

Royal Commission into Institutional Responses to Child Sexual Abuse

Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care - Public Hearing 10-20 March 2015

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Queensland Child and Family Reforms

- The attached responses to Case Study 24, Questions 1-6 describe the current out of home care system in Queensland.
- The following additional brief provides further details on the significant child and family reforms that are underway in Queensland.
- At the time of compiling this information for the Royal Commission into Institutional Responses to Child Sexual Abuse, the Queensland Government is operating under caretaker arrangements, and in keeping with the relevant caretaker conventions, the department was unable to express an opinion about future policy of an incoming government.
- On 1 July 2012, the Queensland Government established the Queensland Child Protection Commission of Inquiry (the Commission) to evaluate the child protection system and chart a course for the system over the next ten years. During a twelve month period, the Commission received in excess of 440 submissions, held 54 days of hearings, called more than 220 witnesses, and convened over 150 meetings across the state with individuals and organisations. On 1 July 2013, the Commission handed down its findings and recommendations in its report *Taking Responsibility: A Roadmap for Queensland Child Protection* (the Commission's final report).¹ The Queensland Government published its response to the Commission's final report on 16 December 2013, accepting all 121 recommendations

¹ Report available at <http://www.childprotectioninquiry.qld.gov.au/publications>.

(115 in full and six in principle).² There was bipartisan support for this approach.

- Subsequently, the department and key agencies across government are progressing a wide-ranging reform agenda, to improve the effectiveness of the child protection and family support systems. These reforms build on work to revitalise services and improve outcomes for children and families that commenced in early 2012. The child and family reforms, which include additional investment of \$406 million over five years (beginning in 2014-15), are designing better client pathways and building service capacity to provide the right services at the right time to the families and children who need them.
- The child and family reforms are oversighted by whole of system governance arrangements, recognising that improved outcomes for children and families are a shared responsibility across multiple government and non-government agencies in partnership with families and communities. The Department of Premier and Cabinet has a lead coordination role across the whole of government institutional governance arrangements and program of work. The Child Protection Reform Leaders Group and Child Protection Senior Officers Group include the justice, education, police, health, housing, treasury, Aboriginal and Torres Strait Islander and multicultural affairs portfolios as well as Child Safety and the newly established Family and Child Commission. Non-government partners are also represented on the Child Protection Reform Leaders Group and departmental Stakeholder Advisory Group.

² Government response available at <http://www.communities.qld.gov.au/resources/reform-renewal/qg-response-child-protection-inquiry.pdf>.

- The Office of the Public Guardian was established on 1 July 2014 to protect the rights and interests of vulnerable Queenslanders. The Office of the Public Guardian is an independent statutory body which has special responsibilities to support and protect the rights of children and young people in out-of-home care. The Office of the Public Guardian is responsible for administering the community visitor program. The purpose of the community visitor program is to protect the rights and interests of the children in out-of-home care.
- The Office of the Public Guardian also has an individual advocacy framework for vulnerable children in the child protection system which ensures that vulnerable children and young people have their voices heard, are involved in the decision-making processes that affect their futures are provided with advice and information and assisted to make complaints and resolve disputes with entities providing services to them. The Office of the Public Guardian delivers services through state-wide advocacy hubs including four physical hubs as well as a virtual hub in Queensland where children can request information and assistance.
- The Queensland Family and Child Commission has been established to provide independent advice on the effectiveness of child protection reforms to help make Queensland the safest place in Australia to raise a child.
- The Queensland Family and Child Commission will also promote and advocate the role of the families and communities to protect and care for Queensland's children and young people, so more children can stay at home safely.
- Our vision is a Queensland in which children and young people are able to live in safe and supportive families and communities.

Parents will take primary responsibility for protecting and caring for their children, and their families and communities will support them with this important responsibility. The service system will have the right pathways and capacity for vulnerable families to access the supports they need. Our out-of-home care system will be well matched to the needs of children, to keep them safe and help them reach their potential.

- To realise this vision, the department is working closely with partner agencies and community stakeholders to reform child protection services in Queensland, including the out-of-home care system. We are partnering with our clients, community organisations, peak bodies, academics, and business and industry groups to design and deliver new and reformed services. Non-government partners and community groups are being included in key advisory bodies, steering committees and governance groups. We are also working with our non-government partners to build capacity within the non-government sector.
- Importantly, the department is listening to the voices of children and young people, working with them to build a child-friendly system and partnering with CREATE Foundation, the peak advocacy body for young people, to facilitate the valuable input of our young people.
- The active involvement of young people, community groups, representative bodies and our partners will ensure we deliver on putting children and their families first and our efforts are targeted where they are most needed.

Over ten years, the child and family reforms will:

- reduce the number of children and young people in the child protection system
- revitalise child protection frontline services
- refocus system oversight on learning, improving and taking responsibility

Other significant system and practice reforms being led by Child Safety, that will revitalise out-of-home care are:

- amendments to the *Child Protection Act 1999* Act have clarified and consolidated existing policy and legislative mandatory reporting requirements and applied a consistent reporting 'standard'. The new provisions, which took effect from 19 January 2015, require teachers in schools, doctors, registered nurses, police with child protection responsibilities, staff within the Office of the Public Guardian and authorised Child Safety Officers to report a reasonable suspicion that a child is in need of protection as a result of physical or sexual abuse directly to Child Safety. The amendments to the Act will also enable professionals working in certain entities to refer a child's family to a Family and Child Connect Service, or other services that support children and their families without their consent, where the reasonable suspicion does not indicate a child is in need of protection as a result of physical or sexual abuse. The amendments help to clarify when a report about a child should be made to Child Safety and when a referral to a support service may be more appropriate. Information and training materials are being prepared for mandatory reporters and the Queensland Child Protection Guide is being reviewed to support the implementation of the amendments.³

³ The Child Protection Guide is an online tool to help staff of partner agencies (such as DETE, Queensland Health and non-government agencies) to determine which matters to report to Child Safety and community based intake and referral

- creation of dual pathways for reporting child protection concerns, rolling out 20 new community based Family and Child Connect Services, as an alternative to statutory intake process. Legislative reforms include appropriate information-sharing and confidentiality provisions to support community-based intake.
- differential responses to child protection notifications as alternatives to investigations; being a family service assessment and a family violence response; for families where there is a low to moderate risk of harm and vulnerable families can receive timely and appropriate support for their needs.
- expansion of earlier intervention family support programs across the state. The Queensland Government allocated \$6.5 million in 2014-15 for a state-wide rollout of intensive family support services and domestic and family violence services. These services will work collaboratively with families (where the concerns do not meet the statutory threshold of harm) who are struggling with multiple and complex needs to help them build the resilience and capabilities they need to responsibly care for their children. The aim of these support services is to provide time-limited support that will improve family safety and functioning, so that families can eventually build the capacity to meet their own needs.
- establishment of dual intake and referral pathways and the introduction of differential responses, combined with increased capacity in the family support service system, will provide families with support to address problems that may otherwise impact on the safety and wellbeing of their children.

services. The guide is designed to complement, rather than replace, a professional's critical thinking and does not preclude a professional from any course of action they believe is appropriate. More information is available online: <http://www.communities.qld.gov.au/childsafety/partners/our-government-partners/queensland-child-protection-guide>

- addressing the over-representation of Aboriginal and Torres Strait Islander families by implementing a range of supports and services (and projects) specifically aimed at meeting their needs through four focus areas:
 1. delivering an adequate suite of prevention and early intervention services relevant to the needs of Aboriginal and Torres Strait Islander families, and making those services accessible, including extending eligibility for Aboriginal and Torres Strait Islander family support services to include families whose children are at risk of harm, without requiring prior contact with Child Safety
 2. improving practice in the statutory system to ensure it is responsive to the needs and concerns of Aboriginal and Torres Strait Islander families including introducing a collaborative case management approach for Aboriginal and Torres Strait Islander families with high needs
 3. strengthening Aboriginal and Torres Strait Islander child protection agencies and establishing new regional Aboriginal and Torres Strait Islander Child and Family Services to deliver an integrated suite of child protection and out-of-home care services; introducing a shared practice model, placed-based culturally appropriate practices and improved training for staff
 4. catering for the particular needs of children in discrete Aboriginal and Torres Strait Islander communities, where over-representation is acute and chronic and pursuing a range of reforms to reduce family and community violence and alcohol misuse in remote Aboriginal communities.

- introducing a new practice framework throughout Queensland to improve decision-making and strengthen casework and practice. The new practice framework will change the way that the department works with families, by building on workers' existing skills of engaging with families to promote their meaningful participation. The framework will also bring a practice of inquiry to work with families. Identifying and supporting safety networks around children, their families and carers will assist in increasing their capacity to provide sustainable safety for their children. The Children's Research Center (CRC) and SP Consultancy (Sonja Parker) is assisting the department to develop a new Child Safety practice framework.
- A fundamental piece of evidence for providing best practice responses to children in out-of-home care is a comprehensive picture of the children's needs. The department is undertaking studies to determine the extent of different needs levels within the out-of-home care population and assessing the appropriateness of the current range and mix of services. This information, once available, will be invaluable to guiding best practice through the reforms.
- The department is currently evaluating a therapeutic residential care trial and developing an evidence-based, trauma-informed, therapeutic framework for the future development of therapeutic residential care services for children with complex needs, including children who have experienced sexual abuse, who need this level of care.
- In the early stages of child protection intervention, family group meetings are the principal means by which the views, wishes and needs of the family are planned for and recorded. The department is currently planning to implement improvements to the skills and

qualifications of convenors and the child and family centeredness of meeting processes including the option of holding family group meetings in neutral venues and providing sufficient family only time.

- Complimenting this extensive child and family reform agenda, the Queensland Government has agreed to the National Framework for Protecting Australia's children (2009-2020) through the Council of Australian Governments in 2009 and participates in national projects linked to the National Framework. Priorities in the *Second Action Plan* (2012-2015) are consistent with and will support Queensland's child and family reforms.⁴ Queensland has agreed to the National Standards, which include nationalised principles and measures for data reporting. The measures are being progressively introduced so that by 2015 there will be 22 measures reported against the full set of National Standards.

⁴ Available online: <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyone-s-business-national-framework-for-protecting-australia-s-children-2009-2020-second-action-plan-2012-2015>

Question 1.1: Screening of carers and staff as well as carers' household members. For example, working with children check and criminal checks.

