



Submission to Royal Commission

Areas to be examined in Case Study 24 Preventing, and responding to allegations of, child sexual abuse occurring in out-of-home care

Out-of-home care service providers

Background Information

1. Wesley Mission has its origins in the first Methodist Church formed in Sydney in 1812. The Sydney Methodist Church was restructured in about 1882. From about that time it became known as the Central Methodist Mission (Sydney). The Superintendent of that time, the Reverend W.G. Taylor, and his successors developed a “word and deed ministry” based on Methodist tradition – that is, the Mission’s community welfare services were an integral and inseparable part of the Central Methodist Mission’s Christian Ministry and its strongly evangelistic Methodist interpretation of the Scriptures.
2. Wesley Dalmar Child and Family Care (‘Wesley Dalmar’) is one part of Wesley Mission’s broad range of services provided to the community in New South Wales. Other services provided throughout NSW and across Australia include services relating to employment, persons with disabilities, homeless persons, Lifeforce Suicide Prevention and aged care.
3. The provision of services for children has always been an essential part of the ‘word and deed’ ministry of Wesley Mission. Wesley Mission seeks to provide services for the needy and disadvantaged children in Sydney and other regions in New South Wales, in accordance with its Methodist doctrines, and without discrimination on the basis of race, creed, sex, age or disability.
4. Wesley Dalmar has cared for children for more than 120 years. In 1893, the first home for waifs and strays was opened at Woolloomooloo. This home was specifically for children who lacked parental control and support which was a very severe problem during the Depression in the early 1890’s. In 1900 the Wesley Ladies Committee located an alternative site which would both accommodate infants and provide enough room for children to play. A property of 4 acres was located and purchased in Croydon. The purpose was to establish a farming community removed from the unsavoury influences of the inner city life.
5. During the First World War, Wesley Dalmar found an increasing need to provide periods of respite for families who were finding it difficult to support their children. This resulted in a decrease in the number of adoptions. Children were placed with an adoptive family for a 6 month trial period and by 1923 Dalmar had assisted 400 children. If difficulties arose during or after the trial period the children were taken back



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to Dalmar. In 1923 Dalmar Children's Homes purchased 37 acres at Carlingford including a hospital, kindergarten and various cottages. This acreage provided a dairy and vegetable garden which the children tended alongside Dalmar personnel. Each cottage had a House Mother and housed between 10-12 children.

6. The 1960's saw a change in the type of referrals being received and accepted at Dalmar. This was a time of great social and intellectual change. Referrals were now being received as a result of Court decisions and from Government agencies rather than local congregations. As a result fewer children than in the past were likely to be orphans with increasing numbers of children from broken homes and single parents. In 1967 only 4 of the 130 children in care were orphans.
7. Combined with the increasing demand for assistance, a number of other facilities were opened including Gateway Cottage in 1962 providing crisis accommodation for children. These children coming into care were more likely to have suffered emotional and physical abuse or neglect. Gateway Cottage is still in operation today providing residential care for periods of up to 3 months for children aged 12-15 who are not able to stay at home.
8. Between 1970 and 1985, Governmental and non-Governmental agencies concerned with childcare responded to a need to change the traditional approach to childcare. The institutional or orphanage style of care for children was reduced. Children coming into care were placed in physical conditions which were as natural as possible, that is either into foster families or into small groups in homes in ordinary suburban streets. The numbers staying in these homes were reduced to no more than 6 so that they bore some resemblance to a family situation.
9. In 1977, Wesley Mission, or the Central Methodist Mission as it was then known, became part of the newly formed Uniting Church in Australia and continued its word and deed ministry as a Parish Mission. Today the Uniting Church is the third largest Christian denomination in Australia with about 300,000 members across some 2,800 congregations.
10. In 1982 the name of Dalmar Children's Homes was changed to "Dalmar Child and Family Care".
11. At this time in order to cope with changes in methodology there was an increased employment of social workers who developed case plans for each child. At the same time there was a greater focus on maintaining the families and family restoration by focusing on the cause of family breakdown and addressing the cause. A more concerted effort was made to place children in foster care or adoption rather than entering or remaining in residential care. The move was away from the rescue mentality to a purpose of empowering the family to change. Family Centres in partnership with other



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local churches were developed providing family therapy, family counselling, group work, early intervention strategies and preventative care.

