



Response to the Royal Commission's
*Consultation Paper: Institutional
Responses to Child Sexual Abuse in
Out-of-Home Care*

Prepared by:

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1. INTRODUCTION

- a) Anglicare Diocese of Sydney ('Anglicare Sydney') is the community care arm of the Anglican Diocese of Sydney. Anglicare Sydney operates a wide range of community services and programs across the Sydney Metropolitan and Illawarra regions of NSW; it embodies the Christian commitment to care for all people in need, as comes from Jesus' command to love your neighbour as yourself.¹
- b) Our range of services includes: counselling and family support services; community education for families; youth services; foster care and adoption services; mental health recovery services (PHaMs); disability respite; emergency relief for people in crisis; migrant and refugee services; aged care both through nursing homes and community services; opportunity shops providing low-cost clothing; emergency management services in times of disaster; and chaplains in hospitals, prisons, mental health facilities and juvenile justice institutions.
- c) Anglicare Sydney's child, youth and family support services include two Family Relationship Centres (FRC's) in Nowra and Parramatta; a foster care service; an adoption service for children including those with special needs; adolescent residential care; youth support services. We have been providing foster care and group home care since the 1980's.

1.1 Purpose of this submission

- d) The following submission responds to the *Consultation Paper: Institutional Responses to Child Sexual Abuse in Out-of-Home Care*, released in March 2016 by the Royal Commission into Institutional Responses to Child Sexual Abuse. Anglicare Sydney's submission addresses a range of issues raised for comment by the Royal Commission. The submission generally follows the order of issues as these appear in the Consultation Paper. It draws upon our lengthy experience as a provider of child, youth and family services, including out-of-home care (OOHC).

2. GENERAL OBSERVATIONS

- e) Anglicare Sydney welcomes and generally endorses the findings and directions outlined in the Royal Commission's *Consultation Paper*.
- f) We believe that a national approach is required, with all States adopting those structures, standards and processes that have been found by the Royal Commission to represent best practice in minimising sexual abuse. In this respect we note that the *Consultation Paper* highlights positive aspects of the system in NSW and believe that similar approaches should now be adopted in other States. In NSW there are independent oversight bodies (Office of the Children's Guardian and NSW Ombudsman) and a range of important checking mechanisms including National Police Criminal Record Check, Working with Children Check,

¹ The Gospel of Matthew, chapter 22 verse 39

KiDS database, Carers' Register and legislation governing the sharing of information between relevant agencies. The strengths of these oversight and checking mechanisms are that they are centralised, are sufficiently resourced, are complementary, provide a picture of the history of prospective carers and allow inter-agency cooperation through the sharing of information. This last aspect in particular is important for the swift removal of children in abuse situations.

- g) It is not only important to have the right standards and processes in place but also the resources and commitment to ensure that these are rigorously and consistently applied. Another important feature of the approach used in NSW is the high standards expected of agencies providing OOHC in the areas of caseworker recruitment, training and supervision, the assessment and training of carers, levels of contact between the caseworker and children in placement and protocols for dealing with allegations of sexual abuse. Approaches adopted across all jurisdictions should minimise the likelihood of sexual abuse through the implementation of safeguards along the entire chain of service: agency accreditation and procedures, recruitment of carers and staff, education, training, supervision, monitoring, regular home visiting and checks.
- h) We believe that while a national approach is essential, it needs to be recognised that uniform application of structures, standards and processes across the country will be difficult to achieve without better resourcing. In this respect, the level of Government funding of OOHC, both overall and for individual contracts, needs to take into account the need for OOHC agencies to exercise greater levels of oversight and more thorough management practices and administration in order to minimise the potential for sexual abuse in OOHC. This may be more difficult to achieve within smaller agencies which often have less resources than larger agencies. This issue is further exacerbated for agencies in rural and remote areas which have less access to complementary, specialised services such as *New Street* (NSW Health).

3. RESPONSE TO ISSUES RAISED IN CONSULTATION PAPER

3.1 Child sexual exploitation and child-to-child sexual abuse

- i) Anglicare Sydney notes several areas of inadequacy that the Royal Commission is considering in relation to the prevention of child sexual exploitation and child-to-child sexual abuse in OOHC, particularly in residential care (*Consultation Paper*, p42). We believe that a key to addressing such deficiencies is the recruitment and ongoing training of a high quality OOHC workforce. Apart from being suitably qualified, staff need to be trained to recognise the signs of abuse in children and to respond appropriately to any disclosures of sexual abuse. In NSW, examples of such training include *Child Protection Dynamics* and *Identifying and Responding to the Risk of Harm* provided by the Department of Family and Community Services (FaCS), and *Identifying and Responding to Child Protection Allegations against Employees*, *Handling Serious Child Protection Allegations against Employees* and *Employment Related Child Protection Training* provided by the NSW Ombudsman.