Response

- Section 82 of the *Child Protection Act 1999* enables the chief executive to place a child in the care of an approved kinship carer for the child, an approved foster carer, an entity conducting a departmental care service, or a licensee. If it is not possible, or not in the child's best interests, for the child to be placed in the care of one of those entities, a child may be placed in the care of a provisionally approved carer for the child, or if the chief executive is satisfied another entity would be the most appropriate for meeting the child's particular protection and care needs—that entity.
- Chapter 4 of the Queensland *Child Protection Act 1999* provides for the regulation of out-of-home care including setting standards for out-of-home care, the licensing of care services and the certification of foster and kinship carers.
- The purpose of this part of the *Child Protection Act 1999* is to provide a system of licensing services and approving individuals to provide care for children to enable the chief executive of the department to ensure the care of children meets the standards of care in the statement of standards.
- Chapter 4, Part 2, Division 3 of the *Child Protection Act 1999* provides for the approval of foster and kinship carers.
- Section 135 provides that the chief executive must not grant an application or renew a certificate of approval for a foster carer unless:
 - the applicant is a suitable person to be an approved foster carer;
 - all members of the applicant's household are suitable persons to associate on a daily basis with children;

- the applicant and each adult member of the applicant’s household have a current positive prescribed notice or current positive exemption notice (*Working with Children Check* clearance);
 - the applicant is able to meet the standards of care in the statement of standards; and
 - the applicant is able to help in appropriate ways towards achieving plans for the protection of a child placed in the carer’s care.
- Similar requirements apply for kinship carers with the additional requirement that the applicant is kin to the child to whom the approval relates. All of the other requirements related to suitability to care for the particular child and suitability of the applicant and the adult members of the applicant’s household relevant to foster carers apply to kinship care applicants.
 - Suitability screening consists of assessing child protection, domestic violence and traffic history.
 - Criminal history checks are conducted for urgent child placements.
 - The *Working with Children Check* regime is administered by Blue Card Services within the Public Safety Business Agency in accordance with the *Working with Children (Risk Management and Screening) Act 2000*.
 - A positive notice under the *Working with Children Check* regime is valid for 3 years. A positive exemption notice is valid while the holder is a current registered teacher or police officer. There is ongoing daily monitoring of all *Working with Children Check* cardholders for changes in their criminal history in Queensland.
 - Chapter 4, Part 2, Division 2 of the *Child Protection Act 1999* provides for the licensing of care services.

- Under section 126 of the *Child Protection Act 1999*, the chief executive must not grant a license unless satisfied that:
 - the applicant is a suitable entity to provide care services;
 - the directors, nominee for the licence, the persons who will be, or are, responsible for directly managing the care service the subject of the application, and the persons who will be, or are, engaged in relation to the provision of care services by the service are suitable persons;
 - the directors and nominee for the licence have a current positive prescribed notice or current positive exemption notice under the Working with Children Check regime;
 - the applicant will comply with chapter 8 of the Working with Children (Risk Management and Screening) Act 2000 in carrying on a regulated business or employing persons in regulated employment under that Act (this includes the requirement to implement a child safe risk management strategy including the minimum requirements specified in the Working with Children (Risk Management and Screening) Regulation 2011);
 - the standard of care provided complies, and will continue to comply, with the statement of standards; and
 - methods for the selection, training and management of people engaged in providing the services are suitable; and
 - the applicant's primary function is a function relating to the care of children in need of protection who are in the custody or guardianship of the chief executive; and
 - any accommodation provided by the applicant to children in need of protection is, and will continue to be, at a place that the applicant has a suitable right to occupy.

- Under Schedule 1, section 14 of the *Working With Children (Risk Management and Screening) Act 2000* a Working with Children Check clearance is also required for individuals:
 - whose usual functions of employment are, or are likely to be, carried out inside a licensed care facility, or
 - employed by a licensed care service and their usual functions include, or are likely to include, providing support for an approved carer.

This includes a person responsible for directly managing a licensed care service and a person engaged in relation to the provision of care to a child by a licensed care service.

- Section 146 of the *Child Protection Act 1999* provides authorised child safety officers may enter and inspect licensed premises at any reasonable time to ensure the Act is being complied with.
- Section 147 provides that the chief executive must regularly inspect each licensed residential facility to assess whether the care provided to children in the facility meets the standards of care in the statement of standards.
- Compliance with this screening is monitored by the department on an annual basis and at half yearly inspections of licensed residential sites (**Attachments 6, 7**).

Question 1.2: Assessment of carers and staff

Response

- The regulation of care occurs under the authority of the *Child Protection Act 1999* and the associated *Child Protection Regulation 2011*.
- It is a legislative requirement that the department not grant approval or renewal of approval as a carer unless the applicant for approval is a “suitable person” as defined by Schedule 3 of the *Child Protection Act 1999* and Part 7 of the *Child Protection Regulation 2011*.
- The department has a rigorous process for assessing applicants for approval as foster and kinship carers. It includes a number of mandatory steps including:
 - Personal history checks for applicants and adult household members
 - Working with children checks for applicants and adult household members (administered by Blue Card Services within the Public Safety Business Agency)
 - Discretionary medical and referee checks
 - Household safety study
 - Comprehensive assessment interviews with applicants and all other household members
 - Completion of mandatory pre-service training for foster carers
 - A comprehensive assessment report.
- The assessment process for kinship carer applicants is less structured, due to the family connection that already exists between the kinship carer applicant, the child and the child’s parents.
- It includes the completion of: a household safety study; carer applicant health and wellbeing questionnaire; personal history checks

and Working with Children checks for applicants and adult household members; assessment interviews; and, if considered necessary, referee and medical checks.

- The assessment of foster or kinship carers may be undertaken by the department, staff of Foster and Kinship Care Services, or by a contracted fee-for-service professional. Assessors are required to use the department's foster carer assessment report templates and user guides.
- The department is required to decide the outcome of an Application for Approval within 90 days of lodgement, however, this timeframe may be extended for the minimum amount of time required to finalise the decision.
- The delegated officer for deciding the outcome of an application for approval as a foster or kinship carer is the Child Safety Service Centre Manager. Initial approval is for a period of one year.
- Once approved, foster and kinship carers are reassessed every two years to ensure they are suitable to care and continue to meet the legislated standards of care pursuant to section 122 of the *Child Protection Act 1999*.
- Carers, as Working with Children Check clearance holders, are subject to daily monitoring of changes to their Queensland criminal history. If a reassessment results in the carer's or adult household member's clearance being suspended or cancelled the department is notified and can take necessary steps to protect the children in their care.
- Section 126(b) of the *Child Protection Act 1999* requires that the persons engaged in relation to the provision of licensed care services be suitable at the time the licence is granted (see Question 1.1 regarding suitability).

- Section 126(f) of the *Child Protection Act 1999* also requires that the methods for the selection, training and management of people engaged in providing the services are suitable. This includes methods for assessing that potential staff have the necessary skills to undertake their role.
- Organisations providing licensed care services must comply with the Human Services Quality Framework (**Attachment 1**). This includes 3 year certification audits and 18 month maintenance audits by external certification bodies to ensure compliance with Human Service Quality Standards (**Attachment 2**).
- Standard 6 requires that the organisation has effective human resource management systems, including recruitment, induction and supervisory processes resulting in quality service provision.
- The audit will confirm if the organisation has a documented process and maintains records that staff have been assessed for their roles and that where necessary, these reflect the Child Safety Practice Manual Chapter 8 Regulation of Care (**Attachment 3**) which includes how foster and kinship carers are assessed and that carers have been approved by the department before children are placed.

Question 1.3: Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures

Response

- Carer training is supported by the department's Policy CPD383-4 *Foster Care Training (Attachment 4)* and procedures and guidelines for *Quality Care: Foster Care Training (Attachment 5)* which outline the three stages of competency-based training:
 - Pre-service training is provided during the initial assessment of the applicant's application for approval
 - Standard training within the first year of a carer's approval
 - Advanced training modules, totalling a minimum of eight hours, are a prerequisite for renewal of approval for the first two years following standard training.
- Carer training materials, specific to child sexual abuse, are provided across all three phases of a foster carer's progression as a carer:
 - Module 1 of pre-service training provides introductory information on child sexual abuse
 - Module 2 of pre-service training has content on the effects of child sexual abuse and how a carer can respond to a disclosure or behavioural indicators
 - Module 6 of standard training is specifically on caring for children and young people who have experienced sexual abuse. It includes information on communication strategies and what a carer can do and say when a child discloses abuse.
- Six advanced training modules in the Positive and Protective Series developed by Family Planning Queensland cover topics on sexuality, including indicators of sexual abuse, responding to disclosures, and

skills for teaching children and young people about sexuality and self-protection.

- The department is progressively reviewing and updating all training material for foster carer training. Policy CPD383-4 *Foster Care Training*, which remains current, is planned for review following completion of the training materials review and finalisation of planning to implement recommendation 8.5 of *Queensland Child Protection Commission of Inquiry* which will implement the transfer of the provision of all foster and kinship carer services to non-government agencies.
- Kinship carers are offered and encouraged to attend the same training but are not obliged to complete the training packages.
- Within the department, the Complex Case Advice and Practice Support team, provides a range of specialist training modules targeted at foster and kinship carers and residential care staff.
- These include: a full day residential care forum; a five hour workshop for foster and kinship carers and support staff. Both these training forums include specific modules on: values, attitudes and beliefs and their impact on supporting and understanding sexual development or sexual abuse; definitions, indicators and impacts of sexual abuse; healthy and unhealthy sexual development; assessment, disclosure and recantation; and managing safety.
- The Complex Case Advice and Practice Support team also delivers Residential Care forums and Foster and Kinship Care workshops in partnership with services/persons who work with sexual offenders (Griffith Youth Forensic Service) or a private forensic psychologist.
- Both of these training packages include content related to assisting carers to provide care and support to children and young people who

have engaged in, or are at risk of engaging in, problem sexual behaviours and/or sexually abusive behaviours.

