A Submission by the Children's Protection Society

To

The Royal Commission into Institutional Responses to Child Sexual Abuse

Regarding

Issues Paper Three: Child Safe Institutions

CONTENTS

1. List of Recommendations

RECOMMENDATION ONE[1]

The risk of child sexual abuse (like other forms of child maltreatment) is a cascading phenomenon. The presence of any single risk factor tends to increase risk only slightly, but the presence of additional risk factors tends to have a multiplicative effect on risk. As such, the risk of institutional sexual abuse is not the sum of simple and discrete institutional risk factors. Rather, the risk of institutional abuse is the product of an interaction between (i) institutional risk and protective factors and (ii) non-institutional risk and protective factors. Consequently, CPS recommends that if policies aimed at promoting child safe institutions are to be efficacious, they must sit inside a broader child safety, health and wellbeing policy framework that seeks to reduce all known risk factors and strengthen all known protective factors in the developmental environment of Australian children.

RECOMMENDATION TWO[2]

CPS recommends that Australian governments take a *situational crime prevention approach* to institutional child sexual abuse. A situational crime prevention approach seeks to reduce cues and opportunities to offend by manipulating the relevant organisational environment. This approach employs strategies to (i) increase the effort that prospective perpetrators have to make in order to offend, (ii) increase the likelihood of detection, (iii) control cues for offending behaviour, and (iv) reduce the ability of perpetrators to minimise their behaviour by undermining cultural beliefs and practises that are antithetical to children's dignity and wellbeing.

RECOMMENDATION THREE[3]

CPS recommends that the Commission take account of the existing practice literature on the establishment of child safe organisations. Many of the elements that are thought to create a child safe organisation have already been well documented by various Australian government agencies (e.g., the Victorian Commission for Children and Young People's *Child Safety Review Checklist*, the Western Australia Department of Child Protection's *Child Safe and Friendly Organisations Fact Sheet* and various resources of the NSW's *Office of the Children's Guardian*).

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[1] Recommendation One is elaborated in Chapter 3, p.8ff.
[2] Recommendation Two is elaborated in Chapter 3, p.10f.
[3] Recommendation Three is elaborated in Chapter 3, p.11f.

RECOMMENDATION FOUR[4]

CPS encourages the Commission to view a child safe institution as being an institution that (i) instantiates the requisite internal policies and characteristics of a child safe organisation[5] and (ii) sits within a wider system of state approved standards, monitoring and sanctions.[6]

RECOMMENDATION FIVE[7]

CPS recommends that the Commission attend to those cultural characteristics that support child safety within organisations. A child safe organisational culture is one in which staff:

(a) Are governed by clear codes of practise,

(b) Receive adequate training in the maintenance of professional boundaries,

(c) Receive expert and frequent supervision in which they can reflect upon their practise, discuss issues of transference and counter-transference, and work out strategies for maintaining their therapeutic attachments without violation of professional boundaries,

(d) Learn to recognise the early signs of misconduct,

(e) Are empowered to raise concerns about the behaviour of colleagues,

(f) Know who to talk to if they have such concerns, &

(g) Are confident that their concerns will receive both a fair hearing, as well as prompt and appropriate action.

Additionally, research also suggests that a child safe organisation is characterised by:

(h) An organisational management style that is open and egalitarian,

(i) A commitment to the promotion of worker health and wellbeing,

(j) A zero-tolerance policy toward work place bullying,

(k) An organisational culture that promotes and supports women in positions of leadership, and

(l) An organisational culture that seeks to retain older, more experienced and demonstrably stable persons (whether women or men) in key practise positions.

[4] Recommendation Four is elaborated in Chapter 3, p.12.
[5] See Recommendation Five.
[6] See also Recommendations Six, Eight & Nine.
[7] Recommendation Five is elaborated in Chapter 4, p.13ff.

RECOMMENDATION SIX[8]

The promotion of child safe organisations could be advanced by embedding child safety standards within the more general quality standards demanded of agencies registered as providers of child and family services, out-of-home care, early years education, etc. Enshrining child safety standards within community sector quality standards would motivate child safety policy and compliance amongst registered agencies, while providing government with a mechanism for the routine monitoring of child safety standards in funded agencies.

RECOMMENDATION SEVEN

CPS recommends resources be made available to research and evaluate the effectiveness of the *situational crime prevention approach* to institutional child sexual abuse, as well as child safe strategies like recruitment procedures, client feedback, staff training, organisational culture change, child safe policies in relation to risk management, etc.

RECOMMENDATION EIGHT[9]

CPS encourages the Commission to consider the merits of extending vicarious criminal liability to administrators of religious organisations and NGOs where in can be shown that such administrators (i) knew that an employee (including ministers of religion) had maltreated a child and, either (ii) failed to take adequate protective action, which failure was followed by subsequent acts of maltreatment by the same minister of religion or employee, or (iii) had actively covered up the abuse.

RECOMMENDATION NINE[10]

CPS recommends that the Commission consider the merits of creating a national registration, standards and complaints body in the fields of child and family services and other related professions. We suggest that (i) all persons working in the child and family community sector should be required to register with this proposed national body (or, alternatively, their appropriate professional registration body) and (ii) it should be an offence for any employer to employ someone who is not eligible for such registration. Perhaps along the lines of the UK's *Health & Care Professions Council* (HCPC), the national body would also be resourced and mandated to publish professional standards and (like both the *Australian Health Practitioner*

[8] Recommendation Six is elaborated in Chapter 5, p.16.
[9] Recommendation Eight is elaborated in Chapter 6, p.17f.
[10] Recommendation Nine is elaborated in Chapter 7, p.17ff.

Regulation Agency and HCPC) to hear those complaints of misconduct that do not rise to the level of a criminal conduct but which constitute a breach of professional standards and may indicate the early signs of abusive behaviour.

2. Introducing the Current Submission

Long engaged in the work of child sexual abuse prevention and response, CPS welcomes the Australian Government's decision to convene the *Royal Commission into Institutional Responses to Child Sexual Abuse*.[11] CPS believes that through the work of the Commission the Australian people are engaged in a historic act of collective listening and validation. Victims of institutional child sexual abuse have for far too long been denied *their voice* and *our credence*. The Commission has been convened to rectify this injustice and CPS wholeheartedly supports its efforts.