12. In the course of its history Dalmar has assisted more than 20,000 children and young people. The provision of child care has always been an essential part of the “Word and Deed” ministry of Wesley Mission whose essential purpose is to provide care for all the needy and disadvantaged in the City of Sydney without discrimination on the basis of race, creed, sex, age or disability. We have always valued the worth of every individual.
13. Wesley Mission has enormous experience over 120 years in every aspect of child and family care with a long established reputation for care and excellence in the field of childcare. Wesley Dalmar staff have always kept up to date in current trends and recommendations both from Australia and overseas experiences and comply with all current legislative and departmental requirements.
14. Wesley Mission’s current Chief Executive Officer/Superintendent, the Rev Dr Keith Garner, is head of our church and a gifted preacher and minister.
15. In his role as Superintendent and Chief Executive Officer of Wesley Mission he has the responsibility of leading almost 2,000 staff and more than 4,000 volunteers across 130 different centres and well over 1,000 congregation members. Since taking up the role in 2006 Keith has thoroughly immersed himself in the life and work of Wesley Mission, inspiring those who serve alongside him through his passionate teaching and preaching and mobilising others through his role as Chief Executive Officer, social advocate and spokesperson.
16. On 1 July 2014, the community service activities carried on by Wesley Mission commenced operating under an incorporated body known as Wesley Community Services Limited, a company limited by guarantee pursuant to the Corporations Act 2001. This change in our legal status, however, does not affect our relationship with the Uniting Church in Australia and we remain an agency of the Uniting Church.



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Definitions

17. Below is a list of commonly used terms and acronyms in the submission for convenience.

Wesley Dalmar	The Out of Home Care program carried on within New South Wales by Wesley Mission in its corporate entity, Wesley Community Services Limited .
ACWA	Association of Children's Welfare Agencies
CCWT	Centre for Community Welfare Training, a registered training organisation carried on by the Association of Children's Welfare Agencies.
FACS	The NSW Department of Family and Community Services
JIRT	The Joint Investigation Response Team of FACS and the NSW Police.
OOHC	Out of Home Care
RIG	Regional Implementation Groups
Step by Step	The Step by Step Assessment package material developed by the Association of Children's Welfare Agencies. Annexure 4.
Shared Stories Shared Lives	Carer Training resource developed by the Association of Children's Welfare Agencies. Annexures 5a. and 5b.
WWCC	Working with Children Checks
NCHRC	National Criminal History Records Check



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1. RECRUITMENT, ASSESSMENT AND TRAINING OF FOSTER AND KINSHIP 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.**
18. Wesley Mission is committed to ensuring that the safety and wellbeing of the children under our case management in Out of Home Care (OOHC) is paramount.
 19. Wesley Dalmar OOHC is currently responsible for the case management of 650 children in placement in a total of 10 regions throughout the Sydney Metropolitan, Central Coast, Mid and Far North Coast regions of New South Wales.
 20. Traditionally, recruitment of carers occurred predominantly through "word of mouth" and the involvement of the broader community. This is accented by regular promotional campaigns in local newspapers and radio stations as well as other activities such as the use of "shopper docket" and information stalls in shopping centres to raise the public awareness of Wesley Dalmar OOHC. Predominantly, however, Wesley finds that most people are attracted to becoming foster carers because it is the right time for them and so maintaining a prominent public awareness of the work that Wesley Dalmar OOHC does puts us in the forefront of people's minds.
 21. This process has developed over Wesley Dalmar's over 30 years involvement in providing OOHC. In practice, the timeline involved from the initial inquiry through the assessment and training process and the placement of a child with a carer can take up to 9 months. It is vital to all parties that this process not be rushed as Applicants need time to process the training information provided before a final decision can be made as to whether being a foster carer is right for the carer and the agency. We have found that the minimum timeframe to complete the process is approximately 4 months.

