure of sexual abuse by children in out of home care**

2(b)	<p>103. As outlined above (paras 91 and 94) Baptcare requires the case manager to visit and talk to children at least monthly, without the carer being present.</p> <p>104. As outlined above (paras 90-94) children and young people in placement are directly involved in the care team and LAC process, and are encouraged to participate in age-appropriate ways in articulating their needs and preferences and in decisions regarding their care. This occurs via the engagement of the case manager and carer with the child, so that through development of a positive relationship of trust with the carer and case manager, the child feels empowered and willing to influence decisions about care and the placement.</p> <p>105. At placement commencement, children are provided with 'Buddy Bags' containing age-appropriate information including a resource from the CREATE foundation – 'Know your rights' and the Charter for Children in Out of Home Care. Baptcare case managers discuss with the child that Baptcare's role is to listen to any concerns or worries that he or she may have. It is also explained that it is important for the case manager to know about anything that is harming the child and that harmful information cannot be kept secret within the care team. Baptcare utilises engagement tools and resources such as 'Bear Cards' and 'Bernie the Baptcare Bear', to encourage communication and expression of needs.</p> <p>106. Information provided to carers (e.g. <i>Foster Carer Handbook</i> and other resources) provides a framework within which carers can promote an environment of safety for the child. Carers are guided to provide a safe environment in which children develop trust and the confidence to disclose; Carers are instructed that if a child begins to reveal concerning experiences to the carer, his or her responsibility is to listen to the child</p>
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	<p>rather than to actively pursue questioning. Carers are also instructed to remind the child that it is important that information that is concerning cannot be kept secret, and that the Baptcare case manager must be told about the child's experience.</p> <p>107. Education and coaching to carers is now provided through Baptcare's therapeutic practice project' xvii, to assist carers to better understand children's behavioural manifestations of distress and to respond appropriately to signs.</p> <p>108. Disclosure best occurs in conditions of cultural respect and acceptance where communication does not present a barrier. As outlined above (para 100) Baptcare consults Lakidjeka ACSASS in relation to any matters concerning our support of Aboriginal children in placement .</p> <p>109. Similarly in relation to children of CALD background (para 101) Baptcare would confidentially consult with ethno-specific agencies such as VICSEG to ensure cultural competence in communication and support in relation to any matters of disclosure.</p> <p>110. Baptcare consults with DHHS Disability Services where the child in placement may be subject to additional personal care support and communication needs.</p>
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***2(c) What is the mechanism by which other authorities for example law enforcement, health and schools exchange information with out of home care agency about risks of sexual abuse of the child in care?***

