



VACCA

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Victorian Aboriginal Child Care Agency Co-Op. Ltd

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VACCA's Report for the Royal Commission into Institutional Responses to Child Sexual Abuse, Case Study 24:

**Preventing child sexual abuse in out-of-home care
and responding to allegations of child sexual abuse
occurring in out-of-home care in all Australian
jurisdictions**

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Background to Victorian Aboriginal Child Care Agency Co-Op. Ltd (VACCA).

VACCA is the lead Aboriginal child and family welfare organisation in Victoria, protecting and promoting the rights of Aboriginal children, young people, families and the Community. We provide the following services to children, youth and families: consultation services to child protection, youth homelessness services, out-of-home care programs, early intervention and family support services, cultural programs and clinical healing services. All these services aim to enhance the protection and safety of children, strengthen their connection with Aboriginal culture and encourage best parenting practices. In addition we advise government in relation to issues of Community vulnerability which includes child abuse and neglect in the Aboriginal Community.

VACCA has been operating since 1977, providing culturally responsive, safe and accessible services to the Community. VACCA has grown from an agency of less than 20 staff in its formative years to its current staffing of just over 300.

“As a new graduate social worker, I began my career at VACCA in 1982. At that time I was the Western Districts Field Officer and had a case load of over 300 clients. In those days VACCA had very few policies and systems in place to ensure its services were child safe, the caseloads alone mitigated against this. Returning to work for VACCA some thirty years on, the change is immense. Not only the size of the agency, but the vast range of programs and significantly enhanced staff development and training programs as well as VACCA’s policies and procedures which significantly contribute to its professionalism and child safe capacity” (Jeannie McIntyre, Manager, Royal Commission Into Institutional Responses to Child Sexual Abuse Support Service)

In the early days VACCA, like other Aboriginal agencies across Australia, experienced far more children being referred and placed in our care than the actual funded targets. VACCA accepts that in the past this led to significant risk as children were not visited and monitored as regularly as they should have been. These children were mostly on

Children's Court Orders and as such were in the care of the Victorian state government child welfare department.

Our understanding and appreciation of risk, particularly of sexual abuse of children, has changed significantly from then, predominantly by working within targets and in securing additional resources to strengthen our service response to vulnerable and at risk children and their families.

VACCA's planning, program design and decision making processes prioritise the voice of Aboriginal people to ensure our approach and services meet the needs of the Community.

We currently have offices across the Victoria with our larger office sites located in the north, south, east and west of Melbourne as well as in inner Gippsland and we are able to respond to the diverse needs of these Aboriginal Communities. VACCA offers a range of culturally relevant, quality services in each of these areas.

VACCA has significant experience in the delivery of services across the universal, specialist and statutory platforms including:

- information advice and referral services
- parenting services
- financial literacy services
- intensive child and family services and out-of-home care services
- education support services
- men's services
- cultural and Community strengthening group programs
- clinical healing programs across all service types
- family violence services, including crisis accommodation, outreach and case management
- homelessness services
- mental health services

- drug and alcohol services (in development)
- Stolen Generations services
- Royal Commission into Institutional Responses to Child Sexual Abuse
- Group based programs
- Aboriginal Child Specialist Advice and Support Service

VACCA is governed by a Community elected Aboriginal Board who set the direction for the organisation's strategic plan and the programs and services we deliver to the Aboriginal Community in Victoria. The Board also monitors the compliance management of the services and provides oversight of Quality of Care reports and Critical Incidents.

We have a proven track record in successfully managing, developing and implementing large scale complex projects, such as the development of the Aboriginal Cultural Competence framework (Attachment 1), the Culturally Informed Addendum (currently in development), the Victorian Department of Health and Human Services (DHHS) Standards Evidence Guide (Attachments 2 and 3) and the Orana Gunyah Crisis Accommodation and Support Service – a state-wide culturally appropriate service response to Aboriginal women and children escaping or experiencing family violence based in Morwell, Victoria. Our staff are highly skilled in undertaking culturally appropriate case planning processes that identify objectives and goals of intervention. Notably, the Department of Health and Human Services has commissioned VACCA to develop a range of service models for other Aboriginal Community Controlled Organisations across Victoria, for example, Case contracting guidelines for Aboriginal agencies, Aboriginal kinship care service model and Aboriginal therapeutic foster care model.

VACCA is a leader in the development of cultural resources that support mainstream organisations and non-Aboriginal staff and carers to build cultural sensitivity and to deliver culturally relevant and informed services for Aboriginal children and families. Examples include:

- Building respectful partnerships: The commitment to Aboriginal Cultural Competence in Child and Family Services (2010) (Attachment 4)
- Aboriginal cultural competence framework (2008) (Attachment 1)
- Working with Aboriginal children and families: a guide for child protection and child and family welfare workers (2006) (Attachment 5)
- Caring for Aboriginal and Torres Strait Islander children in out-of-home care (Attachment 6)
- Culturally Informed Addendum to the DHHS Standards Evidence Guide (in development 2015) (Attachment 2 and 3)

Furthermore, VACCA has a strong record of engaging in a partnership approach when working with governments, community services, research institutes and the Aboriginal Community.

Our leadership role and the development of partnerships over time have influenced systematic change and contributed significantly to our evolution as an agency.

Executive Summary

The Victorian Aboriginal Child Care Agency (VACCA) welcomes the opportunity to provide evidence to the Royal Commission into Institutional Responses to Child Sexual Abuse concerning *Preventing child sexual abuse in out-of-home care and responding to allegations of child sexual abuse occurring in out-of-home care in all Australian jurisdictions* and offers the following observations and issues, particularly as they pertain to the Victorian Aboriginal Community in which we work.

