ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE

CASE STUDY 24

PREVENTING AND RESPONDING TO ALLEGATIONS OF CHILD SEXUAL ABUSE OCCURRING IN OUT OF HOME CARE

RESPONSE OF WESLEY MISSION VICTORIA
TO AREAS TO BE EXAMINED

I. INTRODUCTION

1. Wesley Mission Victoria (***WMV***) welcomes the opportunity to provide information to the Royal Commission in relation to case study 24. WMV fully supports the work of the Commission in relation to out of home care and welcomes the opportunity to improve the out of home care system and the lives of vulnerable children in Victoria. This response has been prepared in answer to the request for information made by the Royal Commission in its letter dated 19 January 2015.

A. *WMV and out of home care*

2. WMV and its predecessor, the Central Methodist Mission, have been providing out of home care services for children for 112 years. During the period 1903 to 1986, out of home care services were primarily provided via the children's home then known as Tally Ho. This institution was established in 1903 as an out of home care institution for boys. From 1977, the institution commenced to provide out of home care for girls.

3. In addition to Tally Ho, WMV also provided out of home care services in Victoria through a range of programs including the Fairfield Memorial Girls' Home, the South Yarra Home and Lincoln House. The Fairfield Memorial Girls' Home and the South Yarra Home provided care to young women (including minors) and their children, including adoption and refuge services. In the case of Lincoln House, accommodation and other services were provided to young men upon discharge from Tally Ho. Tally Ho closed in 1986.

4. At present, out of home care services form part of WMV's Children, Youth and Families portfolio. The Children, Youth and Families portfolio is one of several portfolios under which WMV provides services to the broader community. WMV also provides services under the following portfolios:

   (a) Aged Care (providing a range of services for older people);

   (b) Crisis and Homelessness (supporting people who are homeless or at risk of becoming homeless);

   (c) Disability (planning, residential and respite services for people with disabilities);

   (d) Employment (working with job seekers with disabilities or long term support needs);

   (e) Lifeline Melbourne (telephone crisis services);

   (f) Social Enterprise (employment and training services for people who face barriers in entering mainstream employment).

5. Through the various portfolios identified above, WMV currently provides community services from more than one hundred sites across Victoria. WMV currently employs 820 staff who are full time, part time or casual. Approximately 170 staff are employed in providing out of home care services.

6. WMV also relies on the valuable support of approximately 1,500 volunteers throughout Victoria. Volunteers are of all ages, and come from different cultural backgrounds and professions.

B. ***Out of home care models***

7. Out of home care services refers to the placement of children who are unable to live at home due to significant risk of harm. These services are provided by WMV under the home-based, kinship and residential care models. Under the home-based care model, care is provided by volunteer carers in their own homes. This model includes foster care and adolescent community placements.

8. Under the kinship care model, out of home care is provided by relatives or members of a child or young person's social network. Under the residential care model, out of home care is provided to children and young people in a placement staffed by community service organisations.

C. *Child protection system in Victoria*

9. Out of home care is one part of the child protection system in Victoria. Child protection is administered by the Victoria Department of Health and Human Services (***DH&HS***), specifically the Victorian Child Protection Service (***Child Protection Service***) within a legislative framework provided principally by *The Children, Youth and Families Act 2005* ***(CYF Act)***. Services are targeted to those children and young people at risk of harm or where their families are unable or unwilling to protect them. The main functions of the Child Protection Service are to:

   (a) investigate matters where it is alleged that a child is at risk of harm;

   (b) refer children and families to services that assist in providing the ongoing safety and wellbeing of children;

   (c) take matters before the Children's Court if the child's safety cannot be ensured within the family;

   (d) supervise children on legal orders granted by the Children's Court; and

   (e) provide and fund accommodation services, specialist support services, and adoption and permanent care to children and adolescents in need.

10. Services provided by DH&HS in this portfolio generally fall under three broad areas:

   (a) out of home care – the placement of children who are unable to live at home due to significant risk of harm;

   (b) adoption and permanent care – the raising of children by a family other than the family they were born into; and

(c) youth justice – the statutory supervision of young people in the criminal justice system.

11. The *CYF Act* provides for the registration of community service organisations (***CSO's***) which provide child, family and out of home care services and provides quality standards that must be adhered to by those organisations. WMV, as a CSO, receives funding from DH&HS to provide out of home care pursuant to a service agreement struck between it and DH&HS.

D. *Areas for Future Reform*

12. WMV considers that the key areas for future reform in out of home care should include the following:

(a) providing an expanded range of support to ensure that kinship carers are supported to provide high quality outcomes for children in care;

(b) ensuring that foster care reimbursements align with the true cost of providing support. Governments should support community sector organisations to enable them to recruit, retain and develop the skills of foster carers;

(c) continuing the expansion of therapeutic residential care; and

(d) expanding the range of support provided to young people leaving care, particularly to access education and housing.

II. ISSUE 1 - RECRUITMENT, ASSESSMENT AND TRAINING OF CARERS AND STAFF

13. This part examines the recruitment, assessment and training provided for WMV's carers and staff involved in residential, foster and kinship care.

A. *Screening of carers, staff and household members*

14. WMV screens carers, staff and volunteers who are engaged to assist in the provision of residential (including Lead Tenant) and foster care (including Adolescent Community Placements). WMV is not involved in the initial screening of placements for kinship

care. Kinship care placements are screened by the DH&HS. In 2014, WMV screened 59 new staff, 32 new foster carers and 8 volunteers.

15. The applicable DH&HS policies and procedures are:

    (a) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012);

    (b) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014);

    (c) Template Form entitled '6.2 Personal reference outcomes', contained in the Shared Stories Shared Lives training (Undated);

    (d) DH&HS Engaging Labour Hire Agency Residential Care Staff in Out-of-Home Care Services (August 2012);

    (e) DH&HS Manual for Assessors - Step by Step Victoria (November 2006);

16. The applicable WMV policies are:

    (a) Wesley Mission Victoria Recruitment Procedure (September 2011);

    (b) Wesley Mission Victoria Working with Children Check Procedure (June 2011);

    (c) Wesley Mission Victoria Police Check Procedure (April 2011);

    (d) (used by WMV) Crim Trac National Police Checking Service Application/Consent Form (undated);

    (e) Wesley Mission Victoria Telephone Reference Checklist Form (July 2010);

    (f) Wesley Mission Victoria HBC Carer Transfer Procedure (May 2012);

    (g) Wesley Mission Victoria Volunteer Management Procedure (5 April 2011).

1. *Residential Care and Foster Care*

17. WMV has a number of screening mechanisms in place for all applicants for residential and foster care. All of the screening requirements must be completed and assessed as satisfactory before the applicant commences employment at WMV or commences as a foster carer. The following checks are carried out by WMV:

(a) working with children checks;

(b) criminal records checks;

(c) referee checks;

(d) qualifications checks;

(e) medical checks; and

(f) DH&HS carer register checks.

