



## **Submission**

# **Royal Commission into Institutional Responses to Child Sexual Abuse in Out of Home Care**

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# Wesley Mission Victoria Submission

## Institutional Responses to Child Sexual Abuse In Out of Home Care

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### Introduction

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Wesley Mission Victoria (Wesley) is part of the Uniting Church in Australia (UCA) and a member of the UnitingCare network. The UnitingCare network is made up of the community service agencies of the Uniting Church in Australia and collectively is one of the largest providers of community services in Australia.

Wesley provides a range of community based services to support and empower vulnerable members of the Victorian community. These services include Children, Youth and Family, Aged Care, Crisis and Homelessness Support Services, Disability Services, Employment Services, Lifeline Melbourne Telephone Crisis Service, and Social Enterprises. We employ over 800 staff, with approximately 170 staff directly employed in providing Out of Home Care Services (OoHC). We also rely on the valuable support of approximately 1,500 volunteers throughout Victoria.

At Wesley we strive for a community where all people can participate with dignity and hope. We advocate for a more just society; for the right of all people to be treated with respect and fairness in an equitable society. Our values of Hope, Compassion and Justice guide us in everything we do.

Wesley and its predecessor, the Central Methodist Mission, have been providing OoHC services for children for 113 years. Presently, OoHC services form part of Wesley's Children, Youth and Families program. On any given day, over 200 vulnerable children are in our care across Victoria. This care is provided in Kinship, Foster and Residential Care settings. We are a partner of the Victorian Government and other care professionals in providing this protection.

As part of the Uniting Church, Wesley follows the UCA's *National Child Safety Policy Framework*, and the UnitingCare (Victoria/Tasmania) *Keeping Children Safe Policy*. We are actively involved in implementing this framework and policy, as it relates to OoHC, through the UnitingCare (Victoria/Tasmania) OoHC Practice Management Group.

Wesley is pleased to contribute to the Royal Commission into Institutional Responses to Child Sexual Abuse ('Royal Commission'). Wesley fully supports the work of the Royal Commission and welcomes the opportunity to play a role in better protecting children and young people from sexual abuse in OoHC and improving the OoHC service system.

This submission has been prepared in response to the Royal Commission's consultation paper, *'Institutional Responses to Child Sexual Abuse in Out of Home Care.'*

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## Child Sexual Exploitation and Child-to-Child Sexual Abuse

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### Child Sexual Exploitation

1. **We have heard that current responses to the sexual exploitation of children in OoHC around Australia are inadequate. We are specifically considering:**
  - **Jurisdictions poor identification of, and reporting of, child exploitation in OoHC.**
  - **The lack of coordinated and cross-sectorial protocols, procedures and responses particularly among OoHC service providers, child protection and the police.**
  - **The lack of preventative measures – for example, strategies when children are missing from placement – and the enforcement of social media policies and education by OoHC, the police and child protection.**
  - **The absence of recording this form of child sexual abuse and the consequential lack of available data to show the incidence and prevalence.**
  - **The need to address the barriers to children disclosing sexual exploitation in OoHC.**

**We seek submissions from the Commonwealth, all State and Territory Governments, all OoHC service providers and other interested stakeholders on these issues, including details of any action or strategies in place to respond to child sexual exploitation in OoHC.**

- Wesley agrees that current responses to the sexual exploitation of children and young people in OoHC are inadequate. This is underpinned by the increased vulnerability of children and young people arising from their experience of abuse, particularly those young people living in Residential Care. It is exacerbated by both the predatory behaviours of perpetrators who increasingly take advantage of the proliferation of electronic devices and social media channels to contact and groom young people, and the lack of available data and information sharing. The lack of evidence based prevention and intervention strategies relevant to new media compounds the issues facing contemporary services.
- Child sexual exploitation needs to be better defined and understood, to aid in its identification, consequent reporting, and the development of meaningful data sets. There is now a broad set of activities that can constitute exploitation, and it is important that this information is captured as part of that definition.
- Co-ordinated protocols, procedures and responses across OoHC service providers, child protection and police are vital in addressing sexual exploitation. Victoria has put significant focus on addressing sexual exploitation and cross sectorial co-ordination and response through the Keeping Children Safe from Sexual Exploitation Strategy .Although there can be improvements in the partnering and information sharing with OoHC providers, Wesley believes that this strategy has much to offer in informing a national approach to this work.
- In addition to the preventative strategies undertaken through the Keeping Children Safe from Sexual Exploitation Strategy, Wesley believes that there should be more investment in other prevention strategies, including social media and education and resources for children and young people. We recognise that children and young people often have a much greater knowledge of information technology and social media than the adults responsible for their care, and that child

exploitation is often facilitated by these means. We would welcome initiatives and practice guidance that helps carers and practitioners keep up-to-date with social media platforms and provide strategies for supervising and managing the use of these platforms.