- This training is currently delivered on request from departmental regions.
- In 2014, the Complex Case Advice and Practice Support team delivered this training with the Griffith Youth Forensic Service, or a specialist psychologist with the expertise in this content area, in Far North Queensland, South East Region and South West Region, training over 300 carers and support staff.
- The evaluations of these training initiatives indicate that they are highly relevant to the target groups and are practical and applicable to the care contexts.
- The department also provides funding to Child Protection Peak Bodies to deliver service system support and development to the non-government sector through capability building, research and advice and dissemination of information.
- For example, funding is provided to Foster Care Queensland who periodically conducts training events and activities to increase the knowledge and skills of foster carers, staff in non-government organisations and departmental staff.
- The department also funds PeakCare Queensland to deliver services to non-government organisations to increase their ability, capacity, effectiveness and efficiency. This may include conducting workshops, seminars, training events and professional development as well as providing resources, research and advice on issues that impact on child protection services, which may include child sexual abuse.
- Organisations providing licensed care services must comply with the Human Services Quality Framework (**Attachment 1**). This includes 3

year certification audits and 18 month maintenance audits by external certification bodies to ensure compliance with Human Service Quality Standards (**Attachment 2**).

- Standard 6 requires that the organisation has effective human resource management systems, including training processes resulting in quality service provision.
- The audit will confirm if the organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
- The audit also confirms if foster carers attached to licensed care services, have undertaken, within the required timeframes, the training specified by the department.

Question 1.4: How does the agency determine that National Standard 12¹ is implemented and monitored?

Response

- Standard 12 of the *National Standards for out-of-home care 2011*² requires jurisdictions to ensure that people who are providing care receive training and support to help them to deliver the best care possible.
- Standard 12 requires carers to be recruited, assessed and have access to information and review mechanisms in order to ensure quality care is provided. Where appropriate, carers are to receive cultural competency training.
- The *Child Protection Act 1999* licensing and care approval processes are consistent with National Standard 12.
- Condition 8 on the licence advises that the licence has been granted on the basis that the licensee meets the requirements for section 126 of the *Child Protection Act 1999* and advises that the licensee must ensure that the care service continues to meet these requirements for the duration of the licence.
- This includes section 126(f) which requires that the methods for the selection, training and management of people engaged in providing the services are suitable.
- Departmental Funding and Contract management staff and staff from the department's Child Safety Licensing Team undertake regular monitoring of licensed care services to assess that organisations are following their human resource policies and procedures
(Attachments 1,2,7).

¹ Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.

² A Priority Project under the *National Framework for Protecting Australia's Children 2009-2020*

- A state-wide Licensing Panel also monitors outcomes of Standards of Care reviews in relation to licensed care services. The panel will consider the effectiveness of an organisation's recruitment, assessment and training of carers and staff when deciding if the organisation's nominee has taken reasonable steps to ensure their service meets the standards of care in the *Child Protection Act 1999*.
- Completion of training required by the department is one aspect of assessment of suitability for foster carers.
- Long-term guardians who continue to hold a certificate of approval as an approved foster carer are subject to ongoing requirements regarding the completion of training.
- Kinship carers are encouraged to participate in training where appropriate, however the completion of training is not a requirement for approval as a kinship carer.
- Under departmental Policy CPD383-4 Foster Care Training (**Attachment 4**), foster carers are provided with three stages of competency-based training: pre-service training, standard training within their first year of caring and advanced training that is customised to the carer's learning and development needs.
- Kinship carers are offered and encouraged to attend the same training but are not obliged to complete the training packages.
 - Module 1 of pre-service training provides introductory information on child sexual abuse
 - Module 2 of pre-service training has content on the effects of child sexual abuse and how a carer can respond to a disclosure or behavioural indicators
 - Module 6 of standard training is specifically on caring for children and young people who have experienced sexual abuse. It

communication strategies and what a carer can do and say when a child discloses abuse.

- Six advanced training modules in the Positive and Protective Series developed by Family Planning Queensland cover topics on sexuality, including indicators of sexual abuse, responding to disclosures, and skills for teaching children and young people about sexuality and self-protection.
- Processes relating to the recruitment, assessment and training of carers is subject to regular review and improvement. These occur in consultation with regional staff members and staff from non-government agencies and result in the development of new and amended resources, assessment templates and user guides **(Attachment 5)**.
- Queensland has a number of mechanisms in place which provide external oversight of out-of-home care in Queensland and in turn, the department's implementation of Standard 12. These mechanisms have been strengthened following the Queensland Government's response to recommendations from the Queensland Child Protection Commission of Inquiry and implementation of child and family reforms across Queensland.
- The Queensland Child Protection Commission of Inquiry recommended the Premier establish the Family and Child Council (named the Queensland Family and Child Commission) as an oversight body to provide cross-sectoral leadership and advice for the protection and care of children and young people, and to monitor systemic issues in the performance of the child protection system.
- The *Family and Child Commission Act 2014* established the Queensland Family and Child Commission as a statutory body to

promote the safety, wellbeing and best interests of children and young people and advocate the responsibility of family and communities to protect and care for children and young people.

- The Queensland Family and Child Commission is responsible for providing oversight of the child protection system and evaluating performance in delivering child protection and family support services, including achievement against State and National goals. This includes priority projects under the *National Framework for Protecting Australia's Children 2009-2020* such as the *National Standards for out-of-home care 2011*.
- External oversight of out-of-home care in Queensland is also provided by the Queensland Ombudsman, who can further investigate complaints about the decisions or actions of the department. The Queensland Child Protection Commission of Inquiry recommended that child protection complaints be dealt with by relevant departments, with oversight by the Queensland Ombudsman, removing the additional complaints review function previously performed by the former Commission for Children and Young People and Child Guardian.
- Amendments made by the *Child Protection Reform Amendment Act 2014* allow the Ombudsman to delegate functions and powers to an appropriately qualified officer of the Ombudsman, including the power to write reports and make recommendations, to ensure timely resolution of complaints and to encourage public confidence in government accountability.
- In addition, the Queensland Government has accepted Recommendation 12.10 of the Queensland Child Protection

Commission of Inquiry which will focus on enhancing child-friendly complaints processes.

- The newly created Office of the Public Guardian also performs functions in relation to relevant children residing in out-of-home care and children in visitable sites, including residential care services. In undertaking these functions, including child advocacy and the community visitor program, the Public Guardian promotes and protects the rights, interests and wellbeing of children.

Question 1.5: Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?

Response

- In addition to organisations being required to comply with the conditions of their licence they must also comply with the Human Services Quality Framework and Human Services Quality Standards **(Attachments 1, 2)**.
- Organisations providing licensed care services must comply with the Human Services Quality Framework **(Attachment 1)**. This includes 3 year certification audits and 18 month maintenance audits by external certification bodies to ensure compliance with Human Service Quality Standards **(Attachment 2)**.
- Standard 6 requires that the organisation has effective human resource management systems, including training processes resulting in quality service provision.
- The audits confirm whether the organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
- The audits also confirm if foster carers attached to licensed care services have undertaken, within the required timeframes, the training specified by the department.
- Refer question 1.3 for additional information.
- The Queensland Child Protection Commission of Inquiry found that an integrated workforce development strategy would help build the capacity of the family support and child protection workforce and improve the quality of service delivery to children and families.

- It highlighted that the existing family support and child protection workforce would need to undertake significant transformation for the delivery of the broader child and family reform program.
- The Queensland Government has accepted the Commission of Inquiry's recommendation (10.7) for the development of a workforce planning and development strategy as a collaboration between government, the non-government sectors and the training and education sectors.
- The Commission of Inquiry recommended the strategy should consider shared practice frameworks across family support, child protection and out-of-home care services; delivery of joint training; opportunities for workplace learning and a coordinated framework for training where training opportunities align with the Australian Qualification Training Framework.
- The Queensland Family and Child Commission has responsibility to lead the development of the workforce planning and development strategy.
- Consultation on the approach to the workforce strategy has commenced with a broad cross-section of stakeholders to establish the scope of the strategy and to determine an agreed methodology for progressing the project.
- The workforce strategy may provide an additional mechanism to demonstrate the effectiveness of training provided to residential care staff.

Question 2.1: Who monitors children in out-of-home care, how is that monitoring carried out and with what frequency does it occur?

Response

- The department has a legislative responsibility to ensure that children placed in out-of-home care under section 82(1) of the *Child Protection Act 1999* receive a level of care that is consistent with the standards of care, as outlined in section 122 of the *Child Protection Act 1999*.
- Monitoring the standards of care is a shared responsibility, carried out by the department in conjunction with foster and kinship care services and residential care services. These services are funded by the department and are required to provide care that is consistent with the standards of care.
- Every child under the custody or guardianship of the chief executive is allocated to an authorised officer, who becomes the Child Safety Officer with case responsibility.
- Departmental procedures require the Child Safety Officer to have at least monthly face-to-face contact with the child in their care environment, irrespective of the child's age.
- Departmental procedures also require the Child Safety Officer to oversee the quality of the care provided to the child, as part of their regular contact with the child. This occurs during all contacts with the child and carer, as well as during reviews of the child's case plan and the placement agreement relating to the child.
- The *Child Protection Act 1999* makes provision for the periodic review of a child's case plan. Where a child is in the custody or guardianship of the chief executive, a case plan must be reviewed at least every 6

months. When a child is the subject of a long term guardianship order to another person, the *Child Protection Act 1999* makes provision for the child or the long term guardian to request a review of the case plan at any time and provides that the chief executive must contact the child at least every 12 months to give the child an opportunity to ask for a review of their case plan.

- In addition to direct monitoring of children in care, licensed care services are also monitored by departmental licensing staff.
- Foster care support services are physically inspected on an annual basis whilst residential care services are subject to one announced and one unannounced inspection per year **(Attachments 6, 7)**.
- These inspections include reviewing client files and discussions with children if they are present during the inspection and initiate any discussions.
- Licensed organisations are also monitored by external certification bodies to ensure compliance with Human Service Quality Standards **(Attachment 2)**.
- Discussions can occur with children if they are present during these audits and the discussions are initiated by the children.
- Full certification/recertification audits occur every 3 years whilst maintenance audits are undertaken at the 18 month point in the 3 year certification cycle.
- External oversight of children in out-of-home care is provided by the Office of the Public Guardian.
- The Office of the Public Guardian is an independent statutory body which was established on 1 July 2014 to protect the rights and

interests of vulnerable Queenslanders by the *Public Guardian Act 2014*.