(a) Working With Children Check

18. All individuals over the age of 18 who have applied to work in paid or voluntary roles with WMV which will involve direct care or contact with children must have a current satisfactory Working with Children Check.[1]

19. The Working with Children Check reviews the criminal history records from Victoria Police, the police of other Australian States and Territories and the Australian Federal Police. It also examines reports from Corrections Victoria, the DH&HS Child Protection Service, the courts, information provided by organisations and other relevant sources. The Working with Children Check reveals information about convictions, guilty pleas, pending charges and other relevant matters relating to serious sexual, violent or drug offences, any offence that presents an unjustifiable risk to the safety of children and offences under the ***Working with Children Act*** 2005 (Vic).

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[1] WMV *Recruitment Procedure* (September 2011); WMV *Working with Children Check Procedure* (June 2011).

20. Applicants for employment with WMV are requested to provide their completed Working with Children Check card to the interview panel. Where a Working with Children Check has not been completed, an applicant for employment must provide evidence they have applied for a Working with Children Check and are awaiting an outcome. The employee will not be formally offered the position until the completed Working with Children Check card has been sighted.

21. The Working with Children Check is valid for a period of five years. Although it is the employee or volunteer's obligation to maintain a valid Working With Children Check, the program has effective systems in place which alert individuals and program managers in advance of the Working With Children Check expiring. Administration officers have a local system which allows them to be alerted at the beginning of each month as to which employees in their region are due to have their Working with Children Check renewed. Program managers are also kept informed on which of their staff are due to renew the Working with Children Check. Employees and volunteers are also required to report in writing to their manager any occasion on which they have been charged with any criminal offence after they have commenced their position with WMV.[2]

(b) National Criminal Records Check

22. All individuals over the age of 18 who work in paid or voluntary roles with WMV involving direct care or contact with children must also complete a current National Criminal Records check.[3] Applicants must supply a minimum of two types of acceptable identification which must include a photo identification, the applicant's current residential address, signature and date of birth. This is then attached to the Crim Trac form that is completed and signed by the applicant. Authorised checking officers within WMV input this information into Crim Trac, a third party provider of criminal history checks. Staff and volunteers are under an ongoing obligation to report any occasions on which they

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2 WMV *Working with Children Check Procedure* (June 2011) at 3.4.

3 WMV *Recruitment Procedure* (September 2011); WMV *Police Check Procedure* (April 2011).

have been charged with a criminal offence and must undergo further criminal history checks every three years.[4]

23. Completing a National Criminal Records check is also a requirement of the DH&HS for individuals who are involved in residential care and home based care, including foster care.[5] In foster care situations, WMV also requires that other members of the household complete a satisfactory National Criminal Records check. This includes spouses or partners of foster carers, children of the carers who are over 18 years old and other persons who regularly stay at the carer's premises overnight.

24. Where a check identifies a conviction recorded against an individual, the WMV Senior Manager, Children, Youth and Family Services and the General Manager, Services assess the outcome and the applicant's suitability to care for children.[6] The General Manager, Services and the General Manager Responsible for Human Resources assess disclosable outcomes and the advice from the program, and then make a determination as to whether to engage the applicant. Factors relevant to the assessment include the nature of the criminal offence and the relationship of the offence to the particular job or placement, the length of time since the offence took place and the severity of punishment imposed.

(c) Referee Reports and Reference Checks

25. Applicants for residential care positions are required to provide two referee reports.

26. All referees are contacted during the interview process. A Team Leader from the interview panel is allocated the task of conducting the referee checks. The Team Leader asks each of the referees questions which are broadly based on the matters listed in Part 3.4 of the *CYF Act* and in Regulation 10 of the *Children, Youth and Families Regulations*

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4 WMV *Police Check Procedure* (April 2011) at 2.2.

5 Department of Health and Human Services *Program Requirements for Home-Based Care in Victoria* (July 2012); Department of Health and Human Services *Program Requirements for Residential Care Services in Victoria - Interim Revised Edition* (April 2014). See also *Child Protection Practice Advice number 1524, Criminal History Checks* www.dhs.vic.gov.au/cpmanual/practice-context/child-protection-program-overview/1524-criminal-records-check.

6 WMV *Police Check Procedure* (April 2011) at 3.5.3.

2007. These can include questions in relation to an applicant's skill, experience and qualifications, their physical and emotional capacity to undertake the work or their capacity to care for and develop a positive relationship with the child in question. A telephone reference checklist form must be completed by the Team Leader as part of this process.

27. In accordance with DH&HS program requirements, contact by the Team Leader is made with the applicant's most recent employer in all cases. Where applicants do not have a current employer, contact is made with the most recent past employer. In the case of new graduates, contact is made with a member of the teaching staff from the institution where the applicant completed their studies.

28. Applicants for foster care roles must submit the contact details of three referees who are unrelated to the applicant. Referees must have witnessed the applicant's interaction with children, have known the applicant for a minimum of two years and still have contact with the applicant. The referees are contacted and are asked to provide information as to whether the applicant has demonstrated relevant competencies in caring for or working with children. Where applicants have previously fostered children in Victoria or interstate, a member of the selection panel must contact the CSO with whom the carer worked.[7]

29. The referee check process for both residential care and foster care is documented in a standard organisational template. The information is also retained on the applicant's personnel file.

(d) Qualifications Check

30. The DH&HS does not prescribe a minimum qualification for Residential Care Workers, noting only that Certificate IV level qualifications are preferred (and preferably Certificate IV in Child, Youth and Family Intervention (Residential and Out of Home Care). Since September 2012, the minimum qualifications required by WMV for new Residential Care Workers is a relevant Certificate IV level qualification. The majority of

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7 The procedure is outlined in the DH&HS Manual for Assessors - Step by Step Victoria (November 2006).

WMV employees involved in residential care hold Certificate IV level qualifications or above.[8] An applicant's Certificate IV qualification is verified by sighting the original or certified copies of the certificate. Applicants for residential care positions are required to provide a copy or the original certificate to the team leader managing the recruitment process prior to the commencement of employment or service with WMV.

(e) Medical Check

31. Applicants for foster care roles are required to undergo a compulsory medical examination conducted by the applicant's general practitioner to determine that the physical and mental health of the applicant is appropriate to the role. WMV also asks foster carers to update staff if medical issues of concern arise after they have commenced the foster carer role.

(f) DH&HS Carer Check

32. A check of the DH&HS carer register is undertaken by WMV administrative staff for all applicants for residential care positions and foster care positions. A check of the register is made to ensure that the applicant has not previously been disqualified from these positions. The register records details such as the date of a carer's approval and the name of the carer's CSO. The outcome of that check is provided to the Team Leader managing the recruitment process.

(g) Screening for Agency Carers in Residential Care

33. WMV utilises the services of agency carers to supplement existing residential care staff. The engagement of agency carers is undertaken in accordance with the DH&HS labour hire service procedures.[9] The procedures set out the requirements of agencies regarding screening and pre-employment checks for individual contract carers. This includes recruitment procedures, contract worker selection criteria, interviews of applicants, referee checks, pre-employment checks, confidentiality, privacy, contract worker training,

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[8] There are currently 114 staff involved in residential care (including case managers, coordinators, managers and residential care workers), 16 of whom do not have Certificate IV qualifications or above.

[9] Department of Health and Human Service *Engaging Labour Hire Agency Residential Care Staff in Out of Home Care Services* (March 2012).

on call access of the agency, ABN, compliance with the law, risk management and insurance.

