About the Author

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Child Wise

Submission - Issues Paper 4

Preventing Sexual Abuse of Children in Out of Home Care
November 2013

Royal Commission into Institutional Responses to Child Abuse
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About Child Wise

At Child Wise, we believe that the abuse and exploitation of children is unacceptable and that it can and should be prevented. By creating child safe organisations and communities, we act to prevent, reduce, and minimise child abuse and exploitation in all their forms.

Our programs are child-focused, award-winning and informed by a fundamental belief that children have the right to physical and psychological safety. The United Nation’s ‘best interest of the child’ principle inspires all our work to prevent child abuse and exploitation. We do this through:

- Policy Development & Child Safe Organisation Certification
- Comprehensive Training Programs
- National Child Abuse Helpline
- Child Rights Advocacy

Child Wise’s National Child Abuse Prevention Model combines these elements to provide the benchmark for child safe organisations. Underpinned by the ‘12 Standards for a Child Safe Organisation’, this model employs situational crime prevention techniques and elements of the public health model to protect children from the risk of abuse.

We all have a moral duty of care to ensure children are safe from harm. We must act now to make child abuse a thing of the past.
Recommendations

That children’s rights must be given equal or greater weight than adult rights because children are the vulnerable party and it is to them that adults owe an obligation of care. All decisions made should be in ‘the best interests of the child’.

That there is a focus on the UN Convention on the Rights of the Child, specifically, ‘in all actions concerning children…the best interests of the child shall be a primary consideration.’

That there should be a Charter of Rights for Children in OOHC that reflects best practice – the Victorian Commission for Children and Young People’s Charter is exemplary and should be used as a model for a National Charter.

That there must be a clear set of National Child Abuse Prevention Standards, with OOHC industry and activity specific regulations, in line with Child Wise’s ‘12 Standards for a Child Safe Organisation’.

That there should be an independent regulatory system overseen by a national child protection body, ‘Child Safe Australia’.

That there should be a harmonised, national system for OOHC with standardised practices and requirements across all States and Territories.

That facility-based and home-based care are considered to require the same level of oversight and regulations.

That there should be additional resources devoted to supporting parents, carers, and staff in the OOHC system.

That all staff who are in the OOHC system should receive standardised training on child abuse and child safe organisations, which should be made a requirement of their course of study or employment.

That all carers who are in the OOHC system should receive standardised training on child abuse.

That there should be extra resources and a greater focus on early interventions within the child protection system to reduce the number of children in OOHC.

That there should be extra resources directed towards assisting Aboriginal and Torres Strait Islander people within the OOHC system.
Introduction

Out of home care is effectively home-based care. There is a need for secure ongoing care and stable relationships to help children build a sense of themselves, and to enable them to articulate their needs. This is not just important for the wellbeing of the child, but also to empower them to speak up if they feel unsafe or are being abused.

Historically the cases of abuse within residential care have been the focus of a number of Inquiries. However, home-based care has been the dominant form of OOHC for many years, although there is little data on reported cases of child sexual abuse within these systems. In the past decade, kinship care has developed by default into the largest proportion of OOHC, but it is the one least supported by child safe systems and practices. Abuse may be reflected in the wider family, and it must be recognised that the risk environment has shifted to kinship care.

There must also be a focus on improving outcomes and support for Aboriginal and Torres Strait Islanders, as they are vastly overrepresented in the OOHC system. The principle of placing them with another Aboriginal or Torres Strait Islander family is a sound one, but with the increasing numbers of Indigenous children entering the system, there are not enough foster or kinship carer families available. Earlier, better interventions, may help to reduce the number of Indigenous children who require OOHC.
Child Wise believes for a child to be considered ‘safe and secure’ within OOHC systems, these organisations and institutions should have:

- A focus on the UN Convention on the Rights of the Child, specifically, ‘in all actions concerning children…the best interests of the child shall be a primary consideration.’ (United Nations, 1989);
- A Charter of Rights for Children in OOHC that reflects best practice – the Victorian Commission for Children and Young People’s Charter is exemplary and should be used as a model for a National Charter
- A clear set of National Child Abuse Prevention Standards, with OOHC industry and activity specific regulations, in line with Child Wise’s ‘12 Standards for a Child Safe Organisation’;
- An independent regulatory system overseen by a national child protection body, ‘Child Safe Australia’; and
- A harmonised, national system for OOHC with standardised practices and requirements across all States and Territories.

