MacKillop Family Services

MacKillop Family Services was founded by the Sisters of Mercy, Christian Brothers and Sisters of St Joseph.

6 August 2014

Bernie Geary, OAM
Principal Commissioner
Commission for Children and Young People
Level 20 / 570 Bourke Street
Melbourne VIC 3000
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Dear Commissioner Geary,

**Re: Systemic Inquiry: Sexual Abuse and Sexual Exploitation
of Children and Young People in Residential Care**

MacKillop Family Services (MacKillop) would like to thank you for the invitation to contribute to the *Inquiry into the adequacy of the provision of services to children and young people who have been subjected to sexual exploitation or sexual abuse while residing in residential care* (the Inquiry).

MacKillop is one of the largest out-of-home care providers in Victoria. We currently provide residential care, **specialist residential care and foster care to some of Victoria's most vulnerable children and young people.**

As part of a suite of services, MacKillop also works with children, young people and families by providing family referral, support and early intervention services, disability services, specialist education services and refugee services. MacKillop works with children, young people and families in Victoria and New South Wales, and has recently expanded operations to Western Australia.

In MacKillop's view, there are a number of complex and interlinked reasons that sexual harm and exploitation occur in residential care, and these are connected to the increased vulnerability of children and young people in this setting. This submission deals with sexual exploitation that occurs away from the residential home, perpetrated by people external to the residential home, and sexual abuse occurring within the residential home. Some issues and responses are similar, and this submission draws a distinction, where it is relevant to do so.

Recent media attention has brought a sharp focus on to the issue of the sexual exploitation of children and young people in residential care. That this abuse occurs is both shocking and tragic, and we acknowledge that jointly we must do better to protect and support vulnerable young people in our care. We must also acknowledge that this abuse is not new. Reports over an extended period have highlighted that children and young people in care are a target of sexual predators. In 1996, the Auditor General noted vulnerability of children in care to prostitution and paedophiles[i]. A **consultant's report for the** Department of Human Services in 1999, focusing on a small cohort of high needs children and young people aged between 11 and 17 in out-of-home care, noted that 30 per cent were engaged in prostitution and 40 per cent were involved with paedophiles[ii]. In 2010, Ombudsman Victoria reported:

> "The sexual exploitation of young people in the out of home care system has been identified as a significant issue with incident reports identifying a group of children in out of home care who are involved in prostitution and sexual exploitation."[iii]

**JUSTICE
HOPE
COLLABORATION
COMPASSION
RESPECT**

The fact that children and young people in out-of-home care have been targeted by perpetrators of these crimes over an extended period points to the need for a comprehensive, multi-faceted and evolving response. While creating many positive opportunities for children and young people in care, new technologies such as mobile phones and social media have, in some cases, exacerbated the vulnerability of this cohort. We also note that while the recent increased media attention highlights serious concerns, it comes at a time when there are increased levels of cooperation between the Department of Human Services, agencies who are caring for at-risk young people and Victoria Police. This is a very significant step to tackle this crime.

MacKillop supports the approach of the United Kingdom (UK) Department of Children, Schools and Family, in *Safeguarding Children and Young People from Sexual Exploitation*, to define and understand sexual exploitation:

> **"Sexual exploitation can take many forms from the seemingly 'consensual' relations**hip where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of **the victim as the exploitative relationship develops. ...**
>
> Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from their peers to have sex, sexual bullying (including cyber bullying), and **grooming for sexual activity. ... A common factor in all cases is the lack of free economic or moral choice."**[iv]

In the submission that follows, we have explored a range of issues using the questions provided by the Inquiry as a guide. MacKillop trusts that the information provided will assist in the development of strategies to prevent sexual exploitation, identify and protect children and young people who are victims, and stop perpetrators and bring them to justice.

We wish to thank you for the opportunity to contribute to the Inquiry, and look forward to learning of the findings. Please contact me on 9699 9177 if you have any queries related to this submission.

Yours sincerely,

Micaela Cronin
CEO, MacKillop Family Services

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Introduction

MacKillop Family Services recognises that changes are required to improve responses to children and young people vulnerable to sexual abuse and exploitation in residential care.

This submission includes recommendations for reform in the following areas:

- **Information sharing** – improving processes and removing the barriers in the breadth and flow of information between agencies working with children and young people in out-of-home care
- **Assessments for children and young people entering care** – adopting more thorough assessments for all children and young people when entering care to inform planning and placement decision-making
- **Placement matching through joint placement coordination** – development of area-based joint (Department of Human Services and community service organisations) placement coordination process to ensure care arrangements are responsive to the needs of children and young people
- **Expansion of therapeutic care and the development of new models of care** – ensuring all out-of-home care is therapeutic and implementing new care models such as professional foster care to better respond to the needs of vulnerable children and young people
- **Workplace capacity and capability** – ensuring the appropriate levels of skilled staff to provide a robust and trauma-informed response to children and young people.