34. WMV also conducts a check of the DH&HS carer register for all agency contract staff prior to the commencement of their employment.

2. *Kinship Carers*

35. Kinship care placements are initially screened by the DH&HS. WMV is not involved in the initial assessment.

B. ***Assessment of carers and staff.***

36. WMV's primary role in assessment of carers and staff arises in relation to residential and foster care positions. WMV is generally not involved in the initial assessment of kinship carers.

37. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012);

(b) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014).

38. The applicable WMV policies are:

(a) Wesley Mission Victoria Volunteer Rights and Responsibility Statement and Code of Conduct (September 2012);

(b) Wesley Mission Victoria New Foster Carer Three Month Review document (April 2013);

(c) Wesley Mission Victoria Annual Caregiver Review document (January 2010);

(d) Wesley Mission Victoria Volunteer Management Procedure (5 April 2011);

(e) Wesley Mission Victoria Induction and Probation Procedure (September 2012);

(f) Wesley Mission Victoria Supervision Policy & Procedure (September 2012);

(g) Wesley Mission Victoria Performance Development and Review Procedure (February 2012);

(h) Wesley Mission Victoria Code of Conduct (September 2012).

39. Different procedures are followed by WMV depending on whether the candidate has applied for a residential care position or to become a foster carer. The assessment of candidates for residential care positions is made against selection criteria set out in a position description. The assessment of foster care candidates is subject to rigorous screening and involves an assessment conducted by an accreditation panel made up of WMV staff and others. Each of these processes are discussed in more detail below.

1. *Applicants for employment in WMV's out of home care services*

40. The assessment of applicants for Residential Care Worker positions is undertaken by the Program Manager and a Team Leader. An applicant is assessed against key selection criteria which are taken from the position description. Those applicants who fulfil the key selection criteria are short listed for an interview. The number of interviews varies depending on volume of positions available and number of suitable applicants. Interviews are conducted by two WMV out of home care staff. The interviewing staff must be at least at Team Leader level. The interviewing staff may also include the program manager or other WMV human resources staff. The interviewers report to the Regional Manager. The recruitment of an applicant has to be approved by the Regional Manager, Senior Manager and the General Manager.

41. Residential Care Workers who are offered a position with WMV following completion of satisfactory screening requirements and interview are registered on the DH&HS carer register. All applicants for all roles are also subject to a three month probationary period. A further assessment is conducted at the end of the probationary period pursuant to a WMV internal guideline.

2. *Applicants to become Foster Carers*

42. Assessment of applicants to become a foster carer is undertaken in accordance with the WMV Volunteer Management Policy.[10] The policy provides guidelines for advertising and recruitment, interviewing and selection of candidates, induction, training, support and other relevant matters.

43. Applicants to become a foster carer are initially assessed by two WMV staff who make recommendations to an accreditation panel. The decision to approve an applicant is made by the accreditation panel.

44. The WMV staff carrying out the initial assessment of a potential foster carer include the Recruitment, Training and Support Officer and a foster care Case Manager or a Team Leader. The assessment process takes approximately eight hours. It involves two or three interviews in the applicant's home.

45. The DH&HS has developed a mandatory competency based foster care assessment package called "Step by Step" or "Step by Step Aboriginal". WMV assesses the personal suitability, skills and cultural competence of foster care applicants using this mandatory package. Potential carers must participate in comprehensive assessment interviews. At the conclusion of the program, an assessment report is prepared which is presented to the accreditation panel that decides whether to accredit an applicant as a foster carer.

46. In addition, prospective foster carers are required to undertake the Shared Stories Shared Lives Training program (referred to in paragraph 61 below) as part of their assessment. This program is used to assess the suitability of an applicant through the trainers observing the participation and contribution of potential foster carers in the training process, discussion of the eight modules which make up the assessment package, evaluation of the applicant's knowledge and experiences and ability to grasp the contents of each module and use of everyday scenarios of what foster carers go through. Information from the training program is also incorporated into the assessment report presented to the accreditation panel.

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[10] WMV *Volunteer Management Procedure* (5 April 2011).

47. The accreditation panel completes the assessment of the applicant's suitability to provide foster care. The panel is made up of:

    (a) the WMV Regional Manager;

    (b) the WMV Program Manager of Recruitment, Training and Support;

    (c) the WMV Program Manager of Home Based Care;

    (d) a WMV Recruitment, Training and Support Officer;

    (e) the Case Manager or Team Leader who conducted the applicant's initial assessment;

    (f) a DH&HS representative (at present, this is the Placement Coordination Team Leader); and

    (g) a Victorian Aboriginal Child Care Agency representative (if applicable).

48. The criteria used by the accreditation panel for making a decision to approve an applicant as a foster carer mainly focuses on the 4 competencies which are identified in the DH&HS "Step by Step" assessment package. These are:

    (a) demonstrating personal readiness to become a foster carer;

    (b) evidencing that the applicant can work effectively as part of a team;

    (c) evidencing the applicant can promote the positive development of children and young people in foster care; and

    (d) evidencing that the applicant can provide a safe environment that is free of abuse.

49. All relevant documentation collected as part of the assessment process is retained in the carer's file maintained by WMV.

50. Accredited foster carers are required to read and sign a Volunteer Rights and Responsibilities Statement and Code of Conduct.

51. Applicants who achieve accreditation following completion of the screening requirements, interviews and training are registered on the DH&HS carer register.

52. Annual follow up carer assessments are completed for each accredited carer. These are carried out by the Support Services Manager or the Team Leaders. They involve discussing with the carers how the year has gone for them, the rewards and challenges of being a carer and areas of improvement. Annual Home and Environment Checks are also carried out by the Case Managers and/or HBC Recruitment, Training and Support Staff to ensure the home environment meets WMV and the DH&HS requirements.

3. *Assessment of Kinship Carers*

53. As already stated, assessment of kinship carers is undertaken by DH&HS. WMV is not involved in the initial assessment process, but will become involved in subsequent assessments where a child is placed in kinship care with WMV and where kinship carers have applied for permanent care of the child.

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

54. In 2005, the DH&HS established detailed procedures for dealing with allegations of sexual abuse.[11] These procedures were updated by DH&HS in 2014. WMV responds to sexual abuse disclosures from children and young people in accordance with these procedures. The procedures encourage the support and training of staff so as to improve the processes of care.

55. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012);

(b) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014).

56. The applicable WMV policies are:

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[11] Department of Health and Human Services *Responding to Allegations of Physical or Sexual Assault* (August 2005).

(a) Wesley Mission Victoria Learning and Development Procedure (September 2011);

(b) Wesley Mission Victoria Home Based Care Program Reference Manual (January 2010).

1. *Residential Care Workers*

57. Most WMV residential care workers have existing qualifications which include training aimed at identifying signs of abuse and dealing with disclosures made by children. As noted above, the preferred qualification for residential care workers is Certificate IV in Child, Youth and Family Intervention (Residential and Out of Home Care). The learning required as part of this certificate includes recognising indicators of abuse, including sexual abuse, and dealing with disclosures from children and young people.