Screening of Carers and Other Adults:

- 22 For carers, the screening process begins from the initial phone call, where an initial inquiry form is completed. At this stage, information is provided to the potential applicant about becoming a Foster Carer and what is required in the role. Information is also obtained from the applicant concerning their motivation and initial capacity to become a foster carer within the Wesley Dalmar OOHC program and in consideration of Wesley's overall Noble Purpose, Vision and Values.



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23. The second step of the process is an information exchange session, which further completes this information before formal application to foster care.
24. After the application is received, our process requires obtaining a satisfactory result from Working with Children Checks (**WWCC**) and National Criminal History Record Checks (**NCHRC**) on all adult household members and any extended foster family members who expect to be left caring for the children in placement for any period of time. The purpose of conducting the NCHRC, in addition to the WWCC is to consider risks such as driving under the influence of alcohol or other drugs. While the information being provided through the NCHRC may not automatically exclude the applicant, it will be raised with them throughout the formal assessment process. Two (2) personal references are sought as well as a medical check. This initial process occurs prior to any contact with children or young people. Applications to Care will not be progressed until verified screens have been confirmed. The above process is documented in Wesley Mission's Carer Recruitment, Assessment and Support Policy and its related Prospective Carers Procedure and Carer Support Procedure. Copies of these documents are attached as **Annexures 1, 2 and 3** respectively.
25. Once a satisfactory clearance is provided by all probity checks a full assessment of the carer's application, including housing safety check is conducted. This process is documented through the Association of Children's Welfare Agencies' "Step by Step Assessment" package (Step by Step) a copy of which is attached as **Annexure 4**.
26. For authorised foster carers who are already part of the agency, WWCC are required to be resubmitted every 5 years from the date of the first check and carers are required to produce a current clearance in order to be reauthorised. Housing safety and medical checks are completed at any time that there is a change in the carers' situation (for example: the carer has moved house or suffers from a significant illness).

Staff Screening:

27. All paid and unpaid (volunteers and students) workers submit to provide a full WWCC clearance and NCHRC before being employed or authorised to volunteer with Wesley Dalmar. Advertisements, selection criteria and interview questions all clearly explain that the positions are considered to be "child related employment" and as such require WWCC clearances. This is the case for all staff who are employed in the Wesley Dalmar OOHC programs, regardless of their role within the office. The reason for this is that there is the expectation that, at any time, staff (including admin support) may be required to care (even temporarily) for children, within the office setting, to assist a family. This can be, for example, during case reviews, where children are minded so carers can discuss matters without interruption.



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b. Assessment of carers and staff.

28. The assessment process for carers (Step by Step – **Annexure 4**) includes reference checks from 2 non-related individuals, medical checks, and five to six interviews with the applicants (adults and children) about their motivation to care and their capacity to provide a safe environment.
29. Assessment of staff follows Wesley Mission’s internal human resources processes which include interviews and reference checks. Reference checks include questions about the applicants’ performance in child related employment and are preferably conducted with reference to the applicant’s current employer as well as one or two previous employers.