There is a need to ensure that all organisations and institutions that provide OOHC for children are ‘child safe’ – there must be effective safeguards for both facility-based and home-based care. The ‘12 Standards for a Child Safe Organisation’ (the Standards) are easiest to implement within a traditional organisations; that is to say, facility-based interactions with children, or organisations with defined activities and contact with children, such as residential care units. Yet when considering home-based care, which is 93% of all OOHC, the structures of a facility-based organisation are not present. Nonetheless, home-based care should be subject to the same rigorous and thorough assessments and requirements as any other organisation that works with children.

Care must be taken not to raise the barriers for entry to foster or kinship care so high that people are discouraged from welcoming children into their home; equally children deserve adequate safeguards and the thorough assessment of potential foster or kinship carers. In particular, the means of protecting children in kinship care must be examined carefully – in 2011, for the first time, the number of children in kinship care outstripped those in foster care. This trend is expected to continue, with falling numbers of foster carers. Improved safeguards for children in kinship care should be a priority.
The safeguarding of children must be founded on an organisational commitment to a set of values that have the wellbeing of children at their heart. These values, and the supporting systems and processes that reinforce them, must be clear and visible, implemented with defined methods, and subject to ongoing monitoring and review (Erooga, 2009). When this fails to occur, organisations are vulnerable to a ‘corruption of care’ (Wardaugh & Wilding, 1993).

To improve the safety of children in all forms of OOHC will require extra resources and funding, and a willingness to develop new and comprehensive regulatory systems. Additionally, child protection and OOHC systems must be harmonised across all States and Territories. Only when this commitment is made will OOHC systems be able to become ‘child safe’. These elements will be considered in more detail below.

**UN Convention on the Rights of the Child**

The United Nations Convention on the Rights of the Child, Article Three, states that ‘in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration’ (United Nations, 1989). The value in this definition is not only for the international standing the document holds, but for the way it identifies the primary right of children to be protected from all forms of harm. It should form the foundation of OOHC practices.

This must be the benchmark for considering children’s welfare. If it is deployed at the heart of an organisation’s work, it will form the basis for an enduring culture of child safe practices. Kendrick & Taylor believe that by relying on this as a foundational document, organisations will be more likely to break down the barriers to reporting abuse and to create a more open organisational culture (2000). It should also be incorporated into a National Charter of Rights for Children in OOHC.

**National Charter of Rights for Children in OOHC**

Child Wise calls for there to be a National Charter of Rights for Children in OOHC. This Charter should reflect Standard 9 – Empowering Children & Young People, and must clearly articulate their rights and privileges. Any Charter must be tailored to children of different ages and levels of understanding, and the Charter should be included in all training and inductions for children, carers, parents, and staff.
Child Wise recommends that the Commission consider the work of the Commission for Children & Young People in Victoria, as the Charter for Children in Out-of-home Care is exemplary in this regard. It clearly articulates the needs of children in care, and has a detailed explanation of these rights on the reverse. A National Charter should also reflect the United Nations Convention on the Rights of the Child.

The intent of such a Charter should be to empower children and young people to speak up, not just about abuse, but about behaviours, situations, or treatment they feel uncomfortable or unsafe to be exposed to. Encouraging children to speak about these things when they occur at a low level will help to create an environment where children feel safe and able to raise concerns about abuse as well.

It is critical, of course, that systems are in place to respond to any such concerns raised by children – they must feel confident that their concerns are addressed and dealt with promptly and appropriately. Staff and carers should be trained and enabled to deal with concerns by children about abuse and maltreatment, but also general concerns about safety or their treatment – only when all people responsible for caring for children are able to respond appropriately will a child safe environment be fostered.

**National Child Abuse Prevention Standards**

Child Wise established the ‘12 Standards for a Child Safe Organisation’ (the Standards) to create a framework for building open, transparent, and accountable organisations. If fully adopted, the Standards will act to combat those barriers to establishing a child safe organisation – fear, denial, a lack of resources, complacency, and an entrenched culture.

The Standards employ situational crime prevention tools to create environments that are ‘child safe’ – the aim of a ‘child safe organisation’ should be to create a culture and environment where abuse is unable to take place. The Standards aim to prevent, minimise, and end child abuse in an organisational and institutional context.

Recognising that there is no fool-proof system for the complete prevention of all forms of abuse, the Standards incorporate elements of public health interventions to prevent the abuse of children, minimise the risk of abuse by heightening the likelihood that abuse will be detected, and to reduce the long term impacts of abuse on children.
Child Wise believes that these Standards should be adopted by the Federal Government as part of a National Child Abuse Prevention Strategy. Just as all organisations are expected to meet Occupational Health and Safety standards through OHS regulations (i.e. WorkCover), organisations with a duty of care for children should be expected to meet standards for their protection and care.