58. Residential care staff who do not hold the Certificate IV qualifications, do hold other qualifications which have similar competencies or have been subject to further training.

59. All staff are required to complete a one day induction program which relates to organisational and human resource functions with a Program Manager or a Team Leader. Aspects of this program relate to helping manage behaviours associated with trauma and helping young people have a safe environment to heal and recover. In addition to the above, WMV program managers and team leaders have considerable field experience in dealing with incidents of abuse in children and young adults. Learning opportunities for staff occur in supervision sessions and modelling (i.e observational learning) which draw on the experience of program managers and team leaders. WMV also conducts a shadow worker system for new staff in the initial period of employment pairing new workers with experienced workers for training and support.

60. WMV has recognised the need for a more consistent program induction, training and skill development regarding indicators of abuse and responding to disclosure. WMV has engaged with the Children's Protection Society to provide a training package and resources for out of home care staff and carers during 2015. The Children's Protection Society is well known for the training they deliver. It is proposed to implement training

in the areas of responding to child abuse, responding to sexually abusive behaviours and talking to children about safety.

2. *Foster Carers*

61. All applicants to become foster carers with WMV who proceed beyond the screening stage complete the mandatory Shared Stories Shared Lives training program. The program is of approximately 16 hours duration and is facilitated by the WMV Program Manager Recruitment, Training and Support. The program is conducted over two full days. Completion of all modules in the two days is required. The program covers matters such as identifying abuse, background to child sexual abuse, myths and facts about child sexual abuse, behavioural signs of abuse, impact of abuse on children and young people and responding to children and young people who disclose abuse.

62. On completion of the Shared Stories Shared Lives training program, participants should be able to:

(a) identify different forms of abuse, including physical, sexual, emotional abuse and neglect;

(b) understand the impact of abuse on children; and

(c) respond appropriately to a child's disclosure of abuse.

63. As part of the program, participants are given written material reflecting the modules of the training. This includes a specific module on child abuse. At the completion of the training, carers are interviewed by two WMV staff members where case scenarios are put to the participants who are asked for responses. This is a type of informal testing on the materials covered by the course. Subsequently the material covered in the program is reinforced during supervision meetings with the WMV carers.

64. Experienced carers from another CSO or carers who are returning to foster care after a break are required to complete the Shared Stories Shared Lives training program if they have not already done so.

65. Additionally, there is a range of ongoing training provided to foster carers including a workshop with the Centre Against Sexual Assault. That workshop is conducted at least once per year. Carers are also provided with a package of information from the Centre Against Sexual Assault with the number of the Centre's 24 hour helpline.

3. *Kinship Care*

66. Kinship carers have taken part in related training in the past however there is no formal ongoing training for kinship carers at present. WMV run a kinship carer support group on a monthly basis. If particular training and development needs are identified this is arranged through the support group.

D. ***How does WMV determine that National Standard 12 is implemented and monitored?***

67. National Standard 12 provides that carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care. The assessment and training of carers is also included as part of One Department of Health and Human Services standards accreditation. WMV has been informed that it conforms to all standards.

1. *Residential Carers*

68. Initial assessment for residential care workers employed by WMV is conducted as part of the recruitment process and has been described in paragraphs 17 to 34 above. The results are documented and are placed on the relevant employee's human resource file.

69. WMV considers ongoing professional development to be an important part of the workplace environment. Professional development requirements are documented in WMV's Learning and Development Procedures. Broadly speaking, those procedures require the direct supervisor to identify the training needs of staff on at least an annual basis having regard to:

(a) industry guidelines, standards and legislation;

(b) identification of staffing needs through performance and development reviews;

(c) client needs; and

(d) contractual requirements.

70. This process identifies training goals for staff which are documented in each staff member's Performance Development and Review Plan. The goals are reviewed on a regular basis through supervision. This information is provided to the learning development co-ordinator to inform future learning and development activities.

71. Ongoing professional development for WMV residential care staff is conducted in accordance with the state-wide Residential Care Learning and Development Strategy (the ***Learning Strategy***). The Learning Strategy was developed by the Centre for Excellence in Child and Family Welfare. As part of the Learning Strategy, the Centre for Excellence provides a calendar of ongoing professional training which is targeted toward skills and knowledge acquisition that is specific to residential care. The Learning Strategy is central to all ongoing professional development for WMV residential care staff.

72. In addition to ongoing professional development, residential care staff are given support and guidance via professional supervision. For new residential care staff, support is also provided via a shadowing system enabling workers to work alongside and debrief with experienced staff. Every new staff member must complete four shadow shifts before they are offered a regular shift. Existing staff members are required to participate and mentor new staff through this process.

73. Ongoing support and guidance is also provided by professional supervision conducted in accordance with the WMV Supervision Policy. The policy applies to all WMV staff and requires all staff to engage in regular supervision. Professional supervision for residential care workers is conducted daily on the job and in formal one to one sessions which occur on a monthly basis. As part of this process, both employees and supervisors agenda issues for discussion. These include work performance, quality of care issues, emotional responses to the work and review of progress toward the learning goals identified and documented in each staff member's Performance Development and Review Plan. The

purpose of this supervision process is to ensure competent, accountable performance, collaborative resolution of issues and continuing professional development and support.

2. *Foster Carers*

74. Foster carers are supported via telephone contact and support sessions with WMV case managers. As a minimum it is expected phone contact will be made fortnightly and such contact is documented in a case note.

75. Support sessions are conducted on a monthly basis at a minimum which is the frequency of carer supervision required by DH&HS program requirements for home based care in Victoria. However, if possible contact via support sessions occurs more frequently, with the preferred level of contact being at least fortnightly. These sessions focus on how the carers are coping with the children/young people in care, what support is provided by WMV, what self-care they are undertaking, what strategies are working and not working with the foster children and/or young people, and what training the carers require in the future. A record of these discussions is kept on the carer's file.

76. Foster carers receive an annual assessment of their participation in the program and an annual home environment check.

3. *Kinship Carers*

77. Kinship carers have taken part in related training in the past however, at present, there is no formal ongoing training for kinship carers. Training and development needs are identified through the kinship care support group referred to above.

E. *Does WMV have any other mechanism to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?*

78. WMV has two primary mechanisms in place to assess the effectiveness of recruitment, assessment and training of carers and staff. These are regular performance appraisals and regular supervision meetings. Both are conducted in accordance with procedures and policies established by WMV.

79. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Standards Policy (January 2014);

(b) DH&HS Evidence Guide (December 2011);

(c) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012);

(d) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014).

80. The applicable WMV policies are:

(a) Wesley Mission Victoria Quality Framework (June 2011);

(b) Wesley Mission Victoria Quality Policy (September 2012);

(c) Wesley Mission Victoria Risk Management Policy (September 2012);

(d) Wesley Mission Victoria Risk Management Procedure (December 2014);

(e) Wesley Mission Victoria Risk Management Framework (June 2014);

(f) Wesley Mission Victoria Audit & Risk Management Committee Charter (undated);

(g) Wesley Mission Victoria Quality Governance & Social Policy Committee Charter (February 2013).