- While we stress that children should not be responsible for ensuring their own safety, particularly those vulnerable due to living in OoHC, we support the development of education strategies and resources for children and young people about healthy relationships and sexuality, information about sexual exploitation and self-protective behaviours. These strategies and resources will need to attend to the age, developmental ability and culture of the children and young people.
- Since 2015 the Victorian Government has funded active overnight staff in most Residential Care units. Wesley has found that having active staff overnight and funding for an overnight Mobile Support Team has allowed more assertive follow up and outreach for young people who are missing from Residential Care. This has meant a reduction in the number of young people who go missing from placement for extended periods of time. Wesley would welcome further development of strategies to keep young people safe when they are away from placement including the innovative use of technology.
- Data that provides information on the prevalence and nature of sexual exploitation is critical to inform evidence based and targeted prevention and intervention strategies. If data is to be reliably reported, it is critical that staff and carers receive training on recognising and responding to child exploitation. In particular, Kinship Carers need more training and support.
- Wesley has provided staff with training to identify and respond to child sexual abuse, including sexual exploitation, and will provide the same training to carers later in 2016. We recognise that further training and support needs to be provided to strengthen understanding and response to child sexual exploitation, including supporting children to make disclosures.

### **Child-to-Child Sexual Abuse**

- 2. We have heard that more needs to be done to better protect children from, and respond to issues of, child-to-child sexual abuse in OoHC. We are specifically considering:**
  - **The shortage of Home Based Care for children with sexually harmful behaviours and the inappropriate matching of these children with other vulnerable children in Residential and Home Based Care.**
  - **The lack of nationally consistent identification and terminology in relation to child-to-child sexual abuse in OoHC and the resulting impacts on data collection and knowledge.**
  - **The lack of adequate and sufficient treatment responses for children across Australia who display sexually harmful behaviours.**
  - **The lack of policies, procedures and/or best practice guidance for preventing and responding to child-to-child sexual abuse in OoHC.**
  - **The lack of adequate nationally consistent accreditation and professional development training for counsellors working in this field.**
  - **The lack of expert advice and assistance for foster carers and kinship/relative carers**
  - **Carers being given insufficient information about the child's background.**

**We seek submissions from the Commonwealth, all State and Territory Governments, OoHC service providers, carers and other interested stakeholders on these issues, including details of any action or strategies in place to respond to child-to-child sexual abuse in OoHC.**

- Child-to-child sexual abuse or sexually harmful behaviours in OoHC presents a complex challenge, as both perpetrator and victim have experienced abuse, are vulnerable and needing of care, support and intervention.
- We note that the paper has adopted the term sexually harmful behaviours. We agree that this suggested terminology is less stigmatising than the term 'child-to-child sexual abuse.' However, this term could apply to a range of behaviours of varying severity and it is important that this detail is not lost by using a single description. There is a need for greater consistency in the terms used to describe the discrete behaviours which are sexually harmful. We agree that there should be nationally consistent identification, terminology and reporting of abuse which would assist in understanding the nature and prevalence of these behaviours and would allow for targeted treatment options.
- Wesley has developed policies and procedures which address preventing, identifying and responding to child sexual abuse in OoHC, including sexually harmful behaviours. The development of national policies, procedures and evidence based practice guidance drawing on best practice from across Australia that could be adapted to suit the needs of local agencies would be an important initiative in promoting improved practice and addressing sexually harmful behaviours.
- Our capacity to appropriately assess and find suitable placements that minimise risk for children is significantly constrained by the high levels of demand in the OoHC service system, the crisis nature of placements, lack of available placements in Home Based Care and inadequate provision of background information.
- Wesley supports the Victorian Governments position to reduce the reliance upon four bed residential units and strongly argues for more service provider discretion in client matching.
- Wesley believes that there needs to be an increase in placements in all forms of OoHC with therapeutic support and more robust approaches to assessment, information sharing and placement matching to reduce the incidence of sexually harmful behaviours.
- There needs to be an urgent and significant increase in the number of therapeutic placements, that is, placements supported by a therapeutic specialist, available to children within Home Based and Residential Care to minimise the risk of children with sexually harmful behaviours harming other children.
- Wesley has therapeutic specialists supporting some of our residential services. Of particular concern is the current lack of funding for therapeutic specialists to work with children and carers within Foster Care and Kinship Care. Therapeutic intervention with children and young people at the earliest opportunity provides the best chance of addressing sexually harmful behaviours, supporting the child or young person and the carer and reducing placement breakdown.

- There also needs to be an increase in both trained therapeutic specialists and evidence based treatment programs that are available for children and young people with sexually harmful behaviours. Whilst Victoria is well placed in comparison to other jurisdictions, there is not enough availability in this specialist area to meet demand, particularly for children and young people in regional and rural areas.
- The ability for more Foster and Kinship/Relative Carers to access expert advice about responding to sexually harmful behaviours, would be a significant development, however carers also need training and information prior to or very early in a placement so they can recognise these behaviours.
- In Victoria, prior to a child being placed, Foster Carers are required to complete the *'Shared Stories Shared Lives'* training program which includes identifying child abuse, myths and facts about child abuse, behavioural signs of abuse, impact of abuse on children and young people and responding to children and young people who disclose abuse. There is scope to provide more information about sexually harmful behaviours in this program.
- There is currently no requirement for Kinship/Relative Carers to complete the same or similar training. It should be a requirement that Kinship/Relative Carers receive training and information about child sexual abuse during the placement establishment phase. This information should be culturally sensitive, available in various languages and could be provided in a range of different formats for example short DVD, online etc.
- To enable appropriate placement, it is critical that OoHC providers and carers be given full background information about children and young people, including those that have suffered sexual abuse and/or at risk of sexually harmful behaviours. The lack of this information is often as a result of the pressure on child protection and/or the lack of systems to effectively share information across child protection and OoHC providers. This background information is a critical enabler to robust assessment, good placement decisions and the consequent safety of children and young people.