2(c)	<p>111. Baptcare's collection, use and disclosure of personal information is in accordance with the Commonwealth Privacy Principles and Acts regulating information management.</p> <p>112. As a general principle, personal client information is collected and used only as is required for the purposes of service delivery and is kept securely and confidentially within the agency. As a general principle Baptcare does not divulge client personal information to a third party nor receive it, without the specific consent to do so from the person or their guardian. However there are exceptions to this that arise through the requirements of our governing legislation, the CYF Act 2005.</p> <p>113. The CYF Act 2005 provides for reports to Child Protection where children are or have been at risk, for the establishment and operation of ChildFIRST alliances, and for the shared management (CSO and DHHS) in provision of Out of Home Care placements.</p> <p>114. In both Victoria and Tasmania, Baptcare makes reports to Child Protection in relation to all our programs (disability services, integrated child and family services, youth support and out of home care) where we have a reasonable belief that a child may be at risk of abuse or neglect.</p> <p>115. As contracted case manager or care team member in our Victorian Out of Home Care placements, Baptcare shares client and carer information with DHHS Child Protection. This information sharing is very frequent and takes place both verbally (direct face-to-</p>
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	<p>face contact and telephone consultation) and in written form (assessments, case notes, correspondence, reports and emails).</p> <p>116. It is a condition of our Funding and Service Agreement with DHHS that Baptcare also uploads information to two external client information databases managed by DHHS – CRIS (Client Relationship Information System) and CRISSP (Client Relationship Information System for Service Providers).</p> <p>117. As referenced throughout this submission, in reporting and responding to child sexual abuse Baptcare is responsible for liaison and reporting both to DHHS Child Protection and to Victoria Police. Whether Baptcare reports first to Child Protection or to Police is a matter determined largely by the urgency of the incident and the circumstances of the case. If the case is contracted to Baptcare, we would be more likely to liaise directly with Police. If the case is case-managed by DHHS, Child Protection would communicate directly with Police, in which case, Baptcare would liaise closely with Child Protection to be updated about police involvement. DHHS Child Protection and Victoria Police are subject to a comprehensive information-sharing protocol<sup>xviii</sup> that specifies roles and responsibilities of each in a range of scenarios.</p> <p>118. As stated, the <i>Best Interests Case Practice Model</i> and <i>Looking After Children</i> are key frameworks that govern the ways in which agencies work together in relation to a child in statutory care in Victoria. Through the mechanisms of the care team (para 92) and LAC assessment tools and approaches (para 93), these frameworks identify both the informational requirements and the frequency and method of information sharing, required for children in out of home care placement. Every 6 months reports in relation to achievement of LAC requirements are returned by the CSO to DHHS.</p> <p>119. Under the LAC framework the '72-hour' meeting occurs three days' into the foster care placement, between Child Protection, the carer and Baptcare case manager. This meeting gathers and confirms specified information in relation to the child, including any particular risks or needs that may apply. The information is shared confidentially within the care team and plans are developed that address factors identified.</p> <p>120. In relation to the child's physical and mental health, a requirement under LAC framework is that the child participate in health assessments scheduled at defined intervals. Baptcare is responsible for ensuring that these services are provided in a timely manner and that the information from them is gathered and held as part of the child's record. Baptcare has access to a community health service in the North West (Pathways to Good Health) which provides priority access to assessment and treatment services for children and young people in Out of Home care. Access to medical and allied health (e.g. child and adolescent psychology) is included in this service. It would be expected that information in relation to any risks to a child would be provided directly to Baptcare as placement case manager, in addition to reports provided to DHHS or to Child Protection.</p> <p>121. Protocols<sup>xix</sup> govern the participation of schools, DHHS and CSO's in joint consultation and planning to meet the educational needs of children in out of home care. A 'Student Support Group' is convened by the school, comprising Child Protection or CSO representative, school representatives such as teacher and welfare officer, carer, the child or young person (where appropriate) and in some instances the parent (where appropriate). The Student Support group meets at least twice per year throughout the schooling period of all children in out of home care. The group is responsible for</p>
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	<p>formulating and implementing an Individual Education Plan to ensure that the child's educational needs are met and that any additional needs are identified and addressed. Under this Partnering Agreement, schools are responsible for allocating a 'Learning Mentor' to each child in OoHC placement to provide additional support and educational oversight and advocacy to the child.</p> <p>122. In relation to sharing information about the child's mental and emotional wellbeing, Baptcare engages appropriate services either as members of the care team or in the delivery of confidential reports about the child as required. The services we regularly engage for this purpose include the Royal Children's Hospital Gatehouse Centre for assessment and treatment of young children, or Centre Against Sexual Assault for adolescents. Client or guardian permissions is required for referral and information exchange.</p> <p>123. If the child is Aboriginal, a specialist Aboriginal services (ACSASS) such as Lakidjeka would be engaged in the care team and would provide information and specialist advice as appropriate (see also para 100). Whereas consultation with Aboriginal services is mandatory under the Aboriginal Child Placement Principle, the wishes of the child and family in relation to provision of identified information and referral to other organisations, would be respected and implemented. Referrals would be dependent on client consent.</p> <p>124. If the child is of CALD background, consultation with an appropriate CALD service may occur, or inclusion of an appropriate service representative in the care team. Again, provision of identified information in the form of a referral or consultation, would be dependent on receipt of client/guardian consent.</p>
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***2(d) Is there a requirement that your agency as an out of home care provider be accredited, registered or licenced or otherwise be subject to conditions about the provisions of out of home care? If so please describe those requirements?***

2(d)	<p>125. Providers of Out of Home Care services in Victoria must be independently accredited and must hold registration as a Community Services Organisation.</p> <p>126. Baptcare is a registered Community Services Organisation under the Children, Youth and Families Act 2005; and a registered provider of disability services under the Disability Services Act 2006.</p> <p>127. Baptcare holds accreditations under the <i>DHS Standards</i>, the <i>Quality Improvement Council Health and Community Services Standards</i>, and the <i>Home Care Standards</i> (previously <i>Community Care Common Standards</i>). Baptcare actively participates in ongoing internal and external quality review and improvement processes related to accreditation and agency registration.</p> <p>128. Baptcare's internal quality management system is robust comprising strong policy and procedure, a rigorous audit program and frameworks for reporting from front-line</p>
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	<p>service areas through to the Board of Governance. Quality and continuous improvement actions are managed via databases and a divisional Quality Action Plan.</p> <p>129. Baptcare’s provision of Out of Home Care is subject to Funding and Service Agreements with DHHS Victoria. In addition to achievement of service targets, this agreement specifies compliance with the full range of DHHS policies set out in the Service Agreement Information Kit<sup>xx</sup>. Monthly and quarterly data input and reporting to DHHS takes place, as does periodic agency liaison meetings with departmental officers.</p>
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***2(e) What mechanisms are there for children in out of home care to talk to someone outside the immediate out of home care placement?***