How does sexual harm or exploitation occur?

1. Why are children and young people in residential care at increased risk of sexual harm or sexual exploitation compared to other types of out-of-home-care?

MacKillop notes the comparisons as to the types of care and sexual abuse and exploitation, as implied in the above question. It suggests that children and young people with similar needs and vulnerabilities are placed in these different models of care. **This is simply not the case. MacKillop's experience suggests that children** and young people subject to sexual exploitation often have experienced placement breakdown in kinship or foster care.

Improving the quality of residential care should be part of any response to the problem of sexual exploitation and sexual abuse. We acknowledge there is a significant gap i**n Victoria's mode**ls of out-of-home care placement (see below '**Lack of suitable care arrangements**') but our view is that high quality residential care should be one of the out-of-home care placement options for vulnerable children and young people with multiple and complex needs.

The Royal Commission into Institutional Responses to Child Sexual Abuse has noted that children and young people in out-of-home care are more vulnerable to sexual abuse due to:
- placement in residential or quasi-residential environments, often with extensive periods of unsupervised contact with adults
- limited access to trusted adults to advocate on their behalf
- a lack of supportive relationships, such as with siblings, friends and extended family members
- the impact of past abuse or neglect[v].

In MacKillop's view, there are a number of complex and interlinked reasons that sexual harm and exploitation occur in residential care, and these are connected to the increased numbers and complexity of children and young people in this setting.

MacKillop's experience suggests the reasons that sexual exploitation occurs in residential care include:
   a. trauma history of children and young people in residential care
   b. systemic resource-related issues
   c. lack of suitable care alternatives.

a. Trauma history of children and young people in residential care
In MacKillop's experience, the trauma history of a child or young person can make them more vulnerable to sexual exploitation. This includes experiences of family violence, which have also been linked to the development of sexually abusive behaviours in children and young people[vi]. Children and young people who have experienced the significant trauma of abuse and the removal from their family of origin are likely to have difficulties forming positive relationships (disrupted attachment) and may seek out friendships or develop relationships that become exploitative.

Some children and young people in residential care seek out intimacy as a form of connection, comfort and belonging. It is the case that some people will prey on those needs. Some children and young people who have experienced trauma, in the form of sexual abuse, may also re-enact their trauma to gain a sense of control. Children or young people at risk of sexual exploitation may be vulnerable and susceptible to:
   • psychological dependence upon the perpetrator
   • peer pressure and fear of being excluded from their friendship group
   • fear of retribution from offenders to themselves or their family
   • desire for money, drugs and gifts that are on offer
   • distorted perceptions of what is acceptable adult behaviour
   • unresolved trauma and a drive for mastery and control[vii].

As a group, children and young people in residential care can be vulnerable when in public and may attract people who then, in turn, prey on them. This is particularly the case for children and young people who abscond from residential care and/or frequent locations that place them at greater risk. Children and young people who have experienced an abusive home life may have a different 'barometer' of what it means to feel safe, and may unintentionally place themselves in situations and with people that increase their vulnerability to abuse. Offenders will target this group because they know that their parents may not be looking out for them and there might be fewer checks and balances on their behaviour[viii].

MacKillop's experience is echoed by the experience in the UK, where it is reported that perpetrators of sexual **exploitation "...** are known to target areas where children and young people might gather without much adult supervision ... **The process of g**rooming may also be visible in **adult venues such as pubs and clubs."**[ix]

Children and young people who have experienced a disruptive home life are less likely to have engaged in formal education and therefore may not have learnt about how to recognise safe relationships and safe adults. Having experienced disrupted attachment and few appropriate relationships with adults, it can be difficult for traumatised young people to recognise a potentially abusive relationship. Young people who have a disability may be even more vulnerable in this way.

In a trauma-informed setting, sexualised behaviour in out-of-home care can be understood as the child or young person 'showing' their carers the abuse that they experienced. However, if sexualised behaviour is not **seen within the context of the child's own traumatic experiences it** can be misunderstood by carers, which effectively prevents an appropriate response to the traumatised person.

Young people placed in residential care may also be attracted to substance use, as a means of self-medicating to overcome feelings associated with trauma. Some have been sexually exploited 'in exchange' for drugs or money that is used to purchase drugs. These multiple vulnerabilities of children and young people in care significantly elevate the risks of exploitation.

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b. Systemic resource-related issues

As noted by the Auditor-**General's report** *Residential Care Services for Children*, there have been ongoing budget shortfalls in funding for residential care. The Auditor-General found that in 2012–13 there was a 10 per cent shortfall between funded capacity and actual demand[x]. **In MacKillop's view, ongoing inadequate** funding has resulted in a number of systemic issues that make it difficult to operate residential care that is safe for children and young people. For example, rostering that allows for two staff during the day but only one staff member overnight, on a sleepover shift, is problematic. Night-time is when young people tend to leave the house, and a single staff member will therefore be unable to collect a young person in crisis when there are other young people in the house to supervise.