Culture is essential to Aboriginal children's wellbeing. Culture is also essential to ensuring Aboriginal children's safety. Aboriginal children living safely with their families and within their communities should be the ultimate goal. Unfortunately, nationally the number of children in out-of-home care is growing. Within Victoria infants, children and young people are being placed at an ever increasing rate (AIHW, 2014). Furthermore Aboriginal children

are being placed in out-of-home care at an increased rate in comparison to non-Aboriginal children (AIHW). Currently In Victoria more Aboriginal children are being removed from their parents than during the Stolen Generations, and in fact are being placed in out-of-home care at a greater rate than in any other time in history (Koorie Kids: Growing Strong in their Culture, 2013; Commission for Children and Young People, 2014) (Attachment 7).

The reasons for the over-representation of Aboriginal children in the child protection and out-of-home care systems are complex and include the legacy of past government policies of the forced removal of Aboriginal children from their families, intergenerational cycles of poverty, and cultural differences in child-rearing practices (HREOC, 1997; Scott & Nair, 2013). Other factors such as disadvantaged socioeconomic status, violence, drug and alcohol abuse, and inadequate housing may be associated with greater risk of child abuse and neglect (Scott & Nair).

Therefore policies and practices and the accompanying required resourcing that reduce the rate of children in the care and protection systems are critical. Well-resourced, evidence-informed and culturally-informed prevention and early intervention services are essential. All services need to work in collaboration including, housing, employment, disability, mental health, drug and alcohol and family violence services.

The trajectories of children placed in care are often poor and even more so for Aboriginal care leavers and too often includes non-attendance at school, unemployment, homelessness and involvement with juvenile and adult justice systems. The futures of Aboriginal children who are or have been in child protection are poor and often leads to the juvenile and adult justice systems (Mendes & Baidawi, 2012; Jackson, Waters, Meehan, Hunter & Corlett, 2013).

When children do need to be removed from their parents, kinship care within the child's Community needs to be privileged and prioritised. Kinship care can be complex and yet is the least resourced care option. Often it is grandmothers that are providing this care and are doing so without the supports, training and resources required. These grandmothers are often living in financial hardship and may have several children in their care. Having more of

the children in out-of-home care placed in kinship care, with the provision of additional resources and supports including access to therapeutic workers for carers, needs to be a priority.

Maintaining Aboriginal children's connection to their family and Community and supporting Aboriginal children's identity frequently does not occur when they are in care. This failure is highlighted by the data from the Victorian DHHS Stability Project. Of 367 Aboriginal children included in the stability project: 65% had not been the subject of an Aboriginal Family Led Decision Making meeting, 58% had not been subject to a reunification attempt, 84% did not have a Cultural Support Plan, 40% had no recorded Stability Plan and 15% had no current case plan.

Another area of failure is in the implementation of the Aboriginal Child Placement Principle (ACPP). The ACCP has been endorsed and adopted nationwide and all Aboriginal children who are clients of child protection services and in out-of-home care are governed by ACPP to ensure that their Aboriginal identity is preserved. Its implementation is of the utmost importance. Unfortunately, 33% of Aboriginal children in care in Victoria are not placed in accordance with the Principle (Productivity Commission, 2014).

The Department of Health and Human Services (DHHS) are the largest provider of out-of-home care through their management of kinship care placements. However, VACCA questions the levels of monitoring and the standards that DHHS applies to the care it is responsible for providing. There is no regular cyclical external monitoring by an accreditation agency such as is required for community service organisations delivering equivalent services. VACCA supports external accreditation of child and family services for all providers.

Where children are removed, culturally sensitive and intensive family support services working towards reunification need to be provided. Not only are Aboriginal children disproportionately represented in the national out-of-home care figures, they are also more likely to enter care at a younger age and to be in care for longer than non-Aboriginal children in out-of-home care (AIHW, 2014; Osborn & Delfabbro, 2006). Working towards

reunification should start as soon as children are placed in out-of-home care and be achieved in a timely manner.

VACCA understands that Aboriginal children can be particularly vulnerable to perpetrators of sexual abuse. This is partly due to there being a silence in relation to sex and sex education of children for many generations. Colonisation, dislocation and the ongoing legacy of the Stolen Generations continues to have a profound impact on the social fabric of our Community. The continuing impact of colonisation through the intergenerational transmission of trauma has been well documented. Professor Judy Atkinson has written extensively on this issue (Atkinson, 2003; Atkinson, Nelson & Atkinson, 2010).

“Atkinson successfully linked the historical events associated with the colonisation of Aboriginal lands (‘accidental’ epidemics, massacres, starvations and the removal of people to reserves) to increases in the rates of family violence, child sexual abuse and family breakdown in Indigenous society”. Atkinson, Nelson & Atkinson (2010) 'Trauma, transgenerational transfer and effects on community wellbeing'

VACCA believes that all children have a right to feel and be safe and to live in an environment that is free from abuse, neglect and violence. In partnership with Child Wise, VACCA produced a booklet; *Yarning Up on Child Sexual Abuse* (Attachment 8). This booklet is included as part of the Foster Care training; *Aboriginal Children who have Experienced Abuse* provided to our foster carers (Attachment 9). We are committed to promoting and upholding the right of Aboriginal children to maintain and celebrate their identity and culture, recognising that connection to culture is critical for children's emotional, physical and spiritual wellbeing.

VACCA developed the poster on the Charter for Aboriginal Children in out-of-home care to sit alongside the Charter of Rights for Children in Out of Home Care. (Attachments 10 and 11).