The ‘12 Standards for a Child Safe Organisation’

1. An Open & Aware Culture
2. Understanding Child Abuse
3. Managing Risk to Minimise Abuse
5. Clear Boundaries
6. Recruitment & Selection
7. Screening of Representatives
8. Support & Supervision
9. Empowering Children & Young People
10. Training & Education
11. Complaints & Disclosures
12. Legal Responsibilities

For further information about the individual Standards and the evidence for their effectiveness, please consult Child Wise's Submission to the Royal Commission on Issues Paper 3 – Child Safe Organisations.

These Standards are the overall requirements that will ensure child safe organisations, and they should guide all decisions in this area. Smallbone & Wortley found that:

• For intra-familial sex offenders, the most common means for organising time alone with the child was being at home alone with the knowledge of their wife or girlfriend (57.7%) and through watching television with the child (36.6%);
• For extra-familial sex offenders, the most common venue was similarly watching television with the child (32.2%), letting the child sleep in the same bed (30.5%) and going for car rides with the child (30.5%); and
• For mixed-type offenders (offending in and outside the family), the most common means was similarly watching television with the child (73.3%), sneaking into the child’s bedroom at night (63.3%) and letting the child sleep in the same bed (60.0%).

(Smallbone & Wortley, 2001)
It is unclear how accurately this may be applied to the OOHC setting, but the two clear commonalities of the situations where abuse occurs are: spending general time alone and unsupervised with a child, and sharing intimate activities alone with the child. It would seem that by minimising the opportunities for these unsupervised activities to occur, the chances of child abuse happening will be reduced.

However, it must be recognised that in OOHC care, and especially in home-based care, this is highly problematic. Watching television and going for car rides are normal experiences for children and can be important elements of the bonding process between carer and the child in care. It may be that the most effective way to protect children in OOHC from abuse in these situations is through personal safety training (Standard 9 Empowering Children & Young People).

Enabling children and young people to have a voice will foster openness and accountability, and make it more likely that the best interests of the child will be placed at the heart of the OOHC system. By creating an environment where children and young people’s voices are valued it will increase the options and ability for them to speak up about abuse or abusive behaviours.

The predominant view is that most primary interventions around personal safety programs are highly successful in imparting knowledge about sexual abuse to children, and although the evidence for the adoption of self-protective behaviour is weaker, it still suggests a positive effect (Topping & Barron, 2009; Zwi et al., 2008). In OOHC, personal safety training for children is critical in empowering them to speak up about abuse, as is implementing clear Complaints & Disclosure policies (Standard 11 – Complaints & Disclosures). A fully implemented Charter of Rights for Children in Out of Home Care will assist in empowering children and young people.

Child Wise’s Standards recommend activity specific safeguards to protect children – risk assessments of organisations or particular activities (i.e. the risks in foster care are different to residential) will identify the individual safeguards need to be established. Ultimately, to meet the 12 Standards each type of OOHC would be required to put in place different safeguards depending on their contact with children.

When determining how the Standards should be implemented across the OOHC sector and industry, they should be further refined to address specific needs. Some aspects of each type of OOHC that should be considered are:
Residential Care:

As this is a service in a facility and with paid staff, this adheres closely to the model of a child safe organisation as identified in Issues Paper 3 – Child Safe Organisation.

In addition to Standard 6 – Recruitment & Selection, Child Wise recommends the Commission should consider ‘Residential Child Care Staff Selection: Choose With Care’ (Kiraly, 2001), which provides a toolkit for use when considering staff selection within residential care facilities. This book is an excellent source of information on building strong staffing systems, and approaches it holistically – including principles of quality care.

As discussed later in this submission, there should be specialised training provided to residential care workers, which must include:

• Sexually Abusive Behaviours, and
• Professional Boundaries.

The same approach should be undertaken in family group homes.

Home-based care:

Including both foster and kinship care, home-based care should require standardised selection and assessment processes, which should be conducted prior to any child entering care. Child Wise recommends the Commission consider the expertise of the Centre for Excellence in Child and Family Welfare and their submission on this topic.

A National Child Abuse Prevention Body – ‘Child Safe Australia’

As outlined in Child Wise’s submission on Issues Paper 3 – Child Safe Organisations, there is a need for a National Child Abuse Prevention Strategy, with an independent national body to oversee the Strategy’s implementation.