Residential care staff report that after dinner and into the evening is when **young people's behaviour** can be the most challenging to manage. A trauma-informed analysis of this behaviour acknowledges that the child or young person is often re-enacting trauma that is likely to have occurred at night. A therapeutic response to this behaviour requires skilled and responsive staffing to be able to respond to the needs of young people.

Children and young people in residential care present with multiple vulnerabilities. For example, many of the children and young people in residential care have disabilities (diagnosed or undiagnosed) that the out-of-home care system is not specifically equipped to respond to.

Although MacKillop has strong supervision procedures, supported by our implementation of the Sanctuary model, supervision of some residential carers to the level required is not always possible. This is due to a lack of resourcing to enable enough time, proper backfill and rostering to allow for the coaching, supervision and opportunities for reflective practice required to provide the highest quality care.

Additionally, comprehensive and accessible learning and development opportunities for staff on the issue of working with children and young people who have experienced sexual abuse or sexual exploitation are not readily available. The result is that some residential carers are not adequately trained, because of a lack of dedicated funding to meet this need. The significant resourcing required to maintain a trained and responsive staffing team is not reflected in current funding agreements. The costs to the organisation extend beyond the training itself to include the cost of backfilling roster lines to enable staff attendance.

In MacKillop's experience, some young people have been vulnerable to sexual exploitation because of their desire for material items such as clothes and telephones, in line with their peers. Allowances for items such as clothing provided by Department of Human Services (DHS) are inadequate. Young people may be sexually exploited due to their desire to have such material items.

c. Lack of suitable care alternatives
In MacKillop's view, alternative supported care arrangements may prevent a number of children and young people entering residential care, where they are more vulnerable to sexual exploitation. Too often the needs of children and young people vulnerable to sexual exploitation are beyond the capacity of volunteer foster carers to meet. At this time there is a yawning gap between the care alternatives of foster care and residential care and opportunities to configure innovative and responsive care arrangements are not simple to progress. Models such as professional foster care or models based on individualised funding packages should be progressed as a matter of urgency.

2. To your knowledge, what are the most common examples of sexual abuse or sexual exploitation that have occurred for the children and young people placed in residential care?

MacKillop is aware of a range of sexual abuse and sexual exploitation incidents of children and young people in care. Behaviours that children and young people in care have experienced include:
- grooming
- quality of care issues of carers (for example, inappropriate watching of girls and young women)
- sexualised language and unwanted sexual discussions
- abuse by other young people in care
- being targeted by organised groups of men
- sexual assault 'in exchange' for material items or drugs
- coercion from outside parties to arrange for the involvement in sexual offences against other vulnerable young people
- rape.

In MacKillop's experience, some young people will try to 'identify with' the offender so they are viewed as strong. This behaviour is akin to using what power they have in order to survive. The phenomenon of children and young people who are themselves victims of sexual exploitation introducing others to their abusers was noted by the UK Department of Children, Schools and Families. It argued **that this practice "may not be a deliberate attempt to groom others into sexual exploitation, but rather a way of ensuring that their abuser's attention is deflected away from themselves."**[xi] Alternatively, the child or young person may engage in this behaviour as a way of gaining the 'approval' of an abuser.

3. What are the main routes or pathways through which children and young people have become victims of sexual abuse or sexual exploitation following their placement in residential care?

In MacKillop's experience children and young people in care become the victims of sexual abuse or sexual exploitation through their interactions with other children and young people in care, adults who they come to know through other children and young people and social media and dating sites, including Facebook, Snapchat, Grindr and Tinder.

New and emerging technologies have significantly exacerbated the risk of sexual exploitation of children and young people in care. **According to the UK Office of the Children's Commissioner,** in its inquiry into child sexual exploitation in gangs and groups, it was rare to identify a case of sexual exploitation that did not involve the use of technology. It established that technology was used to threaten, bully and harass children and young people, make contact via social networking sites and share information and images about children and young people[xii].

Case example from MacKillop services
A young person in care seeking a relationship established a profile on a well-known dating site. Through that site, she connected with a man who was twice her age, but was known to her, as he was the father of her sister's child. As she already knew him, she agreed to meet with him. He raped her when they met.

While technology has heightened the vulnerability of some children and young people in residential care it is not, in and of itself, the cause. The sexual exploitation of children and young people in residential care pre-dates the rise of social media and the widespread use of mobile information communication devices[xiii]. An improved response to sexual exploitation would address the underlying causes of vulnerability such as prior experiences of sexual abuse, exclusion from positive peer activities (e.g. school and social networks), improved access to services (e.g. disability and mental health) and improved placement matching.