2(e)	<p>130. At a minimum, a monthly private discussion time between the child and a case manager provides an opportunity for the child to speak about issues about the placement or his or her relationship with the carer (see also paras 91, 94).</p> <p>131. CREATE Foundation is an advocacy and support organisation specifically for children and young people in out of home care. CREATE information packs are provided to children at placement commencement, identify options / avenues for young people to talk to someone confidentially about issues that concern them. The CREATE portal and services (including social media and ClubCREATE) provide options for children and young people to connect with others with similar experiences.</p> <p>132. Pathways to Good Health is a program that provides medical and allied health services for children 12 years of age or less that reside in Out of Home Care in the North/West area of metropolitan Melbourne. This program includes health assessment and child/adolescent psychology.</p> <p>133. Separate home visits with Child Protection case managers may be arranged for the child. Typically there are numerous opportunities for Child Protection and Baptcare Out of Home Care staff to have one-on-one time with the child when facilitating appointments, transports and contact visits. At these times Baptcare staff transport the child independently of the carer, and thus have periods of uninterrupted time with the child.</p> <p>134. If the child is assessed as needing mentoring, Baptcare may refer to service providers such as ‘Big Brother, Big Sister’ or ‘White Lion’. Mentors provide confidential, supportive listening, and guidance to the child.</p> <p>135. Under the CYF Act in Victoria, children in Out of Home care are entitled to legal representation in relation to matters before the Children’s Court. Children aged 10 years and above may meet privately with and instruct a lawyer in relation to their best interests. If the child is younger than 10 years, he or she may still have an independent lawyer allocated to them who is responsible for representing the child’s best interests in court proceedings.</p>
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2(a)- 2(e)	<p data-bbox="295 304 443 338"><b>136. Records</b></p> <ul style="list-style-type: none"> <li data-bbox="295 376 1412 584">- Client files, including client information databases, viz Client Relationship Information System (CRIS); Client Relationship Information System for Service Providers (CRISSP), and The Care Manager (TCM). Key documents in client case files are case notes, which document date, time, persons present, purpose and outcome of all contacts made by the case manager on behalf of the child in placement, including contact with the child and carer.</li> <li data-bbox="295 622 1412 689">- Carer files (see paras 53 and 54 above), including case notes documenting supervision with the carer and other occasions of contact.</li> <li data-bbox="295 728 1412 795">- Case manager and other staff members' Supervision files, holding records of each occasion of supervision.</li> <li data-bbox="295 833 1412 900">- Quality records, including Accreditation Reports, Registration Certificates, Quality Action Plans, Audit Plans and Minutes of meetings.</li> </ul>
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### 3. Systems, Policies, Practices and Procedures for Reporting Allegations

#### 3(a) What are the requirements or practices for reporting allegations of child sexual abuse within your agency?

3(a)

137. Any allegations or disclosures about child sexual abuse received by Baptcare (e.g. via the carer or case manager or reported to us by another party) are immediately verbally reported to a supervisory staff member (team leader and program manager). All staff including carers and case managers are informed via training and program documentation that concerning disclosures must be escalated to the Baptcare team leader or program manager for action. Documentary evidence of this instruction is located in the Carer manual, *Foster Carer Code of Conduct and Agreement*, Kinship care Induction Welcome pack, and in the *Out of Home Care Program Manual*.
138. Staff use Incident categories as defined by DHHS to determine when an incident needs to be escalated. All Category 1 incidents are notified to the General Manager. Depending on the severity of the incident, the internal escalation of information proceeds as follows: carer > case manager > team leader > program manager > operations manager > general manager. Further escalation to the CEO may also occur.
139. Either the program manager or operations manager would seek urgent verbal consultation with DHHS Child Protection, to inform the pathway of action and reporting externally. Agreement would be reached as to which organisation (Baptcare or DHHS) would make the required report to Police. Para 117 describes considerations in relation to how Baptcare and DHHS report to Police, including the Child Protection-Victoria Police reporting protocol.
140. The known incident details are documented as soon as possible into the RiskMan incident database, by the team leader in consultation with the staff member who saw or first received the allegation. Any incident involving child sexual abuse would be categorised and reported as the most serious type of incident in the DHHS incident categorisation system ('Category One' in Victoria). Additional information regarding the victim/perpetrator relationship and the severity of the sexual assault (indecent assault or rape) would be required to be entered as part of the incident classification. In addition to verbal reporting, logging of the incident into the RiskMan database triggers immediate email alerts about the incident to the Operations Manager, Quality Coordinator, and General Manager, all of whom would then have access to incident information on the database.
141. Actions taken from this point would depend on the nature of the incident and the external reporting pathway decided on in consultation with DHHS. For example, allegations regarding carers would invoke a Quality of Care process and consultation with the regional Quality of Care Coordinator at DHHS. Allegations regarding the actions of parents, other family members or other people, may require consultation with Child Protection regarding the making of a report. Allegations regarding other staff members of Baptcare would require involvement of Baptcare Human Resources representatives to advise on aspects of management of the staff member.



<p>142. The timing and extent of any internal Baptcare investigation would be governed by directions of Police. In the event that a criminal investigation is to proceed Baptcare's role would be to provide information and cooperate closely to facilitate their investigation, prior to any internal management review. If the incident is very recent, Baptcare would be responsible for assisting in the preservation of the crime scene through our directions to staff and carers (i.e. leave clothing, furniture etc. undisturbed until forensic investigations have taken place).</p> <p>143. Serious incidents are the subject of an Internal Incident Review which takes place at the conclusion of Police investigations. The staff involved in the incident together with Baptcare risk manager and work health and safety manager, would analyse the incident in discussion to identify causal factors, adequacy of responses made to the incident at the time, and what actions could be taken to prevent future incident occurrence.</p> <p>144. Additional internal reporting of incidents includes a monthly summary report of all reportable incidents, prepared for the Baptcare Quality Committee and the Quality and Clinical Governance Committee of the Board. This de-identified report provides an individualised account of each incident, action taken and resolution status.</p> <p>145. A further, brief 'scorecard' report is also prepared for the monthly meeting of the full Baptcare Board.</p> <p>146. Baptcare undertakes annual audits of incident reporting to review adherence to procedure and any improvements required to the system for making and managing incident reports.</p>
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### **3(b) What are the requirements or practices for reporting allegations of child sexual abuse outside your agency?**