It is also the work of the Commission to look to the future, inquiring into what government and non-government organisations (NGOs) can do to better protect children against institutional child sexual abuse, as well as other correlated forms of child maltreatment. As part of this inquiry, the Commission has raised the question of what constitutes a *child safe institution*. CPS appreciates the opportunity to herein contribute to this public discussion.

The current submission builds on CPS's submission to the *Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations*[12]. Herein we reiterate some of the recommendations we made to the Victorian Inquiry, while also addressing a number of other matters raised by the Commission's third issues paper.[13] Our submission shall concentrate on the following themes:

- Current approaches available for the creation of child safe organisations;
- The importance of a child safe organisational culture;
- The promotion of child safety in government funded organisations by embedding evidence-based child safe strategies into the quality standards that bind these organisations;
- The issue of extending vicarious criminal liability to employers who knowingly and wilfully fail to protect children from sexually abusive employees; &
- The creation of a national registration, standards and complaints body in the fields of child and family services and related professions. We argue that (i) all persons working in the child and family community

[11] Hereinafter referred to as the *Commission*.
[12] Hereinafter referred to as the *Victorian Inquiry*.
[13] Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper 3: Child Safe Institutions*, 2013, http://www.childabuseroyalcommission.gov.au (retrieved 19 September 2013).

sector should be required to register with this proposed national body and (ii) it should be an offence for any employer to employ someone who is not eligible for registration. The national body would also be resourced and mandated to publish professional standards and to hear those complaints of misconduct that do not rise to the level of a criminal conduct but which constitute a breach of professional standards and may indicate the early signs of abusive behaviour.

Finally, while CPS endorses the important work of the Commission, we also wish to sound a note of caution. Coverage of the issue of child sexual abuse by the Australian media, as well as much of the concomitant public debate, has tended to concentrate on child sexual abuse within an institutional setting (especially that which has taken place in religious institutions). However, what has been largely overlooked in this public discussion is the fact that most child abuse (whether sexual or otherwise) occurs not within institutions but within families. Parents, stepparents, siblings and other relatives make up the vast majority of perpetrators of sexual abuse; with the overwhelming majority of these familial perpetrators being male relatives (i.e., father, stepfathers, grandfathers, brothers, uncles, etc.).[14]

Protecting children and fostering their healthy development are amongst the most basic and indefeasible duties of any state. These duties arise from the unique developmental dependence of children, along with their inalienable possession of universal and child-specific human rights.[15] Child sexual abuse is an egregious insult to the dignity and rights of children and it can profoundly undermine their health, wellbeing and future opportunities.[16] As such, CPS maintains that, along with the work of the current Commission, Australian governments need to sponsor research, debate and a coordinated social policy response to the incidence of child sexual abuse in and around Australian homes.

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[14] See Nick Richardson and Leah Bromfield, "Who Abuses Children?," Resource Sheet No. 7, *Australian Institute of Family Studies*, 2005, http://www.aifs.gov.au (October 1, 2010); Juliette D.G. Goldman and Usha K. Padayachi, "The Perpetrators of Child Sexual Abuse in Queensland, Australia," *Children Australia* 25 (2000): 28-34; Jillian M Fleming, "Prevalence of Childhood Sexual Abuse in a Community Sample of Australian Women," *The Medical Journal of Australia* 166 (1997): 65-68; & A.J. Sedlak et al., *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2010).

[15] See United Nations, "Convention on the Rights of the Child," *Office of the United Nations High Commissioner for Human Rights*, 1989, http://www2.ohchr.org/english/law/crc.htm.

[16] World Health Organization, *World Report on Violence*, 2002, http://www.who.int (17 September, 2010), 69; & World Health Organization and International Society for Prevention of Child Abuse and Neglect, *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence* (Geneva, Switzerland: WHO Press, World Health Organization, 2006).

3. Approaches Toward the Creation of Child Safe Institutions

In respect to understanding and responding to *organisational risk factors*[17] for child maltreatment, CPS generally endorses the findings and theoretical frameworks outlined in the *Australian Institute of Families Studies'* (AIFS) review into organisational risk.[18] Therein, AIFS adopts the near universal *ecological-transactional approach* to child development and the epidemiology of child maltreatment. It is widely accepted that child development is an environmentally embedded process in which children, as protagonists in their own maturation, engage in increasingly complex interactions with their physical and social environment.[19] These interactions between a child and her environment are essential for the child's physical, cognitive and social development.

A child's social environment is made up of a variety of relationships (e.g., family, childcare centre, school, peers, neighbourhood, society, culture, etc.) whose developmental influence can be mapped according to their proximity to the child (see *Figure 1*). All of these relationships, including those that a child forms with an institution and its personnel (e.g., religious communities, schools, sporting and other recreational clubs, etc.), can exert significant developmental influence upon child development and wellbeing. However, as

[17] That is, those service system and organisational characteristics that increase the likelihood of child maltreatment.

[18] Lorraine R. Beyer, Daryl J. Higgins and Leah M. Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 2005, http://www.aifs.gov.au (retrieved 19 September 2013). See also Mel Irenyi, Leah Bromfield, Lorraine Beyer and Daryl Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 2006, http://www.aifs.gov.au (retrieved 19 September 2013).

[19] "The development of children is a highly complex process that is influenced by the interplay of nature and nurture. The influence of nurture consists of the multiple nested contexts in which children are reared, which include their home, extended family, child care settings, community, and society, each of which is embedded in the values, beliefs, and practices of a given culture. The influence of nature is deeply affected by these environments and, in turn, shapes how children respond to their experiences." See Jack P. Shonkoff and Deborah Phillips, *From Neurons to Neighborhoods: The Science of Early Child Development* (Washington, D.C.: National Academy Press, 2000), 23f. See also Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, Mass.: Harvard University Press, 1979); Urie Bronfenbrenner and Pamela A. Morris, "The Bioecological Model of Human Development," in *Theoretical Models of Human Development*, *Vol. 1, Handbook of Child Psychology*, ed. Richard Lerner, (New Jersey: John Wiley & Sons, Inc., 2006), 814ff; Jay Belsky, "Etiology of Child Maltreatment: A Developmental-Ecological Analysis," *Psychological Bulletin* 114 (1993): 413-434; & Michael Lynch and Dante Cicchetti, "An Ecological-Transactional Analysis of Children and Contexts: The Longitudinal Interplay among Child Maltreatment, Community Violence, and Children's Symptomatology," *Development and Psychopathology* 10, no. 02 (1998): 235-257, & A.J. Sameroff, *The Transactional Model of Development: How Children and Contexts Shape Each Other* (Washington, D.C.: American Psychological Association, 2009).

important as these relationships are to child development, they are also bearers and conduits of risk.