- j) **Addressing barriers to disclosure:** It is noted that the Royal Commission is considering the need to address the barriers to children disclosing sexual exploitation in OOHC (*Consultation Paper*, p42). In the wider society, we note that children now are more likely than in the past to receive information about child sexual abuse through school education, including information about inappropriate touching and protocols for on-line safety. However many parents may be uninformed about these issues; the OOHC system provides a way to at least ensure that carers are better informed. Apart from face-to-face training, on-line e-training should be investigated as an avenue to increase carers' access to training.
- k) A barrier to disclosure among children in OOHC is the sense of guilt or shame associated with previous sexual abuse, which makes children reluctant to make further disclosures to caseworkers or carers. Consequently, neither the carer nor caseworker may be fully informed of the child protection history, thereby preventing therapeutic strategies being put into place from the outset of a placement. Therefore it is critical that the lead department in each State cooperate with OOHC agencies in ensuring a full disclosure of each child's child protection history.
- l) Another opportunity to address barriers to disclosure is through initial health screening. Currently children entering OOHC in NSW are given health screening through Health Pathways. Additional resources should be put into this screening to cover child protection issues, including the opportunity for disclosure and assistance with previous sexual abuse.

3.2 Data limitations

- m) Anglicare Sydney recognises the potential value of the Royal Commission's proposed data model for both research and evaluation, particularly in ensuring that recorded incidents of sexual abuse are distinguishable from other forms of physical abuse and that data is comparable between agencies and across jurisdictions.

3.3 Regulation and oversight

- n) Anglicare Sydney endorses the key elements of a regulatory and oversight system to better respond to child sexual abuse as outlined in the *Consultation Paper* (p59) and agrees that all jurisdictions across Australia should adopt these key elements. The current system in NSW embodies these key elements, including:
- Accreditation of OOHC agencies (Office of the Children's Guardian)
 - Monitoring the response of agencies to suspected cases of abuse (NSW Ombudsman)
 - National Police Criminal Record Checks
 - Working with Children checks (Office of the Children's Guardian)

- KiDS database which details any notifications (NSW Dept of Family and Community Services). The database can be accessed by agencies as part of carer assessments under chapter 17 s248 of the Children and Young Persons (Care and Protection) Act 1998
 - Carers' Register (Office of the Children's Guardian). The register flags reportable conduct investigations and carers who have been de-authorised by an agency.
- o) **Carers' Register:** The Carers' Register has been in place in NSW since 2014. Our experience has been that the Carers' Register has provided improved monitoring and carer accountability. Expectations of carers are also clearer due to explicit screening requirements and code of conduct. Coupled with information sharing protocols for agencies, the Carers' Register is a powerful tool because agencies are no longer dependent upon self-reporting by prospective carers. Flags by an agency on the Carers' Register for substantiated reportable conduct or removal of carer authorisation, enables other agencies to make enquiries with the reporting agency as part of assessment of potential applicants.
- p) It should be noted, however, that systems such as the Carers' Register will only be effective where agencies are prepared to devote additional administration resources to ensure that such a Register is kept up-to-date and comprehensive.
- q) **Visitors' schemes:** The Royal Commission has requested submissions on the usefulness of official visitor's schemes in preventing child sexual abuse. In NSW official community visitors can only visit children in residential OOHC. A strength of the visitors' scheme is that visits are random and unannounced; such an approach encourages consistent application of standards at residential OOHC facilities. Notwithstanding the value of the visitors' scheme in obtaining compliance, Anglicare Sydney believes it is unlikely that the scheme has particular value in detecting child sexual abuse.