<p>3(b)</p> <p>147. If emergency assistance is required the matter would be reported direct by Baptcare staff to ambulance or police on '000'.</p> <p>148. Immediate verbal reporting to DHHS is essential in all incidents affecting children in Out of Home Care. An allegation of sexual abuse also requires report to Police, who have a protocol with Child Protection<sup>xxi</sup> in relation to reporting and investigation where there are protective concerns. The pathway of reporting to police would be agreed between Baptcare and DHHS according to circumstances of the case (see also paras 117, 139).</p> <p>149. Any allegation of assault is required to be reported to Police. Police may further involve the Sexual Offences and Child Abuse Investigation Team (SOCIT). Police may recommend referral to Victorian Forensic Paediatric Medical Service (VFPMS) for immediate investigation. Baptcare's role is to facilitate Police enquiry and follow up investigations, and to provide support to the child/others as appropriate. Whereas client consent for the engagement of Police and other services is desirable (especially for older children and young people), this is not essential and obtaining consent should not</p>
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	<p>delay reporting in any way. Baptcare understands that victims of alleged assaults may refuse to participate in a police investigation, however not to having the matter initially reported.</p> <p>150. For sexual assaults affecting children in out of home care, a DHHS Incident Report is printed from the RiskMan database, approved for release by the program manager or operations manager, and faxed to DHHS within 1 working day (24 hours) of the incident occurring or becoming known to Baptcare. Sexual assault incidents are the most serious categorisation and are reported as 'Category 1' incidents.</p> <p>151. If the alleged perpetrator is a carer, consultation with and report to the regional DHHS Quality of Care Coordinator is required. A Quality of Care screening process would be instigated by DHHS, in which the Baptcare program manager would participate. Baptcare's obligations in the Quality of Care process are that we would participate in screening and in additional processes as required, and then in implementing any follow-up actions as required. The screening process may determine that the matter is resolved through management within Baptcare's supervisory relationship with the carer, or that further investigation is required, or that a Formal Carer Review is required. In some instances a Quality of Care process results in an action plan, with implementation responsibility allocated to Baptcare as the organisation responsible for the carer.</p> <p>152. If the alleged perpetrator of the sexual abuse is another person (e.g. parent, member of the public, or another Baptcare staff member) Quality of Care processes would not apply. Alongside the Incident Report a Child Protection report may need to be made by the party that observed or first formed the belief that sexual abuse had occurred. This would prompt review of the matter by Child Protection and early involvement of Police.</p> <p>153. If the child is Aboriginal, consultation and engagement of Lakidjeka ACSASS would occur relatively quickly after receipt of the allegation, to ensure culturally appropriate responses and planning.</p> <p>154. Advice to the child's birth family, and involvement of other services for assessment and provision of services would be guided by Child Protection assessment and advice, based on the particular circumstances of the incident. Depending on the type of court order, pre-existing issues and whether the parent is implicated as a perpetrator of abuse, the parents will receive information and be engaged in decision-making.</p>
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### **3(c) What data is collected of these reports?**

3(c)	<p>155. A master register of all incidents is retained in the RiskMan database.</p> <p>156. As the recipient of Incident Reports and Quality of Care Reports, DHHS receives incident data throughout the year. No further analysis or summary reporting in relation to incidents is provided by Baptcare to DHHS. Data reports for each CSO in relation to the incidents they have reported, is not currently returned to the CSO by DHHS. However individual discussion occurs with DHHS in relation to each report submitted.</p>
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	<p>157. Occurrence of incidents (e.g. in relation to particular clients or carers) is monitored in supervision by Baptcare case managers and their supervisors. Where a cluster of incidents is identified for particular clients or carers, discussion centres on strategies to further investigate causal or preventive factors. This may also be identified via the program manager's supervision with operations manager and/or part of the quality monitoring process.</p> <p>158. Baptcare collates monthly incident report data and reports this to an internal committee of the Board, the Quality and Clinical Governance Committee, as well as summary 'scorecard' data to the Board.</p> <p>159. Annual analyses of incident reports are reported to the Quality and Clinical Governance Committee of the Board. This report collates information regarding number of incidents overall, relative occurrence of particular incident types, comparisons with previous years' data, analysis of any causal factors, and improvement actions taken to prevent future occurrence.</p> <p>160. Annual audits of incident reports (adherence to procedure and improvements required) are undertaken and reported through the quality committee structure to the Quality and Clinical Governance Committee of the Board.</p>
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### **3(d) With which agencies or authorities does your agency exchange information about these reports?**

3(d)	<p>161. Verbal consultation and information exchange occurs between Baptcare and DHHS Child Protection regarding the nature of the sexual abuse allegations, appropriate response pathways (e.g. Quality of Care Report), follow-up formal notification to Police, and categorisation/classification of the written incident report.</p> <p>162. If the child is Aboriginal, exchange of information with Lakidjeka ACSASS takes place.</p> <p>163. The written incident report submitted to DHHS constitutes our formal notification of the incident. This report holds all information available to Baptcare in relation to the allegation, and actions taken in response up until the time of submission (within 1 working day).</p> <p>164. In the investigation phase of the allegation follow-up and in consultation with Police and DHHS Child Protection, Baptcare may liaise with Victorian Forensic Paediatric Medical Services where medical assessment of the child or young person may be required.</p> <p>165. In the days after the allegation is received, ongoing consultation and information exchange occurs between Baptcare and the DHHS case manager with responsibility for the placement. This information relates to ensuring that safety is restored to the child's environment (e.g. through removal of the child from placement) and that follow up services are arranged.</p> <p>166. Verbal de-identified consultation and information exchange may occur between Baptcare and external specialist services e.g. CASA, Royal Children's Hospital Gatehouse</p>
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	Centre, Australian Childhood Trauma Group. This may be followed with written referral and case information.
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### *3(e) Merits of a consistent national approach.*