81. A regular performance appraisal is conducted each year for all paid employees, including residential care workers. The appraisal is conducted in accordance with WMV's Performance Development and Review Policy.[12] The appraisal involves a review meeting held between the supervisor and staff member between July and September each year. The review meeting aims to:

(a) assist employees to understand their role and job accountabilities;

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12 WMV *Performance Development and Review Procedure* (February 2012).

(b) provide employees with coaching and guidance in the performance of their role;

(c) provide employees with the opportunity to discuss any issues they face;

(d) work together with employees to resolve problems and issues faced;

(e) identify and address development needs;

(f) address any performance issue that may exist; and

(g) review the employee's position description.

82. In addition to the review meetings, staff in residential care also participate in regular supervision meetings conducted in accordance with the WMV Supervision Policy. These supervision meetings have been described in more detail above at paragraph 73.

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

83. This part examines the issue of monitoring of children in care.

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

84. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Care and Placement Plan (undated);

(b) DH&HS Charter for Children in Out-of-Home Care (undated) ;

(c) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012);

(d) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014).

85. The applicable WMV policies are:

(a) Wesley Mission Victoria Home Based Care Program Reference Manual (January 2010);

(b) Draft Wesley Mission Victoria policy: WCYFS Caring for Children and Young People at Risk of Sexual Exploitation (not yet implemented);

(c) Draft Wesley Mission Victoria policy: WCYFS Child Safety Policy (not yet implemented);

(d) Draft Wesley Mission Victoria policy: WCYFS Child Safety Procedure (not yet implemented);

(e) Draft Wesley Mission Victoria policy: WCYFS Children with Sexualised Behaviours in Out of Home Care (not yet implemented);

(f) Draft Wesley Mission Victoria policy: WCYFS Keeping Children Safe in Out of Home Care (not yet implemented);

(g) Draft Wesley Mission Victoria policy: WCYFS Sexual Health and Protective Behaviours in Residential Care (not yet implemented);

(h) Draft Wesley Mission Victoria policy: WCYFS Guidelines on Appropriate Physical Contact with Children (not yet implemented).

86. CSOs work in collaboration with DH&HS to develop and implement statutory case plan directions for children in care. Direct monitoring of the safety and wellbeing of children and young people in out of home care is primarily undertaken by carers and case managers in accordance with a Care and Placement Plan. Where issues arise which may pose a risk to the child in placement, these are reported by the carer to the case manager and DH&HS. The issues are resolved depending on the circumstances of the case and the best interests of the child. For the majority of children and young people in residential care, case management responsibility is retained by Department of Health and Human Services but the CSO providing the residential placement manages, actions and reviews day to day care arrangements for children.

87. Specific monitoring arrangements for the safety of the child are developed and reviewed by the Care Team and documented in the child's Care and Placement Plan. The Care Team is made up of the child's case manager, carer parents or family members and other

professionals who have been engaged specifically to work with the child. The Care Team is responsible for the development of the Care and Placement Plan and the subsequent review and monitoring of the Plan. The plan is reviewed 4 weeks after it is initially created, a further review occurs 4 months later and thereafter the plan is reviewed every 6 months.

88. The Care and Placement Plan is intended to set out all aspects of protective concerns for the child. The Plan is developed to identify the child's needs across seven "life areas", namely health, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills. It describes a course of actions and goals appropriate to those needs. Needs are identified arising from the young person's strengths and aspirations as well as those reflecting their problems and difficulties.

89. Residential and home based carers (including foster care and kinship care) have responsibility for monitoring the safety and wellbeing of children in their care on a daily basis, managing behaviour and extreme events in accordance with individual behaviour and crisis management plans[13] and consulting with case managers regarding issues which may arise.

90. Monitoring in accordance with the Care and Placement Plan can, in some situations, encompass monitoring the risk of sexual assault and problem sexual behaviour. It may include the need for strengthened individual supervision, bed checks to ensure the child is safe after bedtime, supervision of bathing, toileting or other specific activities. The frequency of such monitoring arrangements is specific to the identified risks and individual circumstances of each child. These matters are all set out in the Care and Placement Plan.

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[13] Each child or young person must have a Behaviour Management Plan and a Crisis Management Plan. Ideally these are both created before a placement is made, however it may be that a Crisis Management Plan is only developed in response to an incident which has put the child or young person at significant risk.

91. Day to day monitoring of the safety of children and young people in accordance with the Care and Placement Plan is the responsibility of the individual carers. Any significant issues which arise including physical or sexual assaults, behaviour which pose a risk to the child or young person or others in placement, indicators of involvement in sexually exploitative relationships, any extreme or high risk behaviours or any absences from placement are reported immediately by the carer to the Case Manager. The case manager will then follow up with the DH&HS and will manage the issue on a case by case basis, including in accordance with any directions given by the Department.

92. In addition to the above, in those instances where case management responsibilities have been contracted to WMV, case managers in the foster care, residential and kinship care programs aim to visit each placement on a fortnightly basis. The purpose of these visits is to provide support to caregivers and speak with each child or young person in care. Case managers must have direct face to face contact with children or young people in care at least once per month. However, in most instances case managers have additional contacts with individual children dependent on case specific, behavioural and other issues. Case Managers also have frequent contact with carers.

93. Informal observation also occurs as a consequence of the interaction between children or young persons in care and those who visit them with the residential units. Residential units typically have a range of frequent visitors including WMV managers, child protection staff, clinicians and other professionals, and families of children and young people. Whilst not having a formal monitoring role, these individuals are in a position to report issues of concern. WMV out of home care programs encourage effective relationships and frequent communication with DH&HS child protection and placement staff, clinicians and other professionals who assist in monitoring the safety and wellbeing of children and who can inform the case manager of risk or other issues of concern which arise through their contact and interaction. In addition, Residential Team Leaders who supervise residential units visit several times per week.

94. A level of informal monitoring also occurs for children and young people in the school environment. All children and young people in residential care who attend school have

an Individual Education Plan and a Student Support Group in accordance with the Out of Home Care Education Commitment Agreement entered into between the DH&HS and Education and Early Childhood Departments, the Catholic Education Commission and Independent Schools Victoria. The plan and support group enables effective monitoring and reporting of issues regarding the safety and wellbeing of a child which arise in the school setting. The group hold meetings at least twice per year including within a week of the initial enrolment of a child or young person in out of home care. If attendance or behavioural issues arise, then additional student support group meetings will be held. They ensure that school based health and wellbeing staff prioritise support to children and young people in out of home care, facilitate access to appropriate services and programs to support the learning and wellbeing of the child or young person, and identify a teacher or staff member within the school to act as a learning mentor for each child or young person in out of home care.

95. Young people who abscond from out of home care placements frequently gravitate toward the inner Melbourne area. Wesley out of home care programs have an effective working relationship with the DH&HS Streetworks program which attempts to locate, engage and monitor young people who are subject to protective orders and are missing from placement. Where a young person absconds from placement, WMV staff undertake a range of proactive actions to try to locate the child, report the matter to Child Protection and, where appropriate, to Victoria Police.