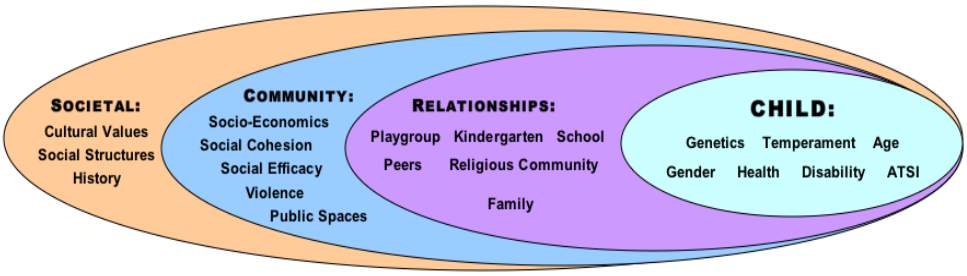

Figure 1 - Ecological model describing the risk factors for child maltreatment[20]

Current research into the epidemiology of child maltreatment has established that each level of a child's developmental environment may contain risk factors that increase the likelihood of abuse and neglect, as well as protective factors that can decrease the chances of maltreatment.[21] Moreover, these factors interact across the various levels of a child's developmental environment, exacerbating or mitigating risk according to the preponderance of risk versus protective factors.[22] Of particular importance to the work of the Commission is the fact that familial risk factors may interact with institutional risk factors to increase a child's overall risk of maltreatment. For example, children from vulnerable families (i.e., families characterised by the presence of risk factors like caregiver inexperience/youth, mental illness, substance abuse, unemployment, social isolation, etc.) are at greater risk of child maltreatment, while at the same time being more likely to come into contact with government and non-government support agencies. In turn, institutions can pose a threat to these already at-risk children through poor policy, poor oversight and the presence of abusive personnel. Should such institutional risks be present, the risk of harm to already vulnerable children will increase as many vulnerable caregivers are ill equipped to monitor and respond to the signs of institutional risk.

In addition, epidemiological research has revealed the cascading nature of child abuse risk. The presence of any single risk factor tends to increase overall risk only slightly, but the presence of additional risk factors tends to

[20] *Figure 1* is contrived from a model appearing in World Health Organisation, "Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence," (2006), http://www.who.int (20 July, 2012), 13.
[21] *Appendix A* provides a summary arranged according to ecological level of the risk factors and protective factors involved in child maltreatment.
[22] Belsky, "Etiology of Child Maltreatment: A Developmental-Ecological Analysis", 420.

have a multiplicative effect on risk.[23] Current research strongly indicates that population-wide child abuse prevention effects can only be ensured where protective factors are promoted and risk factors minimised at *every* level of a child's developmental environment. In particular, it follows that in order to decrease the risk of institutional child sexual abuse, Australian governments must avoid focusing on any single risk factor but rather seek to address all risk factors associated with child maltreatment.

The risk of institutional sexual abuse is not the sum of simple and discrete institutional risk factors. Rather, the risk of institutional abuse is the product of an interaction between (i) institutional risk and protective factors and (ii) non-institutional risk and protective factors. Consequently, if policies aimed at promoting child safe institutions are to be efficacious, they must sit inside a broader child safety, health and wellbeing policy framework that seeks to reduce all known risk factors and strengthen all known protective factors in the developmental environment of Australian children.

Along with AIFS, and in keeping with the above described ecological-transactional approach, CPS endorses a *situational crime prevention approach* to institutional child sexual abuse.[24] Such an approach describes "the interaction of factors that result in decision-making about committing a crime, including the environment or situation in which the offending… take[s] place".[25] Sensitive to perpetrator typology, a situational crime prevention approach seeks to reduce cues and opportunities to offend by manipulating the relevant organisational environment.[26] This approach employs strategies to (i) increase the effort that prospective perpetrators have to make in order to offend, (ii) increase the likelihood of detection, (iii) control cues for offending behaviour, and (iv) reduce the ability of perpetrators to minimise their behaviour by undermining cultural beliefs and practises that are antithetical to children's dignity and wellbeing.[27] More research into

[23] See Ann S. Masten and Dante Cicchetti, "Developmental Cascades," *Development and Psychopathology* 22 (2010): 491-495; Martha J. Cox, Roger Mills-Koonce, Cathi Propper and Jean-Louis Gariépy, "Systems theory and cascades in developmental psychopathology," *Development and Psychopathology* 22 (2010): 497-506; & Rena L. Repetti, Shelley E. Taylor, and Teresa E. Seeman, "Risky Families: Family Social Environments and the Mental and Physical Health of Offspring," *Psychological Bulletin* 128, no. 2 (2002): 330-366.

[24] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 13f & 51ff.

[25] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 13.

[26] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 14.

[27] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 51f.

perpetrator behaviour, especially institutional offenders, is necessary in order to deploy effective situational crime prevention strategies. However, CPS encourages the Commission to investigate current research and to incorporate relevant findings into the development of a child safe institutions policy framework.

In addition to the above approaches, many of the essential elements for establishing a child safe organisation have been documented by various Australian government agencies. The *Victorian Commission for Children and Young People* acknowledges that "certain activities pose more risk than others" and has created a *Child Safety Review Checklist* to assist organisations to determine whether they are providing safe environments for children accessing their services.[28] While this checklist is not comprehensive, it does assist organisations in thinking through the activities they provide for children and the strategies they use for promoting child safety. The guide also offers advice regarding child safe employee and volunteer recruitment processes. The *Victorian Commission for Children and Young People*, as well as several other Australian government departments, has highlighted the importance of agencies ensuring that employees and volunteers hold a current *Working with Children Check* (or its equivalent in states other than Victoria), along with the importance of completing comprehensive reference checks.