3(e)	<p>167. In line with the new 'failure to disclose' offence recently introduced in Victoria, Baptcare supports the strengthening of reporting obligations for child sexual abuse to a wider range of adults.</p> <p>168. Baptcare supports the development and implementation of nationally consistent approaches to the categorising and reporting of allegations and actual occurrences of sexual assault. Currently inconsistencies in reporting obligations exist between jurisdictions – consolidation of procedures for categorisation and reporting nationally may simplify this complex area. For example, reporting of allegations as incidents, is currently handled differently by the respective organisations of DHHS Victoria and DHHS Tasmania. Consistent reporting categories would enable the collection of more robust and comparable data across state boundaries.</p>
3(a)- 3(e)	<p>169. <b>Records</b></p> <ul style="list-style-type: none"> <li>- RiskMan – Incident database, which contains a register of all logged incidents</li> <li>- Individual client and carer files, which hold copies of incident reports, QoC reports, and related case notes</li> <li>- Quality and Clinical Governance Committee – Monthly Risk and Clinical Governance Reports</li> <li>- Baptcare Board – Monthly Quality and Clinical Governance Scorecard</li> <li>- Quality documents – Audit reports, Incident Trend Analysis Reports.</li> </ul>



## 4. Systems, Policies, Practices and Procedures for Responding To Allegations

### 4(a) What does the agency do about each allegation of child sexual abuse of a child in out of home care which is reported to them?

4(a)	<p>170. The immediate response duty of Baptcare, in conjunction with DHHS Statutory Child Protection, is to act to restore safety to the child. In some instances the placement will be unaffected by the allegation and the child remains in placement. In other circumstances restoration of safety might entail a decision to end the placement, and find an alternative for the child.</p> <p>171. Depending on the circumstances of the incident, Baptcare participates in various processes to ensure appropriate follow up and investigation of allegations of child sexual abuse. Baptcare also has a case coordination role to inform others in the care team and ensure that information is provided on an 'as needs' basis to key people in the child's life.</p> <p>172. Information to and liaison with parents would be informed by the nature of the court order and the allegation. Unless DHHS has been appointed as guardian of the child, and unless the parent is implicated as a perpetrator of abuse, parents are entitled to receive information and to be engaged in decision-making. In circumstances of acute stress and trauma for the child, the parent of a child in out of home care may play a vital role in restoring the child's sense of safety.</p> <p><b>Allegation against the carer</b></p> <p>173. If the allegation concerns a carer, Baptcare's report of the allegation to DHHS (regional Quality of Care Coordinator) will have prompted the invoking of a Quality of Care (QoC) screening process. This screening process is convened by the regional QoC coordinator and Baptcare's program manager participates. The purpose of the screening is to determine the most appropriate course of action to resolve the concern.</p> <p>174. This screening process must be completed within 5 days, and as discussed its result is identification of the next stages of the QoC process. This may include a decision that the issues can be managed via Baptcare's supervision of the carer, or that a more detailed investigation or formal carer review is required.</p> <p>175. Resolution of the QoC process is required within 28 days overall. Baptcare is bound by the outcome of the QoC screening process and enacts the decision of this process via dedication of staff time, provision of information, implementation of action plans and completion of follow-up reports, as required. The pathways after QoC screening may involve ongoing liaison between Baptcare's representative and DHHS Child Protection staff and/or Police, should a criminal investigation be instigated.</p> <p>176. During the QoC process Baptcare's responsibility in relation to the child is to provide support, alternative placement if required in consultation with DHHS, and additional services if required.</p> <p>177. Cessation of a placement is a de-stabilising experience that exacerbates the original</p>
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instability experienced by the child in coming into out of home care; location of a suitable alternative, assessment and review of this new placement and introducing the child to the placement, would all be priority tasks. Decisions in relation to a new placement would be undertaken within the care team but the primary agents of this decision would be Baptcare case manager in consultation with DHHS.

178. Key considerations in selection of an alternative placement include whether there are other children in care who also need to be re-located, and maintenance of sibling relationships. Consultation with Lakidjeka ACSASS would guide decisions in respect of Aboriginal children and the selection of a new placement. Continuity of case manager is an important principle.

179. Baptcare's role in relation to the carer is to ensure that the carer is engaged, aware of the process and his or her responsibilities and rights in that process, and 'supported' to participate appropriately. Depending on the circumstances of the incident this may best occur via another body such as Kinship Carers Victoria or Foster Carers' Association Victoria.

#### **Other Allegation**

180. If the allegation concerns another adult in the child's immediate environment, such as a family member or friend, Baptcare's role would again be to co-operate with DHHS Child Protection and/or Police investigations through initial report, information provision and cooperation with investigation processes. Maintenance of the child's safety and stability would be prioritised. This would take place through assistance to the carer to preserve routine and to ensure that the child is protected from any exposure to the person against whom allegations have been made. Continuity of staff is important.