96. Each Critical Client Incident is reviewed by a senior person within WMV to identify immediate actions to be taken to respond to the child or the young person. In addition, at an organisational level, the WMV Board receives reports on Critical Client Incidents.[14] The reports are provided on a quarterly basis. They include a summary of the type and nature of the incidents, the number of incidents, the classification of the incidents, which program they occurred in, what region they occurred in and their severity. The Board has also established a Quality Governance Committee which is responsible for monitoring

[14] These reports relate to Category 1 and Category 2 type incidents. A Category 1 incident is an incident that has resulted in a serious outcome, such as a client death or severe trauma. A Category 2 incident is one which involves events that threaten the health safety and/or wellbeing of clients or staff.

trends in Critical Client Incidents and complaints. The Committee reports to the board on a quarterly basis. Issues and trends which are detected in these reports are examined and recommendations are made for improvements within WMV.

97. Supervisors review client files and documentation as part of their role to assess practice and make improvements. The Quality, Risk and Compliance team within WMV undertakes audits. Plans are in place for this team to assume responsibility for conducting file audits utilising the DH&HS client file audit tool.[15]

B. ***Practices which WMV has adopted in order to encourage disclosure by children of sexual abuse in out of home care.***

98. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012)

(b) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014)

99. The applicable WMV policies are:

(a) Wesley Mission Victoria 'Have Your Say' Brochure (undated);

(b) Wesley Mission Victoria policy PR-QR-01/01 Privacy, Confidentiality and Use of Client Information (Undated);

(c) Wesley Mission Victoria Compliments, Suggestions and Complaints Policy (September 2014);

(d) Wesley Mission Victoria Compliments, Suggestions and Complaints Procedure (September 2014);

(e) Draft Wesley Mission Victoria policy: WCYFS Caring for Children and Young People at Risk of Sexual Exploitation (not yet implemented);

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[15] Department of Health and Human Services *Staff, Volunteer and Carer File Audit Tool* (October 2014).

(f) Draft Wesley Mission Victoria policy: WCYFS Child Safety Policy (not yet implemented);

(g) Draft Wesley Mission Victoria policy: WCYFS Child Safety Procedure (not yet implemented);

(h) Draft Wesley Mission Victoria policy: WCYFS Children with Sexualised Behaviours in Out of Home Care (not yet implemented);

(i) Draft Wesley Mission Victoria policy: WCYFS Keeping Children Safe in Out of Home Care (not yet implemented);

(j) Draft Wesley Mission Victoria policy: WCYFS Sexual Health and Protective Behaviours in Residential Care (not yet implemented);

(k) Draft Wesley Mission Victoria policy: WCYFS Guidelines on Appropriate Physical Contact with Children (not yet implemented).

100. All children and young people entering a WMV out of home care placement are provided with the Charter for Children in Out of Home Care. The charter sets out the rights of children in out of home care. It provides a clear and simple set of statements of the rights that children and young people can expect to be upheld throughout their time in care as well as explanatory notes about these rights. Significant within the charter is the child's right to '***be safe and feel safe***', the right to '***have a say and be heard***' and the right to '***tell someone if I am unhappy***'.

101. Carers discuss the charter with children so as to highlight the key rights identified in the charter. Carers and case managers assist children to identify trusted adults to whom they can talk if they feel unhappy or unsafe. Carers and managers work to establish a relationship of trust which is the foundation to children feeling safe to disclose.

102. WMV has developed a client handbook (including a graphic easy English edition for children or young people with literacy problems) which outlines the services provided to WMV's clients. The handbook sets out the child or young person's rights including the

right to a safe and secure environment. It also deals with issues of privacy and provides information relating to feedback and complaints.

103. Carers are required to discuss the handbook with the child on entry to the placement. Children and young people are also provided with a '*Have Your Say*' brochure. The purpose of the brochure is to encourage children and young people to speak up about complaints, compliments or suggestions they may have about the service they receive. This brochure also provides additional information regarding providing feedback to external bodies which individuals may contact.

104. Encouraging disclosures also occurs in practice. This is done by taking steps to reduce the barriers to disclosure. WMV takes steps to reduce these barriers by educating children and young people as to what constitutes sexual abuse, how to articulate it and that it is inappropriate. WMV takes steps to ensure that children and young people feel empowered to disclose abuse. This happens by building positive and trusting relationships with carers (kinship and homebased carers), and with key workers (for residential clients).

C. ***What is the mechanism by which other authorities, for example law enforcement, health and schools, exchange information with WMV about the risks of sexual abuse of a child in care?***

105. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Program Requirements for Home-Based Care in Victoria (July 2012);

(b) DH&HS Program Requirements for Residential Care Services in Victoria - Interim Revised Edition (April 2014);

(c) DH&HS: Responding to Allegations of Physical or Sexual Assault (August 2005)

(d) DH&HS: Responding to Allegations of Physical or Sexual Assault (Technical Update 2014);

(e) DH&HS Critical Client Incident Management Instruction (Technical Update 2014);

(f) DH&HS Critical Client Incident Management Summary Guide and Categorisation Table: 2011 (updated December 2012);

(g) DH&HS Critical Client Categorisation Table: 2011 (revised December 2012);

(h) DH&HS Guidelines for Responding to Quality of Care Concerns in Out-of-Home Care (December 2009);

(i) DH&HS Guidelines for Responding to Quality of Care Concerns in Out of Home Care: Information for Out-of-Home Carers (March 2011);

(j) DH&HS Client Incident Reporting Form (2011).

106. The applicable WMV policies are:

(a) Wesley Mission Victoria policy PR-QR-01/01 Privacy, Confidentiality and Use of Client Information (Undated);

(b) Wesley Mission Victoria Incident and Hazard Reporting Policy (September 2012).

107. The exchange of information regarding children and young people between WMV and external agencies is undertaken pursuant to the Wesley policy PR – QR - 01/01 Privacy, Confidentiality and Use of Client Information and the *Health Records Act* 2001 (Vic). Information is exchanged only to the extent necessary for the good care and best interests of the person in care.

108. Information from authorities regarding risk of sexual abuse would in most cases be conveyed by the authority or agency directly to the Case Manager. In some instances, such as in the case of information from schools or a child's student support group, information may be provided to the residential care worker represented on the support group. Where carers receive information regarding risk to children they are required to inform the case manager immediately.

109. The predominant mechanism for the exchange of information with external agencies regarding the risk of sexual abuse of a child in care is the Care Team or Statutory case planning process. As already stated, the Care Team consists of all stakeholders within the child or young person's life. This includes the carer or residential care worker, a DH&HS worker, the Case Manager, a delegate from the young person's school, mental health practitioners, a youth justice worker where relevant, a Victoria Police liaison officer where relevant, family members if appropriate, and medical practitioners where relevant. It is during the Care Team meetings that information is shared across the group to ensure all members are kept well informed.

110. The Care Team has responsibility to plan collaboratively for the day to day care of the child including the identification and management of risk (including risk of sexual abuse). Victoria Police and other external authorities may attend statutory case planning meetings to exchange information and contribute to planning regarding sexual abuse or child exploitation investigations.

111. WMV reports instances and reasonable suspicions of sexual abuse that occur during the period of WMV's care to Victoria Police directly in accordance with the DH&HS requirements and statutory obligations.