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

30. Carers are trained using the Shared Stories Shared Lives package which is attached as **Annexures 5a and 5b**.
31. This training includes a component of behaviour management and child protection – signs of abuse and responding to disclosures and is conducted over a total of 26 hours comprising three Saturdays and three evenings. The three 2 hour evening sessions are dedicated to the completion of the behavioural management training which is known as “1, 2, 3 Magic & Emotion Coaching” a copy of which is attached as **Annexure 5c**.
32. The training is delivered by the Carer Recruitment and Support staff and Case Management staff and often involves the participant of birth family members, an existing foster carer or a young person who has experienced care as guest speakers. A participant’s level of engagement, conflict resolution, communication and self-reflection during the training are taken into account in the overall assessment process. Further training information is provided through an additional component highlighting Wesley Dalmar guidelines for foster carers which are published in the Wesley Dalmar Foster Carer Handbook. A copy of Wesley’s Foster Carer Handbook is attached as **Annexure 6**. Authorised carers are expected to continue to learn through flexible training options which are identified with them in annual carer reviews.
33. All OOHC staff are trained in Child Protection and behaviour management which assists in building positive relationships and avoiding abuse through inappropriate behaviour management. In addition, Residential OOHC staff are also trained in Therapeutic Crisis Intervention (TCI). Further ongoing training is available to staff through ACWA / CCWT as identified with their supervisor in their annual Professional Development reviews.



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

34. This refers to Standard 12 of the National Standards for Out-of-Home Care by the Department of Families, Housing, Community Services and Indigenous Affairs: *“Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.”*
35. Wesley Dalmar has one Carer Recruitment and Support Officer based in each of its 9 administration centres and reporting directly to the centre manager. It is their responsibility to ensure that regular reviews of foster carers are completed, individual annual carer support plans are developed and that targeted training is made available to carers as identified in their support plans.
36. The Carer Recruitment and Support Officer role is in addition to “on the job” training, mentoring and support provided to foster carers by the case managers and team leaders who are monitoring and coordinating services for the children placed in their care.

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?

37. With respect to the assessment of authorised foster carers, the Carer Recruitment and Support officers, along with the Centre Managers, are responsible for gathering and evaluating the information obtained from carer reviews. Additional information is gathered for funding and monitoring bodies such as: the number of children placed with their siblings; the number of placement breakdowns; the number of children with current case plans detailing actions taken and dates they were achieved. All of this data evaluates the effectiveness of placements in achieving positive outcomes for children. It therefore also measures the effectiveness of our recruitment, assessment and training of foster carers, in being able to maintain those placements for the children and young people in our programs. This information is then considered and reviewed at all levels of management through centre team meetings, regional management meetings and industry Operations Manager meetings.
38. In terms of staff in residential care, the staffing structure – centre manager and clinical support on site, overseeing the practice of youth workers with young people – monitors the effectiveness of staff recruitment and training on a daily basis. In addition to this, team meetings with youth workers occur fortnightly and cover behaviour management and case planning strategies. New staff undergo probationary reviews and are mentored by an experienced staff member to provide individual direction. All staff in OOHC receive monthly individual review and support meetings with their immediate supervisor.



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

a. Who monitors children in out-of-home care?

39. Children in OOHC are monitored by their allocated case manager, in conjunction with any other service professionals who may be involved with the child. Wesley Dalmar OOHC programs employ Education Consultants, Educational Mentors and Clinical Support staff who may be involved with the child or young person, depending on their needs. A Case Manager's duties include having regular conversations with the children in care and the carer both together and separately and record the Case Manager's observations from these conversations in case notes to record any identified needs and concerns arising out of the placement. This enables the Case Managers to monitor the overall wellbeing of the child in their placement, the level of parenting skills and resources of the carer, and the safety of the child in that environment. Additional monitoring occurs through the completion of a case management plan to ensure that all reasonable steps in providing a supporting environment for the child are being taken and the associated needs, for example counselling support, are being met.

How is monitoring carried out and with what frequency does it occur?

40. It is expected that Case Managers visit the placement within one working day of the child entering the home and weekly and or fortnightly thereafter, gradually reducing the frequency of visits to one per month after about 3 months of placement. It is also expected that case managers facilitate all contact visits between the child and their family when the child is in permanent care, and as many of the visits as possible (at least one per month) for children in temporary care (where the frequency of contact is higher). This allows additional opportunities for the case manager to support and monitor the child alone and with their birth family, hence allowing opportunity for the child and family to express any concerns they might have about the quality of care being provided.
41. Children and young people are provided with a "Coming into Care" booklet (attached at **Annexure 7**) and the FACS Charter of Rights (attached at **Annexure 8**) so that they know what to expect from their case manager, carers, and be informed of their rights and responsibilities.
42. Birth families of children in care are also provided with a "Parent's Information book" (attached at **Annexure 9**) so that they understand who they can contact and what mechanisms are available to raise concerns and complaints.