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## Data Limitations

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### Improving the Quality of Data on Child Sexual Abuse in OoHC

**We seek your views on whether there should be a nationally consistent approach to the collection of data, including agreement on key terms and definitions across jurisdictions, in relation to child sexual abuse in OoHC.**

**Following what we have been told, we are considering that the data model proposed below would improve the understanding of the extent and nature of child abuse in OoHC. The proposed data model would enable an informed analysis to develop an evidence base about the safety of children from sexual abuse and the performance of the system in responding to abuse.**

## Proposed data model

1. All allegations of sexual abuse concerning children and all forms of OoHC should be extractable as a unit record data file with a unique identifier for each child.
2. For each allegation of sexual abuse, data should be recorded in fixed-response fields that describe:
  - The date of the incident
  - The date of the report
  - The location where the incident took place
  - The relationship of the perpetrator to the victim
3. Each allegation should include demographic descriptors for the child and perpetrator, including:
  - Disability (including the type of impairment)
  - Mental health
  - Aboriginal or Torres Strait Islander background
  - Culturally or linguistically diverse background
4. Data should be disaggregated by placement type.
5. Data should be used to monitor treatment and support provided, and life outcomes.
6. Data should include police report, and outcomes of criminal and civil justice responses.

**We seek submissions from the Commonwealth, all State and Territory Governments, OoHC providers and interested stakeholders on the proposed data model above.**

- The lack of accurate, comprehensive and integrated data about the nature and incidence of sexual abuse in OoHC, limits the sector's ability to understand the prevalence of abuse, the profile of children and young people, the profile of perpetrators, the nature and outcome of child protection, agency, police and court actions and to target and evaluate interventions.
- Wesley would welcome the development of the proposed data model, however, believes there needs to be nationally agreed terminology, definitions and data sets. This data model would increase both knowledge and the capacity to target interventions. Wesley maintains its own incident database, which captures some of the data in the proposed model. This enables us to conduct a degree of analysis about the abuse of children in out of home care; however, this is limited by the minimal demographic information about the child or young person on the incident record and limited information about the perpetrator. Whilst information about the perpetrator is not always known if abuse occurred outside of the placement, through training and support staff in residential care have become more skilled in supporting disclosures and observing and noting details about perpetrators. The level of detail about perpetrators, for example disability and mental health, may not be available.
- In Victoria, state funded agencies are required to report to the Department of Health and Human Services (DHHS), within a prescribed timeframe, incidents of a critical or serious nature, which includes sexual abuse. DHHS also requires OoHC providers to undertake 'Quality of Care Reviews'

when the care of a child has fallen below acceptable levels. These two reporting processes have the potential to provide significant information about reported child sexual abuse in OoHC, yet to date there has been no public reporting of this data.

- As children and young people often disclose abuse after leaving OoHC, it is important to have a mechanism whereby this information can be captured and form part of the data collection, reporting and analysis.
- Trusting relationships between children and young people and their workers are critical to supporting disclosures. It is important that the time spent on data collection and reporting is balanced with the greater need for more direct contact with children and young people. The proposed data model should not be in addition to existing data collection and reporting but rather should build on or replace existing data models.
- Along with a consistent data model for collection and reporting, there must appropriate mechanisms for benchmarking comparative data and sharing data at local, state and national levels.

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## **Regulation and Oversight**

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### **Improving Regulation and Oversight to Better Prevent and Respond to Child Sexual Abuse in OoHC**

The regulation and oversight of each jurisdiction's OoHC system differs, although there are some common features. Uniform OoHC regulation and oversight across all jurisdictions may not be achievable, or necessarily appropriate, at this time. However, we are considering whether the safety of children in OoHC would be advanced by greater consistency in some areas of regulation and oversight. Regulation and oversight of OoHC in each jurisdiction could include:

**1. Accreditation of OoHC providers, whereby:**

- All OoHC providers - both government and non-government – are required to be accredited to a minimum, nationally consistent standard (for example the National Standards for OoHC or equivalent).
- In each jurisdiction, a body independent of the relevant jurisdictions lead department has responsibility for assessing and granting applications for accreditation.
- The accreditation body retains ongoing responsibility for monitoring accredited providers' continued compliance with conditions and standards of accreditation.
- Authorisation of carers, whereby:
  - All carers are assessed and authorised according to minimum, nationally consistent standard (including satisfactory probity checks for carers and household members over the age of 16 years, and comprehensive criminal background checks and Working with Children Check (WWCC).
  - All carers are assessed on a regular basis. The reassessment process would include an opportunity for the child/children in care to provide carer feedback about their placement.

**2. Oversight of the OoHC system, with:**

- Core oversight functions conducted by a body external to, and independent of the lead department and service providers.