VACCA has a child safe policy (Attachment 12) which has the following key objectives:

- clear expectations of staff, carers and volunteers as to what is required to keep our children safe, including knowing how to identify when a child is unsafe and being able to respond appropriately.
- Ensure our practice is focussed on preventing child abuse and neglect, intervening early with vulnerable children, and providing an integrated, comprehensive service response where abuse or neglect has occurred.
- Provide services in a culturally safe environment, free from abuse, neglect and violence, ensuring our work with children does not contribute to their experience of abuse and neglect.

Failure to comply with the policy may result in disciplinary action and, in more serious cases, may result in termination of employment. At VACCA we have a range of documents relating to expectations of staff. Included here are:

- Code of conduct (Attachment 13)
- Grievances (Attachment 14)
- Conflict Resolution (Attachment 15)
- Reporting and Investigating Improper Conduct (Attachment 16)
- Employment Contract terms and conditions (Attachment 17)

VACCA's child safe policy, code of conduct, grievances, conflict resolution and reporting and investigating improper conduct policies are included as part of staff's induction. In Victoria there have been a range of frameworks developed for ensuring organisations are child safe. However, the challenge is in the implementation of these frameworks and policies. In the Aboriginal Cultural Competence Framework (VACCA 2008)(Attachment 1) we state Aboriginal cultural competence is a key facet of the Victorian Best Interests framework (Attachment 18) which interprets issues of children's safety, stability and development through the lens of age and stage, culture and gender. In other words, when assessing, planning and addressing the needs and interests of the child, due consideration is given to whether or not the child is safe, has stable relationships and a stable environment and their developmental needs are being addressed. These dimensions of safety, stability and

development are understood in the context of who the child is; that is, their age and stage, their culture and their gender. These elements concerning the identity of the child provide a lens through which the other dimensions are understood. The Best Interests principles, and the lens of culture as a fundamental element of those principles, are concerned with the needs and rights of the child to ensure their best interests are promoted throughout their experience of family services, child protection and out-of-home care.

It is VACCA's view and we advocate strongly that ensuring Aboriginal children's cultural identity is a crucial consideration for organisations wishing to be child safe for Aboriginal children. As quoted in the Victorian Child Safety Commissioner's Guide to Creating a Child Safe organisation:

"If a child's identity is denied or denigrated, they are also not being kept safe. Denying cultural safety is detrimental to their attachment needs, their emotional development, their education and their health. Every area of human development which defines the child's best interests has a cultural component. Your culture helps define HOW you attach, HOW you express emotion, HOW you learn and HOW you stay healthy."
(Bambllett, 2005).

It is now accepted that a child who is strong in their cultural identity is more likely to be resilient and have a voice. If we accept that one of the principles of creating a child safe organisation is to ensure the voice of the child is heard and that children actively participate in the services provided by that organisation; then it is logical that the child who is strong in their identity will be better able to have a voice and participate in communicating when they feel safe and importantly when they do not feel safe. Ensuring children in out-of-home care feel empowered to speak out about how they feel is very important to us. Our work with the Stolen Generations continues to teach us and remind us the damage that not having a voice has, often for a lifetime. We will continue to work to improve this, not only

for our own children in our care but also for the unacceptable growing number of Aboriginal children being removed and placed away from their families and communities.

VACCA is committed to ensuring the services we provide to families and children, particularly out-of-home care services are safe. DHHS's recently announced increased funding to residential care is especially welcome as this provides increased staff capacity to provide a safe environment, for example agencies can now have in place 'stand up' overnight staff rosters.

VACCA believes that there is a need to provide funding and resources to organisations to assist them in developing and maintaining child safe practices at an operational level. Supporting organisations to develop risk management strategies and making access to information less cumbersome across jurisdictions than is currently the case, is critical.

VACCA provides the following responses to the specific questions posed by the Royal Commission.

1. RECRUITMENT, ASSESSMENT AND TRAINING OF CARERS AND STAFF IN RESIDENTIAL CARE

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

In VACCA's submission to the Royal Commission regarding Child Safe Organisations we detailed the requirements of ensuring a child safe environment. VACCA's care environment is underpinned by a policy framework that demands the best of its staff and volunteers in working with children and family within the out-of home care system. We have Human Resource policies relating to Staff Recruitment and Selection and Orientation and Introduction (Attachments 19 and 20).

VACCA is accredited by the Victorian Department of Health and Human Services (DHHS) to provide residential care, foster care and kinship care. This includes both paid professional carers and volunteers. All carers are required to go through rigorous screening processes before caring for Aboriginal children and young people. Police Checks are completed for all of VACCA's carers and staff. All carers also undergo a rigorous assessment processes tailored to the care an individual will provide. These processes are applied to all members of households over 18 years of age where children and young people are placed. All of VACCA's staff and foster carers complete Victoria's Working with Children Checks. These requirements are made by the funding organisation (DHHS).

b. Assessment of carers and staff.

The employment of staff at VACCA is governed by VACCA's Recruitment & Selection policy that outlines the processes that are required to employ an individual (Attachment 19). In summary all employees are subject to a range of pre-employment checks, including Police Checks and Working with Children Checks. They are then interviewed where they are assessed against a set of key selection criteria developed for particular roles. Performance at interview is rated and referees are contacted to further assess the potential employee's suitability for the role. Referees are sought from the most recent employers.