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

43. As mentioned above, it is a requirement that case managers facilitate all (or as much as possible) family contact visits, including transport to and from the venues. In addition to this, case managers are expected to perform at least monthly home visits, with the capacity to observe the carer / child interactions and talk with the child alone. This provides opportunities for case managers to talk with the child or young person about the quality of care, concerns that the child or young person might have, and self-protective behaviours.
44. The training received by foster carers is designed to equip them with an awareness of what is appropriate behaviour with children and young people. There is a particular focus placed on this aspect through Modules 2, 4 and 6 of the SSSL package at **Annexure 5**.

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?

45. Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 authorises prescribed bodies to exchange of information between services that helps deliver services and supports to promote the safety, welfare and wellbeing of a child or young person.
46. All adults undergo risk assessments before beginning any contact with a child (including supervised contact) so that arrangements can ensure the safety, welfare and wellbeing of every child in care.
47. If a person who already has an ongoing relationship with a child in care becomes the subject of a sexual abuse risk, The Department of Family and Community Services is immediately notified so that continuity of information exchange can be ensured.
48. The Case Managers coordinate all services for a child. This includes organising, in consultation with the authorised carers, formal education enrolment, specialist medical appointments and formal extra-curricular activities as well as other activities beneficial to the child in care, and reviewing the efficacy of the services at annual case reviews.



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- 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?**
49. Yes. Wesley Dalmar OOHC (under the name of Wesley Community Services Limited) is accredited to provide statutory out-of-home care (foster care and residential care to children and young persons aged 12 years and over) supported out-of-home care and voluntary out-of-home care.
50. Funding contract agreements between the Department of Family and Community Services (FACS) and Wesley Dalmar state that the agency must be an accredited agency in order to receive funding and placement of children through FACS. Attached as **Annexure 10** is a copy of Wesley Dalmar's current accreditation as an OOHC Provider.
- e. What mechanisms are there for children in out-of-home care to talk to someone outside the immediate out-of-home care placement?**
51. As mentioned previously, children under the direct case management of Wesley Dalmar OOHC have an allocated case manager and may also be involved with other Wesley Dalmar professionals such as Education or Clinical support staff, Team Leaders, and Centre Managers, depending on their need.
52. All staff (with the exclusion only of Administration support staff) have a basic qualification of a diploma or higher in psychology, social work or social welfare and are trained to talk with children. Children in Wesley Dalmar care are also encouraged to maintain family contact and to build other networks through extra-curricular, educational and / or therapeutic activities. All of these are avenues where children in OOHC can talk to someone outside of the immediate placement.
53. In practice, if a need is identified for a child to receive support externally to the immediate placement, the Case Manager will refer the matter to either the Clinical Support or Education Support staff and the referral will be assessed with the view of matching the child's needs to the required support. If the need cannot be met within the broader Wesley Dalmar context, for example where sexual abuse counselling is required, the Clinician will research for resources best matching the location, availability and the child's needs. When a suitable external resource is identified, the Case Manager, in consultation with the foster carer, discusses this with the child to gauge the level of engagement, benefits for the child to be provided by the service, the timeframes for the provision and the process of reviewing the service provided.



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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?

54. Wesley Mission has a strong commitment to child safety and has adopted a documented policy position of Child Protection and its related guidelines. A copy of these documents is attached as **Annexures 11** and **12**. In particular, we draw attention to the statement within the Policy at Section 2 – Scope which provides as follows:

Wesley Mission employees and volunteers are expected to report information they may have or any allegations of risk of harm or reportable conduct against a child ... regardless of whether or not they are mandatory reporters.