181. If the allegation concerns another child in the same placement, Baptcare would consider how the interests of both vulnerable children can best be protected. Removal of either child from the placement may be re-traumatising. Development of a Safety Plan and introduction of measures into the placement to ensure the protection of both children, may be preferable to more drastic placement change. Obtaining specialist therapeutic assessment and treatment services for both children would be a priority in this scenario.

182. If the allegation concerns a Baptcare staff member (such as a case manager), following report to Child Protection and Police the incident would be immediately escalated to the Baptcare operations manager and general manager for action. Briefing and involvement of the CEO would occur. Depending on the particular circumstances of the allegation, Baptcare Human Resources would be consulted to manage a process in which the staff member against whom allegations have been made, is redeployed to other duties not involving working with vulnerable clients, or stood down whilst an investigation proceeds.

183. In the subsequent Police investigation, Baptcare's role would be to ensure the preservation of evidence and to provide information and full co-operation with Police directions. This might involve facilitating the child or young person's participation in medical examinations.

184. After the completion of a Police or DHHS Child Protection investigation for any incident involving a staff member Baptcare conducts its own internal investigation. Even if the



	<p>allegation against the staff member is not subsequently substantiated and evidence is insufficient for charges to be laid, Baptcare would examine the allegation carefully and consider the case for such measures as increased supervision, training, changed duties, or termination through disciplinary process.</p>
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#### **4(b) What data is collected about these actions?**

4(b)	<p>185. A register of Incidents is maintained in the RiskMan Database. Incident report information includes specific detail in relation to actions taken and notifications to authorities. Although the incident report is despatched to DHHS within 1 working day, there is provision to update through time so that the record includes information on follow up actions. Data reports can be extracted from RiskMan in relation to any field of information in these reports.</p> <p>186. A cumulative record of actions is held in the client file (both hard file and electronic data bases). All allegations and follow up actions including external reporting to Police, consultations with DHHS and reports to Child Protection, changes to placement, and medical/other health referrals instigated, are the subject of case notes held in client files. A copy of incident reports is held in the client files, as are reports and other information.</p> <p>187. A record of the invoking and conducting of Quality of Care reporting processes, including investigations and Outcomes reports, are held manually in carer files.</p> <p>188. Information in relation to allegations against staff members and the conducting of investigations and reviews, are maintained in personnel (Human Resources) files.</p>
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#### **4(c) With which agencies or authorities does your agency exchange information about these responses?**

4(c)	<p>189. Consultation and agreement on joint action occurs between Baptcare and DHHS Child Protection in relation to specific incidents involving children in Out of Home Care placement. This may include verbal and email exchanges. Decisions in relation to changes in placement are made consultatively within the care team, with input as appropriate from DHHS and Baptcare.</p> <p>190. Baptcare may have direct contact and verbal consultation in relation to cases, with Quality of Care coordinators and Victoria Police.</p> <p>191. Verbal consultation may occur with external specialist services, such as the Royal Children's Hospital Gatehouse Centre, CASA, VFPMS or Australian Childhood Trauma Group. Depending on the circumstances of the incident and whether permission for referral has been provided, this may be de-identified consultation.</p> <p>192. Within the terms of the Partnering Agreement between DHHS and DEECD, Baptcare</p>
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	<p>would exchange information with the child's School, via the school's representative on the student support group.</p> <p>193. If the child in placement is Aboriginal, Baptcare would exchange information with Lakidjeka ACSASS.</p> <p>194. If the child in placement is from a CALD background , de-identified information exchange may also take place with an appropriate CALD organisations such as VICSEG.</p> <p>195. If the child in placement is eligible under the Disability Services Act for disability services , consultation and information exchange with DHHS Disability Services would occur.</p>
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#### 4(d) Merits of a consistent national approach

4(d)	<p>Merits of a consistent national approach</p> <p>196. Baptcare supports the goal of greater national consistency and is in favour of Commonwealth and States pursuing further integration of systems and procedures governing child protection. Such integration could encompass legislative frameworks, reporting and response protocols, organisational roles and responsibilities, record keeping and data collections.</p>
4(a)- 4(d)	<p>197. <b>Records</b></p> <ul style="list-style-type: none"> <li>- RiskMan – Incident database, which contains a register of all logged incidents</li> <li>- Individual client and carer files, which hold copies of incident reports, QoC reports, related case notes, assessments and reports</li> <li>- Quality and Clinical Governance Committee – Monthly Risk and Clinical Governance Reports</li> <li>- Baptcare Board – Monthly Quality and Clinical Governance Scorecard</li> <li>- Quality documents – Audit reports, Incident Trend Analysis Reports.</li> </ul>



## 5. Systems, Policies, Practices and Procedures for Supporting Children who have been sexually abused in Out Of Home Care

**5(a) What does your agency do to support children who have been sexually abused in out of home care including provision for counselling, support services, specialist services, financial assistance or recompense while in care and after exiting care?**