- Section 13 of the Public Guardian Act 2013 provides for the Public Guardian's child advocate functions in relation to relevant children including children in out-of-home care.
- The Public Guardian's functions include special responsibilities to support and protect the rights of children and young people in out-of-home care, including children who are subject to a long term guardianship order under the *Child Protection Act 1999* to someone other than the chief executive. The Office of the Public Guardian provides advice and information to children and young people and helps them make complaints and resolve disputes with entities providing services to them.
- The Office of the Public Guardian is also responsible for administering the community visitor program. The purpose of the community visitor program is to protect the rights and interests of the children in out-of-home care.
- Community visitors visit children and young people in out-of-home care. When a child first enters care, or re-enters care, they will be visited by a community visitor.
- Community visitors visit children accommodated in residential facilities, detention centres particular mental health facilities, adult correctional centres and youth boot camp centres.
- The Office of the Public Guardian procedures require each residential facility, mental health facility, adult correctional centre and youth boot camp centre to be visited each month and each detention centre to be visited twice a week.

- The frequency of visits to other children in out-of-home care depends on the needs of the individual child. At any time, a community visitor must visit a child in out-of-home care who requests a visit from a community visitor.
- Once the visit has occurred, the community visitor must prepare a report about the visit and provide a copy of the report to the Office of the Public Guardian.
- The Office of the Public Guardian may provide a copy of the report to Child Safety (as well as other relevant entities referred to in section 70 of the *Public Guardian Act 2014*) if it considers this appropriate.
- Under section 13E of the *Child Protection Act 1999*, community visitors are mandatorily required to report to Child Safety if they reasonably suspect a child has suffered, is suffering or is at an unacceptable risk of suffering harm caused by physical or sexual abuse, and that the child may not have a parent willing and able to protect them from harm.
- The Office of the Public Guardian also has an individual advocacy framework for vulnerable children in the child protection system which ensures that vulnerable children and young people have their voices heard and are involved in the decision-making processes that affect their futures.
- The Office of the Public Guardian also delivers services through state-wide advocacy hubs. The Office of the Public Guardian operates four physical hubs as well as a virtual hub in Queensland where children can request information and assistance.

- If the Office of the Public Guardian is working with a child, a child advocacy officer may represent the child's views at a court or tribunal hearing, family group meeting, or case planning conference.
- Employees of the Office of the Public Guardian are mandated notifiers under the *Child Protection Act 1999*.
- A Business Operations and Information Exchange Protocol exists between the Department and the Office of the Public Guardian setting out the arrangements for regular information sharing about relevant children (**Attachment 9**).

Question 2.2: Practices which your agency has adopted in order to encourage disclosures by children of sexual abuse in out-of-home care

Response

- The department has adopted a range of practices focused on ensuring that all children in out of home care, experience safe and trusting relationships with a variety of trusted adults, including their carers that provide safe opportunities for disclosure of abuse and to seek help and support.
- The department's Complex Case Advice and Practice Support unit has developed specialist training modules that are delivered regionally as part of the regional training calendar to Child Safety staff. There are six training modules. One of the training modules specifically relates to managing and understanding disclosure of abuse, including the indicators and impacts of sexual abuse in children.
- A modified version of this module is available to foster and kinship carers, their supporting agencies and to residential carers and agencies. This module is delivered by Complex Case Advice and Practice Support staff often upon request.
- In 2013-14, these modules were delivered jointly by key stakeholders and Complex Case Advice and Practice Support in five of the seven Child Safety regions across the department – North Coast, Far North Queensland, South East, Central Queensland and South West regions.
- It is anticipated that the training will be delivered to the Brisbane and North Queensland regions in 2015.

- Complex Case Advice and Practice Support also provide ongoing advice and assistance to Child Safety staff and key partner agencies about any matters related to sexual abuse and sexually reactive behaviours. This often relates to specific disclosures of abuse by children. Complex Case Advice and Practice Support has worked with the Department of Education, Training and Employment to better support staff in managing and reporting disclosures or suspicions of sexual abuse in schools. Further details about the support provided by Complex Case Advice and Practice Support are outlined in the responses to Questions 1.3 and 5.1.
- Managing disclosure of abuse is commonly discussed in stakeholder group processes and Complex Case Advice and Practice Support may contribute to this process, either as one-off or ongoing participants. This can include planning for potential disclosure, or managing discussions where disclosure has occurred.
- It is considered that the department's implementation of a new strengths-based, safety-centred Child Safety Framework for Practice will also promote and support the ability of a child or young person to disclose incidents of sexual abuse, by strengthening Child Safety Officers' engagement with a child and establish a safer relationship to enable the child to voice their experiences.
- The Framework includes strategies for meaningful engagement and participation through the use of visual, plain language practice tools which provide a creative way for the child to give critical information through the use of drawing and conversation.
- Implementation of the new Child Safety Framework for Practice has begun, with training to commence in March 2015. A three-year

implementation timeframe is envisaged to develop and embed the practice framework, including a sustained training and coaching program to enhance practice skills.

- The department policy *Response to children and young people sexually abused whilst placed in out-of-home care* (**Attachment 13**) and practice resource *Children with sexual abuse histories* (**Attachment 11**) provide a framework to support staff and carers in providing appropriate environments and responses to children and young people that is strengths-based, safety-oriented and trauma informed. The department's Practice Paper *Child sexual abuse* (**Attachment 10**) provides additional guidance to staff on responding to children who have experienced sexual abuse.
- Children in the child protection system are also supported by the Office of the Public Guardian, through the community visitor program. Community visitors visit in children in out-of-home care. Community visitors provide an opportunity for children in out-of-home care to disclose sexual abuse. Further details are provided in the responses to 2.1 and 2.5.
- Child Safety Officers are provided with training to help them manage disclosures of abuse that may lead to criminal proceedings.
- Section 93A of the *Evidence Act 1977* allows children to make a pre-recorded statement to be used in a criminal proceeding as an alternative to giving oral evidence in court.
- A specialist staff training course on evidentiary standards *Interviewing Children and Recording Evidence (ICARE)* is provided to all Child Safety Officers. This training is nationally accredited and is jointly delivered over five days with the Queensland Police Service.

- Wherever possible, children who have disclosed harm should be interviewed by an officer (whether a Child Safety Officer or a police officer) who is ICARE accredited to help the child make a statement under section 93A of the *Evidence Act 1997*.
- The course focuses on teaching participants how to communicate with children appropriately and obtain their evidence in a way that complies with the rules of evidence relevant to criminal proceedings.
- The training includes the best practice requirements relating to conducting forensic interviews with children.

Question 2.3: What is the mechanism by which other authorities for example law enforcement, health and schools exchange information with the out-of-home care agency about risks of sexual abuse of the child in care?

Response

- Under section 14(2) of the *Child Protection Act 1999*, if the department becomes aware of an allegation of harm to a child that may involve the commission of a criminal offence, the department must immediately give the details of the alleged harm to the police.
- Provisions detailed in chapter 5A of the *Child Protection Act 1999*, enables the sharing of relevant information between government agencies and non-government service providers.
- When concerns about a child in out-of-home care are identified, staff of the department will routinely exchange information with key stakeholders who have detailed knowledge of the child and their care environment. This includes the foster and kinship care service or care service, and for an Aboriginal or Torres Strait Islander child, the recognised entity. Other stakeholders may be contacted, depending on the circumstances of the child, such as the community visitor or Evolve interagency services, and where appropriate, members of the Suspected Child Abuse and Neglect (SCAN) team.
- Chapter 5A of the *Child Protection Act 1999* provides for information sharing between certain agencies to meet the care and protection needs of children including through the SCAN team.
- The SCAN team system provides the opportunity for agencies to discuss how to best meet the needs of specific children referred to the SCAN team.

Question 2.3

Contact person: Megan Giles, Director, Child and Family Policy

Contact details on 10 March 2015: Tel.: 3247 0469 Mob.:0421 144 343 Email: Megan.Giles@communities.qld.gov.au

- The purpose of the SCAN team system is to enable a coordinated, multi-agency response to the protection needs of children by facilitating:
 - sharing of relevant information;
 - planning and coordinating actions to assess and respond to children’s needs;
 - a holistic and culturally responsive assessment of children’s protection needs.
- The core members of the SCAN team system are the department , the Queensland Police Service, Queensland Health, the Department of Education Training and Employment, and, if the child is of Aboriginal or Torres Strait Islander descent, a representative from a Recognised Entity for the child.
- A key responsibility of SCAN team core member representatives is to invite and facilitate contributions from other service providers with knowledge, experience or resources to assist with coordination of multi-agency actions to assess and respond to the protection needs of children. For specific children, this may include a representative of the foster and kinship care service or care service.
- The Public Guardian will also receive written reports on a regular basis from the chief executive about information recorded under section 14 of the *Child Protection Regulation 2011*. This relates to harm reports and standard of care reviews, and the outcomes arising from the assessment of these matters.
- The Queensland Government is a signatory to the Information Sharing Protocol between the Australian Government and child

Question 2.3

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protection agencies in relation to transfer of children on child protection orders which became effective in 2011.

- The Protocol provides guidelines to ensure that information sharing is in accordance with legislative requirements in each jurisdiction to improve the provision of care and protection services to vulnerable children and their families.
- For more information refer Question 6.1, Outcome 2.2

Question 2.3

Contact person: Megan Giles, Director, Child and Family Policy

Contact details on 10 March 2015: Tel.: 3247 0469 Mob.:0421 144 343 Email: Megan.Giles@communities.qld.gov.au

Question 2.4: Is there a requirement that your agency as an out-of-home care provider be accredited, registered or licensed or otherwise be subject to conditions about the provision of out-of-home care? If so please describe those requirements?

Response

- Under the *Child Protection Act 1999*, all residential care services are required to be licensed and all foster and kinship carers are required to be certified.
- Most out-of-home care services are provided by non-government organisations under service agreements with the department.
- The service agreement requires out-of-home care services to be licensed under the *Child Protection Act 1999* to enable the chief executive to ensure care to children in the chief executive's custody or guardianship meets the standards of care in the statement of standards. Organisations providing out-of-home care services undergo an audit by an external certification body against the six Human Services Quality Standards (**Attachment 2**) and must receive certification against the standards to continue receiving funding.
- Once certified the organisation must maintain certification, including completing relevant action and improvement plans and successfully demonstrating ongoing compliance with the standards at a mid-term (18 month) maintenance audit.
- Once certified the organisation must submit a licence application which is then assessed by a State-wide Licensing Panel against section 126 of the CPA using the Human Service Quality Framework audit report, departmental regional reference reports and any other relevant information about the licence applicant.
- If granted, the licence is valid for three years and is monitored by departmental staff.