Underpinning the recruitment process is VACCA's Child Safe Policy and Procedures (Attachment 12) whose principles aim to:

- Make the best interests of the child a primary consideration in all actions and decisions concerning children.
- View the child's best interest through the lens of culture.
- Protect children from all forms of physical abuse and injury, neglect, emotional maltreatment or exploitation, cultural abuse, sexual abuse and family violence.
- Protect and promote the rights of Aboriginal children to enjoy their own culture and identity without fear of retribution or discrimination.
- Empower and strengthen the capacity of parents, families and communities and carers to provide safe care of children.

To support professional carers (residential carers) and caseworkers VACCA has developed a range of manuals to inform employees of the expectations upon them and how the out-of-home care system operates. These include:

- *Introduction to Out- of- Home Care Manual (Attachment 21)*
- *Aboriginal Residential Care Program and Procedure Manual (Attachment22)*
- *Client Services Manual (Attachment 23)*

Foster carers are subject to the same mandatory background checks as staff. Kinship Carers undergo Police Checks but are not required to get a Working With Children Check. The DHHS standards require a police check every three years however VACCA's policy is that they are to be conducted every two years. In addition there is an assessment process that all foster carers must go through before becoming an accredited carer. See Flow Chart: Foster Care Assessment, Approval and Review Process (Attachment 24).

VACCA employs *Our Carers for Our Kids* (Attachment 25) framework. Broadly, this involves extensive interviewing of prospective carers to assess their parenting ability and competence to look after a child other than their own. The assessments are conducted by trained professional staff and include the following:

- Three referee checks
- Police & Working with Children Checks
- Health Checklist
- Medical questionnaire
- Home and Environment checks
- Carers register check

The overall assessment is then presented to an approval panel that consist of approved representatives from VACCA and DHHS, an accredited experienced foster carer and an Elder from the Aboriginal Community.

Post accreditation all carers are subject to a probationary review which if successful confirms their carer status. During this Probation period carers take respite placements of

children. Generally there are three of these placements before their accreditation is finalised.

c. Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures.

All VACCA staff participate in an induction orientation program when they commence employment. This includes all casual, temporary, part time, trainee and relief staff. Similarly new Directors of the Board are provided with an Orientation and Preparation program at the commencement of joining the Board of Directors.

All VACCA staff are provided with information about all the policies and procedures that have been developed to guide their work, including how to respond to issues of child abuse and neglect. These policies reflect and promote the need for staff to apply a cultural lens to all that they do.

The Aboriginal Children's Healing Team is the central point for the development across VACCA of an integrated culturally appropriate and trauma informed approach to working with Aboriginal children and families in out-of-home care. This approach looks at Australian history and how it has impacted on Aboriginal people. Theories of trauma, neurobiology, attachment and resilience building combine to assist in understanding and responding to Aboriginal children's trauma. Our approach makes sense of children's presentations based on the impacts of history on Aboriginal people and the continuing traumatic effects on families today. We understand the relationship between this and attachment and bonding for Aboriginal children and the challenges of working with Aboriginal children and families in the face of trauma.

Staff working directly with children understand child development and the impact trauma has upon children. This is achieved through providing staff with specific training courses to build this knowledge base and supported through supervision from their line manager.

VACCA has endorsed that all major policies are to be reviewed within a three year period. VACCA has developed a policy for staff working with clients with problem sexual behaviours:

Responding to Problem Sexual Behaviours (Attachment 26). The current policy is being updated and redeveloped as part of the Continuous Quality Improvement process at VACCA.. The revised policy under development titled: Unsafe Behaviours – Responding to Problem Sexual Behaviours (Attachment 27) has the aim of:

- Setting out the responsibilities of VACCA staff and carers in planning for children and young people in out-of-home care.
- Providing information to reduce the risk of children and young people engaging in unsafe behaviour, particularly problem sexual behaviour.
- Outlining the response required for staff and carers when it is believed that the child or young person is at risk of, is planning to, or has engaged in problem sexual behaviour and in managing the behaviour once it has occurred.

When an incident occurs, VACCA has a contractual obligation to follow the DHHS Critical Client Incident Management Instruction 2011 (Attachment 28) and the DHHS guidelines for responding to quality of care concerns in out-of-home care (Attachment 29).

VACCA has identified the need to develop a training package on *Sexual abuse and working with children and young people with sexualised behaviours* to ensure all staff and carers have the knowledge and skills to assist children in their care, or those they are working with who may be experiencing or have experienced these issues. Recently VACCA has provided some limited training regarding *Responding to children and young people with sexually abusive behaviours* but is aware this is a gap in our overall training opportunities for staff and carers.

All carers are actively encouraged to attend VACCA training; *Aboriginal children who have experienced abuse* (Attachment 9). VACCA continues to make this a priority for carers. Carers are given individual advice and coaching around the particular needs of the child/ren in their care. This includes the development and implementation of an individually tailored therapeutic treatment plan.

d. How does the agency determine that National Standard 12 is implemented and monitored?

National Standard 12 requires that carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care. All foster carers must complete VACCA's recruitment and assessment processes. As previously stated this involves a range of checks and assessments before a carer has children placed in their care and also includes whom best they can care for. A point of difference for VACCA's foster carers is the emphasis on Aboriginal culture and how to care for Aboriginal children. VACCA has both Aboriginal and non-Aboriginal carers. Non-Aboriginal carers must demonstrate cultural sensitivity and are expected to attend targeted additional training to ensure they fully understand the needs of Aboriginal children. Nikara's Journey is the training specifically developed by VACCA to enhance carers cultural sensitivity (Attachment 30). This training is also open to carers from other agencies.