3.4 Information sharing

- r) Anglicare Sydney agrees with the findings and directions outlined in the *Consultation Paper* regarding potential improvements to the sharing of information between agencies, with carers and with the children themselves (*Consultation Paper* p78). Furthermore, Anglicare endorses the modelling of nationally consistent arrangements based on Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW).
- s) Importantly, Chapter 16A requires prescribed bodies to provide relevant information on request from other prescribed bodies unless limited exceptions apply, and explicitly prioritises the safety, welfare and wellbeing of children over confidentiality and an individual's right to privacy. Whilst our experience of the operation of Chapter 16A has been generally positive, the lead department may sometimes withhold information where requests for information are not sufficiently specific – yet it can be hard to be more specific where little is known about the child's background. Another issue can be the provision of information from departments and agencies in a timely way. Such delays or lack of

information increases risk to the child (eg. in making decisions about appropriate future contact for the child with various people).

- t) For these reasons, Anglicare Sydney agrees that all jurisdictions need to provide “adequate education and training of those responsible for sharing information. Education and training should promote understanding of, and confidence in, appropriate information sharing to better identify, prevent and respond to child sexual abuse in OOHC contexts.” (*Consultation Paper* p79).
- u) It is important to recognise that the availability of a variety of data sources combined with sharing of information legislation means that more thorough assessment can be carried out of potential placements. Regarding the suitability of carer applicants, National Police Checks uncover instances of criminality and, in NSW, the Carers’ Register flags abuse or carer de-authorisation, while the KiDs database reveals any notifications, pointing to patterns of abuse. Anglicare Sydney’s view is that such triangulation of objective information is essential in the proper screening of prospective carers and should be in all jurisdictions.

3.5 Child safe organisations

- v) Anglicare Sydney agrees with the nine key elements of a child safe organisation, as outlined in the Consultation Paper (pp83-87). We believe that all forms of OOHC should be required to comply with all of the child safe standards and principles and further suggest that these should form part of accreditation.
- w) Adequate funding of the different parts of the system is crucial to the effective working of the whole. As mentioned in our opening comments, it may be more difficult for agencies in rural and remote areas to achieve the improvements foreshadowed in the *Consultation Paper* since they have less access to complementary, specialised providers. By contrast, as an agency based in the Metro West region, Anglicare Sydney’s OOHC service has access to a number of specialised providers including *New Street* (NSW Health), *New Pathways* (Youth Off the Streets), *Alternate Care Clinic* (Redbank, Westmead Hospital) and *Cara House*. Information and specialised training for foster carers and agency staff can be sourced through such providers. However there may be no such providers in other regional and rural areas, where services are fewer and distances greater.
- x) For the system to be effective, it will be important that agencies be adequately funded by Government to deliver the level of oversight, management and administration required to play an effective role. In smaller agencies it needs to be recognised that a lack of support roles may make it more difficult to deliver on all aspects. In larger organisations, additional support roles may exist but the challenge will be to ensure that the whole of organisation is child safe, not simply the OOHC programs. Dedicated resources outside of the day-to-day delivery of services may be needed within organisations to effectively drive “continued practice improvement in child safety” (*Consultation Paper*, p89).

3.6 Prevention of child sexual abuse in OOHC

- y) Anglicare Sydney agrees with the proposal for a national education strategy, targeted to children, carers and practitioners in OOHC (*Consultation Paper*, p98). We endorse the broad content of an education and training framework for all carers and practitioners, as outlined at point 5.
- z) We believe that an important preventative strategy is the better education of foster carers around issues of child sexual abuse. An opportunity for improved education is in the initial training of applicants. In this respect, the resource *Shared Stories, Shared Lives*, which is used by most agencies in NSW, should be updated to include a module on recognising the signs of child sexual abuse and exploitation (eg. monitoring the child's use of social media, grooming behaviour).
- aa) It is unclear the best way in which a national education strategy could be rolled out and we recommend that the Royal Commission give consideration to this issue. Apart from the resources of agencies and government departments, consideration could also be given for the resourcing of a limited educational role by the health screening body which carries out initial health checks (in NSW, this is Health Pathways). Regarding the use of school education as part of such a strategy, schools would be more appropriate as a channel for educational messages for all children, not just those in OOHC.

3.7 A supportive and quality care environment

- bb) Anglicare Sydney recognises the potential value of therapeutic approaches to care and has advocated in a submission to a previous inquiry for better support for transition to independent living for young people aged 18 to 25 years. However as mentioned elsewhere in this submission, access to services in rural and remote areas makes the equitable implementation of a therapeutic model difficult.

4. CONCLUSION

- cc) Anglicare Sydney appreciates the opportunity of participating in the consultation process and trusts that this submission will be of assistance in furthering the work of the Royal Commission.

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