5(a)	<p>198. Baptcare's actions to support the child and carer following an allegation of sexual abuse, would depend significantly on the circumstances of the allegation and the investigatory process that ensued.</p> <p>199. The impact of sexual abuse on a child or young person is traumatic, entailing a sense of personal violation, breach of trust and loss of power. If the child has experienced prior abuse, the danger is that a fresh episode of abuse will amount to a re-traumatising experience that intensifies the pain of past events. Restoration of the child's sense of safety and stability is the major therapeutic goal, and this may be possible within the existing placement (if the allegation does not implicate the carer), or via changed placement arrangements. Changes in placement exacerbate the experience of instability.</p> <p>200. The Baptcare case manager would work with members of the care team to devise a Safety and Support Plan that identifies appropriate referrals to obtain additional assistance for the child.</p> <p>201. As outlined above( paras 100 and 101), engagement of appropriate Aboriginal or CALD organisations would be important in the aftermath of an incident affecting children from Aboriginal or CALD backgrounds. Ensuring cultural respect and providing counselling that is sensitive to culture, are important components of restoring safety for the individual.</p> <p>202. The case manager would also provide more intensive support and direct monitoring of the child during this period and would maintain close consultation with the carer.</p> <p>203. Examples of the services to which we would consider referring children who have experienced sexual abuse include:</p> <ul style="list-style-type: none"> <li>- Centre Against Sexual Assault (sexual assault, therapeutic assessment and counselling)</li> <li>- Royal Children's Hospital Gatehouse Centre (sexual assault and trauma, therapeutic assessment and counselling - children)</li> <li>- TAKE TWO (a specialist therapeutic program provided by Berry Street)</li> <li>- Children's Protection Society (Therapeutic Services Program for children)</li> <li>- Child and Adolescent Mental Health Service</li> <li>- Private practitioners such as General Practitioners</li> <li>- Australian Childhood Trauma Group (therapeutic counselling and assessment)</li> <li>- If appropriate and with approval of DHHS, a 'Victims of Crime Application' would be completed, to set in motion obtaining compensation for the child.</li> </ul> <p>204. If the carer is not implicated in the allegation, Baptcare would provide additional</p>
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	<p>support, information and therapeutic guidance to the carer in order that he or she can respond appropriately and continuously to the child's needs following the traumatic experience. Additional age and developmentally-appropriate resources may be provided for the child (eg: night light, books) as identified in the Safety Plan.</p> <p>205. If the allegation has arisen in the context of another child in the placement displaying concerning behaviours, specialist therapeutic services would be considered for both children. Separation of the children through a placement change may or may not be the most therapeutically helpful response. If a decision was made by Baptcare/DHHS to continue the placement, additional support and supervision would be provided to the carer.</p> <p>206. If the alleged perpetrator is another adult who is known to the carer household – for example, a member of the child's kinship group - any access between the alleged perpetrator and the child would be ceased. Baptcare's priority would be to establish a Safety Plan for the child with the carer, to establish boundaries and manage interactions with family members in close proximity to parallel Police or Child Protection investigations. If necessary, Child Protection and/or Police could seek further statutory intervention to change the Child Protection order.</p> <p>207. If the allegation has been made against a Baptcare carer, our primary responsibility as outlined in (4) above, is to ensure the child's immediate and ongoing safety. If the QoC screening is resolved for Baptcare's action via supervisory processes (i.e. placement remains intact), we would implement specific actions in supervision with that carer to increase their knowledge of their obligations in the caring role, and address any concerns in relation to their responses to the child.</p> <p>208. If the QoC matter proceeds to investigation or formal review, Baptcare would consult with Child Protection in relation to re-allocation of the child to an emergency placement within Baptcare or if required, or to another CSO as per DHHS Guidelines. Our primary concern in this scenario would be to facilitate alternative placement and support for the child in dealing with the instability that placement change entails. Baptcare's responsibility to the child, enacted via the ongoing case manager, is to achieve an appropriate new carer match and to ensure that relationship is established as quickly as possible. Baptcare would consult with and be guided by DHHS in relation to placement decisions. During the 28 day period required for a QoC review to be conducted, Baptcare would participate as required and action any outcomes including participation in investigation, formal carer review and revocation of the carer's registration.</p> <p>209. In each of these scenarios Baptcare's therapeutic project coordinator would be engaged to support staff across the team in working with the child who has experienced this trauma. This senior staff member would be involved by the relevant case manager in providing secondary consultation and assisting with co-working or providing referrals for further specialist therapeutic services.</p> <p>210. Baptcare implements DHHS policy in relation to Leaving Care. If the victim of an alleged assault is a young person who is preparing to leave care (ages 15 to 18), Baptcare would incorporate additional support into the transition planning process. If the young person is at the point of leaving care we would advocate for additional counselling support to be made available by DHHS into the post placement period. We would also apply for additional external services required via application for brokerage funds.</p>
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5(a)	<p><b>211. Records</b></p> <ul style="list-style-type: none"> <li>- Client files, including client information databases, viz Client Relationship Information System (CRIS); Client Relationship Information System for Service Providers (CRISSP), and The Care Manager (TCM). Key documents in client case files are:             <ul style="list-style-type: none"> <li>- Case notes, which document date, time, persons present, purpose and outcome of all contacts made by the case manager on behalf of the child in placement, including contact with the child and carer</li> <li>- Referrals made to other services</li> <li>- Rreports or assessments provided to Baptcare by other services.</li> </ul> </li> <li>- Carer files (see paras 53 and 54 above), including case notes documenting supervision with the carer and other occasions of contact.</li> <li>- Case manager and other staff members' Supervision files, holding records of each occasion of supervision.</li> </ul>



## 6. National Initiatives

### 6(a) What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the National Framework for Protecting Australia's children 2009-2020?