55. In addition to this general Policy statement, staff within the Wesley Dalmar OOHC program have a dedicated industry procedure to respond to allegations of reportable conduct or risk of harm to a child in OOHC. In summary the process employed in any case of a child at risk that becomes known to Wesley Dalmar, a Child Protection Incident report is completed and the “Responding the Allegations of reportable conduct or risk of harm to a child in OOHC” procedure is implemented. Copies of these documents are attached as **Annexures 13** and **14** respectively.

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

56. As provided in the Wesley Mission Child Protection Policy (**Annexure 11**), in any case of an allegation regarding a child in care being made, as a mandatory reporter, staff of Wesley Dalmar OOHC are required to inform the FACS Helpline immediately that they become aware of the concerns.

c. What data is collected of these reports?

57. The data collected upon receipt of a reported allegation comprises of the Child’s name, details of who the allegation is against, the details of the allegation, the Wesley Dalmar Office with responsibility for the child, and the date of the report of the allegation. This information is recorded in the Child Protection Incident report (**Annexure 13**) and the Responding to Allegations of Reportable Conduct or Risk of Harm to a Child in Out of Home Care procedure (**Annexure 14**) is implemented.



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

58. In addition to reporting all allegations to the Department of Community Services as outlined above, information can be exchanged with Department of Education, Police and / or other accredited OOHC agencies upon receipt of Chapter 16A requests.

e. Merits of a consistent national approach.

59. Wesley Mission supports and would welcome a national approach in the Out of Home Care sector. Currently, Wesley Mission's OOHC activities are limited to NSW and Chapter 16A requests issued to those departments will only provide information on events that have occurred within NSW. It is known that perpetrators of sexual abuse can lead itinerant lifestyles to avoid detection and a more consistent national approach would assist information exchange between agencies and between states.

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?

60. If child abuse occurs outside of the agency, as a mandatory reporter staff of Wesley Dalmar OOHC are required to inform the Department of Family and Community Services (FACS) Helpline immediately that they become aware of the concerns. As the allegation relates to a person who does not have parental responsibility the reported concerns may or may not be investigated by JIRT. If the matter was declined by JIRT, FACS and OOHC would consider whether the matter ought to be referred to the local area command of the NSW Police.

61. Wesley Dalmar OOHC will then provide full cooperation and assistance to any services engaged with the child to investigate the report. Wesley Dalmar's role is to support the child in our care throughout the process of investigation and into the future.

62. If an allegation of child sexual abuse occurs within the agency, the basic child protection reporting (as outlined in above) occurs in parallel to processes of reportable conduct. Reportable conduct is when an employee, volunteer or carer of an agency enters into *conduct* with a child or young person that is *reportable* to the NSW Ombudsman. This conduct may be physical, emotional or sexual abuse, neglect, or misconduct.



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63. This process is documented within the procedure attached as Annexure 13, but in summary, the process relating to reportable conduct is to:

- Inform direct management through to General Manager and legal department
- Inform the NSW Ombudsman that a report has been made
- Investigate the report with all relevant people – ensuring procedural fairness and support to all parties
- Determine findings – whether the allegation is sustained, not sustained or not reportable.
- Develop a risk management plan that will be implemented, monitored and reviewed in order to ensure the ongoing safety and support of the child victim and any other children who may be in current or future contact with that employee, volunteer or carer.
- Inform the NSW Ombudsman of the findings and, where appropriate, the Office of the Children’s Guardian (who is responsible for collating information on sustained reports for determining WWCC clearances)

b. What data is collected about these actions?

