

TJHC SUBMISSION

The Truth Justice and Healing Council acknowledges the Commission's findings and supports the view that the implementation of the following strategies would reduce the incidents of sexual abuse in OOHC:

- The promotion and structure of child safe elements in the OOHC sector;
- The implementation of a national reportable conduct scheme across all jurisdictions;
- Improvement in the screening checks, assessment and reassessments of children's placements, carers and household members;
- A nationally consistent approach in the regulation and oversight of OOHC systems to improve accreditation systems, mandatory reporting requirements and complaint management systems;
- The improvement of data collection and reporting to inform decision making and trends;
- More rigorous screening and compliance requirements screening and compliance requirements across jurisdictions for carers;
- Improving information sharing across jurisdictional borders pertaining to the safety, wellbeing of children – particularly pertaining to children with sexually harming behaviours to improve placement matching and support services;
- A consistent education strategy to reduce the incidents of sexual abuse in OOHC;
- Training for staff and carers and professionals pertaining to sexual exploitation, child-to-child sexual abuse, and a preventative education program focused on child sexual abuse, targeting children, carers and practitioners in OOHC;
- Broadening placement types to include therapeutic care and treatment services and professional carer models; and
- Timely access to specialised trauma-informed services and support programs.

The Council shares the Commission's concerns regarding the lack of data recording about sexual abuse in OOHC and encourages the Commission to:

1. Seek sexual abuse definitions across states and territories
2. Identify the limitations of data collection instruments and make recommendations for improvements across all jurisdictions
3. Build capacity for information to be aggregated, monitored and shared, nationally.

The Council acknowledges the Commission's findings that sexual abuse in OOHC is often under-reported and acknowledges that most children do not disclose abuse at the time it occurs. We support the development of a National OOHC Education Strategy, particularly targeting vulnerable children and young people with a disability in OOHC, and the development of an education prevention program focused on child sexual abuse, targeting children, carers and practitioners in OOHC to better inform children and young people in care of their rights to a safe environment to provide a mechanism that can capture current concerns.

We welcome the Commission's scope in capturing, recording and analysing information to identify risks, gaps and opportunities for placement improvements and support the inclusion of two new definitions of sexual abuse in OOHC to include:

1. Child sexual exploitation
2. Child-to-child sexual abuse

The Council accepts the concerns of the Commission pertaining to children in residential care being vulnerable to sexual exploitation on-line and supports the development of data systems that record this, and

the provision of training for carers and professionals about how to respond to this.

The Council supports the Commission's key issues identified in relation to child-to-child sexual abuse and supports the definition of 'sexually harmful behaviours'. The placement and treatment options for children with sexually harmful behaviours need to be identified and strengthened urgently as they are largely non-existent. The Council acknowledges the Commission's finding that there is an insufficient treatment response for children who display sexually harmful behaviours and a shortage of expert advice and assistance for foster and kinship/relative carers. The impact this has on the sector is concerning, particularly for children, young people and carers who received little to no appropriate trauma-informed therapeutic intervention or support which often contributes to multiple placement changes for the young person involved.

The complexity of supporting a child or young person with sexually harmful behaviours needs to be better understood, particularly in consideration of placement support needs and the placement options available. The Council agrees that more placement options are needed, including professional carer and therapeutic carer models to support children with sexually harmful behaviours, particularly as many of these children are unable to reside with other children.

The Council suggests children in OOHC with sexually harmful behaviours and their carers:

- be granted priority access to trauma-informed, specialised health and funded community support services
- be provided with direct support from the relevant government department program/s to link and refer children and young people to appropriate services (eg: NSW Department of Health: Out of Home Care Health Pathway Program)
- all agency staff receive trauma-informed, specialised training to respond to children and young people with sexually harmful behaviours

In addition, the Commission might consider extending the duration of service for children in OOHC to access a Mental Health Care Plan and a review of the referral criteria for those services. There are currently two programs available under Medicare:

- Better Outcomes Mental Health Plan (BOM), which targets 12-14 year olds, and
- Better Access Mental Health Plan (BAM), which has a broader age base.

The Commission might consider exploring the access points where children and young people in OOHC can receive counselling and support. In NSW for example, the Department of Health's Child Protection Counselling Services (CPCS) (under the department's Children and Violence Prevention Program) and their Family Assessment Consultation Education Therapy Services (FACETS). Currently CPCS only accept a referral for 10-year-old children and older in OOHC who have an 'open and allocated' file with the Department of Community Services. This unfortunately precludes many young people in OOHC from access to the service. Similarly FACETS criteria for children 0-12 year requires that they be in a stable placement for six months or more, before the referral can be activated. In many cases, this meant delays in essential services for children with sexually harmful behaviours or those who have been sexually abused.

Also in NSW, the Department of Health's New Street Services are available to young people aged between 10-17 years. There is no specific service available for children under 10 years of age in OOHC who exhibit sexually harmful behaviours. Biala, the Health Department's sexual assault service on the Central Coast, only accepts referrals for the victims of sexual harm. Incidents of child-to-child sexual abuse often first arise on OOHC in children under 10 and there is not adequate health service available to support these children or young people.

The OOHC sector would benefit from access to details of Medicare-registered Trauma Informed Practitioners

who are skilled in responding to sexualised behaviour and children identified with sexually harmful behaviours.

There can be considerable delays in accessing funded health services for treatment support – particularly for children and young people with a long-term sexually related trauma history. The high cost of private practitioners presents a barrier to ongoing therapeutic support, which in turn impacts on placement stability and long-term mental health outcomes.

The Council strongly endorses efforts to improve the national consistency in the regulation and oversight of OOHC systems and it supports all the recommendations put forward to improve accreditation systems, mandatory reporting requirements and complaint management systems.

The Council also supports improvements in sharing information across jurisdictions, including the Commission’s proposal that all jurisdictions have nationally consistent arrangements modelled on Chapter 16A.

In addition, the Council strongly supports the view that sharing information related to child sexual abuse with carers and children in care be enabled and strengthened so that children are better informed, and carers are able to make better informed decisions when considering accepting placements.

The Council also supports the proposal of a National OOHC Education Strategy as a prevention measure and acknowledges that specialised training programs for children, carers and staff within OOHC would assist in the development of a standardised, consistent response to reduce the incidences of sexual abuse in OOHC.

The Council welcomes the Commission’s recommendation to broaden the development of service models to include therapeutic care and professional care and agrees that reducing the number of ‘strangers’ in a child’s life would increase placement stability. However the impact of early attachment disruption and the impact of recurrent trauma experienced in OOHC cannot be underestimated. The broadening of OOHC placement types for children with complex needs is commended and provides an opportunity to improve the education, medical and social outcomes for children in OOHC.

The Council supports the Commission’s recommendations to improve aftercare support and the way in which young people access their CLARA records, but expresses concern about the impact on young people who receive their prior care records (via the post) in an unsupported environment.

The Council welcomes the Royal Commission’s significant work on issues affecting children and carers in the Out Of Home Care system and looks forward to the Commission’s recommendations.

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