**We are also considering whether the following regulatory and oversight mechanisms may enhance the protection of children in OoHC.**

- 3. Independent oversight of complaints handling conducted by a body independent of the lead department and all service providers. That is 'a reportable conduct scheme' in each jurisdiction.**
- 4. A Carers' Register in each jurisdiction, containing relevant information about all applicant and authorised carers, accessible by all jurisdictions' accredited OoHC service providers and appropriate regulatory and oversight bodies.**

**We seek submissions from all interested parties, in particular OoHC service providers and regulatory and oversight bodies, on these issues.**

- Wesley supports the accreditation of all OoHC providers, including government providers and permanent care providers to nationally consistent standards. These standards need to be detailed and robust to ensure they are effective in supporting the safety of children in OoHC. The current National Standards for OoHC are broad in scope. In Victoria, mandatory child safety standards have also been introduced to promote the safety of children. These standards applied to OoHC providers from 1 January 2016.
- Wesley agrees that there should be an independent body in each State and Territory which is adequately resourced to monitor compliance against the standards and assess and grant applications for accreditation. The current situation where government departments have the roles of service provider, funder and regulator gives rise to conflict of interest and does not most effectively promote the best interests and safety of children and young people.
- In Victoria, in order to maintain registration under the *Children, Youth and Families Act (2005)* OoHC providers have to maintain compliance with DHHS Services Standards, as well as governance standards approved by DHHS, as assessed tri-annually by a DHHS approved accreditation body. These standards also allow for accreditation to provide a number of other services. OoHC agencies also need to comply with the recently introduced child safety standards. Whilst it is critically important to maintain the integrity of standards and the independence of compliance and accreditation, work will need to be undertaken in each jurisdiction to ensure that processes for assessing, monitoring compliance and meeting accreditation requirements are as much as possible integrated and streamlined to avoid duplication.
- Wesley supports the assessment and authorisation of carers to nationally consistent standards. In the case of Kinship Care, being mindful of the particular nature of this carer group and care arrangement, the increasing complexity in statutory Kinship arrangements, and the growth in these placements, we support the development of kin-specific models of screening, assessment and authorisation, including WWCC. Victoria has a dedicated Kinship assessment and support model and this model is currently being evaluated.
- Wesley currently reassesses Foster Carers suitability on an annual basis, with new Foster Carers also undergoing a review after a three month period. Children are given the opportunity to be involved in this process and provide feedback about their placement. Wesley believes that annual

reassessment coupled with regular support and supervision is appropriate for both Foster and Kinship Care and supports the safety of children.

- A Carer Register exists in Victoria for Residential Care workers and Foster Carers, however, this is limited in scope primarily focusing on whether a carer is disqualified. Wesley supports the establishment of nationally consistent Carer Register in each jurisdiction. The New South Wales (NSW) Carer Register as described in the paper provides the most comprehensive model for this. The information on Carer Registers should be able to be shared within and across jurisdictions to accredited agencies to ensure that carers that pose risks to children and young people are identified within and across jurisdictions.
- In Victoria OoHC providers are monitored for compliance by DHHS, through accreditation processes and monitoring by personnel at the regional level, for Residential Care there is also monitoring at the central level through spot audits and reporting undertaken by the Performance and Reporting Unit. The Commission for Children and Young People also provides oversight mechanisms to the OoHC system and is currently piloting an independent visitors program for Residential Care services in Southern Division. The operation of multiple oversight bodies which lack a clear framework and have overlapping responsibilities creates some confusion, duplication and does not ensure resources are used most effectively to address the risk of child sexual abuse.
- The Victorian Government is also currently considering monitoring and enforcement mechanisms to enhance compliance with the Child Safety Standards through the Commission for Children and Young People.
- Wesley believes that it is critical for OoHC providers, including government, to be subject to external scrutiny to ensure the safety of children, appropriate decision making and continuous improvement. As outlined earlier, Wesley supports an independent body which is appropriately resourced to conduct oversight functions. We also support a Commissioner for Aboriginal Children and Young People. This Commission, which has been in place in Victoria since mid-2013, is having a positive impact in improving responses to and support for Aboriginal Children and Young People in OoHC.
- In relation to independent oversight of complaints handling, that is, reportable conduct schemes, Wesley supports the establishment of a reportable conduct scheme in each jurisdiction. The Victorian Government has announced that it will introduce a reportable conduct scheme to be administered by the Commission for Children and Young People. The work is currently progressing to develop this scheme.
- In relation to independent visitors' schemes, we note that the Royal Commission has not received compelling evidence to suggest that children are more likely to disclose sexual abuse to an official visitor than their worker. We support the view that in relation to preventing and identifying sexual abuse, investment in more workers to increase direct contact with children and young people and capacity to build trusting relationships and in training to increase their skills would provide better safeguards for children and young people.
- Independent visitors' schemes may provide other benefits to children, young people and out of home care providers and we await the outcomes of the current evaluation of the pilot independent visitor scheme in Victoria.

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## Information Sharing

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Potential improvements to information sharing to better protect children in OoHC.  
Information sharing in OoHC contexts may be improved as outlined below:

1. Institutions sharing of information related to child sexual abuse with children in OoHC could be strengthened to:
  - Better inform children about sexual abuse, especially where they have been or may be directly affected by such abuse.
  - Better promote children's participation in decision making that effects them.
2. Institutions' information sharing of information related to child sexual abuse with carers could be strengthened to better assist carers in:
  - Making informed decisions to accept placements
  - Supporting placement stability
  - Providing appropriate care for children who have been sexually abused and for children with sexually harmful behaviours
  - Managing risks to children placed in their care and risks to other children in their household.
3. All jurisdictions could have in place nationally consistent arrangements for intra-jurisdictional and inter-jurisdictional exchange of information related to the safety and wellbeing of children, including information related to child sexual abuse in OoHC contexts.
4. In particular, these arrangements could:
  - Enable direct exchange of relevant information between a range of prescribed bodies, including service providers, government and non-government agencies, law enforcement agencies and regulatory/oversight bodies, involved in the lives of children in care.
  - Enable prescribed bodies to provide relevant information to other prescribed bodies without a request, for purposes related to identifying, preventing and responding to child sexual abuse in OoHC contexts.
  - Compel prescribed bodies to share relevant information on request from other prescribed bodies, for purposes related to identifying, preventing and responding to child sexual abuse in OoHC contexts.
  - Explicitly prioritise safety and wellbeing of children over confidentiality and privacy.
5. All jurisdictions and prescribed bodies subject to information sharing arrangements, as proposed at 3 above, could work together to ensure implementation is supported with 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 abuse in OoHC contexts.