- For residential type services this includes a minimum of two departmental inspections every year, one of which is an unannounced inspection (**Attachment 7**).
- For Foster and Kinship Carer support services this includes a minimum of one departmental inspection to the service office every year (Attachment 6).
- Compliance management processes in place include the full range of collaborative and legislative options, ranging from discussions, improvement plans and notices to care services, through to amendment, suspension or cancellation of a licence.
- While the department does not provide any non-family based care (i.e. residential care), it does however provide around 24% of foster and kinship care in Queensland through departmentally recruited and affiliated volunteer carers, mainly kinship carers.¹
- While all carers are required to be suitable persons under the *Child Protection Act 1999*, the department itself is not subject to any accreditation, registration or licensing in respect of departmentally supported carers. It contends that its internal supervision and governance systems provide quality assurance of its limited cohort of internally delivered services.
- The Queensland Government accepted the Queensland Child Protection Commission of Inquiry recommendation to transfer the provision of all foster and kinship care services to non-government agencies over time.

¹ RR14 Carer families by affiliation type, carer type, region and child safety service centre, as at 30 September 2014. Source: Department of Communities, Child Safety and Disability Services

Question 2.5: What mechanisms are there for children in out-of-home care to talk to someone outside the immediate out-of-home care placement?

Response

- Every child under the custody or guardianship of the chief executive is allocated to an authorised officer, who becomes the Child Safety Officer with case responsibility. Departmental procedures require the Child Safety Officer to have at least monthly face-to-face contact with the child irrespective of the child's age, to regularly assess their general development and well-being. Contact with the Child Safety Officer may be more frequent depending on the needs of the child.
- Departmental procedures (Standard 5, Chapter 9 Standards of Care, Child Safety Practice Manual) (**Attachment 12**) recommend that the Child Safety Officer speak with the child alone, to provide them with an opportunity to express any concerns. This allows for the early identification of issues and emerging needs.
- In addition to contact with the Child Safety Officer, children in out-of-home care may have specific supports and services outside of their placement. These include education authorities, health services and allied health professionals, as well as non-government agencies.
- The Office of Public Guardian is an independent statutory body with responsibilities to protect the rights and well-being of children in out-of-home care. The Office of Public Guardian administers two programs that provide for their contact with children in out-of-home care: the community visitor program and child advocacy officers.
- Community Visitors visit every child coming into care or re-entering the care system. Further visits can occur if requested by the child or carer. Child advocacy officers have contact with the child when

requested. Both community visitors and child advocates are mandated notifiers under the *Child Protection Act 1999*.

- The department also actively promotes the direct involvement of children in out-of-home care in the programs provided by the CREATE Foundation Queensland. These activities include children's attendance in life skills workshops, and their contribution through feedback to CREATE on their out-of-home care experiences.

Question 3.1: What are the requirements or practices for reporting allegations of child sexual abuse within the agency?

Response

- Section 14(2) *Child Protection Act 1999* requires that if child safety becomes aware of alleged harm to a child that may involve commission of a criminal offence relating to the child, child safety must immediately give details of the alleged harm to the Queensland Police Service.
- Under section 13E of the *Child Protection Act 1999* certain categories of people are mandated to report to Child Safety if they reasonably suspect a child has suffered, is suffering or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and that the child may not have a parent able and willing to protect them from that harm. The mandatory reporting obligations apply to:
 - Doctors
 - Registered nurses
 - Teachers
 - Police officers
 - Child advocates in the Office of the Public Guardian
- Under section 13F of the *Child Protection Act 1999* departmental employees and employees of a departmental care service or licensed care service must report to child safety if they reasonably suspect that a child in care, who has been placed in the care of a licensee or an entity conducting a departmental care service, has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.
- Mandatory reporters must provide child safety with a written report under section 13G.

- Section 10 of the *Child Protection Regulation 2011* prescribes what information is to be included in a section 13G (2) (b) report including:
 - Child's name and sex
 - Child's age
 - Details of how to contact the child
 - Details of harm
 - Particulars of the alleged or suspected perpetrator of harm
 - Identity of any other person who may have information about the harm.
- When concerns about harm to a child in out-of-home care are identified, the department implements its Standard of Care procedures. These are detailed in the Child Safety Practice Manual Chapter 9, Standards of Care (**Attachment 12**). Refer also to Questions 4.1 and 5.1.
- The Child Safety Practice Manual includes guidance for responding to information when this is initially communicated to a departmental regional intake service, to the child safety after hours service centre, or to a service centre that does not carry responsibility for the child, carer or care service.
- The reporter's information is documented in a standardised form, the 'concerns, consultation and response decision form' located in the Integrated Client Management System.
- When concerns are received indicating that an incident of a critical or sensitive nature involving departmental staff, clients and services has occurred, the department's critical incident reporting policy is utilised to ensure the appropriate senior management level is promptly alerted.

- Incidents requiring escalation in accordance with the department's critical incident reporting policy include sexual assault of a child subject to statutory intervention and alleged harm or risk of harm to a child or young person in out-of-home care.
- In accordance with Chapter 7A of the Child Protection Act 1999, children who are known to the department who have died or suffered a serious physical injury are subject to a two tiered case review process involving an internal Systems and Practice Review and subsequent examination by an independent Child Death Case Review Panel.
- These reviews examine the department's involvement with the child prior to their death or serious physical injury with the goal of identifying opportunities for ongoing learning and improvement in service provision and promoting the accountability of the department.

Question 3.2: What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency?

Response

- Under section 13E of the *Child Protection Act 1999* certain categories of people are mandated to report to Child Safety if they reasonably suspect a child has suffered, is suffering or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and that the child may not have a parent able and willing to protect them from that harm. The mandatory reporting obligations apply to:
 - Doctors
 - Registered nurses
 - Teachers
 - Police officers
 - Child advocates in the Office of the Public Guardian
- Under section 13F of the *Child Protection Act 1999* departmental employees and employees of a departmental care service or licensed care service must report to child safety if they reasonably suspect that a child in care, who has been placed in the care of a licensee or an entity conducting a departmental care service, has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.
- Mandatory reporters must provide child safety with a written report under section 13G.
- Section 10 of the *Child Protection Regulation 2011* prescribes what information is to be included in a s13G (2) (b) report including:
 - Child's name, sex and age
 - Details of how to contact the child

- Details of harm
- Particulars of the alleged or suspected perpetrator of harm
- Identity of any other person who may have information about the harm.
- Exceptions to this mandatory reporting obligation can only occur in circumstances where the reporter may incriminate themselves by reporting the concern; or when the person knows that the matter is already known to departmental staff.
- In addition to receiving concerns from mandatory reporters, Child Safety may receive concerns of harm to a child in out-of-home care from a broad range of government and non-government agencies, as well as by the child, a family member or the carer. Regardless of the reporter's status, the department implements its Standard of Care procedures when allegations are received. The procedures are detailed in the Child Safety Practice Manual, Chapter 9, Standards of Care (**Attachment 12**).
- Section 13A of the *Child Protection Act 1999* makes it clear that any person may inform Child Safety if they reasonably suspect any child may be in need of protection.
- The Human Services Quality Framework (**Attachment 1**) requires that organisations funded by the department (including licenced residential care services and foster care services) have processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
- Section 14(2) *Child Protection Act 1999* requires that if child safety becomes aware of alleged harm to a child that may involve commission of a criminal offence relating to the child, child safety

must immediately give details of the alleged harm to the Queensland Police Service.

- This obligation applies whether or not child safety suspects the child is in need of protection.
- To ensure accountability and consistency in the provision of information to the Queensland Police Service, departmental staff complete a Police referral form and send it via fax or email to the appropriate police station, and request a 'read receipt'. If a 'read receipt' is not received, departmental staff are required to contact the Queensland Police Service by telephone to ensure they have received the information.
- Non-government organisations funded by the department are required in their service agreements to implement a critical incident reporting policy that aligns with the department's policy. This ensures consistency in reporting across non-government organisations and the department and prompt escalation of serious incidents.
- Refer also to Questions 4.1 and 5.1.

Question 3.3: What data is collected of these reports?

Response

- All reports of harm to a child in out-of-home care, regardless of the type of harm alleged, use standardised forms contained in 'Standard of care event' in the child's electronic file in the Integrated Client Management System.
- The forms use a combination of mandatory fields, drop down lists for common selection responses, narrative text and radio buttons.
- All relevant parties to the allegation are linked to the Integrated Client Management System event. This includes the subject child, the carer, the care service and the name of relevant staff members of the care service.
- In addition, the 'concerns, consultation and response decision' form includes:
 - The notifier details - name, contact details, and notifier category
 - The notifier's concerns, the date received and the immediate response provided to the notifier
 - Whether or not information was provided to the police
 - A summary of the departmental history from paper files
 - Who was consulted and the information they provided
 - The recommended response, the name of the approving officer and the date the response was approved.
- Children and young people who have died or suffered a serious physical injury are subject to two tiered internal and external review process.
- The department's internal review is considered by the Systems and Practice Review Committee prior to being provided for external examination.

- The Systems and Practice Review Committee considers the department's involvement with the child and aims to identify opportunities to strengthen departmental practice, inform department reform activities and improve the child safety service system.
- Following the external review of departmental involvement the findings from the external review panel are captured and tracked by the department to inform system improvements.
- The department's Critical Incident Management System has the capacity to provide statistical data which has been utilised by policy, program and practice areas of the department to identify trends.
- The department's complaints management system and database is currently utilised to inform continuous improvement. Reforms in this area are currently underway and aim to significantly improve the department's capacity to monitor and report on complaints data.
- The themes and issues identified through these mechanisms are continually informing the work of the departmental Practice Leadership Unit in strengthening practice across the system.

Question 3.4: With which agencies or authorities does your agency exchange information about these reports?

Response

- Under section 14(2) of the *Child Protection Act 1999*, if the department becomes aware of an allegation of harm to a child that may involve the commission of a criminal offence, the department must immediately give the details of the alleged harm to the police.
- Provisions detailed in Chapter 5A of the *Child Protection Act 1999*, enables the sharing of relevant information between government agencies and non-government service providers.
- When concerns about a child in out-of-home care are identified, departmental staff will routinely exchange information with key stakeholders who have detailed knowledge of the child and their care environment. This includes the foster and kinship care service or other care services, and for an Aboriginal or Torres Strait Islander child, the recognised entity. Other stakeholders may be contacted, depending on the circumstances of the child, such as the community visitor or Evolve interagency services, and where appropriate, members of the Suspected Child Abuse Team.
- The *Child Protection Act 1999* requires the chief executive to provide copies of all mandatory reports made under section 13F of the *Child Protection Act 1999*, to the Public Guardian. This relates specifically to reportable suspicions of physical or sexual harm to children in departmental or licensed care services.