The Department of Child Protection in Western Australia has produced an excellent resource for community agencies, namely, their *Child Safe and Friendly Organisations Fact Sheet*.[29] This document outlines a comprehensive set of safe recruitment processes, including the identification of selection criteria, interview techniques, and reference checking procedures. Furthermore, the *Office of the Children's Guardian* in NSW has a set of resources designed to help organisations working with children to adopt child safe policies and practises.[30] CPS commends these resources to the attention of the Commission and suggests that a number of these strategies should become embedded in quality standards governing the registration of child and family services.[31]

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[28] Office of the Child Safety Commissioner, *A Guide for Creating a Child-Safe Organisation*, 2006, http://www.ccyp.vic.gov.au (retrieved 18 September 2013).
[29] Department of Child Protection (WA), *Child Safe and Friendly Organisations: Introductory Fact Sheet*, 2013, http://www.checkwwc.wa.gov.au (retrieved 18 September 2013).
[30] Office of the Children's Guardian, *Become a Child Safe Organisation*, 2013, http://www.kids.nsw.gov.au/Working-with-children/Become-a-Childsafe-Organisation (retrieved 18 September 2013).
[31] This theme is further developed in Chapter 4 below, p.11.

Moreover, our work with children and young people exhibiting sexualised and sexually abusive behaviours comprises vital prevention work, which seeks to reduce the incidence of later-in-life adult perpetrated sexual abuse whether in an institutional or domestic setting.[32] Accordingly, CPS suggests that when one considers the challenge of creating child safe institutions, one must do more than identify that suite of policy, procedural and cultural characteristics an individual organisation needs to embody in order to be considered safe. Rather, institutions are rendered safer when their individual child safe strategies exist within a wider system of state approved standards, monitoring, and sanctions, as well as adequately funded supports for victims to recover and hold perpetrators to account.

Additionally, CPS maintains that its own counselling services for sexually abused children make an important contribution to rendering Australian institutions safer places for children. Child sexual abuse counsellors deliberately create child safe spaces in order to empower children to disclose their abuse and receive appropriate therapeutic support. Such spaces pierce the veil of secrecy and isolation that perpetrators of sexual abuse cultivate and upon which their continuing abusive behaviour relies. As such, these services directly contribute to a number of elements central to a situational crime prevention approach to institutional sexual abuse (i.e., by increasing the likelihood of detection and successful prosecution).[33]

It is important to note that CPS adopts a deliberate attitude of transparency in all our sexual abuse counselling processes and through the physical design of our counselling spaces. This transparency deliberately reverses the atmosphere of secrecy and isolation in which sexual abuse is perpetrated (viz., behind closed doors with only the child and a bigger person present). In order to achieve such transparency and avoid replicating the logic and accents of abuse, CPS creates safe counselling environments through the insertion of glass panels into the doors of all our counselling rooms. Providing windows into our counselling rooms demonstrates to children that the counselling space is not hidden or secret and allows them to look out to the reassuring presence of other adults. Far from compromising confidentially, the windows provide a sense of safety for children recovering from the traumatic experiences of sexual abuse. CPS counsellors also welcome parents, or other significant adults, into the counselling sessions. This usually occurs early on

[32] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 49.
[33] See above, p.7. See also Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 54.

in the counselling process, when children are building trust in the counsellor and feel safer with a familiar adult in the room. Indeed, a great deal of our work with children includes parents/carers. Parents/carers regularly come in and out of counselling sessions throughout the life of our involvement. By these processes and physical design features, children are not only made safer at CPS but they are made to *feel* safer.

Accordingly, CPS encourages the Commission to consider child safety not only from an objectivist point of view (i.e., does this strategy actually make children safer) but also from a subjective, child-relative point of view (i.e., does this strategy actually make children *feel* safer). Adults demand strategies that reassure them that they are safe in public spaces. We want to feel safe in our homes and in our workplaces. Children deserve no less consideration.

Finally, while CPS endorses much of the current literature on how to establish child safe organisations, it is important to note that only limited evidence exists regarding the effectiveness of implementing such strategies. CPS recommends resources be made available to research and evaluate the effectiveness of child safe strategies like recruitment procedures, client feedback, staff training, organisational culture change, child safe policies in relation to risk management, etc.

4. Organisational Culture

Research suggests that a positive organisational culture is critical for ensuring that child safe policies and practices are effective and consistently implemented across organisations.[34] A child safe organisation is an organisation with a child safe culture and a child safe culture is one in which staff and clients:

(m)Learn to recognise the early signs of misconduct,[35]
(n) Are empowered to raise concerns about such behaviour,[36]
(o) Know who to talk to if they have concerns, &
(p) Are confident that their complaints will receive both a fair hearing, as well as prompt and appropriate action.[37]

[34] Irenyi, Bromfield, Beyer and Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 18.
[35] Irenyi, Bromfield, Beyer and Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 18.
[36] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 45.

Research also suggests that an organisation's management style plays an important role in creating a child safe culture. In particular, management styles that are open and egalitarian are thought to promote the early reporting of concerning behaviours.[38] They also promote worker health and wellbeing, which are protective factors against risk.[39] Whereas organisations in which bullying is pervasive are thought to have cultures that are not conducive to either worker wellbeing or the reporting of institutional child sexual abuse.[40]

Clear codes of practise are also important elements in any child safe culture.[41] Staff need to know what behaviour is expected of them and what behaviour is deemed professionally inappropriate. Staff should receive adequate training in the maintenance of professional boundaries and they have a right to adequate supervision where they can reflect upon their practise, discuss issues of transference and counter-transference, and work out strategies for maintaining their therapeutic attachments without violation of professional boundaries.[42] Finally, staff must be empowered to report any concerns they have regarding the behaviour of their colleagues. Such a reporting culture is likely only when staff are confident that their reports will be kept confidential, that their concerns will be taken seriously, that they will not be punished for having raised their concerns, and that their colleagues will receive natural justice.

One of the lessons arising from investigations into sexual abuse within the Catholic Church has been the impact of a dominant male hierarchy and the virtual absence of women on both the incidence of abuse and the attendant culture of denial and cover-up. [43] Research now suggests that an

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[37] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 45.

[38] Irenyi, Bromfield, Beyer and Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 18. See also Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 43.

[39] On the importance of a healthy, open and egalitarian psychosocial work environment, see Michael Marmot, Tony Atkinson, John Bell, Carol Black, Patricia Broadfoot, Julia Cumberlege, Ian Diamond*, et al. Fair Society, Healthy Lives: The Marmot Review* (London: The Marmot Review, 2010), 114f & Michael Marmot & Richard G. Wilkinson, *Social Determinants of Health* (Oxford; New York: Oxford University Press, 2006), 97ff. On poor health as a perpetrator characteristic, see Irenyi, Bromfield, Beyer and Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 18.

[40] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 44.

[41] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 56.

[42] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 56.