What are the responses for children and young people?
4. What is the standard response to an incident of sexual abuse or sexual exploitation of a child or young person residing in residential care? Can you offer any comments about the adequacy of the response and associated service systems? Is there consistency in the response? If not, what are the factors that result in variability?

MacKillop's response
MacKillop's procedures for out-of-home care staff outline the required response to an incident of sexual abuse or sexual exploitation. They include the following responses when abuse or exploitation has occurred outside the home:
- Ensure safety and protect the child or young person from further potential abuse
- Provide immediate counselling and clinical support
- Continue to provide day-to-day support of the child or young person
- Inform Child Protection by completing a DHS incident report and referrals to police for further investigation
- Complete the MacKillop Category One Incident Register
- Advise **MacKillop's** Chief Executive Officer and Director of Operations
- **Complete MacKillop's R**isk Register
- Undertake interviews with the children and young people involved
- Contact the child or young **person's family and offer support.**

When abuse has occurred within the residential home, responses include seeking an alternative placement for the children or young people involved.

Staffing responses wi**thin a home may include** 'stand-up' shifts, where a staff member is required to stay awake throughout the night to ensure greater supervision and safety for all those in the placement.

Where a staff member is alleged to be involved, they will be stood down from their employment while the matter is investigated.

MacKillop has also developed an internal database to monitor the follow up actions to Category One Incident Reports, including incidents of sexual exploitation. All category one incidents are entered into our database with updates entered every 48 hours until all actions arising from the incident have been completed. The database monitors actions in four areas:
- Addressing the needs of the client
- Notifying and engaging families
- Engaging relevant external agencies
- Addressing the needs of staff.
This database ensures that action continues beyond the submission of the incident report.

Adequacy, consistency of response and associated service systems
In MacKillop's experience there is **v**ariability between DHS regions in the response to a report of child abuse or exploitation. Factors such as the level of experience **can influence the response from DHS. In MacKillop's** view, it is essential that the response of DHS be consistent.

5. How can children and young people be better protected from sexual harm or sexual exploitation in residential care?

In MacKillop's view, there are a number of strategies that could be considered that may provide better protection for children and young people and prevent sexual harm or exploitation. However, we believe that

some of these approaches may require more investigation (for example through research or pilot projects) before being implemented.

System-wide responses

MacKillop has explored, some of the responses examined in the UK before and following the inquiry by the **UK Office of the Children's Commissioner into child sexual exploitation in gangs and groups. MacKillop** would support further exploration of a holistic response such as the one recommended by that inquiry, called *See Me, Hear Me*. This approach includes a comprehensive framework for supporting children and young people, and a range of functions and processes for agencies to take responsibility for preventing the sexual exploitation of children and young people. Although *See Me, Hear Me* is designed to protect children and young people from sexual exploitation in groups and gangs, it could be adapted and tested in the Victorian context.

See Me, Hear Me contains seven principles to guide practice:
1. **The child's best interests must be the top priority**
2. Participation of children and young people
3. Enduring relationships and support
4. Comprehensive problem profiling
5. Effective information sharing within and between agencies
6. Supervision, support and training for staff
7. Evaluation and review.

Placement decision-making and information exchange

As noted by the Auditor-General, poor placement matching is the greatest risk to the safety of children in residential care. Research from the United States indicated that reported abuse was confirmed for 12 per cent of all children in residential care, and in 70 per cent of cases the perpetrators were other residents. In **MacKillop's experience it is too often the c**ase that placement decisions are made on the basis of bed availability, rather than what is in the best interests of the child, children or young people concerned.

MacKillop acknowledges that while the system is stretched, it can be very difficult for an agency to successfully challenge a referral; even if the agency knows that to place the child or young person in a house could place them, or existing residents, at risk.

MacKillop staff have reported that they need better information sharing in relation to referrals. As an agency we need more comprehensive, accurate and up-to-date information about the children and young people being referred to residential care to provide more responsive care. A broad net should be cast when seeking information to inform planning for the most appropriate placement for a child or young person. This includes information from:
• family support services who may have had contact with the family prior to a child or young person entering the out-of-home care system
• other agencies who they may have provided previous placements
• all relevant areas of the Department of Human Services.

While there are existing referral protocols and templates that provide for the transfer of information about children and young people, our experience is that such documents can sometimes fail to include important information. Such non-compliance with ref**erral protocols can lead to information exchange 'workarounds'** such as conveying information via telephone or email with DHS. These practices increase the risk of information not being available to inform critical decision-making and care arrangements.

MacKillop is of the view that the decision-making process in determining placements should be changed. We recommend that a joint model of placement matching be adopted, such as the Placement Matching Panels implemented in New South Wales, comprising community sector and departmental representatives. We have direct experience of this approach and it works well. Placement Matching Panels allow for matching decisions

on the basis of a better understanding of the characteristics and potential dynamics of children and young people currently placed in group settings.