The Public Guardian will also receive written reports on a regular basis from the chief executive about information recorded under section 14 of the *Child Protection Regulation 2011*. This relates to

harm reports and standard of care reviews, and the outcomes arising from the assessment of these matters.

Question 3.5: What are the merits of nationally consistent systems, policies, practices and procedures for reporting allegations?

Response

- Variation in reporting requirements across Australia prevents meaningful comparisons, as well as a specific understanding of the nature and prevalence of sexual abuse of children in care.
- Differences in legislative requirements and basic definitions in the law and policies influence the way reports are made about abuse of children while in out-of-home care. For example, while all Australian jurisdictions have legislated mandatory reporting regimes, all apply different definitions of harm, are applicable to different categories of persons and have different enforcement/penalty provisions.
- Once reported, Australian jurisdictions also have different approaches to recording data that make meaningful comparisons difficult. For example, Western Australia does not include children harmed by relatives of foster carers or other children in care, even if they are living in the household. In contrast, Queensland's consideration of 'person believed responsible' includes both allegations of actual harm inflicted by members of a household and the carer's action or inaction which contributed to the harm or risk of harm, even if the person believed responsible did not reside in the household.
- A nationally consistent approach to reporting and recording allegations of child sexual abuse could improve data comparability across states and territories and support the delivery of effective national monitoring and analysis.
- Considerable action and commitment by all jurisdictions would be required to reach agreement on a consistent national approach and

would require significant amendments to legislative frameworks and data management and information technology systems.

- Further, it would likely involve significant resource and cost implications for states and territories.
- Queensland would also need to assess involvement in this approach against the *Queensland Government principles for intergovernmental activities* to determine whether participation would result in a net benefit to Queensland that aligns with the Queensland Government's policy priorities and agenda.

Question 4.1: 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?

Response

- Section 14(2) *Child Protection Act 1999* requires that if child safety becomes aware of alleged harm to a child that may involve commission of a criminal offence relating to the child, child safety must immediately give details of the alleged harm to the Queensland Police Service.
- There is ongoing daily monitoring of all Working with Children Check cardholders for changes in their criminal history in Queensland.
- The department has well established procedures for responding to allegations of harm to a child in out-of-home care. These are detailed in the Child Safety Practice Manual, Chapter 9, Standards of Care (Attachment 12).
- Where the information indicates that a child has experienced harm or it is suspected that they have experienced harm, and this may have involved the actions or inactions of a carer, adult household member or the staff member of a care service, including failure to protect a child, then a harm report will be recorded.
- An investigation and assessment of the harm report is allocated to an authorised officer (for example, a child safety officer) with the required level of skill and experience to manage the complexities of the process.
- Procedural requirements include:
 - Commencement of investigation and assessment within 24 hours of the concerns being received
 - The provision of advice about the allegations to relevant parties

- Completion of interviews of each subject child and other children in the care environment, the carer or staff member of the care service
 - Assessment of the alleged concerns and their impact (if any) on the child, including consideration of harm from past experiences
 - Assessment of risk of future harm
 - Assessment of the standards of care
 - Determination of an investigation and assessment outcome, within 6 weeks
 - The provision of advice about the outcome to relevant parties
 - The development of an action plan to address the issues identified during the assessment, depending on the investigation and assessment outcome.
- If at any time during the process it is determined that the child is at immediate risk of harm in the care environment, the Child Safety Service Centre Manager can make a decision to remove the child from the placement.
 - A harm report will not be recorded where the concerns indicate risk of harm only, to a child. In this situation the department will still respond to the risk to ensure the child's safety and wellbeing, but not through the standard of care procedures. Instead the department may review the appropriateness of the child's placement and make a decision to remove them from the placement; complete a review of the carer's suitability; provide additional supports to the carer or care service; or undertake more intensive casework with the child.
 - Where it is determined that the child has been sexually abused whilst in out-of-home care, the department has specific policy requirements that are to be followed as part of the department's responsibility to

provide an appropriate response, irrespective of who is responsible for the sexual abuse. Refer Question 5.1 for further information.

Question 4.2: What data is collected about these actions?

Response

- All investigation and assessments of the harm to a child in out-of-home care, regardless of the type of harm alleged, use standardised forms contained in 'Harm report – Investigation and assessment event' in the child's electronic file in the Integrated Client Management System.
- The forms use a combination of mandatory fields, drop down lists for common selection responses, narrative text and radio buttons.
- All relevant parties to the investigation are linked to the Integrated Client Management System event. This includes the subject child, the carer, the care service and the name of relevant staff members of the care service.
- In addition, the 'Harm report - assessment & outcome' form includes:
 - carer details, licensed care service and relevant staff member information
 - details of the investigation outcome
 - if the outcome is substantiated; information relating to harm types, person/s responsible for the harm, and the most serious harm types are collected
 - the harm report placement actions, specifically focussing on whether a child was removed from the placement
 - the rationale for the outcome regarding harms, the name of the approving officer and the date the response was approved.
- In addition, the 'Information provision' form includes:

- information provision details following the harm report Investigation & Assessment outcome, including whether information was required to be sent and the date it was sent/provided.
- Children and young people who have died or suffered a serious physical injury are subject to two tiered internal and external review process.
- The department's internal review is considered by the Systems and Practice Review Committee prior to being provided for external examination.
- The Systems and Practice Review Committee considers the department's involvement with the child and aims to identify opportunities to strengthen departmental practice, inform department reform activities and improve the child safety service system.
- Following the external review of departmental involvement the findings from the external review panel are captured and tracked by the department to inform system improvements.
- The department's Critical Incident Management System has the capacity to provide statistical data which has been utilised by policy, program and practice areas of the department to identify trends.
- The department's complaints management system and database is currently utilised to inform continuous improvement. Reforms in this area are currently underway and aim to significantly improve the department's capacity to monitor and report on complaints data.
- The themes and issues identified through these mechanisms are continually informing the work of the departmental Practice Leadership Unit in strengthening practice across the system.

Question 4.3: With which agencies or authorities does your agency exchange information about these responses?

Response

- When concerns about a child in out-of-home care are identified, staff of the department will routinely exchange information with key stakeholders who have detailed knowledge of the child and their care environment. This includes the foster and kinship care service or care service, and for an Aboriginal or Torres Strait Islander child, the recognised entity. Other stakeholders may be contacted, depending on the circumstances of the child, such as the community visitor or Evolve interagency services, and where appropriate, members of the Suspected Child Abuse and Neglect team.
- Provisions detailed in chapter 5A of the *Child Protection Act 1999*, enables the sharing of relevant information between government agencies and non-government service providers.
- In accordance with the *Child Protection Act 1999*, if the report may involve the commission of a criminal offence relating to the child, then departmental staff will immediately give details of the alleged harm to the Queensland Police Service.
- The Public Guardian will also receive written reports on a regular basis from the chief executive about information recorded under section 14 of the *Child Protection Regulation 2011*. This relates to harm reports and standard of care reviews, and the outcomes arising from the assessment of these matters.

Question 4.4: Merits of a consistent national approach¹

Response

- Queensland responses to sexual abuse are embedded in all levels of child protection systems and practice – law, procedure, policy and practice support.
- In addition, there are also responses to sexual abuse of children by other agencies, notably the Queensland Police Service responding to the criminal aspects of sexual abuse, Queensland Health responding to the clinical and therapeutic needs of victims and the Department of Justice and Attorney-General supporting victims of crime. These other agencies may respond with or without involvement by the department.
- Queensland has well-developed and embedded responses to integrate child protection and criminal responses to child sexual abuse. This interface is complex and requires extensive and ongoing systems support to maintain and further develop. For example, Interviewing Children and Recording Evidence training for police and child safety staff is designed to integrate the interviewing and evidence-gathering for both child protection and criminal processes into one process for the child and family.
- Queensland has also committed to several initiatives at a national level that will support jurisdictions to effectively respond to allegations of child sexual abuse.
- All states and territories, including Queensland, have agreed to the implementation of the National Standards for Out-of-Home Care (the Standards). The Standards are designed to deliver consistency and drive improvements in the quality of care provided to children and

¹ For responding to allegations

young people in care. They also include measures to enable reporting on the achievement of outcomes and progress against the Standards.

- During February to June 2015, Queensland will participate in the National Survey of Children in Out-of-Home Care. Undertaken across all states and territories, the National Survey will enable additional data to be collected on the experiences of children in care and assist jurisdictions to respond promptly to issues and concerns expressed by children.
- The Australian Institute of Health and Welfare has been commissioned by the Australian Government to prepare the 2015 National Report on the eight child-reported measures under the National Standards using data collected from the National Survey. The National Survey 2015 report will provide additional data for future planning and improvements in service delivery.
- A national approach for responding to allegations of child sexual abuse would help to ensure that children and families are provided with appropriate services and support that are nationally consistent regardless of the state or territory in which they reside.
- However, any national approach for responding to allegations would involve considerable investment from jurisdictions and would likely impact current legislative and policy settings and information technology systems across states and territories.
- Further, it would likely involve significant resource and cost implications for states and territories.
- Queensland would also need to be satisfied that a national approach to responding to allegations of sexual abuse was suitable for, and met the needs of, Aboriginal and Torres Strait Islander children and

families, and rural and remote communities in far north and western Queensland.

- In light of the Queensland Government's response to the Queensland Child Protection Commission of Inquiry recommendations and the current child and family reforms underway, Queensland is mindful about how any national approach to responding to allegations would align with the policy intent and implementation of these reforms.
- The Commission of Inquiry did not consider the issue of a national response to responding to allegations of child sexual abuse. However, there is broader scope under the child and family reforms for supporting children and young people who have been sexually abused.
- Queensland would also need to assess involvement in a national approach against the *Queensland Government principles for intergovernmental activities* to determine whether participation would result in a net benefit to Queensland that aligns with the Queensland Government's policy priorities and agenda.
- To be viable, a national response would need to consider whether practice standards could be applied within existing legislative and policy contexts to improve congruency of responses – both within state and territory systems, nationally and across agencies.
- It would also be of benefit to consider the most effective ways to share current responses, programs and program evaluations to enable best-practice.