[43] See also Irenyi, Bromfield, Beyer and Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 15. See also Beyer, Higgins and Bromfield,

organisational culture that promotes and supports women in positions of leadership not only satisfies the ideals of workplace equality but also strengthens child safety within the organisation.[44] Research also points to the likelihood that an organisation will render itself more child safe if it seeks to retain older, more experienced and demonstrably stable persons (whether women or men) in key practise positions.[45]

Another phenomenon uncovered by the recent *Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations* is the delayed emergence of abusive behaviour amongst some clerical and religious perpetrators. While some men clearly and deliberately sought out access to exploit children from the start of their ministries, others appear to have been engaged in protracted struggles with their sexuality, social immaturity and impulse regulation. These struggles were then exacerbated by the stressful and often isolating demands of their pastoral role. In his evidence to the Victorian Inquiry, psychologist Paul Mullen testified that not all sexual abuse is about abnormal desire as reflected in paedophilia. Indeed, research suggests that there is not one 'type' of perpetrator but rather that "the idea of a 'child sex abuser' should be conceptualised in very broad terms".[46] Deviant sexual desire does not explain the behaviour of all perpetrators of child sexual abuse; rather, situational and other individual factors can have a significant influence over a perpetrator's propensity to abuse. Substance abuse, ill health, psychological and neurological impairments, childhood victimisation, social isolation and simple opportunity all seem to contribute to the likelihood of offending.

As such, a child safe organisation is one that will recognise and seek to respond to the fact that private life and workplace-based stresses, vicarious trauma and correlated substance use all increase the likelihood of abusive behaviour.[47] Accordingly, supervision plays a vital role in any child safe organisation because it not only promotes staff wellbeing for its own sake but

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Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature, 43 & 60.

[44] Irenyi, Bromfield, Beyer and Higgins, *Child Maltreatment in Organisations: Risk Factors and Strategies for Prevention*, 15.

[45] On the demographics of extra-familial offenders, see Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 25f.

[46] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 38.

[47] Beyer, Higgins and Bromfield, *Understanding Organisational Risk Factors for Child Maltreatment: A Review of Literature*, 23ff.

because staff wellbeing is also an important protective factor against the risk of institutional child sexual abuse.

Live supervision is one important aspect in CPS's own efforts to create a child safe culture. Live supervision occurs when supervisors or senior clinicians pair-up with counsellors at various points during our therapeutic involvement with the client. It may occur at the point of the initial home visit, during assessment processes, at quarterly family review sessions or during therapeutic sessions. Live supervision affords supervisors a chance to observe workers in the midst of their relationship with clients and can bring to light specific and general concerns regarding practise. Finally, external clinical supervision is an underused mechanism for maintaining staff wellbeing and enhancing quality practise. The advantage of external clinical supervision is that workers are more likely to open up about coping problems and practise challenges when their interlocutor is not also responsible for their performance management.

5. Embedding Child Safety in Service Sector Quality Standards

The promotion of child safe organisations could be advanced by embedding child safety standards within the more general quality standards demanded of agencies registered as providers of child and family services, out-of-home care, early years education, etc. For example, in Victoria, the Department of Human Services (DHS) is the provider of child protection services and is the leading funder of community-based child and family services. DHS has recently established a new set of quality standards for the registration of child and family service providers. These standards are grouped into four domains: Empowerment, Access & Engagement, Wellbeing and Participation. While these standards demand excellence in a number of important service delivery domains, nonetheless, consideration could be given creating a new Child Safety domain. Under this new domain, performance and compliance would be evaluated against an organisation's application of a suite of standard child safety strategies. Enshrining child safety standards within community sector quality standards would motivate child safety policy and compliance amongst registered agencies, while providing government with a mechanism for the routine monitoring of child safety standards in funded agencies.

6. Vicarious Criminal Liability

The extension of vicarious criminal liability is another means of compelling government and NGOs to take child safety seriously. CPS is cognisant of the complex legal and moral challenges that surround the issue of vicarious criminal liability. The idea of extending criminal responsibility to persons who have neither performed the relevant criminal act nor contemplated its performance is rightly met with caution and concern. However, CPS encourages the Commission to consider the merits of extending vicarious criminal liability to administrators of religious organisations and NGOs where in can be shown that such administrators (i) knew that an employee (including ministers of religion) had maltreated a child and, either (ii) failed to take adequate protective action, which failure was followed by subsequent acts of maltreatment by the same minister of religion or employee, or (iii) had actively covered up the abuse. Before making such a recommendation, CPS suggests that the Commission consider whether the governance capacity and expertise of many religious organisations and NGOs can be reasonably expected to be of a standard consistent with the demands of vicarious criminal liability. Furthermore, CPS suggests that the Commission have regard to whether the extension of vicarious criminal liability is likely to have a deterrent effect significant enough to warrant its imposition. Finally, if the Commission recommends extending vicarious criminal liability to administrators of religious organisations and NGOs, then CPS suggests that it be restricted to those cases that are characterised by the highest duty of care and that amount to the most egregious failures to protect.

7. A National Registration, Standards and Complaints Body

CPS is very concerned about cases in which an employee of a community-based child and family service organisation[48] is suspected of child abuse or some other form of serious misconduct (e.g., sexual misconduct against an adult member of the child's family) but where criminal proceedings cannot succeed because there is insufficient evidence to establish the case beyond reasonable doubt or because the misconduct does not itself constitute a criminal offence (e.g., grooming behaviours like inappropriate gift giving, inappropriate contact with children outside sanctioned work hours, inappropriate comments or touching, consensual sex with an adult client, etc.). Currently, when a community-based child and family service organisation is

[48] See the *Children, Youth and Families Act 2005 (Vic),* s.43.

presented with such cases, their only recourse is to (i) notify police[49] and (ii) conduct an internal investigation and dispense disciplinary action. Obviously, where such an investigation results in the organisation formulating a reasonable belief that its employee has abused a child or has engaged in some other form of serious misconduct, then that employee will necessarily face dismissal. However, in Victoria, such dismissal does not necessarily affect an employee's status as a holder of a *Working with Children Check* and so they are free to find other employment within the child and family services sector.[50] Having been dismissed, such an employee need only gain a single position (either inside or outside the sector) to put sufficient distance between them and the original complaint. With many organisations restricting reference checks to an applicant's most recent employer, past misconduct can soon become invisible to the sector. Consequently, CPS believes that a regulatory gap exists between the levels of the employer disciplinary action and the criminal justice system.