Therapeutic residential care
Creating stability and engagement for children and young people in out-of-home care is a critical step in protecting against sexual abuse and exploitation. It is clear that sexual exploitation of children and young people who are living in residential care occurs while they are absent from the residential care home. Such absences, particularly overnight, continue to be a pronounced problem in out-of-home care. There is little doubt that models of residential care need to improve how children and young people are engaged to stay at home. It is well documented that therapeutic models of out-of-home care are more successful in providing greater stability and reducing levels of absconding[xiv].

Therapeutic residential care is better resourced, allowing for more innovative and responsive staffing arrangements, higher staffing ratios, better training for staff and carers and access to therapeutic professionals. MacKillop notes that the **DHS'** *Out-of-Home Care: A Five Year Plan* has committed to increase therapeutic residential care places. In our view, all residential care should be funded and delivered from a therapeutic model throughout the system as a matter of the highest priority.

MacKillop is currently implementing the Sanctuary model of care, which is a trauma-informed method for creating a culture of safety for the children, young people and families we work with, and our staff. In **MacKillop's view, a therapeutic appro**ach to care, such as the Sanctuary model, is an essential first step to better protect children and young people.

Foster care
Our experience suggests that many young people who are vulnerable to sexual abuse have experienced placement breakdowns in foster care as the model has not been able to respond to their needs. Extra resourcing of foster care would go some way to ensuring children and young people do not enter residential care. This could include initiatives like tax incentives and providing realistic rental/mortgage payments and utilities payments.

A more professionalised approach to foster care should be considered as part of the suite of placement options. There is a significant gap in the care system that could be filled by placing children and young people with higher needs with trained professional foster carers in a home-based setting. This initiative is included in **the DHS'** *Out-of-Home Care: A Five Year Plan* and should be progressed.

In MacKillop's view, it is critical that the individual needs of all young people in out of home care are assessed appropriately, and that a therapeutic plan is developed, identifying the most appropriate placement to meet their needs. Where there has been very significant trauma and disrupted attachment this is likely to be a therapeutic residential placement.

Issues that should be considered in placement matching in the best interests of the child include:
   a. age difference
   b. gender
   c. disability
   d. number of children already accommodated.

a. Age difference

In MacKillop's view, there should not be more than two years difference in age between children and young people placed in residential care. This would not apply to properly assessed sibling groups.

b. Gender
Evidence suggests that males represent the overwhelming majority of perpetrators of sexual abuse and exploitation in institutional settings[xv]. There is also evidence to suggest that a large proportion of victims of sexual abuse in institutional settings are also male[xvi].

MacKillop acknowledges there are mixed views on whether single-sex residential homes would reduce or prevent sexual harm or exploitation. Indeed, some commentators suggest that a single-sex approach may be more beneficial for girls than it would be for boys.

There is some evidence to suggest that girls do better in a single sex environment. There has been extensive research undertaken about single-sex educational environments that may have something to offer this debate[xvii].

MacKillop would welcome further consideration of this issue of whether safety and wellbeing outcomes are better for girls in single-sex environments.

However, it is argued that placing boys in single-sex units does not reduce or prevent sexual harm or exploitation due to the risk of abuse perpetrated by boys against other boys in such settings. **In MacKillop's** view, reducing the age differences between boys, and putting in place other mechanisms as detailed in this submission, for example therapeutic approaches, would assist in preventing abuse.

Research is required in relation to the possible beneficial outcomes for boys placed in single-sex environments. If it can be assumed that there is no difference in the outcomes for boys in single-sex environments then a range of other mechanisms would still need to be in place to ensure their safety. This does not privilege the position of girls in care over that of boys, but acknowledges that a proportion of the problem might be resolved with the implementation of single sex units, and further research is required on this issue.

c. Disability
Children and young people living in residential care, with a disability, are especially vulnerable to sexual harm or exploitation. MacKillop is of the view that these young people require better care within residential care, to identify a **disability and work with the child or young person's needs.**

6. How adequately are the health needs, education, community and family connections of children and young people met in residential care? Are there ways these connections and needs could be better addressed or improved for children and young people in residential care?

In MacKillop's view, there is still some way to go to ensure that the health and education needs of children and young people in our care are met. Additionally, there is work to be done to promote connections with their family of origin and community engagement for the children and young people in our care. Some of the barriers that we have identified in meeting the needs of children and young people in relation to these domains are detailed below.

Health needs
MacKillop has experience with programs that provide positive outcomes for children and young people in care. The *Pathways to Good Health* program involves doctors who are recruited to provide health assessments for children in care, and have a good understanding of the needs of children and young people in care and are skilled at building rapport with them.

In MacKillop's experience, some health professionals simply do not understand the circumstances of a child or young person in care. This means it is extremely difficult to build rapport and going to the doctor becomes

an unpleasant experience for the child or young person. Specialist programs, which assist health professionals to understand the needs and behaviours of these young people, are essential.