We seek submissions on these issues, and on the changes to legislation, policy and practice that may be required to give effect to such improvements. In relation to 3 above, we also seek submissions on the appropriate range of prescribed bodies that should be subject to such arrangements, the

**appropriate range of exceptions to information sharing obligations, and the challenges jurisdictions may face in implementing these arrangements.**

- OoHC service providers including government have further work to do in providing information to children and young people about sexual abuse, especially where they have been directly affected and in involving them in the decision making in an appropriate and timely manner. The development of policies, procedures and evidence based practice guidance co-designed with young people and peak bodies for young people, along with training and the involvement of a therapeutic specialist where appropriate, will promote more effective information sharing with children.
- As outlined earlier in our submission, Wesley holds the view that comprehensive background information about children and young people must be provided to OoHC providers and carers in a timely manner. This is a critical factor in assessment and placement matching, in carers making an informed choice about accepting placements, in keeping children safe in placement and in providing care and effective support for children and young people who have been sexually abused and/or with sexually harmful behaviours.
- We support nationally consistent arrangements for sharing information within and across jurisdictions to identify, prevent and respond to child sexual abuse. This will better enable the safety of children and allow for more appropriately targeted therapeutic interventions. It will also reduce the need for children to re-tell their stories.
- Whilst provisions exist in Victoria between child protection and OoHC providers for sharing information about children and young people, our experience has been that information is not always disclosed or is not disclosed in a timely manner. Whilst Chapter 16A of the *Children and Young Person (Care and Protection) Act 1998* (NSW) offers a more comprehensive information sharing arrangement that could be replicated in other jurisdictions, there remains issues in this model related to the manner and timeliness in which information is shared. Nationally consistent arrangements for information sharing will need to include timelines for information sharing, the method of information sharing and consideration of when it is not appropriate to share information.
- Wesley also observes the risk of unintended consequences in expanded regulatory obligations. The core role of OoHC settings are to provide normalised, child friendly adult care and support for children and young people. The desirability of regulatory obligation that, however well intended, may adversely impact on the adult-child relationship must be carefully weighed.
- Wesley believes that the complexity of privacy legislation and its application still creates some confusion in the sector, even where legislation exists that allows for information sharing to protect children. This needs to be considered along with the complexities in balancing a child's right to privacy and confidentiality and their right to safety. Nationally consistent arrangements, practice guidance and training will be critical in supporting the workforce to have a clear understanding of their obligations and in managing information sharing so that the best interests of children are served.

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## Child Safe Organisations

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### Applying the Child Safe Elements to the OoHC Sector

We seek your views on the opportunities to improve the approach to child safety in OoHC, including opportunities to ensure that the nine elements outlined in this chapter are embedded in OoHC organisations. To assist in consideration of these issues, we welcome submissions in relation to:

1. The roles, accountabilities and interdependencies of different parts of the OoHC system (such as government agencies, non-government organisations and carers) in delivering and overseeing the key elements of the child safe organisation.
2. The application of these elements in the OoHC system, and whether they should be binding or non-binding.
3. Whether all forms of OoHC should be requested to comply with all the child safe standards and principles.
4. The regulatory, oversight, monitoring and implementation support mechanisms that might be required to support implementation of child safe standards in OoHC.
5. Whether there are specific challenges/considerations for the OoHC sector and/or particularly vulnerable groups within the OoHC setting when it comes to implementing child safe standards.
6. Resources and support mechanisms that might be required for OoHC organisations to comply with the child safe standards.
7. The best ways to drive continued practice improvement in child safety among relevant organisations within the OoHC sector.
8. Any other relevant matters

We seek submissions from the Commonwealth, all States and Territories, OoHC service providers and other interested stakeholders regarding the application of the nine child safe organisational elements as articulated above.

- The Uniting Church of Australia, the Uniting Care Network and Wesley are strongly committed to ensuring that our organisations and services are child safe.
- As part of the Uniting Church, Wesley follows the UCA's *National Child Safety Policy Framework*, and the UnitingCare (Victoria/Tasmania) *Keeping Children Safe Policy*. We are actively involved in implementing this framework and policy, as it relates to OoHC, through the UnitingCare (Victoria/Tasmania) OoHC Practice Management Group.
- In line with the Child Safety Standards in Victoria and the UC policies outlined above, Wesley has developed a child safety policy and procedures to guide the work of our organisation in keeping children safe.