Carers are required to keep children connected to their culture by attending cultural events and activities throughout the year. Carers are informed of all VACCA internal and external training opportunities and are encouraged and supported to attend. This can include providing child care where required. VACCA also provides support to carers through an individual case worker who provides carers with practical, emotional and cultural advice. Children in our care are seen by their case worker on a minimum fortnightly basis, but many of our children in care are seen more frequently than this. Importantly carers are included in care team meetings to discuss the issues and care required of the children in their care.

Importantly all Aboriginal children in our care, and their carers have access to our Aboriginal Children's Healing Team.

There are four main strands to the work of the Aboriginal Children's Healing Team:

- To undertake trauma-informed psycho-social assessments of each child and, from these, to develop an individually tailored therapeutic intervention plan for carers and other professionals to follow
- To promote trauma-informed approaches to understanding the needs of Aboriginal children in VACCA's care broadly across programs

- To undertake theoretical development work to integrate culturally appropriate Aboriginal Healing ways and existing theory regarding complex trauma and its developmental impacts
- To provide training to all VACCA staff regarding trauma and attachment informed approaches, culture as healing and related theoretical understandings.

VACCA requires all of its managers to prepare regular program reports that are then provided to the VACCA Leadership Group, and then summarised and provided to the VACCA Board of Directors. This provides oversight of activities within the out-of-home care programs.

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

As stated previously all staff are recruited in accordance with VACCA's Recruitment and Selection policy. All new residential carers are required to attend VACCA's Organisational Induction Training and all non-Aboriginal staff are required to complete VACCA's Introduction to Working with Aboriginal Children, Families and Workers in the Child and Family Welfare sectors. These are completed as soon as possible from the staff member commencing employment.

All residential carers must complete a minimum of three shadow shifts under the guidance of an experienced residential carer. During these shifts the new residential carer is expected to learn and complete a number of tasks that are core to the effective provision of residential care. Once these tasks are assessed as being completed residential carers become a staff member on shift with a six month probationary review period. During this time they will be supervised by their team leader to gain the necessary knowledge and skills. Supervision is central to VACCA's people management and professional development and is provided to all staff on a regular basis. VACCA has developed a supervision framework (Attachment 31) and supervisors are trained in the framework. This all feeds into VACCA's

policy on Annual Performance Development and Review (Attachment 32) which is aimed at enhancing and contributing to the professional development of staff.

All of VACCA's residential care staff receive training on child trauma and access ongoing support from VACCA's Aboriginal Children's Healing Team for ongoing support and training. This includes regular reflective practice exercises which enhance skill development.

VACCA is part of the Residential Care Learning and Development Strategy (RCLDS) that aims to improve outcomes for children and young people living in residential care in Victoria due to child protection issues.

RCLDS works to achieve this aim by providing training and learning opportunities to residential carers. RCLDS is overseen by a Reference Group comprised of senior, experienced representatives from community service organisations providing residential care services, the Department of Human Services, and the Centre for Excellence in Child and Family Welfare.

The goals of RCLDS are:

- The ongoing development and maintenance of a skilled and stable workforce.
- Provision of high quality training, supervision and support to workers.
- Development of appropriate pre-service and in-service qualifications relevant to the field.
- Commitment to and development of a lifelong learning culture in the workplace.
- To support the development of appropriate services to Aboriginal children and young people in care through promoting cultural sensitivity and awareness by its mode of operation, in training and in learning materials.

VACCA's service delivery is oversighted by DHHS who monitor performance and critical incidents. VACCA also uses these processes to identify arising issues. Further if there are issues with the quality of care provided VACCA and DHHS follow the DHHS Guidelines for responding to quality of care concerns in out-of-home care (Attachment 29). This is monitored internally by the Continuous Quality Improvement team.

VACCA's Quality Approach is a key element in assessing the effectiveness of the recruitment, assessment and training of carers and staff. VACCA's quality framework is grounded in continuous quality improvement rather than baseline quality assurance, which ensures all processes and systems are documented and communicated to relevant stakeholders, monitored and evaluated, and improved where the efficiency and effectiveness of processes and systems can be increased. In order to accomplish this VACCA has a dedicated Continuous Quality Improvement team who manage and drive multiple organisational activities, including the following:

- An annual audit schedule which evaluates program and service compliance with QIC and DHHS Standards.
- Development of program specific Quality Work Plans that are incorporated within program planning and reporting documents.
- Monitoring and management of the Continuous Quality Improvement Register to ensure those with Quality Work Plans progress improvement initiatives.
- Management of the client feedback system, which includes evaluating client outcomes against the aims of each program/service.
- Monitoring and management of the complaints system.
- Monitoring and analysis of Critical Incident Reports to ensure early identification of trends and issues, to enable an early response to emerging issues.
- Drive Policy Committee activity to ensure all policies, procedures, guidelines and associated documents are available, appropriate, current and accurate.
- Regular reporting of audit and CQI activity through management reporting lines.
- Provision of support to all programs/services to ensure that all staff, programs/services are engaged in the delivery of high quality services that align with VACCA's Vision of ensuring, "our children, young people, families and communities are thriving – culturally strong, empowered and safe".

2. MONITORING OF CHILDREN IN OUT-OF-HOME CARE

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

The vast majority of children placed in home based care with VACCA come from a direct referral from Victoria's Child Protection program. Each child is assigned a case worker who is responsible for the case management of the child. The case worker is not employed to provide the direct day-to-day care of the child and is therefore well positioned to monitor the safety and well-being of the child in placement. Where a case worker is employed by VACCA they are removed from the direct care arrangements of the child. The case workers must put the child's best interests first and therefore needs to ensure that the placement delivers this. VACCA's case workers for kinship, foster and residential care visit children regularly, often fortnightly. In some instances children are seen less frequently due to being assessed as stable and meeting their developmental milestones. Case workers see the child on their own (without their carer) to ensure they feel safe, that their needs are being met and their views are heard.