In order to overcome this gap, CPS encourages the Commission to consider the merits of creating a national registration, standards and complaints body, which would provide the community-based child and family service sector a regulator akin to that which currently applies to Australian health practitioners and to many United Kingdom health and care professionals.[51] Under Australian national health practitioner laws, the *Australian Health Practitioner Regulation Agency* (AHPRA) receives and investigates complaints of misconduct against health practitioners. Using a balance of probabilities standard,[52] AHPRA seeks to establish the merits of each complaint. If AHPRA investigators conclude that a health practitioner has engaged in misconduct, then the Agency may pursue the matter in one of three ways.[53] Depending on the nature and gravity of the misconduct, AHPRA can issue a caution, accept undertakings, impose conditions, or refer all or part of the notification to another body. In more serious cases, AHPRA may convene a *Panel Hearing*. These hearings apply a balance of probabilities evidentiary standard. Upon

[49] Such notification should obviously take place even where there seems little likelihood of a successful prosecution.
[50] See the *Working with Children Act 2005 (Vic),* ss.12-14.
[51] See the *Health Practitioner Regulation National Law Act 2009* and the *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic).* See also the Health & Care Professions Council, *Health and Social Work Professions Order 2001: Consolidated Text*, 2013, http://www.hpc-uk.org (retrieved 14 September 2013); & Health & Care Professions Council, *The Fitness to Practise Process*, 2012, http://www.hpc-uk.org (retrieved 14 September 2013).
[52] See Australian Health Practitioner Regulation Agency, "Information on Panel Hearings," (2012), http://www.ahpra.gov.au (25 August, 2012), 4.
[53] For information regarding AHPRA's notification processes, see their website http://www.ahpra.gov.au/Notifications-and-Outcomes/Notification-Process.aspx.

concluding its deliberations, the relevant panel may then decide to take no further action, issue a caution or reprimand, impose conditions, refer to another body, or suspend the practitioner's registration. Finally, in the most serious cases, AHPRA may refer the matter to the relevant tribunal, which in the case of Victoria is the *Victorian Civil and Administrative Tribunal* (VCAT).[54] VCAT's evidentiary standard is one of fairness.[55] Upon hearing the matter, VCAT may then decide to take no further action, issue a caution or reprimand, impose conditions, fine the registrant, suspend registration or cancel registration.

Currently, decisions taken under the *Health Practitioner Regulation National Law (Victoria) Act 2009* (Vic) to suspend or cancel a health practitioner's registration may be considered by the Secretary of the Department of Justice when they determine whether a person should be granted a *Working with Children Check*.[56] As such, any complaint of serious misconduct against a health practitioner, which has undergone a rigorous and professional investigation by AHPRA and has been found proven by either a Panel Hearing or VCAT, may result in the exclusion of that health practitioner from the community-based child and family service sector. This process has the clear advantages of (i) protecting vulnerable persons from those who have engaged in serious misconduct, even when this conduct cannot be proven beyond reasonable doubt,[57] and (ii) providing a process that provides adequate protections to the subjects of the complaint. The rights of the subject of a complaint are protected by providing a properly resourced and professional investigative process (AHPRA), rules of procedural fairness and avenues of appeal.[58]

However, no such processes exist for non-health practitioners working in the community-based child and family service sector. For non-health practitioners whose misconduct cannot be subjected to successful criminal prosecution, there are no enduring sanctions beyond immediate dismissal. Yet, surely there can be no distinction between health practitioners and non-health

[54] *Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)*, s.6.
[55] *Victorian Civil and Administrative Tribunal Act 1998 (Vic),* ss.97-98.
[56] *Working with Children Act 2005 (Vic)*, ss.14(1)(a)(iii); 14(2); & 14(3).
[57] Criminal law's evidentiary standard of 'beyond reasonable doubt' is appropriately high given that criminal prosecutions may result in the accused being deprived of their liberty. However, outside criminal law, a lower evidentiary standard (e.g., fairness or balance of probabilities) is often acceptable in order to protect community interests, especially the interests of the most vulnerable members of that community.
[58] A health practitioner penalized by a Panel Hearing may appeal to VCAT [*Health Practitioner Regulation National Law Act 2009,* s.199] and a VCAT findings may be appealed to the Victorian Court of Appeals [*Victorian Civil and Administrative Tribunal Act 1998 (Vic)*, s.148].

practitioners that justifies their different levels of accountability. Surely, each professional group poses the same level of threat to the wellbeing of Victorian children and their families. As such, CPS encourages the Commission to consider removing this double standard and make non-health practitioners as accountable for their actions as their health practitioner colleagues.

Currently all health practitioners are registered health professionals and as such are required to subscribe to a clear set of professional conduct standards.[59] When a serious breach in these standards occurs, a health practitioner can be deregistered, thereby, preventing them from continuing to act as a health professional. Such action can be taken even where the alleged misconduct does not constitute a crime or where the alleged misconduct does constitute a crime but there is insufficient evidence to convict. However, non-health practitioners operating in the community-based child and family service sector are neither registered like their health colleagues nor obliged to subscribe to a uniform set of professional conduct standards.

While Psychologists are required to register with the Psychology Board of Australia, other professional disciplines such as Social Workers, Youth Workers, and the myriad of counselling disciplines, do not require registration with the associated body in order to practice. It is recommended that regulations for all human services related professional bodies, along with national and state legislation, should be amended to mandate registration to practice in accordance with the relevant discipline, and that deregistration for serious misconduct will occur following investigation by that professional body. This information could then be used to influence the decision of the Secretary of the Department of Justice regarding the continuation or suspension of a *Working with Children Check*.

In lieu of the above amendments being made by existing professional bodies, CPS suggests that the Commission consider the merits of creating a system in which all non-health practitioners working in the community-based child and family service sector would, upon their employment by a community-based child and family service organisation, be required to register as a child and family professional and acknowledge a uniform set of professional conduct standards. Complaints of misconduct could then go through AHPRA (or some similar independent government agency) and serious misconduct could result in deregistration. Deregistration could then affect the decision of the Secretary of the Department of Justice to continue to grant the deregistered non-health

[59] See *Health Practitioner Regulation National Law (Victoria) Act 2009* (Vic) s.1.

practitioner a *Working with Children Check*. Moreover, a person's deregistered status would become obvious to any prospective employer in the community-based child and family service sector. Therefore, registration would rectify the current situation in which past misconduct can quickly become invisible to prospective sector employers.