- Wesley is currently implementing and embedding the standards, policies and procedures across our organisation. We commissioned an external audit to identify areas of improvement across the child safety standards. We have an internal governance arrangement with senior membership from across the organisation to lead and implement the standards and drive on areas for improvement. We have also commissioned expert external trainers, the Children's Protection Society to develop a training package in relation to the prevention, response and reporting of child sexual abuse. Training has been delivered to approximately 200 staff and further training for staff and carers will be delivered in 2016. We will continue to build our capacity to ensure child safety. We will have a particular focus going forward on ensuring we are engaging children and young people in this work.
- Wesley believes that the combination of broad national OoHC standards and state based standards, legislation and regulation has not adequately protected children from sexual abuse.
- Wesley supports the development and application of Child Safe Standards which includes the nine elements identified by the Royal Commission. These elements are consistent with both the Victorian Child Safe Standards and the Uniting Church National Child Safety Policy Framework. There is, however, one element of the Victorian Child Safe Standards that we would like to see strengthened in the proposed elements by the Royal Commission, that is, the requirement that as part of each standard, organisations promote the cultural safety of Aboriginal children and children from culturally and/or linguistically diverse backgrounds, as well as promote the safety of children with a disability.
- Wesley believes that to maximise child safety, child safe standards and the underpinning principles should be mandatory and binding for OoHC providers as is the current situation in Victoria.
- All forms of OoHC should be required to comply with the standards, noting that the particular nature of Kinship Care will require a more considered, flexible and supportive approach in the implementation of the standards.
- There will need to be work undertaken to clearly delineate the roles and accountability of government, non government organisations and carers in delivering the key elements of the Child Safe Standards. The Commission for Children and Young People in Victoria has an educative and capacity building role in supporting organisations to achieve compliance with Child Safe Standards. The Victorian Government is currently considering the role of the Commission for Children and Young People in monitoring and enforcement mechanisms to enhance compliance.
- All OoHC providers, particularly small organisations, will need some level of support to comply with Child Safe Standards. This will range from the provision of practice resources, communication materials and training through to resourcing and/or financial support.
- The Child Safe Standards could be used to drive continuous improvement across the OoHC sector through internal and external review, continued mechanisms for information and resource sharing, through dissemination of learning, best practice and innovative approaches and through evaluation and research.

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## Prevention of Sexual Abuse in OOHC

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### A National Strategy to Prevent Child Sexual Abuse in OoHC

We seek your views on whether a national strategy on child sexual abuse prevention education for children in OHC is required and should be embedded in the existing National Framework. Such a strategy would aim to relate nationally consistent policy and practice expectations, to prevent child sexual abuse in OoHC in Australia and to encourage disclosures at the earliest possible time. This strategy requires the development and evaluation of resources and program implementation.

A consistent, national training strategy may include:

1. Raising awareness about children in OoHC in being vulnerable to sexual victimisation and re-victimisation, among carers, children in OoHC, practitioners and OoHC service providers.
2. An education prevention program targeted to children, carers and practitioners in OoHC, which:
  - Identifies the necessary elements, drawing on those covered in school based programs identified in this chapter
  - Covers how children can make a disclosure
  - Covers how to support young people when a friend discloses sexual abuse to them
  - Covers all forms of child sexual abuse by different perpetrator groups
  - Is flexible and tailored to meet the individual needs of a child and their history
  - Is delivered in a variety of formats, such as supportive group formats or on an individual basis.
3. Development and distribution of resources that are culturally sensitive and suitable for young people with a range of special needs including learning problems and/or disability.
4. Development and distribution of resource that include material for same sex attracted and gender questioning young people.
5. Development of an education and training framework for all Foster, Kinship/Relative and Residential Carers and practitioners on:
  - Role clarity, processes and recording practices as set out in OoHC policy and procedures
  - Understanding the importance of enabling a culture of openness, and creating an environment where it is safe to disclose abuse.
  - Developing skills and knowledge about how to talk to children about healthy relationship and sexuality education
  - Understanding social media policies, with specific reference to pornography and the transmission of sexualised images (sexting)
  - Awareness about the added risk of bullying, exploitation, depression and risk taking for same sex attracted and gender questioning young people.
  - Ongoing coaching and supervision of staff and carers, building on initial education and training as outlined above, to develop their knowledge of and skills in using the resources.
6. Mechanisms for implementing, reviewing, evaluating and improving prevention strategies and their components.

**We seek submissions from young people, carers, peak bodies, advocacy groups, practitioners, the Commonwealth, all States and Territories, OoHC service providers and staff, and other interested stakeholders on the issues raised above.**

- Wesley supports the development of a national strategy on child sexual abuse prevention that includes a strategy to raise community awareness and knowledge and provides education and training for children, young people, practitioners and carers in the OoHC system.
- Currently there are challenges in accessing evidence based education and support materials for children and young people in OoHC in relation to child sexual abuse. This is particularly the case for children and young people with a disability. There is an urgent need for education materials that provide children and young people with knowledge and confidence about their body and sexuality, about recognising sexual abuse and about what they can do and who they can disclose to. These materials need to be informed by evidence and also the valuable input of young people. Similarly, the input of children with special needs and children identifying as same sex attracted or gender questioning, would be valuable in developing materials intended for these groups.
- It is important that education materials are developed that can be delivered flexibly via different mediums and formats so that children and young people can acquire the information in a way that best suits their developmental ability, their learning style, as well as access the education in a timely way.
- Education and training for staff and carers needs to equip them to have discussions with children and young people about healthy relationships and sexuality and child sexual abuse prevention strategies. It also needs to equip them with knowledge and skills to identify indicators of sexual abuse and respond to these. Staff and carers also need support to create the conditions where children and young people are comfortable to disclose and then to respond to these disclosures appropriately.
- Taking into consideration, the differing needs and presentations of children and young people, the differing roles and experience of staff and carers and the knowledge and skills required, an education and training strategy for staff and carers on these matters is complex. This strategy will require significant leadership and resourcing. Evidence based research and the input of expertise both internal and external to the sector is required to inform the strategy, particularly, in the developing area of social media.
- As outlined earlier, Wesley has worked with the Children’s Protection Society to develop a training package for staff and carers on identifying and responding to child sexual abuse. We understand that we have further work to do both in providing further training and in embedding this material in practice through supervision, reflective practice and mentoring.
- Improving the quality and availability of data on child sexual abuse will be instrumental in informing prevention strategies, education and training.