All children in out-of-home care have a care team that is responsible for monitoring their progress and ensuring their particular needs are met. A care team is the network of professionals, parents, caregivers and any other significant adults that have been gathered around the child and charged with the responsibility of providing quality nurturing care and the coordination of service delivery. The care team is responsible for setting the direction of the child's treatment, delivering the intervention, managing issues and risks and overseeing any statutory requirements. The care team is required to make decisions in regard to who will undertake specific tasks to ensure that the needs of the child are being met whilst in out-of-home care. According to child protection principles (DHS, 2011), in carrying out this task the care team is obliged to:

- Respond to the needs of the child and ensure the placement is providing for the child's safety, wellbeing and stability
- Work in a collaborative way and contribute towards the development and implementation of the statutory case plan and looking after children framework, which specifies seven life domains important to the healthy development of a child,

and ensure that communication is maintained so that all relevant parties are kept up to date with important information

- Maintain confidentiality and privacy and not disclose personal and confidential information that is not relevant to the provision of good care to the child
- Support the child's relationship with his or her family where appropriate
- Share the responsibility for specific tasks such as transport of children for contact visits, medical appointments, educational or therapeutic services and supervising contact visits where possible and appropriate.

All residential care staff are responsible for ensuring that children are safe and well looked after. They are required to record important events in the log book daily which are then accessible to all staff. If any incident requires an Incident Report (Attachment 33) this is completed by the most senior person on shift and provided to the appropriate Program Manager. These incident reports are approved by the Program Manager and are forwarded to the relevant Regional Director of Client Services and copied to VACCA's Continuous Quality Improvement Unit. This provides a level of oversight that can identify recurring themes and patterns of incidents and alert VACCA's management.

As stated previously DHHS employs a number of monitoring activities that measure performance and compliance.

b. Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out-of-home care.

VACCA adopts a range of practices aimed at ensuring Aboriginal children in our care feel safe, including culturally safe, and have a voice. Where children feel unsafe they have opportunities and feel encouraged to disclose any concerns they have.

All children coming into VACCA's care are provided with a welcome pack containing:

- VACCA care bear
- VACCA diary
- Poster

- Games
- Toiletries

Of particular relevance is the VACCA care bear which has on one foot “If you feel scared or unsafe” and on the other foot call 0411731452 [VACCA’s Manager, Community Care Programs] or 000.

VACCA runs a number of Community and cultural activities where our children in care have the opportunity to participate. These days are staffed by a number of our teams and staff are always checking in with how children are feeling and open to hearing any concerns children may be experiencing.

Through its case management of children VACCA asks children who they would talk to if they were feeling unsafe. We also have a children’s feedback questionnaire which is undertaken by young people as a way to elicit honest feedback from children about their experiences in care (Attachment 34).

The above practices are used by VACCA to ensure the voice of the child is heard. However across the sector more broadly, VACCA is concerned that the voice of Aboriginal children may not always be heard, and that Aboriginal children may not always feel safe to disclose abuse. Current models for interviewing Aboriginal children are inappropriate. There needs to be a culturally appropriate interviewing model developed for Aboriginal children, young people and their families.

- c. 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?

The major conduit for such information exchange is the statutory Child Protection program, as Police, Health and Education are legislatively mandated to report sexual abuse of children and young people. However, whilst the conduit exists it does not always result in a full

sharing of relevant information. Often privacy legislation is provided as the reason for the lack of information exchange, particularly when it involves an adult.

Care team meetings and case conferences are the primary modes of sharing information about children and young people in out-of-home care. VACCA enjoys strong relationships with Police, Education and Health services and supports these agencies to contribute towards building a stronger Aboriginal Community. VACCA believes there could be improvements for Aboriginal children with better recording and sharing of health records and if our Aboriginal Child Specialist Advice and Support Service (ACSASS) was adequately funded we would be in a better position to ensure attendance at all relevant DHHS meetings regarding all Aboriginal children in out-of-home care, not just those we provide care to. In relation to the court system, in representing Aboriginal children and young people there is a lack of capacity within the current court system to have an Aboriginal services voice recognised by the courts. ACSASS has an advocacy role but no formal standing within the court and VACCA believes that ACSASS should have formal standing.

In addition to reporting any incident to DHHS, where applicable we report to Victoria Police through the SOCIT units and support the Protocol between Child Protection and Victoria Police (Attachment 35).

d. 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?

All community service organisations that provide out-of-home care services in Victoria must be accredited by DHHS Victoria. DHHS has published Program requirements for:

- Home Based Care (April 2014) (Attachment 36)
- Residential Services (July 2012) (Attachment 37)
- Therapeutic residential care (December 2012) (Attachment 38)

These requirements provide the context of relevant legislation, policy, directions for home based care and residential service delivery in Victoria. These requirements are confirmed in the funding and service agreements between DHHS and VACCA.

VACCA is externally audited by an independent review body to ensure compliance with standards to enable registration to provide those services.

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

The formal mechanism is via the child's allocated case worker, whom has the responsibility to deliver the best outcomes for children. As stated previously contact should routinely occur away from the direct carer. Further the case worker must be in contact with health and education professionals and family and Community who are key to providing up to date information as to how a child is travelling. This also provides a child with multiple opportunities to speak out.

As previously mentioned, all children coming into care get a care bag which includes the VACCA care bear which has on one foot "If you feel scared or unsafe" and on the other foot call 0411731452 [VACCA's Manager, Community Care Programs] or 000.