Engagement with education

Research undertaken by MacKillop, in partnership with Good Shepherd Youth & Family Service and Jesuit Social Services, identified a number of barriers for children and young people in care to engaging in education. These include difficulties in paying fees, having quiet places to study within the residential home and a lack of understanding of teachers and schools about the issues facing children and young people living in out-of-home care [xviii]. These feelings can be exacerbated if a child or young person has had disrupted schooling as they are less likely to want to return to education for fear of **being perceived as 'dumb'**. Internal data collected by MacKillop also indicates that the significant proportion of children in out-of-home care have been subjected to bullying at school.

MacKillop staff report that some children and young people have expressed that they are frightened to return to school because they find the school work hard, they cannot concentrate, they are afraid of being kicked out and afraid of being exposed because they are 'inferior' to the other children. One young woman in the research project said that she would rather not return to school than have her friends find out she was in care.

Family connections

In MacKillop's view, more work needs to be undertaken with families to help them reconnect with their children. MacKillop aims to ensure that lines of communication between residential care staff, children, young people and their parents remain open. Staff also provide full support for any access arrangements.

In our view, family workers within residential services would be a useful therapeutic response to support the family and promote connections.

7. What are the policies and common practices in residential units regarding the children and young persons' use of mobile phones, internet, social media and technology?

MacKillop acknowledges that there are a number of deficiencies and inconsistencies in practice in relation to mobile phones, internet, social media and use of technology. In some cases, controlling the use of technology is restrictive for young people. For example, the practice of confiscating mobile telephones at night.

MacKillop would support initiatives to improve practice in residential care. Our experience suggests some residential care staff do not possess the required information communication technology knowledge or capacity to proactively respond to the problematic use of technology and the associated risk of sexual abuse and exploitation. There is considerable scope to progress further learning and development opportunities to develop this area of residential care practice.

8. What form of sexual health education and relationship education is provided to children and young people in residential care, if any? Who provides this education and are their skills, training, supervision and support adequate to perform this role? How formalised is the delivery/content/approach/evaluation? How does this education integrate with what is provided to children and young people in their formal education at school, for those children and young people who attend school?

In MacKillop's view a new approach is needed in relation to the education of children and young people in care about health and wellbeing, including sex, sexuality and sexual health. In our view, there should be a 'whole of life' approach that includes supportive and collaborative partnerships with families, health professionals, schools and the wider community. As occurs in well-functioning families in the community,

learning about sex in a residential care setting should be an ongoing, iterative conversation that involves a range of issues related to sexual health, sexuality and relationships.

This includes the complex issue of consent. MacKillop acknowledges that when a child or young person is being abused or exploited, they are not able to give consent due to their age, the age difference between the young person and the perpetrator and/or issues of manipulation and coercion. In cases of sexual exploitation, there is a power imbalance that makes consent impossible.

However, MacKillop also acknowledges that young people in care may be engaging in sexual activity that is legal, and that they freely consent to. It is therefore incumbent on us to ensure both girls and boys understand practices to protect their sexual health and the concept of positive consent (making sure the young person's partner says "yes", not just that they don't say no).

What would make a difference?
9. What changes would be most helpful in preventing children and young people in residential care becoming a victim of sexual abuse or sexual exploitation and in helping them to escape from it?

The available evidence suggests that children and young people in residential care will continue to be targets for sexual exploitation as they are perceived as highly vulnerable, powerless and voiceless. This has to change. Properly addressing this vulnerability will require both a heightened vigilance to the risk of sexual abuse and exploitation and an evolving response that anticipates new and emerging risks. As indicated throughout this submission**, in MacKillop's view, there are a range of systemic and practical approaches that might go some** way to preventing sexual exploitation of children and young people in residential care.

These include:
- clear protocols to hear the voice of children and young people
- a primary focus on identifying and responding to the needs of children and young people
- residential care staff training and support
- better collaboration between stakeholders
- resourcing of the care sector, to better support foster care, developing alternative placement models and the expansion of therapeutic responses in residential care
- better health and wellbeing programs for children and young people, focusing on sex, sexuality, sexual health and relationships (including relationships and social media)
- new approaches to placement matching and enhanced referral information (including research into the efficacy of single gender residential care)
- proactive policing targeting offenders including actively pursuing criminal matters.

10. Do staff who care for and work with these children and young people have adequate skills, training, supervision and support to respond to, manage and prevent children and young people in residential care from being exposed to or becoming a victim of sexual abuse or sexual exploitation? Are there any improvements that could be made in this area?

In MacKillop's view, staff need to be appropriately skilled and experienced in a range of areas, and residential care needs to provide a clearer and **more attractive career pathway. In MacKillop's view, the implementation** of a trauma-informed approach to care, for example the Sanctuary model, addresses this. **MacKillop's** objective is for all staff to participate in Sanctuary training. The senior practitioners that are an essential part of a therapeutic response encourage and facilitate reflective practice within teams.