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## A Supportive and Quality Care Environment

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### Improving Support for Children and Young People

We are considering improvements that may be required to better support children who have been sexually abused in OoHC and their carer's and families. We welcome submissions with respect to our considerations as outlined below:

#### Establish a nationally consistent therapeutic framework for OoHC service delivery

1. Develop a sector-wide and nationally agreed therapeutic care framework that defines therapeutic care, and outlines the essential elements required.
2. Embed consistent evaluation of child outcomes and longitudinal research, to inform the development of therapeutic residential care.

#### Expand trauma-informed therapeutic treatment and advocacy and support services

3. Ensure that children can access trauma-informed advocacy and support services.
4. Address the cultural needs of children from Aboriginal and Torres Strait Islander backgrounds and young people who have been sexually abused in care, through appropriate therapeutic treatment, advocacy and support services that, where possible, be provided by Aboriginal and Torres Strait Islander practitioners.
5. Ensure adequate access to therapeutic treatment and advocacy and support that is tailored to a child's individual needs, culture, age and abilities, with particular consideration for children with disability and children from culturally and linguistically diverse backgrounds.
6. Ensure adequate access to therapeutic treatment and advocacy and support for children who live in rural and remote areas within Australia.
7. Provide systematic training for carers and practitioners, especially in the areas of therapeutic care, responding to trauma and the impact of sexual abuse. Regular supervision and support is integral to good outcomes, and training should not be a one-off event; rather, it must be part of an overall strategy and therapeutic approach to OoHC.

Enhance placement stability and reduce the number of 'strangers' in a child's life by increasing the availability of placement options – including professional carer models.

8. Develop professional Foster Care Models, In-Home Care Models, and Therapeutic Family Group Home Models of Care.
9. Expand residential therapeutic treatment options for children.

10. Create nationally consistent system for Home-Based Care reimbursements, to address allowances differing greatly across jurisdictions.

**Provide better workforce planning and development for Residential Care staff**

11. Have jurisdictions agree on a strategy to professionalise and build the capacity of the Residential Carer workforce.
12. Have jurisdictions establish agreed targets for reducing the use of casual staff in Residential Care facilities.
13. Establish nationally consistent standards for training and supervising externally accredited residential carers.

**Improve protections against child sexual abuse for children in Kinship/Relative Care**

14. Develop a 'kin-specific' approach to a culturally safe and appropriate Kinship/Relative Carer assessment and recruitment that is differentiated from Foster Care approaches.
15. Increase the casework support and oversight for children in Kinship/Relative Care.
16. Promote the engagement of Aboriginal and Torres Strait Islander children with their culture and strengthen the capacity of Aboriginal and Torres Strait Islander community controlled organisations to place and support children in care.
17. Increase the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle, promoting culturally appropriate assessment; implementation of cultural care plans; monitoring and accountability for implementation; and holistic and community-based solutions to the support needs of Aboriginal and Torres Strait Islander Kinship/Relative Carers.
18. Conduct more research to investigate the long-term outcomes for children of Kinship/Relative Care.

**Increase support when leaving care, and in the care leaver's post-care life**

19. Government and Non-Government OoHC service providers develop leaving care plans for all care leavers, and address any current risks to children when they leave care. Arrange access to therapeutic supports and ensure that young people:
  - are educated and supported in undertaking any victims compensation claims for sexual abuse and/or other abuse suffered while they were in care
  - know the processes involved in making complaints, including referring matters to the police for criminal investigation
  - have access to supportive environments where they can disclose abuse, both at the time of leaving care and after they have left care.

**20. Consider innovative ways to communicate with young care leavers, such as the internet and mobile applications, so that the leaving care process can be part of the disclosure process for a young person who has been abused in care.**

**21. Improve recordkeeping and access to care leaver records.**

**We seek submissions from all interested stakeholders about these issues that address how the OoHC sector can better support children who have been sexually abused while in care, and also support their carers.**

- Wesley strongly believes that all children and young people in OoHC, including those who have experienced sexual abuse have a right to receive quality therapeutic care and treatment services, placements that are stable and well matched to their needs and goals with staff and carers that are supportive, trained and skilled. They should be adequately prepared for the transition to adulthood and leaving care with ongoing access to support and their records. This will require leadership, significant systemic development and resourcing.
- Wesley supports the development of a nationally consistent therapeutic care framework which includes the essential elements of this care. Wesley considers that the model of therapeutic care in Victoria provides a platform for this work. To fully achieve therapeutic care and its intended outcomes, there will need to be significant additional investment in ongoing training and support for workers and carers, further therapeutic specialists and resources, and physical care environments.
- Wesley would welcome research and evaluation initiatives that will improve the evidence base for treatment approaches and to inform the development of therapeutic care options.
- Wesley agrees that trauma-informed therapeutic treatment and advocacy services need to be available to all children and young people in OoHC, irrespective of their cultural background, developmental ability and location. This commences with doing further work in ensuring children and young people know what services are available to them and listening and responding to their experiences, views and goals. As noted above, this will also require an increase in suitably qualified therapeutic specialists and further training and support of residential workers and carers.
- It will also require deeper engagement with and additional support for Aboriginal and Torres Strait Islander communities and agencies to develop culturally competent therapeutic care and to increase the number of Aboriginal and Torres Strait Islander practitioners across Australia.
- If children and young people cannot live with their families, then as much as possible they should be residing in a Home Based Care option. Given the varied and complex needs of children and young people, the increased expectations of carers and the difficulties in attracting and retaining carers, Wesley supports the development of placement options that will support children and young people to remain in a Home Based Care environments including professional Foster Care, In-Home Care Models and Family Group Home Models. Wesley also supports the creation of a nationally consistent system for Home Based Care reimbursements, noting the significant inequity in reimbursements across jurisdictions. For children and young people where, at certain stages Home