There are a number of cultural group based programs and Community events where children can build relationships with other safe adults whom they could speak to.

3. SYSTEMS, POLICIES, PRACTICES AND PROCEDURES FOR REPORTING ALLEGATIONS

a. What are the requirements or practices for reporting allegations of child sexual abuse within the agency?

The requirements and practices for reporting allegations of child sexual abuse within VACCA are outlined in VACCA's Child Safe Policy (Attachment 12). In the event of an allegation being made VACCA staff are required to raise the matter with their line manager who will

complete the incident reporting process. Direct contact with Child Protection will occur as soon as possible. The allegation will then be managed by Child Protection with the support of VACCA.

b. What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency?

Victoria's DHHS released Guidelines for responding to quality of care concerns in out-of-home care (Technical Update 2014) (Attachment 29) that stipulates the policy and processes to be followed.

The DHHS Critical Incident management instruction 2011 (Attachment 28) defines what VACCA and other CSOs must do in the event of a sexual abuse allegation. Adherence to this instruction ensures the sharing of information and a co-ordinated response to any allegations.

c. What data is collected of these reports?

The critical incidents are reported directly to DHHS, who then ensure compliance with the relevant policies and legislation. The critical incident report includes:

- Reporter Details
- Incident Details
- Who was involved? (Client & Staff/Carer)
- What happened?
- Manager's report Including summary of incident and what actions have been taken and what follow up actions will be taken)
- Staff to client assault and/or Abuse in Care
- Internal DHHS Review

- Endorsement of Regional Program Manager
- Endorsement of Regional Executive
- Endorsement of Regional Director

In addition VACCA undertakes monitoring and analysis of Critical Incident Reports. This provides a level of oversight that can alert VACCA's management, identify recurring themes and patterns of incidents and enable an early response to emerging issues.

d. With which agencies or authorities does your agency exchange information about these reports?

The incident report is shared only between DHHS & VACCA. However, if another agency is actively involved in the child's wellbeing they may be informed. This may include Care Teams as appropriate.

In addition to reporting critical incidents to DHHS, where applicable we report to Victoria Police through the SOCIT units and support the Protocol between Child Protection and Victoria Police (Attachment 35).

e. Merits of a consistent national approach.

VACCA operates only in Victoria and is supportive of the DHHS Incident Reporting process. However, VACCA supports a national approach to maximize the safety of children and in recognition that VACCA's children and families move interstate.

4. SYSTEMS, POLICIES, PRACTICES AND PROCEDURES FOR RESPONDING TO ALLEGATIONS

a. What does the agency do about each allegation of child sexual abuse of a child in out-of-home care which is reported to them?

When a carer or staff member:

- Learns or suspects that the child in their care has been sexually assaulted.
- Learns that the child in their care is engaging in concerning or inappropriate behaviours
- Learns of an allegation that a child in care is a perpetrator of sexual assault
- Observes the child or children engaging in concerning or inappropriate behaviours
- Is sexually assaulted or indecently assaulted by a child in their care

The first priority is to establish safety and seek emergency medical assistance if required. Following this the carer or staff member will commence the process to report the matter as a critical incident, ensuring line management is fully informed (Attachment 28) and Unsafe Behaviours –Responding to Problem Sexual Behaviours (Attachment 27).

If an allegation is made against an employee of VACCA, VACCA will ensure the employee is not given the opportunity to work with children or young people until the allegation is investigated and the staff is seen as being able to safely care for or work with children. Similarly, if an allegation is made against a VACCA carer, children will not be placed in their care until the completion of the investigation.

b. What data is collected about these actions?

The data that is collected about these actions is;

- Reporter Details
- Incident Details
- Who was involved? (Client & Staff/Carer)
- What happened?
- Manager's report Including summary of incident and what actions have been taken and what follow up actions will be taken)

- Staff to client assault and/or Abuse in Care
- Internal DHHS Review
- Endorsement of Regional Program Manager
- Endorsement of Regional Executive
- Endorsement of Regional Director

In addition VACCA undertakes monitoring and analysis of Critical Incident Reports. This provides a level of oversight that can alert VACCA's management, identify recurring themes and patterns of incidents and enable an early response to emerging issues.

c. With which agencies or authorities does your agency exchange information about these responses?

VACCA exchanges information with Victoria's DHHS both as the main funding body and as the regulator/guardian of children with the care of VACCA. However, if another agency is actively involved in the child's wellbeing they may be informed. This may include Care Teams as appropriate.

In addition to reporting critical incidents to DHHS, where applicable we report to Victoria Police through the SOCIT units and support the Protocol between Child Protection and Victoria Police (Attachment 35).

e. Merits of a consistent national approach.

VACCA only operates within Victoria and supports the current processes. However, VACCA would welcome a more systematic approach in recording the outcomes from the incidents. We would strongly support the development of cultural standards for statutory services for Aboriginal children in OOHC and consistency in practice and service responses.

5. SYSTEMS, POLICIES, PRACTICES AND PROCEDURES FOR SUPPORTING CHILDREN WHO HAVE BEEN SEXUALLY ABUSED IN OUT-OF-HOME CARE

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

VACCA supports children and young people to access the specialist services they require. In relation to sexual abuse as there is no Aboriginal specific service available we refer children and young people primarily to the Gatehouse at the Royal Children's Hospital in Melbourne, the Children's Protection Society which operates in the Northern region of Melbourne and the Centres Against Sexual Assault (CASA) that operate across Victoria. These services are all experts in the field of sexual abuse and many of them also deal with children and young people with sexually abusive behaviours. These services however, are not as culturally sensitive as we would hope. Currently we do not have Aboriginal people to support these services to support Aboriginal children and young people and families through this incredibly difficult process. There is therefore a lack of understanding about the rights of Aboriginal children and the importance of family, Community and culture for Aboriginal children's healing. VACCA believes there is a need for an Aboriginal specific sexual abuse service to be developed. This would ensure there is a trauma informed platform for services that take into account the impacts of colonisation, intergenerational trauma and spiritual aspects of a child's healing. Currently our support includes supporting the family or carers to help them deal with the trauma and other supports that our Aboriginal Children's Healing Team can provide as required.