D. ***Is there a requirement that WMV as an out of home care provider be accredited, registered or licensed or otherwise subject to conditions about the provision of out of home car? If so, please describe those requirements.***

112. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS Standards Policy (January 2014);

(b) DH&HS Evidence Guide (December 2011);

(c) DH&HS Funding & Service Agreement.

113. The applicable WMV policies are:

(a) Wesley Mission Victoria Quality Framework (June 2011);

(b) Wesley Mission Victoria Quality Policy (September 2012);

(c) Wesley Mission Victoria Risk Management Policy (September 2012);

(d) Wesley Mission Victoria Risk Management Procedure (December 2014);

(e) Wesley Mission Victoria Risk Management Framework (June 2014);

(f) Wesley Mission Victoria Audit & Risk Management Committee Charter (undated);

(g) Wesley Mission Victoria Quality Governance & Social Policy Committee Charter (February 2013).

114. WMV receives funding from the DH&HS. It is registered under the *Disability Act* 2006 (Vic) and the *Children, Youth and Families Act* 2005 (Vic). It must maintain registration under the *Children, Youth and Families Act* 2005 (Vic) in order to receive funding.

115. To maintain registration *Children, Youth and Families Act* 2005 (Vic) WMV must:

(a) undertake an independent review every three years against governance standards approved by the DH&HS. WMV's triennial reviews are conducted against the Quality Improvement Council standards;[16]

(b) undertake a review against the DH&HS standards once every three years with a mid-cycle review;

(c) achieve and maintain accreditation against both sets of standards.

116. WMV is required to comply with the above standards as part of its funding agreement with DH&HS.

117. WMV is currently accredited under both of the standards. Accreditation under the QIC standard was completed by WMV in October 2013. Accreditation under the DH&HS standards was completed in January 2015.

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[16] Quality Improvement Council *QIC Health and Community Services Standards*.

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

118. There is presently no formal WMV program or arrangement for each child or young person to talk to individuals outside the placement. However, as noted earlier, children and young people in out of home care have regular interaction with a range of people who are external to the out of home care placement (see above at 93). Additionally, children and young people in out of home care have a DH&HS or WMV case manager who sees them at least monthly and in many cases more frequently. Dependent upon the assessed risks and associated Care Plan, many children also see clinicians and other professionals from a range of services including child and adolescent mental health, drug and alcohol, and sexual assault on a regular basis. These contacts generally occur in environments external to the placement. The degree to which children feel able to disclose feeling unsafe or actual sexual assault to these individuals is likely to reflect the strength and quality of these relationships.

119. WMV focuses on assisting children and young people in out of home care to participate in activities and build friendships and social relationships in the broader community. WMV considers that these relationships are central to building resilience, self-confidence and self-esteem. Carers and case managers assist and support children and young people to identify sporting, creative and other interests and actively promote opportunities to participate.

120. Children and young people's participation in activities and relationships outside the placement are reviewed as a component of the Care Plan. This focuses on both social presentation, interests, leisure and recreation activities and family and social relationships. Children and young people in care are encouraged to have contact with immediate and extended family if it is appropriate or possible to do so. This contact provides another avenue for children and young people to talk to, and interact with, someone outside the home care placement.

121. WMV also promotes the involvement of children and young people in care in activities and recreational camps conducted by the CREATE Foundation and other similar providers.

IV. ISSUE 3 - SYSTEMS, POLICIES, PRACTICES AND PROCEDURES FOR REPORTING ALLEGATIONS

A. *What are the requirements or practices for reporting allegations of child sexual abuse within WMV?*

122. The applicable Department of Health and Human Services policies and procedures are:

(a) DH&HS: Responding to Allegations of Physical or Sexual Assault (August 2005);

(b) DH&HS: Responding to Allegations of Physical or Sexual Assault (Technical Update 2014);

(c) DH&HS Critical Client Incident Management Instruction (Technical Update 2014);

(d) DH&HS Critical Client Incident Management Summary Guide and Categorisation Table: 2011 (updated December 2012);

(e) DH&HS Critical Client Categorisation Table: 2011 (revised December 2012);

(f) DH&HS Guidelines for Responding to Quality of Care Concerns in Out-of-Home Care (December 2009);

(g) DH&HS Guidelines for Responding to Quality of Care Concerns in Out of Home Care: Information for Out-of-Home Carers (March 2011);

(h) DH&HS Client Incident Reporting Form (2011).

123. The applicable WMV policies are:

(a) Wesley Mission Victoria Home Based Care Program Reference Manual (January 2010);

(b) Wesley Mission Victoria Incident and Hazard Reporting Policy (September 2012);

(c) Wesley Mission Victoria Discipline Procedure (May 2012).

124. The requirements for reporting sexual abuse which have been implemented by WMV are contained in the "*Responding to Allegations of Physical and Sexual Assault*" procedures published by the DH&HS. These procedures were initially published in 2005 and were updated in 2014. The procedures detail the internal reporting requirements where allegations of sexual abuse have been made. They have been followed by WMV out of home care programs since 2005.

125. The procedures contain a set of minimum standards for supporting victims and reporting allegations of physical and sexual assaults to Victoria Police and DH&HS.

126. All client related allegations of physical and sexual abuse are reported to the DH&HS. The reports are made via the Critical Client Incident Reporting system which is operated by the Department. Where the allegation relates to sexual abuse of a child or young person in out of home care, WMV advises the Department of the allegation as soon as possible to ensure the immediate safety issues can be considered and managed.

127. When an allegation of sexual or physical assault is reported to DH&HS, the matter must also be reported to Victoria Police in accordance with the Department's procedures referred to in paragraph 124 above.

128. All allegations of sexual or physical assaults are also recorded in an incident report. The incident report is provided to WMV senior management.[17] WMV compiles a statistical quarterly report which incorporates data from the incident reports which have involved allegations of sexual assault of clients. As noted above, this quarterly report is provided to WMV Board and to Quality Governance subcommittee of the Board. The quarterly report is also reviewed by members of the WMV executive.

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[17] The report is provided to the Program Manager, the Regional Manager, the Senior Manager, the General Manager and the CEO.

129. In late 2014 WMV commenced work on organisation wide procedures for responding to allegations of sexual assault. These procedures will be based on the DH&HS procedures referred to above. WMV anticipates that these organisation wide procedures will be implemented in 2015.

130. WMV is aware of its obligations to report that a sexual offence has occurred pursuant to the provisions of the *Crimes (Protection of Children) Amendment Act* 2014 and complies with these obligations. The requirements imposed by these provisions have been incorporated into the organisation wide procedures due to be implemented by WMV in 2015.

B. ***What are the requirements or practices for reporting allegations of child sexual abuse outside WMV?***

131. In accordance with the procedures identified above, allegations of sexual assault are reported to Victoria Police and DH&HS. Additionally, the allegations are reported to the Centre Against Sexual Assault (***CASA***) if the client consents and the client's next of kin or legal guardian consent, unless the client does not wish their next of kin or guardian to be contacted and this is authorised by the Child Protection Manager.

132. In addition to the "*Responding to Allegations of Physical or Sexual Assault*" procedures referred to above, all allegations of sexual assault of a WMV client by a carer, member of a carers household or a client in the same placement constitute a Quality of Care concern.[18] The WMV Regional Manager, Child, Youth and Family must contact the relevant regional DH&HS Quality of Care Coordinator regarding any allegation of sexual assault of a client.