Question 5.1: What does your agency do to support children who have been sexually abused in out-of-home care including providing counselling, specialist services, financial assistance or recompense while in care and after exiting care?

Response

- The *'Response to children and young people sexually abused whilst placed in out-of-home care'* Policy (**Attachment 13**) outlines the responsibility of the department to provide a holistic response to children who have been sexually abused whilst placed in out-of-home care, irrespective of who is responsible for the sexual abuse.
- The response provided to the child includes:
 - acknowledgement of the abuse and resulting harm experienced by the child or young person
 - a review of the child's case plan to meet the child's specific needs, when they are subject to ongoing intervention by the department
 - a referral to the department's Legal Services Branch
 - consideration of a referral for the child and their carer to relevant therapeutic or behavioural support or medical services to address their identified needs.
- Upon being notified that a child has disclosed that they have been sexually abused whilst placed in out-of-home care, the department's Legal Services Branch is responsible for providing advice to Child Safety when children and young people in out-of-home care wish to access legal advice, including legal remedies and resources. This includes arranging independent legal advice for the child or young person.
- Legal Services Branch also assists both departmental staff and the child in making an application on behalf of the child for assistance pursuant to the *Victims of Crime Assistance Act 2009*.

- The Department of Justice and the Attorney-General funds Victim Assist Queensland, a scheme that provides access to specialised support services and financial assistance to help victims, including children, recover from an act of violent crime. The scheme provides victims with information and guidance on how to apply for financial assistance, as well as referral to support services such as counselling and court support. Victim Assist Queensland provides a phone service during business hours and a website for victims of crime to access 24 hours a day. Financial assistance can include counselling, medical and dental or reasonable incidental travel expenses, loss of earnings, damage to clothing, funeral expenses, up to \$500 for legal assistance, and in exceptional circumstances, other reasonable costs related to a person's recovery. Victim Assist can only pay for the costs of goods and services not covered by other financial assistance schemes. Additionally, it cannot pay for loss or damage to personal property.
- If a claim by, or on behalf of, a child, or a person who was a child, in out-of-home care, against the department arises as a result of a disclosure or allegation, the department considers all of the circumstances of the case to respond appropriately and sensitively, taking into consideration the department's special role exercising parental responsibilities for the child or person. This may involve participating in mediation to settle the matter.
- The department has recently finalised a new policy '*Response to children who have experienced significant detriment caused by the actions or inactions of the Department of Communities, Child Safety and Disability Services*' (**Attachment 14**) and is continuing work

on further procedural guidelines, to clarify the circumstances in which a response is required, to be finalised for the next release of the Child Safety Practice Manual. This policy scope refers to children who have experienced significant detriment leading to permanent incapacity, caused by the actions or inactions of Child Safety Services. The policy aims to ensure a comprehensive response to the relevant children and to manage such matters in an accountable, transparent and meaningful way.

- Having now completed the *'Response to children who have experienced significant detriment caused by the actions or inactions of the Department of Communities, Child Safety and Disability Services'* policy the department will review the *'Response to children and young people sexually abused whilst placed in out-of-home care'* policy in early 2015.
- The department also provides a response where a child is no longer subject to ongoing intervention by the department, but still requires a response to the sexual abuse that occurred while in out-of-home care.
- The department also provides funding to sexual abuse counselling services. These provide emotional support and practical assistance to children and carers, and assist other family members at times of emotional distress. Foster and kinship carers also learn new strategies to support the child in their care.
- The department funds a Sexual Abuse Counselling Service program, provided by non-government organisations, which currently supports ten specialist counselling services. The primary target groups are children, aged five to eighteen years, who have experienced sexual abuse or who present with sexual behavioural

problems, and are in the statutory child protection system or who may be at risk of needing statutory intervention. All Sexual Abuse Counselling Services provide specialist counselling, emotional support, assessment, individual case planning and practical assistance to children and assist non offending carers and other family members. Foster and kinship carers and support staff in residential services also learn new strategies to support the child in their care.

- In 2014-2015 the department committed \$3.130 million to fund the Sexual Abuse Counselling Services state-wide, including one service in each of the seven departmental regions. This commitment includes investment in a new far north Queensland service established in 2012-2013, covering Cairns, Atherton, Innisfail and Yarrabah, delivered by Family Planning Queensland. Act for Kids, the non-government organisation that delivers trauma focussed sexual abuse therapeutic services at the Gold Coast and Townsville, have recently established a Child and Family Centre of Excellence based at James Cook University, Townsville. Departmental funding for Act for Kids includes a one off contribution towards the establishment of the Child and Family Centre of Excellence which aims to provide best-practice support for children and families who have experienced abuse or neglect and early support to strengthen families at risk. Attachment 14 provides more detail about these investments.
- The department also invests in a range of services that provide targeted child and family support and therapeutic services that include children and families where sexual abuse is a risk factor. Funded services include Bravehearts which provides intensive

prevention, early intervention, support and advocacy services for children and young people (unborn to 18 years) who have experienced or are at risk of child sexual assault and their families. This additional investment of more than \$3.4 million in 2014-2015 also supports a mix of service models and responses including Kids Helpline, Parentline, parent aide delivered by Mater Child and Youth Mental Health Services and young mothers programs. Attachment 15 provides more detail about this investment.

- Children in out-of-home care and youth justice facilities, who are sentenced in court in relation to sexual offence matters, are provided with specialist forensic psychological assessment and treatment services, on a state-wide basis. Griffith Youth Forensic Service is funded by the Queensland Government and Griffith University. Treatment is individually tailored to the needs of the young person and their family. Griffith Youth Forensic Service also provides formal training programs for child safety officers, youth justice case workers, placement service providers and foster care agencies.
- In addition, the department's Complex Case Advice and Practice Support team take a capacity building approach to supporting children who have been sexually abused in out-of-home care, with both departmental staff and other services within the child protection sector.
- The Complex Case Advice and Practice Support team is involved in stakeholder meetings for specific cases with caseworkers, therapeutic support staff and direct care staff to support cohesive understanding of key issues and the development of coordinated support strategies.

- The department provides web based information to the general public to assist community members to recognise the risks of child sexual abuse and respond appropriately.
- The department's Regional Intake Service (Monday to Friday 9am to 5pm) and Child Safety After Hours Service (24 hour service) are able to provide a response to concerns about a child that may be experiencing or is at risk of experiencing sexual abuse.
- At a whole of population level, the Department of Health's role in responding to recent victims of sexual assault is to provide medical care, forensic medical examinations, sexual health assistance, crisis counselling and information. These responses are provided by public hospitals, the Clinical Forensic Medicine Unit and may include specialist sexual assault teams. The extent and nature of this care varies across health service districts in accordance with local procedures and resources.
- All services funded by the department to deliver child protection services are required to enter into a contractual agreement (referenced above) against which they are monitored. This includes progressive assessment of whether the service is delivering the outputs required and their own investment in staffing and carer numbers to deliver the outputs. A copy of the service agreement standard terms are at **Attachment 17**.

Question 6: National Initiatives

Question 6.1: 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*?

Outcome 2.2¹

Response

- The Queensland Government is a signatory to the Information Sharing Protocol between the Australian Government and child protection agencies in relation to transfer of children on child protection orders which became effective in 2011.
- The Protocol provides guidelines to ensure that information sharing is in accordance with legislative requirements in each jurisdiction to improve the provision of care and protection services to vulnerable children and their families.
- The Queensland Government continues to work with the Commonwealth and relevant state government agencies to explore extending and streamlining information sharing where appropriate.
- In 2014 the department coordinated a series of intra-governmental consultations to identify issues and opportunities for working with the Commonwealth on information sharing. As a result the Department of Education, Training and Employment is working with the Department of Social Services focussing on information sharing relating to school-aged children, where they live and school attendance.

¹ Develop new information sharing provisions between Commonwealth agencies, State and Territory agencies and NGOs dealing with vulnerable families

- The department is also continuing discussions with the Commonwealth on data sharing for early intervention and investment through the Children and Families Secretaries Group.
- The group has agreed to prioritise information sharing and the formation of a data working group to examine existing data sharing arrangements, further data that could be shared (including legal and privacy issues that needs to be addressed). The group will advise on key priority projects that could be progressed to achieve the goals of this priority.
- The Children and Families Secretaries data working group has agreed to explore data sharing opportunities on four areas including:
 - Intergenerational vulnerability - building on modelling already undertaken by the Department of Human Services to provide early identification of at-risk cohorts / individuals;
 - Homelessness / 'vulnerability' indicator - the Department of Human Services will explore provision of the homelessness ('vulnerability') flag to jurisdictions.
 - Child health outcomes - Medicare data will be used for early identification of children who are likely to have poor developmental outcomes in the Australian Early Development Census at school entry, and therefore poorer outcomes.
 - School attendance - data will be matched with Centrelink data to identify characteristics and early indicators of children who are not attending school, and to shape interventions for improved school engagement.

- Service system mapping – to identify service gaps and overlaps and lead to better integration of state and Commonwealth services.
- Queensland also participated in the Australian and New Zealand Senior Officers Group Roundtable on 20 November 2014. Jurisdictions presented information on approaches to improve data access, including in the areas of out-of-home care and transitioning.

Question 6: National Initiatives

Question 6.1: 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*?

Outcome 6.1¹

Response

- The department implements initiatives to increase community awareness of issues affecting the safety and wellbeing of children through:
 - Staff and carer training to identify signs of sexual abuse.
 - Policy and practices that outlines processes for dealing with disclosures and support available to enhance safety of children and young people.
 - Annual funding of Queensland Child Protection Week held in the first week of September each year.
- Queensland Child Protection Week helps to raise the profile of all issues connected with child protection, including child abuse prevention, treatment, research, education, service provision and support for children, young people and families.
- Queensland Child Protection Week Awards are presented to acknowledge the efforts and commitment of Queenslanders who make a significant contribution to the prevention of child harm and neglect. The Awards are promoted through the departmental website and networks.
- The department provides web based information to the general public to assist community members to recognise the risks of child sexual abuse and respond appropriately.