VACCA's case management services work with the specialist counsellors to maintain the placement, where appropriate, and to optimise the child or young person's recovery. Our Aboriginal Children's Healing Team assists in developing therapeutic and crisis management plans for children in our out-of-home care services.

To date VACCA has not provided any financial recompense, however financial support is given to young people leaving care to enable them to access professional services they may require to heal from their past trauma.

6. NATIONAL INITIATIVES

a. What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the *National Framework for Protecting Australia's Children 2009-2020*?

The National Framework for Protecting Australia's children 2009-2020 commenced with much promise that a National approach would deliver significant improvements to responses to children. However, over time the positive work agenda has been compromised by state and territory interests whereby the framework is of little importance to many in the system. The framework is strong but there has been a lack of meaningful implementation of the framework and it has achieved little in the years since it has been released. VACCA is of the view that the framework needs renewal and given the permission it needs to deliver the necessary changes.

Supporting Outcome 2.2 Develop new information sharing provisions between Commonwealth agencies, State and Territory agencies and NGO's dealing with vulnerable families.

VACCA has not employed the Common Approach to Assessment, Referral and Support tool and therefore cannot offer any comment on its impact in sharing of information. State laws govern the rules of information exchange and the frameworks intent has not been met. VACCA is pleased to note that there has been an improvement of information exchange between the Commonwealth and State/Territories.

Supporting Outcome 6.1 Raise awareness of child sexual exploitation and abuse, including online exploitation

In Victoria, DHHS and Police have provided leadership in this area. The work of Robyn Miller in the Office of Principal Practitioner is held up as the best exemplar of how to tackle sexual exploitation of children in care. It has enabled Victoria to learn from the lessons in England and put strategies in place that has minimised child sexual abuse happening in Victoria.

VACCA has continued to raise the issue of child sexual exploitation across its workforce and Community. We have recognised the need to incorporate a specific training module on Sexual Abuse and Sexually Abusive behaviours and we will incorporate issues of sexual exploitation and online abuse as a component of this. VACCA is a vocal advocate for the need to continue to raise awareness on the dangers of cyberspace, specifically including online exploitation.

Supporting Outcome 6.2 Enhance prevention strategies for child sexual abuse

VACCA conducts regular Police checks. We would however recommend that the agency is informed when an investigation is undertaken in relation to staff and carers Working With Children Checks, rather than only finding this out if and when a Working with Children Check is deactivated. However, VACCA is not in a position to improve the process as it is a matter for federal and state/territory governments.

VACCA will continue to ensure that all of its programs and services promote safety, wellbeing and cultural relevance. One of the ways this occurs is through the CEO, Professor Muriel Bamblett's membership on a range of Committees and Forums both within Victoria and nationally.

Professor Bamblett is active on many boards concerning children, families and the Aboriginal Community, including Victorian Taskforce 1000 Steering Committee; Victorian Therapeutic Residential Care Central Governance Group; Victorian Government Community Sector Reform Council; the Foundation to Prevent Violence Against Women and Children; a Member of the Victorian Children's Council; the Australian Institute of Family Studies Advisory Council; the Aboriginal Justice Forum; Indigenous Family Violence Partnership

Forum; a Ministerial appointed representative on the Australian Families and Children Council; and a Board Member of the Aboriginal Community Elders Service.

Supporting Outcome 6.4 Ensure survivors of sexual abuse have access to effective treatment and appropriate support.

With the exception of our Royal Commission Into Institutional Responses to Child Sexual Abuse Support Service, VACCA is not a provider of such services; rather it acts as a conduit for survivors to link with appropriate services. As noted previously we do refer to the range of sexual abuse services available within Victoria, but we are concerned that their approach is not always as culturally sensitive and responsive as it should be. Our work in the Royal Commission Support Service has led us to realise the need for cultural healing programs for survivors of sexual abuse.

Conclusion

VACCA is very concerned that as the numbers of Aboriginal children entering the Child Protection and out-of-home care systems continue to increase and increase disproportionately to non-Aboriginal children, prevention of institutional sexual abuse will continue to be a challenge. We know the best prevention of institutional sexual abuse is that our children are not removed from their families, communities and culture. Therefore increased resourcing in prevention, early intervention and healing services for our families to stop the continued intergenerational removals and trauma is urgently required. Aboriginal specific Parenting Programs like VACCA's Koorie Faces (Attachment 39) could be provided to more families and in doing so contribute to reducing the alarming numbers of Aboriginal children coming into care.

Also important in the prevention of child sexual abuse is community awareness raising as child sexual abuse is not well understood in the general community. A public health approach needs to be implemented similar to the current awareness raising around family violence. Community awareness and a collective voice about child sexual abuse is needed.

VACCA is deeply committed to our children being able to live safely, free from all abuse and able to thrive and reach their full potential. We believe that is most likely achieved by keeping our children within our Community, and where they cannot live safely at home, that they are placed according to the Aboriginal Child Placement Principle and effective and immediate services are provided to ensure, where it is safe to do so, children are returned home in a timely way.