Based Care is not an option, further work needs to be done to redesign and strengthen Residential Care as a time limited therapeutic care and treatment service.

- The *'Roadmap for Reform: strong families, safe children'* recently released by the Victorian Government outlines plans to increase the availability of Foster, Kinship and Permanent Care placements, to develop new targeted Home Based Care support models for children under 12, to provide more support to children in Home Based Care, to provide more training and support for carers and to design intensive trauma-informed residential treatment programs for children aged 12 to 17-years-old. The development, funding and implementation of these initiatives if targeted appropriately have potential to significantly impact on the care of children and young people in OoHC.
- We are also encouraged by the current Victorian Government initiative in relation to Targeted Care Packages. This initiative provides funding for children and young people to move from Residential Care options into more tailored placements with wrap around supports including therapeutic support. This initiative has recently been expanded to provide funding to prevent children entering into Residential Care by providing additional supports and interventions to children in Home Based Care.
- Children and young people in Residential Care have complex therapeutic needs arising from their experience of abuse and neglect and often their experience of the care system, including multiple placement breakdowns. They should be supported by Residential Care staff with the knowledge and skills to provide good quality care.
- Wesley supports the development of a strategy to professionalise and build the capacity of the Residential Care workforce, including the establishment of consistent standards for training.
- Whilst Victoria does not currently mandate qualifications for Residential Care staff, since 2013, Wesley has mandated that all new Residential Care staff have a minimum Certificate IV level qualification relevant to Residential Care work. We have a very small number of long-standing and experienced staff who do not possess the minimum qualification. We note that the Victorian Government *'Roadmap to reform: strong families, safe children'* includes a commitment to a workforce strategy for child and family services including the establishment of mandatory qualifications for Residential Care staff and support for the up-skilling of the existing Residential Care workforce.
- While we welcome strategies to build the capacity of the Residential Care workforce, their work needs to be supported by a care team and therapeutic specialists. As already noted, there is also a need for more appropriately skilled therapeutic specialists to provide therapeutic support and supervision.
- The current requirements for WWCC, Carer Registers and proposals for Reportable Conduct Schemes, whilst essential elements of child safety create additional layers of complexity and administration for organisations. We would welcome any initiatives that streamline the management of these processes, and consider that in time a registration scheme for Residential Care workers could be explored. While there would be significant costs in establishing such a scheme, in addition to administering and managing the above screening checks, it could also require Residential Care workers to possess minimum qualifications, standards of training and complete a

specified amount of annual continuing education in order to maintain their registration. We understand that a scheme of this nature could equally apply to other segments of the child and family services workforce and has significant implications that would need careful consideration.

- Wesley understands the impact of casual or transient staff on children and young people in Residential Care and the quality of care provided. The use of casual staff is affected by a number of factors as outlined in the paper including the complex conditions, the low pay, and the experience of vicarious trauma for staff. Wesley would support the establishment of a target for reducing the use of casual staff, however, there needs to be a distinction between casual staff employed by the OoHC provider and casual staff supplied through labour hire companies (commonly referred to as agency staff). There is a requirement for a small pool of casual staff employed by the OoHC provider to cover leave and other workplace absence. Achievement in reducing agency staff could be linked to the accreditation process.
- Wesley recognises that Kinship Care arrangements are different to Foster/Non-Relative Care and have unique strengths, challenges and complexities. Victoria has dedicated Kinship assessment and support models and this model is currently being evaluated. Wesley welcomes strategies that will improve the safety of children in Kinship Care whilst also increasing the support available to Kinship carers.
- Wesley welcomes initiatives to support young people leaving care. In the general community, at 18, most young people still rely on the support of their family. It is well established that young people leaving OoHC are at a particular disadvantage. Wesley along with other OoHC providers in Victoria is part of the Home Stretch campaign auspiced by Anglicare Victoria. This group of organisations supports the option of young people remaining in care until they are 21. This provides a platform and support for these young people to transition to adulthood, including establishing themselves in a home and in training and/or work. This would allow organisations to continue to provide support to young people in addressing risks of sexual abuse and ensuring they have access to the right information and supports.
- Young people should be provided with information about their rights and the supports available to them both during and after they leave care. The use of technology to maintain communication and connection with young people after they leave care and how this could be effectively implemented and supported within the sector should be further explored.
- The UnitingCare agencies in Victoria, including Wesley are currently developing a Heritage Service to provide support to any Care Leaver from these agencies, both historical and contemporary. We recognise the importance of records as part of the healing process and are strengthening our processes for records management, access and counsellor supported release as part of the development of this service. We look forward to considering the outcomes of the work the Royal Commission is doing in relation to records and recordkeeping in developing our service.