¹ Raise awareness of child sexual exploitation and abuse, including online exploitation

See: <http://www.qld.gov.au/community/getting-support-health-social-issue/child-abuse/>

- Departmental funding for Act for Kids includes a one off contribution towards the establishment of the Child and Family Centre of Excellence which aims to provide best-practice support for children and families who have experienced abuse or neglect and early support to strengthen families at risk.
- The department contributes funding to Bravehearts whose signature event, White Balloon Day, is held annually to raise awareness and funds for Australian children affected by sexual assault.
- See Question 5.1 for more information on services funded to support victims and raise awareness of sexual abuse.

Question 6: National Initiatives

Question 6.1 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*?

Outcome 6.2¹

Response

- The department has a strong commitment to supporting the care system to understand the increased vulnerability of children in out-of-home care and has several ongoing practice initiatives and prevention strategies in place with carers and stakeholders to reduce the risk of sexual abuse.
- The Complex Case Advice and Practice Support team coordinates a partnership approach to enhancing practice and works with Child Safety regional offices, carers, residential care partners and care teams (including schools, therapists and medical practitioners) on understanding sexual abuse and sexually reactive behaviours and the increased risks for children living in foster care and residential care facilities.
- The Complex Case Advice and Practice Support team have actively participated in various partnerships with other services and inter-agency working parties to enhance prevention of sexual abuse. For example, the Complex Case Advice and Practice Support team has worked with the Department of Education, Training and Employment to better support staff in managing and reporting disclosures or suspicions of sexual abuse. The Complex Case Advice and Practice Support team also shares resources and training initiatives as part of the Victim Services Interagency Organisation Network led by the

¹ Enhance prevention strategies for child sexual abuse

Department of Justice and Attorney-General – Victim Assist
Queensland.

- In 2015, the Complex Case Advice and Practice Support team will focus on family intervention services and partner with regions to develop a system response on how to increase recognition and prevention strategies in relation to sexual abuse.
- The department also works with the wider community to increase awareness, confidence and competence in preventing child sexual abuse. This broad community approach is targeted at supporting all children, not just those children in out-of-home care.
- Children and young people with disability experience abuse (including sexual abuse) and neglect at rates higher than their peers who do not have disability. The department has developed a resource kit that includes strategies to enable both service providers and families and carers to prevent abuse, neglect and exploitation of people (including children and young people) with a disability (**Attachment 19**).
- The Complex Case Advice and Practice Support team have partnered with Far North Queensland and the community in the Torres Strait Islands to develop a Community of Practice on Thursday Island. This community partnership includes participants from family intervention services, domestic violence services, child care services, police, churches, schools and any other community partners who are interested in increasing awareness and reducing the risk of child sexual abuse. A second Community of Practice commenced in Cairns in mid-2014, with plans for further Communities of Practice to be established in the Northern Peninsula Area and Western Cape this year.

- On a broader level, Queensland is implementing a range of prevention and early intervention strategies as part of its child and family reform agenda in recognition that there are a number of parental risk factors associated with child abuse and neglect which cause children to require statutory intervention.
- By focussing on delivery of services to high risk adults with children, it is anticipated this would have a flow on effect of reducing abuse, including sexual abuse, and the need for statutory child protection interventions.
- As part of the reforms, the Child Protection Reform Leaders Group was established to provide strong cross-agency and senior executive leadership, accountability and coordination.
- Ten Regional Child and Family Committees comprising government and non-government human services providers have also been established across the seven Child Safety regions in Queensland. The Child and Family Committees will be supported by the CPRLG to build the range and mix of services that address the parental risk factors associated with child abuse and neglect.
- In 2014-15, Family and Child Connect services will be rolled out in seven locations across the state with an additional 13 services to be added over time.
- The new Family and Child Connect services will provide an easily accessible referral point for families to get the help they need before their problems escalate.
- Recent amendments to the *Child Protection Act 1999* also support the prevention of child sexual abuse and include a provision that any person may report a reasonable suspicion to Child Safety that a child is in need of protection. The amendments consolidate mandatory

reporting requirements into the *Child Protection Act 1999* and apply a single reporting requirement for doctors, nurses, teachers working in schools, and police. More details are provided in the response to Questions 3.1 and 3.2.

- Child Safety also has robust licensing and approval processes for carers and staff in residential care to ensure the safety of children in out-of-home care. More details are provided in the response to Question 1.5.

Question 6: National Initiatives

Question 6.1 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*?

Outcome 6.4¹

Response

- Queensland has a number of services, strategies, policies and practices in place to support children and young people who have been sexually abused, their carers and other family members.
- Children who disclose sexual abuse while in out-of-home care may be referred to the Evolve Interagency Service program (Evolve), which provides therapeutic and behaviour support services for children and young people that is individually tailored to the level of need. Services may include strategies to address the complex trauma experienced from past sexual abuse to improve their emotional and mental health wellbeing.
- In 2014, the department participated in a targeted partnership with Evolve to provide statewide training on understanding and responding to sexual abuse and sexually reactive behaviours, and to integrate this into Evolve's service delivery program. The focus of this work was primarily on children in out-of-home care, but also benefited reunification and work with families subject to an intervention with parental agreement.
- Queensland Health, in collaboration with the department, is undertaking a review of the Queensland Health Evolve Therapeutic Services to analyse current tertiary service provision, and assess the

¹ Ensure survivors of sexual abuse have access to effective treatment and appropriate support.

capacity, capability and business willingness for the provision of an early intervention service, within existing budget provisions.

- The outcomes of the review, expected to be finalised by March 2015, will play a key role in informing the development of a revitalised tertiary and early intervention therapeutic service model into 2016.
- In addition, sexual abuse counselling services have been established across Queensland to address the range of issues arising from sexual abuse.
- These provide emotional support and practical assistance to children and carers, and assist other family members at times of emotional distress. Foster and kinship carers also learn new strategies to support the child in their care.
- The department funds a Sexual Abuse Counselling Service program, provided by non-government organisations, which currently supports ten specialist counselling services. The primary target groups are children, aged five to eighteen years, who have experienced sexual abuse or who present with sexual behavioural problems, and *are* in the statutory child protection system or who may be at risk of needing statutory intervention. All Sexual Abuse Counselling Services provide specialist counselling, emotional support, assessment, individual case planning and practical assistance to children and assist non offending carers and other family members. Foster and kinship carers and support staff in residential services also learn new strategies to support the child in their care.
- In 2014-2015 the department committed \$3.130 million to fund the Sexual Abuse Counselling Services state-wide, including one service in each of the seven departmental regions. This commitment

includes investment in a new far north Queensland service established in 2012-2013, covering Cairns, Atherton, Innisfail and Yarrabah, delivered by Family Planning Queensland. ACT for Kids, the non-government organisation that delivers trauma focussed sexual abuse therapeutic services at the Gold Coast and Townsville, have recently established a Child and Family Centre of Excellence based at James Cook University, Townsville. Departmental funding for Act for Kids includes a one off contribution towards the establishment of the Child and Family Centre of Excellence which aims to provide best-practice support for children and families who have experienced abuse or neglect and early support to strengthen families at risk. **Attachment 15** provides more detail about these investments.

- The department also invests in a range of services that provide targeted child and family support and therapeutic services that include children and families where sexual abuse is a risk factor. Funded services include Bravehearts which provides intensive prevention, early intervention, support and advocacy services for children and young people (unborn to 18 years) who have experienced or are at risk of child sexual assault and their families. This additional investment of more than \$3.4 million in 2014-2015 also supports a mix of service models and responses including Kids Helpline, Parentline, parent aide delivered by Mater Child and Youth Mental Health Services and young mothers programs. **Attachment 16** provides more detail about this investment.
- Children in the child protection system are also supported by the newly created Office of Public Guardian, an independent statutory

body with responsibilities to protect the rights and well-being of children in out-of-home care. The Office of Public Guardian administers the community visitor program and provides child advocacy officers that allow children in out-of-home care to talk to someone outside their placement. Both community visitor's and child advocates are mandated notifiers under the *Child Protection Act 1999*.

- Community visitors visit every child coming into care or re-entering the care system, and also those children in out-of-home care that need support who specifically request a visit from a community visitor.
- Child advocacy officers have contact with the child when requested. Office of Public Guardian operates four Physical Hubs in Queensland where any child in the child protection system may attend and request information and assistance. In addition, Office of Public Guardian operates a Virtual Hub by which any child in Queensland may request information and assistance through electronic means such as telephone, email, internet and social media.
- Child advocacy officers may also represent the child's views at any court or tribunal hearing, family group meetings, or case planning conferences.
- Community visitor's and child advocates play a critical role in supporting children in out-of-home care who have been sexually abused or who may wish to disclose an incidence of sexual abuse.
- The department also has policies and practices in place to support survivors of sexual abuse. These include:

- *Practice Paper on Child Sexual Abuse (Attachment 10)*, which provides guidelines to Child Safety staff for assessment of sexual abuse of children.
- *Response to children and young people sexually abused whilst placed in out-of-home care policy (Attachment 13)*, which aims to ensure that Child Safety staff provide an appropriate response to children and young people who have been sexually abused whilst placed in out-of-home care.
- The department also contributes on a broader scale to support children and young people who have been sexually abused, not just those within the child protection system.
- Children and young people with disability experience abuse (including sexual abuse) and neglect at rates higher than their peers who do not have disability. The department has developed a resource kit that includes strategies to enable both service providers and families and carers to respond to the abuse, neglect and exploitation of people (including children and young people) with a disability (**Attachment 19**).
- The Complex Case Advice and Practice Support Team within the department provides training to Child Safety staff and partners in the sector, such as domestic violence services, on understanding indicators and impacts of sexual abuse in children, responding to disclosures and supporting and caring for children who have been sexually abused and/or engage in sexually reactive behaviours. Further details are provided in the responses to Questions 1.3 and 5.1.

- The department also participates in the Victim Services Interagency Organisation Network (ViSION) facilitated by the Department of Justice and Attorney-General – Victim Assist Queensland, a partnership between government agencies and non-government organisations that provide services to support victims of sexual abuse. Members of the interagency network share resources and training initiatives to help better respond to the needs of children and young people who have been sexually abused.
- The department also works with Victim Assist Queensland to provide children and young people who have been sexually abused with financial and non-financial assistance to access relevant services. *The Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault 2014 (Attachment 18)* promotes whole-of-government interagency cooperation and service coordination to improve governmental responses to victims of sexual assault. The guidelines are underpinned by each government agency's own internal policies and procedures.