64. With reference to the above response at 3c. after an allegation is reported, the types of data collected about the response to the allegation include:

- the date of the initial risk assessment completed at the time the allegation was reported to Wesley Mission staff;
- the date of written notification to the alleged offender;
- the dates of interviews with the child in question, the carer and, if different, any other person involved in the allegation;
- the date of the final risk assessment;
- when FACS was notified;
- who the matter was referred to;
- whether the NSW Ombudsman was notified and the date of any such notification;
- the finding from the investigation of the allegation;
- the date of notifying the relevant parties of the outcome of the response to the allegation;
- the development of a Risk Management Plan;
- if any Apprehended Violence Order was sought; and
- Whether the Commission for Children and Young People was notified of the allegation.

65. This data is compiled following the procedure attached as **Annexure 14** and contained in the Child Protection incident report form attached as **Annexure 13**. This process allows for collection of data on number of allegations at program, industry and organisational levels. Reportable conduct data is also collected in order to determine



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the number of reports, the findings and timeframes for response over any period of time or location.

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

66. Wesley Mission is aware of its obligations under Section 35 of the Child Protection (Working with Children) Act 2012 to notify the Office of the Children's Guardian of the results of particular investigations of a child protection nature. These obligations require Wesley to notify the Office of the Children's Guardian if the investigation has found that an employee has engaged in sexual misconduct committed against, with or in the presence of a child or has committed any serious physical assault of a child. Formal communication of the result of investigations also occurs with the NSW Ombudsman with respect to child related employment matters. This process also captures investigations of allegations made against authorised foster carers and volunteers.

d. Merits of a consistent national approach.

67. Wesley Mission would support a consistent National approach in the OOHC sector.

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?

68. The first response to children who have been sexually abused in OOHC is to ensure their safety, welfare and wellbeing. This means that, if the perpetrator is a carer or staff member who is in direct contact with the child, we will secure a safe and supportive environment for the child following the least intrusive intervention wherever possible. If required, this may involve the child moving to another placement.
69. The second response will be to provide support to the child around the abuse, in partnership with investigative teams such as JIRT (Joint Investigative Response Team). In all cases, counselling and specialised sexual abuse services will be offered, but they will be dependent on the suitability of services available in the child's community and the child or young person's readiness to engage in them.



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70. Case management staff (or another person as nominated by the child or young person) are also available to assist children and young people with legal and medical assistance following sexual abuse.
71. Where a child or young person has not been ready to engage in a service after an episode of abuse, services are made available at any time in the future through usual case management strategies.
72. The risk management plan is developed in partnership with any therapeutic and support services / individuals and is then implemented, monitored and reviewed by them in order to ensure a consistent approach in the ongoing safety and support of the child victim and any other children who may be in current or future contact with that employee, volunteer or carer.

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*?**

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

73. Wesley Dalmar OOHC has been actively engaged in consultation with the government sector in developing a NSW Carer Register. This register is specifically designed to contain information from all agency and government OOHC providers about foster care applicants and whether they reach approval status or not. In cases where applicants are not authorised as foster carers, reasons for withdrawal or termination of the process are provided so that agencies are able to more easily share information of a child protection nature.
74. As one of the largest non-government OOHC agencies in NSW, Wesley Dalmar has also been largely involved in industry growth, support and training of staff and carers in all the regions where it operates, through involvement in the Regional Implementation Groups (RIGs) and partnerships with training and support agencies such as Connecting Carers and the Association for Children's Welfare Agencies (ACWA).

6.1: "Raise awareness of child sexual exploitation and abuse, including online exploitation"



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75. One current issue that is being addressed within Wesley Dalmar is raising awareness within our clients and the safety of children in OOHC in relation to their use of social media networks to connect with friends, family and other people who may or may not have been assessed as safe connections. Training is available in the sector through industry training bodies that case management staff and carers are able to attend to assist them in talking with children and young people about protecting themselves from possible online sexual exploitation and abuse.