A therapeutic approach also allows for better assessment processes and secondary consultation meaning staff are better equipped to predict, identify and prevent issues before they escalate. As a result of raised awareness, staff are also better able to recognise signs of sexual exploitation and health and other needs of children and young people and seek assistance in a timely manner.

It **is MacKillop's** experience that a trauma-informed approach also allows for better career pathways for residential staff, potentially broadening the field of people who might be attracted to the work. Having senior practitioners as part of the team, skilled residential carers and caseworkers can progress their clinical work with children, young people and families, but in a more senior role.

In MacKillop's view, new residential care workers need a suite of training and support, prior to entering a residential home. It is our experience that it is especially difficult to allow staff adequate time for the suite of training they might need, after they have commenced shifts.

The *See Me, Hear Me* framework**, developed by the UK Office of the Children's** Commissioner, describes the impact of this work on staff and the importance of adequate support:

> "It is essential that all staff working in services that offer treatment to or management of both victims and perpetrators of child sexual exploitation have access to regular reflective practice consultation. Staff are inevitably emotionally affected by such work which can be profoundly disturbing and result in the unconscious putting up of defences to avoid being distressed by what they are hearing. These feel**ings can be particularly evoked in the child or young person's** behaviour, whether victim or perpetrator, is highly sexualised.

> Staff can experience a variety of feelings including disgust, anxiety, shock, anger or a desire to be punitive. Such uncomfortable feelings might be fended off by simply blaming either the child/young person or the abuser, even when both have been victims.

> Alternatively, as a way of avoiding these disturbing feelings, some staff will unknowingly turn a blind eye to matters so that that do not have to think about them. Other staff may feel that they have the ability to affect significant change in clients when others have previously failed.

> It is imperative that safeguarding measures remain paramount. Holding in mind the complexity **of a child's feelings and emotions requires skilled staff with skill support.**

> It is therefore essential that staff receive regular supervision and the opportunities to reflect on their practice so that the potential impact of disturbing thoughts and feelings can be **minimised."**[xix]

11. How well do the service systems presently work together to prevent, respond to and support children and young people who have been a victim of sexual abuse or sexual exploitation in residential care? Are there ways the service systems could work differently to improve outcomes for these children?

Information exchange
The manner in which placement matching occurs currently, in some instances, undermines the relationship between community agencies and DHS. MacKillop supports the view presented in the Victorian Auditor-**General Office's** review of residential care that capacity constraints mean that placements are not always **based on the child's best interests.**

Significant improvements could be made in the processes for information sharing between the DHS and community service organisations. For example, in our experience critical information regarding the characteristics or vulnerability of children and young people is not adequately communicated through existing referral pathways. We believe that adopting Placement Matching Panels (see response to Question 5) would significantly improve information exchange between community service organisations.

While there is scope for improvements with the way information is shared between the agencies involved in the provision of out-of-home care, there are further opportunities to improve the information pathways from agencies external to the out-of-home care sector. As noted above, the families of many of children and young people entering out-of-home care have been engaged with family support services. Our experience suggests that too often detailed information regarding the needs of children and young people that has been gained through this work is not passed onto out-of-home care organisations.

Victoria Police
MacKillop is of the view that better relationships with local police would assist in improving responses for children or young people who have experienced sexual exploitation.

Developing relationships between children and young people and local police would also be a positive initiative. Activities of this type act to break down barriers and open lines of communication for better prevention and response.

MacKillop is aware of the "disruptive policing" approach being used by Victoria Police to prevent known perpetrators exploiting children and young people. The purpose of this approach is to bring someone into the legal system for reasons other than the exploitation. While an effective short-term strategy this should not deflect attention from the investigation and prosecution of the crimes of sexual abuse and sexual exploitation. While MacKillop supports an approach that effectively stops contact between perpetrators and the children or young people they are targeting, it should not prevent the pursuit of those people for these sexual exploitation offences.

In MacKillop's view the amendments to the *Crimes Act* 1958 to create an offence of grooming may be used in this context to protect children and young people from sexual exploitation. The amendments cover a range of communication, including electronic communication, meaning that children and young people may be able to be protected, and potential offenders disrupted, through the use of the grooming amendments.

Recommendations

MacKillop Family Services makes the following recommendations to improve responses to sexual abuse and exploitation in residential care:

1. **Information sharing** – improving processes and removing the barriers in the breadth and flow of information between agencies working with children and young people in out-of-home care

2. **Assessments for children and young people entering care** – adopting more thorough assessments for all children and young people when entering care to inform planning and placement decision-making

3. **Placement matching through joint placement coordination** – development of area-based joint (Department of Human Services and community service organisations) placement coordination process to ensure care arrangements are responsive to the needs of children and young people

4. **Expansion of therapeutic care and the development of new models of care** – ensuring all out-of-home care is therapeutic and implementing new care models such as professional foster care to better respond to the needs of vulnerable children and young people

5. **Workplace capacity and capability** – ensuring the appropriate levels of skilled staff to provide a robust and trauma-informed response to children and young people.