Finally, the Commission can also look to *Health & Care Professions Council* (HCPC) for another possible regulation model. The HCPC emphasises the concept of *fitness to practise*. Fitness to practice encompasses the skills, knowledge and character a professional must have in order for them to practise safely and effectively. [60] The idea of *fitness to practise* certainly goes to the acquisition and maintenance of set of professional attributes, but it also speaks to employer obligations in the areas of supervision, professional development and workplace culture. If the Commission considers the creation of a national registration, standards and complaints body, then CPS encourages the Commission to look at HCPC regulatory framework.

In sum, CPS recommends that the Commission consider the merits of creating a national registration, standards and complaints body in the fields of child and family services and other related professions. We suggest that (i) all persons working in the child and family community sector should be required to register with this proposed national body and (ii) it should be an offence for any employer to employ someone who is not eligible for registration. Perhaps along the lines of HCPC, the national body would also be resourced and mandated to publish professional standards and (like both AHPRA and HCPC) to hear those complaints of misconduct that do not rise to the level of a criminal conduct but which constitute a breach of professional standards and may indicate the early signs of abusive behaviour.

8. Conclusion

All children should be able to rely of the professionalism and good will of those employed or volunteering in our institutions. Whether in our universal services like education and health; or in our specialist services like disability and out-of-home care, or in our community institutions like religious institutions and sporting associations, children depend on adults to protect them and help them to flourish. This trust ought never be betrayed and it is the indefeasible responsibility of all Australian governments to create effective

[60] Health & Care Professions Council, *The Fitness to Practise Process*, 2012, http://www.hpc-uk.org (retrieved 14 September 2013), 2.

regulations that promote child safety, while also promoting a wider Australian culture that values and listens to children, especially when they tell us of their abuse and neglect.

CPS wishes to thank the Commission for this opportunity to comment on the issues raised in their *Issues Paper 3: Child Safe Institutions**.*** CPS values the work of the Commission and we wish you well in your efforts to better protect Australian children from institutional child sexual abuse. We hope that your recommendations will support the creation of a safer, more developmentally friendly environment for all Australian children.

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Appendix A: Risk & Protective Factors for Child Maltreatment

RISK AND PROTECTIVE FACTORS FOR CHILD MALTREATMENT[61]		
Ecological Level	**Risk Factors**	**Protective Factors**
Child	▪ Age ▪ Gender ▪ Premature birth, birth abnormalities low birth weight, toxic exposure *in utero* ▪ Poor health or disability ▪ Antisocial peer group ▪ Difficult temperament or behaviour ▪ Indigenous identity ▪ LGBT identity	▪ Birth order – first born ▪ Good health ▪ Highly active – multiple interests & hobbies ▪ Good temperament - positive, precocious, inquisitive, willing to take risks, optimistic, altruistic, independent, etc. ▪ Meets developmental milestones ▪ Self-concept – high self-esteem, internal locus of control, ability to give and receive love and affection ▪ Perceptive – adeptly assesses dangers & avoids harm ▪ Interpersonal skills – able to create & maintain meaningful relationships, assertive, social competent, able to relate to both children and adults, articulate ▪ Cognitive skills – ability to focus on positive attributes & ignore negative ones ▪ Intellectual abilities – high intelligence and excellent academic achievement
Caregiver/Family	▪ Poverty & low Income ▪ Sole parent or blended family ▪ High number of children ▪ Unrealistic expectations and inaccurate beliefs regarding child development & behaviour ▪ Impulsivity, anxiety, depression, or tendency toward anger ▪ Low tolerance for frustration ▪ Feelings of insecurity or parental incompetence ▪ Prior history of child maltreatment ▪ Adolescent/Inexperienced mother ▪ Mental illness ▪ Substance misuse ▪ History of committing intimate partner abuse ▪ Caregiver stress ▪ Social isolation	▪ Structure – rules & household responsibilities for all members ▪ Family relationships – coherence & attachments, feelings expressed openly ▪ Caregiver factors – supervision of children, strong attachment to at least one caregiver, warm and supportive relationship, abundant attention during the 1st year of life, agreement between caregivers n family values & morals, emotional availability ▪ Social support & nurturing relationship with alloparents (e.g., grandparents, aunts, uncles, family friends, etc.) ▪ A positive relationship with at least one non-parental adult ▪ Reciprocity in relationships ▪ Family size – four or fewer children spaced at least two years apart ▪ Middle to high socio-economic status
Child-Caregiver (*Goodness of Fit*)	▪ Poor fit between child traits/behaviour and caregiver traits/behaviour	▪ Good fit between child traits/behaviour and caregiver traits/behaviour

[61] *Table 1* is an edited and expanded form of the work of Peter J. Pecora, "Child Welfare Policies and Programs," in *Children and Families: A Risk and Resilience Perspective*, ed. Jeffrey M. Jenson and Mark W. Fraser, (Thousand Oaks, London, & New Delhi: SAGE Publications, 2006), 31f.

Neighbourhood	▪ Poverty & low Income ▪ High cost of housing ▪ Inadequate housing ▪ Lack of access to medical care, adequate childcare, & social services ▪ Local unemployment rate ▪ Level of concentrated poverty ▪ Poor use of public space ▪ Lack of social cohesion & collective efficacy ▪ Residential instability ▪ High level of violence ▪ High toleration of violence ▪ High per capita density of alcohol outlets	▪ Positive peer relationships ▪ Many opportunities for education, employment, growth and achievement
Cultural/Societal	▪ Social & cultural norms that promote or tolerate corporal punishment ▪ Social & cultural norms that promote or tolerate violence ▪ Social & cultural norms that promote or tolerate gender discrimination and inequality ▪ Social & cultural norms that promote or tolerate racial discrimination and inequality ▪ Social & cultural norms that are disrespectful of child and caregivers ▪ Lack of adequate laws protecting the rights of children	▪ Social & cultural norms that are intolerant of corporal punishment ▪ Social & cultural norms that are intolerant of violence ▪ Social & cultural norms that promote gender equality ▪ Social & cultural norms that promote racial equality ▪ Social & cultural norms that are respectful of child and caregivers ▪ Adequate laws protecting the rights of children

Appendix B: Introducing the Children's Protection Society

The Children's Protection Society (CPS) is a Victorian not-for-profit organisation. Our mission is "to break the cycle of abuse and neglect in families and to improve the life chances and choices for all children". Consistent with this child centred mission we provide services to children and their families, which aim to protect children from harm, and to remedy harm done to children as a result of neglect and abuse.