6.2: "Enhance prevention strategies for child sexual abuse"

76. Wesley Mission is committed to ensuring child and young person safety, welfare and wellbeing. In October 2014 the organisation established a Child Protection Improvement Project. This is a Wesley Mission wide project assessing child protection legislative compliance and child safe practice across every Wesley Mission program (regardless of the program's 'child related' status). The Project has the support and engagement of the CEO and the Board and every program within Wesley Mission is represented on the Project Steering Committee.

77. The brief of this project is to review Wesley Missions core processes and practices with a view to structured and systemic improvement, practice growth and training and development. The project is committed to supporting the development of child safe practice, with a focus on prevention, throughout the organisation.

78. The Project will initially focus on the core areas of:

- Screening;
- Recruitment/Selection/Induction/Orientation;
- Child protection policy and procedures;
- Child protection reporting;
- Child protection training (knowledge and skills development);
- External reporting;
- Record retention and reporting systems;
- Aftercare policies and procedures; and
- The Role of the Principal Officer with respect to Wesley Mission's activities.

79. These core areas will be reviewed in relation to all people involved in Wesley Mission's work including employees, contractors, volunteers, authorised carers and other adult members of their households.



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80. As each of these core areas are explored, improvement plans are implemented with the project continuing to assess and track progress towards the achievement of each goal. This project aims to support a greater level of child safe practice that is integrated into everything that Wesley Mission does.
81. In addition and with specific reference to Wesley Dalmar OOHC, the NSW carer register is designed to enhance agencies' abilities to identify and fully assess the risks posed by carers or applicants who may have been de-authorised or deemed incompetent as carers (due to child sexual abuse or any other reason) and attempted to re-apply with another agency thereafter.
82. Greater agency sharing of information and partnership through the RIGS and joint ownership of RIG strategic plans has also ensured that agencies are better trained and communication is more effective within the OOHC and child protection sector. Wesley Dalmar OOHC has been an active participant in RIGS in all the regions where it operates.

6.4: "Ensure survivors of sexual abuse have access to effective treatment and appropriate support"

83. In terms of adult survivors of sexual abuse, who may return to Wesley Dalmar for support, their inquiries would be directed to the Wesley Dalmar After Care worker. After care support consists of:
- Listening to the story of the ex-resident and being compassionate about any trauma they have suffered
 - Providing them with copies of information contained on their personal file, preserved and archived for them by Wesley Dalmar OOHC.
 - Believing their account and allowing them to record their own version of their story on their personal file.
 - Offering support that is relevant to their needs. This may be financial, psychological, or medical, depending on the person's needs and assistance that they have received in the past.
84. In addition to this, adult former clients who present with an allegation of past abuse have the right to have that allegation investigated, including but not limited to commencing criminal or civil proceedings in the Courts.



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TABLE OF ANNEXURES

Document	Title		Source
Annexure 1	Carer Recruitment, Assessment and Support Policy		Wesley Mission
Annexure 2	Prospective Carers Procedure		Wesley Mission
Annexure 3	Carer Support Procedure		Wesley Mission
Annexure 4	Step by Step Assessment Package comprising 13 sections		ACWA
Annexure 5	a.	Shared Stories Shared Lives Participant's workbook	ACWA
	b.	Shared Stories Shared Lives Leader's Guide	
Annexure 6	Wesley Dalmar Foster Carer Handbook		Wesley Mission
Annexure 7	Coming Into Care booklet		Wesley Mission
Annexure 8	a.	Charter of Rights – 7-12 year olds	FACS
	b.	Charter of Rights – 13-18 year olds	
Annexure 9	Parent's Information book		Wesley Mission
Annexure 10	Wesley Community Services Limited accreditation as a Designated Agency under the Children and Young Persons (Care and Protection) Act 1998		Office of the Children's Guardian
Annexure 11	Child Protection Policy		Wesley Mission
Annexure 12	Child Protection Guidelines		Wesley Mission
Annexure 13	Child protection Incident report/checklist		Wesley Mission
Annexure 14	Responding to Allegations of Reportable Conduct or Risk of Harm to a child in Out of Home Care procedure		Wesley Mission