12.   Any other matters or issues that you feel the Commission should consider in its Inquiry.

MacKillop recommends consideration of the Inquiry by the **UK Office of the Children's Commissioner** into child exploitation in gangs and groups. That Inquiry produced three reports of note for the purposes of the current inquiry. The first focused on children and young people in care, the second is an interim report that focuses on data and prevalence and the final contains a number of important recommendations and strategies.

The final report, titled *"If only someone had listened"* includes a Warning Signs and Vulnerabilities checklist includes a list of typical vulnerabilities and behaviours as well as a list of organisations that should be made aware of these vulnerabilities and behaviours[xx].

It also contains a detailed examination of strategies that are working to protect children from organised or gang-related sexual exploitation. The strategies described are relevant to the instances of sexual exploitation that are the focus of this Inquiry, and include:

1. focus on the child
2. gaining a child's confidence
3. leadership
4. strategic planning
5. everyone on alert
6. spotting the warning signs
7. joined-up working
8. pre-emptive action
9. scrutiny and oversight.

Specific examples of good practice under each of these headings are also available[xxi].

Endnotes

[i] Auditor-General of Victoria (1996) Special Report no. 43, *Protecting Victoria's Children: the role of the Department of Human Services*, Victorian Government Printer, page 180.

[ii] Morton, J., Clark, R., and Pead, J. (1999) *When care is not enough: A review of intensive therapeutic and residential service options for young people in out-of-home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood*, Department of Human Services, page 10.

[iii] Ombudsman Victoria (2010) *Own Motion Investigation into Child Protection – Out-of-Home Care*, May 2010, Victorian Government Printer, pages 44–46.

[iv] Department of Children, Schools and Family UK (2009) *Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance to Working Together to Safeguard Children*, DCSF, London, page 17–18.

[v] Commonwealth of Australia (2014) *Royal Commission into Institutional Responses to Child Sexual Abuse: Interim Report Volume 1*, Commonwealth of Australia, page 115.

[vi] Department of Human Services (2012) *Adolescents with sexually abusive behaviours and their families: Best interests case practice model specialist practice resource*, Department of Human Services, page 12.

[vii] Quadara, A. and Miller, R. (2014) *Sexual abuse and exploitation prevention: Effective responses*, Child Family Community Australia webinar, Monday 28 April 2014.

[viii] Craven, S., Brown, S. and Gilchrist, E. (2007) Current Responses to Sexual Grooming: Implication for Prevention, *The Howard Journal of Criminal Justice*, 46, pages 60–71.

[ix] *Ibid*., page 18.

[x] Victorian Auditor-General's Office (2014) *Residential Care Services for Children*, VAGO, Melbourne, page 23.

[xi] Department of Children, Schools and Family UK (2009) *op. cit.* page 18.

[xii] Office of the Children's Commissioner (2012) *"I thought I was the only one. The only one in the world": Inquiry into Child Sexual Exploitation in Gangs and Groups. Interim Report*, Children's Commissioner, London, page 43.

[xiii] See for example, Auditor-General of Victoria (1996) *Special Report no. 43, Protecting Victoria's Children: the role of the Department of Human Services*, Victorian Government Printer, page 180; Morton, J., Clark, R., and Pead, J. (1999). *When care is not enough: A review of intensive therapeutic and residential service options for young people in out-of-home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood*, Department of Human Services, page 10.

[xiv] Verso Consulting (2011) *Evaluation of the Therapeutic Residential Care Pilot Programs: Final Summary & Technical Report*, Department of Human Services, page 120.

[xv] Commonwealth of Australia (2014) *Royal Commission into Institutional Responses to Child Sexual Abuse: Interim Report volume 1*, Commonwealth of Australia, page 6.

[xvi] *Ibid,* page 47.

[xvii] See for example United States Department of Education (2005) *Single-Sex Versus Coeducation Schooling: A Systematic Review*

[xviii] Campbell, L., McGuire, M. and Stockley, C. (2012) *I just want to go to school: Voices of young people experiencing educational disadvantage,* Good Shepherd Youth & Family Service, Jesuit Social Services and MacKillop Family Services.

[xix] Office of the Children's Commissioner (2012), *op. cit.*, page 60.

[xx] Office of the Children's Commissioner (2013) *"If only someone had listened": Inquiry into Child Exploitation in Gangs and Groups. Final Report*, Children's Commissioner, London, page 108.

[xxi] *Ibid.* page 33.