C. ***What data is collected of these reports?***

133. Information regarding reporting allegations and instances of sexual abuse of a child in out of home care is contained in critical client incident reports and the CRISSP client information system. Data regarding internal and external notifications recorded on

[18] Quality of Care concerns trigger the need to invoke the requirements of the Department of Health and Human Services *Guidelines for Responding to Quality of Care Concerns in Out of Home Care*.

critical client incident reports is entered into the WMV Risk, Quality & Information Management System.

134. Data regarding the following internal notifications is collected:

(a) after hours/on call notified;

(b) Program Manager contacted;

(c) General Manager notified;

(d) Corporate Services Manager notified;

(e) Facility manager notified;

(f) CEO informed.

135. Data regarding the following external notifications is recorded:

(a) insurer contacted;

(b) coroner contacted;

(c) property/fire officer contacted;

(d) case manager/CSO contacted;

(e) emergency Services:

- local CASA support offered;
- police contacted;
- fire brigade contacted;
- ambulance contacted;

(f) the DH&HS:

- after hours contacted;
- Child Protection Service contacted;
- regional worker contacted.

(g) other notifications:

- family contacted;
- general practitioner notified;
- Worksafe Victoria notified.

D. ***With which agencies or authorities does WMV exchange information about these reports?***

136. Information regarding reports of alleged abuse is exchanged with Victoria Police, with the DH&HS and (if the client consents) with CASA.

E. ***Merits of a consistent national approach***

137. WMV fully supports a consistent national approach to reporting allegations of sexual abuse of children and young people.

138. Current statutory reporting requirements differ from state to state on matters such as what constitutes "***abuse***", whether the significance of "***harm***" is considered in determining that an incident is subject to mandatory reporting, whether reasonable suspicions are subject to reporting and which professions are subject to mandatory reporting requirements. Consistency in reporting requirements will allow for consistent national data and understanding of the extent and nature of abuse. This will allow for more targeted government and non-government responses. Additionally, the benefits of a uniform regulatory environment relate to consistency in outcomes for victims, which do not discriminate by State or institution.

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

A. *What does WMV do about each allegation of child sexual abuse of a child in out of home care which is reported to them?*

139. As outlined above all WMV practices relating to responding to allegations of sexual assault are in accordance with the DH&HS procedures (see paragraph 124 above).

B. *What data is collected about these actions?*

140. Data is collected in an incident report, a sample copy of which is included in the annexures. The incident report identifies the fields for which data is collected. Since 2013, this data has been entered into WMV's electronic incident reporting program.

C. *With which agencies or authorities does WMV exchange information about these responses?*

141. As provided above**,** information regarding responses to alleged abuse is exchanged with Victorian Police, with the DH&HS and (with the client's consent) CASA.

D. *Merits of a consistent national approach*

142. WMV fully supports the merits of a national approach as discussed above.

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

A. *What does WMV 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 or after exiting care?*

143. Policies and procedures regarding the provision of support to children who have been sexually abused are contained in the DH&HS procedures referred to in paragraph 124 above. The approach adopted by WMV reflects the requirements of these procedures.

144. Practices which are implemented by WMV carers, case managers and program managers include:

(a) the provision of immediate support;

(b) ensuring immediate and ongoing safety of the child and any other children;

(c) listening to the complaint and providing reassurance and support;

(d) ensuring that the clients specific support needs are addressed including access to communication aides and resources;

(e) informing the client of the next steps in the reporting process and keeping the client informed;

(f) providing information to Victoria Police about the clients support needs and the complaint;

(g) staying with the client;

(h) encouraging and supporting the client to provide consent to the involvement of CASA;

(i) with the client's consent, engaging the family and significant other persons;

(j) supporting the client to identify key support persons;

(k) advocating for the client and ensuring their rights are respected; and

(l) referring and assisting children and young people to engage with appropriate therapeutic and support services.

145. Case managers for children and young people who have been sexually abused in out of home care provide information, assistance and support to complete the requirements for Victims of Crime compensation.

146. Case managers, carers and the Care Team ensure that young people who have been sexually abused in care and are transitioning to independent living have effective counselling or clinical intervention in place and sufficient post care support.

147. WMV is committed in all respects to ensuring children and young people who are survivors of sexual abuse are provided with active support and nurture and have positive

and effective relationships with Child and Adolescent Mental Health Services, crisis management and public health services, regional Centres Against Sexual Assault, alcohol and drug treatment services and a range of relevant youth and family support services.

148. WMV has a claims process in place for addressing claims brought by former residents of institutions conducted by former providers of WMV.

VII. ISSUE 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?*

1. *Outcome 2.2 - Develop new information sharing provisions between Commonwealth agencies, State and Territory agencies and NGOs dealing with vulnerable families.*

149. Information sharing provisions need to be addressed in the regulatory framework and associated policies. WMV is unable to act independently in this area. WMV will participate in any initiatives to respond to this issue. WMV considers it important to develop a national approach to information sharing in relation to vulnerable children.

2. *Outcome 6.1 - Raise awareness of child sexual exploitation and abuse, including online exploitation*

150. Carers, staff and young people in WMV out of home care programs have completed "*Keeping Yourself Safe Online*" training.

151. In 2014 WMV authorised the development of procedures for residential care staff regarding protecting children and young people from sexually exploitative relationships. Draft procedures (*WCYFS Caring for Children and Young People at Risk of Sexual Exploitation*) have been completed and will be implemented in 2015. These procedures will give precise information as to what steps staff and carers need to take to protect children and young people who are at risk of sexual exploitation.

3. *Outcome 6.2 - Enhance prevention strategies for child sexual abuse*

152. In 2014, WMV commissioned the development of an organisational Child Safety Policy and Procedures in accordance with the Creating Safe Environments for Children National Framework.

153. The Child Safety Policy and Procedures are one component of a Child Safety System incorporating enhanced recruitment, screening and selection procedures, increased opportunities for children to participate in decisions which affect their lives, a culture that supports safe disclosures of risk and harm, appropriate guidance regarding physical contact with children, development of a culture which supports safe disclosure by children and appropriate sharing of information with other organisations to ensure the safety of children.

154. The current draft of the Child Safety Policy and Procedures is attached. A desk top review of program specific issues is currently underway to guide the implementation of the policy and the other components listed above.

155. In addition to the Child Safety Policy and Procedures, the following related practice procedures have been developed and will be implemented following the completion of the implementation plan:

(a) WCYFS Children with sexualised behaviour in out of home care;

(b) WCYFS Keeping children safe in out of home care;

(c) WCYFS Sexual health and protective behaviours in residential care; and

(d) WCYFS Guidelines on appropriate physical contact with children.

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

156. Children and young people in out of home care at WMV are subject to statutory case and care planning provisions which are the mechanisms for the identification and selection of appropriate clinical and therapeutic treatment services for survivors of sexual abuse. The forums provide regular review of treatment outcomes and enable the provision of additional resources for children and carers where required.

WESLEY MISSION VICTORIA
13 February, 2015