6(a)	Outcome 2.2: Develop new information sharing provisions between Commonwealth agencies, State and Territory agencies and NGOs dealing with vulnerable families
(6(a)	<p><b>Outcome 2.2</b></p> <p>212. Baptcare welcomes the outcomes, strategies and standards of the National Framework for Protecting Australia's Children 2009-2020. Our actions to date in relation to Outcome 2.2 include:</p> <p>213. Participating in the 2015 National Survey of Children and Young People in Out of Home Care that will provide national dataset to enable benchmarking and inform national investment in service development;</p> <p>214. Reviewing and analysing a range of client outcomes frameworks operating nationally, in order to identify a framework that is internally robust and nationally implemented that that offers a good fit across our client services;</p> <p>215. Using our experience from other programs in developing sector wide assessment and referral tools to improve consistency of information across sectors and programs.</p>
6(a)	<b>Outcome 6.1</b> Raise awareness of child sexual exploitation and abuse, including online exploitation
(6(a)	<p><b>Outcome 6.1</b></p> <p>216. Our actions to date in relation to Outcome 6.1 include:</p> <p>217. Providing clear information about child sexual abuse, and procedures to guide our staff;</p> <p>218. Providing a therapeutic practice project to build staff and carer capacity in understanding and responding to trauma and its impacts. This project has also provided information and education to the wider staff group of Baptcare;</p> <p>219. Providing education to other organisations about child trauma including sexual abuse. These organisations include schools and a conference of volunteers working in family support and early intervention.</p>
6(a)	<b>Outcome 6.2</b> Enhance prevention strategies for child sexual abuse
6(a)	220. Our actions to date in relation to Outcome 6.2 include:



	<p>221. Participation in professional bodies and working groups aimed at raising community and sector awareness of child sexual abuse including our membership on the Board of the Centre for Excellence in Child and Family Welfare;</p> <p>222. Our involvement in the collaborative study on the complexity of Kinship Care and its outcomes;</p> <p>223. Adoption of WWCC as a requirement of all FACS staff even those not involved in direct client work.</p>
6(a)	<b>Outcome 6.4:</b> Ensure survivors of sexual abuse have access to effective treatment and appropriate support
(6(a)	<p>224. Our actions to date in relation to Outcome 6.4 include:</p> <p>225. Ensuring that all children in our care are supported to obtain treatment and have access to immediate and ongoing support of specialists in the area of sexual abuse treatment;</p> <p>226. Funding a two-year project to embed trauma-informed and therapeutic approaches across our Family Services division, with particular focus on Out of Home Care to improve our staff and carers direct day to day response to children who have been sexually abused.</p>



## REFERENCES

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- <sup>i</sup> Victoria's Department of Human Services (DHS) changed its name and scope to Department of Health and Human Services (DHHS), on 1<sup>st</sup> January 2015 Services (DHHS), on 1<sup>st</sup> January 2015.
- <sup>ii</sup> DHHS, (April 2014): Program requirements for home-based care in Victoria, Interim revised edition, 3.2.12, p.29.
- <sup>iii</sup> Ibid, p.29
- <sup>iv</sup> DHHS, (April 2014): Program requirements for home-based care in Victoria, Interim revised edition, 3.2.12, p.29.
- <sup>v</sup> Ibid, p.29
- <sup>vi</sup> Breman, R (2014): Peeling back the layers – kinship care in Victoria, Baptcare Research Unit in partnership with OzChild and Anchor.
- <sup>vii</sup> Charter for Children in Out of Home Care, <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/charter-for-children-in-out-of-home-care>
- <sup>viii</sup> Lynda Manley, Ruth Barr and Patricia McNamara, Strengthening Trauma-informed Therapeutic Practice Approaches in Out-of-home Care, *Children Australia*, Volume 39, Issue 04, December 2014, pp 216-220, doi: 10.1017/cha.2014.33, Published online by Cambridge University Press 16 Dec 2014
- <sup>ix</sup> Ibid
- <sup>x</sup> Ibid
- <sup>xi</sup> Breman, R (2014) op.cit.
- <sup>xii</sup> Looking After Children documentation can be found on the DHHS website (<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/lac-in-practice>)
- <sup>xiii</sup> Best Interests Case Practice Model – summary guide 2010 and related resources can be found on the DHHS website (<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/best-interests-case-practice-model-summary-guide>)
- <sup>xiv</sup> Charter for Children in Out of Home Care, <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/charter-for-children-in-out-of-home-care>
- <sup>xv</sup> L. Manley et al, op.cit.
- <sup>xvi</sup> More information about the Aboriginal Child Placement Principle can be found in the Child Protection Practice Manual (<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/placement-of-aboriginal-children-and-young-people/1432-aboriginal-child-placement-principle>)
- <sup>xvii</sup> L. Manley et al, op.cit.
- <sup>xviii</sup> DHS (2012) Protocol between Department of Human Services - Child Protection and Victoria Police
- <sup>xix</sup> DEECD (2011), Out of Home Care Education Commitment – A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria, Independent Schools Victoria.
- <sup>xx</sup> DHHS, Service Agreement Information Kit, Funded Agency Channel (<http://www.dhs.vic.gov.au/funded-agency-channel/home>)
- <sup>xxi</sup> DHS (2012) Protocol, op.cit.