Founded in 1896 as the Victorian Society for the Prevention of Cruelty to Children, CPS is one of the oldest independent child welfare organisations in Victoria and holds a unique place in the history of both Victorian and Australian child protection.

Throughout its history, CPS has accumulated a distinguished record of leadership and innovation in the design and provision of integrated child protection services. CPS is unrelenting in its dedication to provide early intervention and effective support to Victoria's most vulnerable children. We provide counselling and support to children and families experiencing child maltreatment. CPS is also funded to provide counselling for children exhibiting sexually abusive behaviours, support services for first-time mothers, and men's programs specifically designed to generate better fathering within at-risk Victorian families.

CPS is well connected to other local organisations which provide services to vulnerable children and their families. We are the lead agency for the Victorian Government's *ChildFIRST* program in the north east region of Melbourne. We are building a continuum of care with the *Transitions Clinic* at the *Mercy Hospital for Women* through early interventions such as the *I'm an Aboriginal Dad* program and the *Mentoring Mums* project. Furthermore, through our *Child & Family Centre* we provide direct early childhood care and education to children at risk of developmental delays because of abuse and neglect.

CPS also has a focus on community practice with relationships and partnerships with *Banyule Community Health*, the *Northern Hospital*, *Noah's Arc Northern*, *Neighbourhood Renewal Projects*, and local governments, along with having a broad range of networks with groups concerned with breaking the cycle of abuse and improving opportunities for children.

We are governed by a board of management and have over 80 staff comprised mainly of specialised professionals including social workers, child and family therapists, and counsellors.

CURRENT SERVICES PROVIDED BY THE CHILDREN'S PROTECTION SOCIETY

We provide ongoing services at two levels – (i) direct services to children and their families and (ii) leading the regional coordinated entry and referral service (viz., ChildFIRST North East).

(i) Direct services to children and their families:

Since 1896, CPS has provided services directly to children and families. These services currently include:

Sexual Abuse Counselling Services: Our team of qualified counsellors, psychologists, social workers and art therapists provide an internationally recognised specialist therapeutic counselling service for children and young people who have been sexually abused. Our child-centred, family focused approach encourages parental involvement in the counselling process to promote recovery for children impacted by sexual abuse.

In addition, the service provides expert therapeutic interventions for children with sexualised behaviours and young people who have exhibited sexually abusive behaviours. We were the first voluntary sexually abusive behaviour treatment program in Australia, and continue to lead the sector in our work with young people who engage in sexually harmful behaviour. Of particular focus is our work with families to address issues of sibling sexual abuse by working with families to adopt child safe practices around instituting personal boundaries and supporting the healthy sexual development of children.

In 2012-13, the achievements of the Counselling Service included:

- The provision of 6,680 hours of counselling for 201 sexually abused children and young people;
- The provision of 3,547 hours of treatment to 76 young people engaging in sexually abusive behaviours, with 22 young people completing treatment; and
- The provision of two group programs for victims of sexual abuse.

Family Services: These services include in-home supports programs, parenting support programs and specialised fatherhood support programs. Together they are designed to offer a universal protection platform for the identification and support of vulnerable children, while striving to prevent the unnecessary progression of these children into the statutory child protection system. In 2012-13, the achievements of Family Services included:

- Providing 20,236 hours of support to 311 families;

- Supporting 48 children via social skills groups and working with 8 prep grade classes and their teachers;
- Training and support for 30 volunteers for the *Mentoring Mums* project;
- The provision of six community engagement sessions with the Somali community; and
- The provision of an ongoing support groups for grandparents to assist them in caring for and nurturing the children in their care.

Early Childhood Education and Care: Children and infants who are at-risk of maltreatment are also at-risk of developmental deficits that will compromise their life trajectories. These children are generally absent from early childhood care and education services. Despite Victoria's high rate of state-funded pre-school enrolment (94%), many of the children involved in CPS's support programs (≥5 years of age) do not participate in any pre-school or early childcare services. This suggests that most of the 6% of Victorian children currently not enrolled in pre-school are children who suffer a significant risk for maltreatment. Consequently, the children most in need of high-quality early education and care services are those children least likely to participate in them.

In response to this problem, CPS has worked with the Commonwealth Government, Victorian Government and philanthropic partners to establish an early childhood care and education pilot program at our *Child & Family Centre* in West Heidelberg. The pilot program targets at-risk children and their families and is designed to provide early childcare and education services within a wraparound model of family support.

In 2012-13, the achievements of the Early Childhood Education and Care project included:

- Provision of five hours of care, five days per week, for 37 children; and
- The provision of approximately 43,000 hours of childcare delivered at CPS Child & Family Centre.

Committed to best practice standards and evidence-based practice, CPS has also established an *Early Years Education Research Project*, which aims to evaluate the Child & Family Centre. The research project consists of a randomised controlled trial that will test the effectiveness of the Centre's model of care. It will conduct a rigorous social and cost benefit analysis of providing a centre-base childcare early intervention program aimed at breaking intergenerational cycles of abuse and neglect.

Learning and Development: We offer professional training and community education services in order to promote protective behaviours within in the family, raise community awareness about child maltreatment, and mobilise community action. We also offer specialised training and education programs that can be tailored to meet the needs of organisations charged with the care of children such as schools, residential care services, and foster care.

In 2012-13, CPS delivered:

- 105 hours of training to professionals working with children and adolescents;
- Training focused on responding to child abuse, engaging with vulnerable families and managing sexualised behaviours to 786 professionals across the early childhood, education, and welfare sectors

(ii) ChildFIRST North East:

Since 2007, CPS has been the agency responsible for operating ChildFIRST North East,[62] which provides a centralised intake service in the north-east metropolitan area. ChildFIRST North East assesses and refers at-risk children and their families onto nine regional family support services: Anglicare, Berry Street, Brotherhood of St Laurence, Children's Protection Society, City of Darebin, City of Yarra, North Yarra Community Health Centre, Kildonan Uniting Care and the Victorian Aboriginal Child Care Association. In 2012-13, 1538 families received telephone support and referral through Child FIRST. Child FIRST also performed 828 comprehensive family assessments and allocated 388 families for ongoing case management.

[62] Child and Family Information Referral and Support Team