‘Child Safe Australia’ should be made up of the relevant State, Territory, and Federal Government Community Service Ministers, and include representatives from the State and Territory Regulatory Bodies (detailed below). It should receive advice from the Child & Youth Commissioners (State, Territory, and National), but must be independent of them – their role is to advocate for children and should not be involved in monitoring organisations who work with them. It is important to include Ministers and Commissioners responsible for the Disability and Indigenous Sectors as they represent some of the most vulnerable groups of children. It should be the responsibility of COAG to formalise the make up of this body.
‘Child Safe Australia’ should be responsible for developing a Model Act for the National Child Abuse Prevention Strategy. This should occur through a public consultation process, including Governments, NGOs, community service organisations, and the wider public. It should aim to assess each industry based on the National Standards and then to develop and determine regulations specific to each industry.

For instance, an organisation that operates a series of residential care units will need to meet (and demonstrate how it meets) the Standards in ways that are different from the requirements for home-based care. Each sector and organisation should be required to meet the Standards in relation to their specific activities and undertakings. ‘Child Safe Australia’, as a national and independent body, would be best suited to determining how these requirements can be established in relation to out of home care – this must be a consultative process that allows experts, stakeholders, clients, and organisations to take part.

‘Child Safe Australia’ should oversee, monitor, and support new State and Territory Regulatory Bodies who would be responsible for accreditation of organisations that work with children. It must also support State and Territory Governments as they work to implement a Model Act. This is discussed in more detail in Issues Paper 3 – Child Safe Organisations.

‘Child Safe Australia’ should also monitor and oversee a Central Reporting Mechanism for collecting information on complaints, allegations, and incidents of abuse that occurs within organisations. This serves two purposes:

• To address gaps in knowledge about abuse types, prevalence, and incidents within organisations and institutions; and
• To assist in ensuring organisational compliance with the Standards and regulatory requirements.

The State and Territory Regulatory Bodies should act as an intermediary for the Central Reporting Mechanism at ‘Child Safe Australia’, referring incidents, complaints, and allegations that occur at organisations to the central body. They should be responsible for ensuring organisations and institutions report promptly, and include all relevant details, including:

• What the allegation/incident was,
• When it was made,
• What action was taken, and
• In what situation it occurred.
This should be considered as part of a ‘no fault’ system, where the organisation is encouraged to report all allegations or incidents – building a picture of how organisational abuse can be prevented. It may be necessary to ensure the details, when stored, are de-identified. It will also enable the State and Territory Regulatory Bodies to investigate incidents and compliance issues, and provide support for organisations to ensure better systems can be put in place to prevent child abuse.

The Central Reporting Mechanism outlined above should be used to help determine the rate of sexual abuse of children within OOHC. It should aim to capture all forms of abuse, and then identify specific types as is relevant. By linking this mechanism to the national ‘Child Safe Australia’ body and associated accreditation schemes, it will be easier to track changes to OOHC practices based on cases or instances of child sexual abuse. This should also identify the situations where the abuse occurred – knowing it happened is not enough, for the environmental conditions that allow abuse to take place must be addressed as well.

There is evidence that shows well designed public awareness campaigns can positively influence attitudes to child sexual abuse (Andrews, McLeese & Curran, 1995; Weiss & Tschirhart, 1994; Horsfall, Bromfield & McDonald, 2010). ‘Child Safe Australia’ should also run National Awareness Campaigns to address community ignorance and complacency about the risks and incidence of child abuse, what to do when it is suspected or disclosed, and how to prevent it – this will contribute to improving outcomes for children, and may help to reduce the number of children who require access to the OOHC system.

Equally, the need for greater efforts in early intervention is paramount. Child Wise recommends that the Royal Commission considers the work of ARACY – Inverting the Pyramid: Enhancing systems for protecting children on the need to shift the focus to early interventions (2009). By trying to improve the situation of vulnerable children, the likelihood of abuse occurring will be lowered.

**A Harmonised System**

‘Child Safe Australia’ should also aim to harmonise Child Protection systems, and OOHC approaches and legislation across Australia, including the departments responsible for early interventions. Having different systems for OOHC, different definitions, and different approaches, leads to challenges in assessing incidence of abuse and best practice in protecting children.
Greater efforts should be directed towards developing nationally consistent systems of OOHC, which should all be required to meet the National Standards and Regulations to be determined by ‘Child Safe Australia’. These should be based on Child Wise’s ‘12 Standards for a Child Safe Organisation’. In order to determine the best methods of protecting children within OOHC there must be further research undertaken. This is especially the case in kinship care, where there is a limited understanding of how children may be exposed to the risk of child abuse.

**Accreditation & Auditing Models**

Currently, most auditing processes for OOHC, both in residential units and for home-based care, are planned and announced visits. This allows for gaps which may exist in between visits to be addressed, and for preparation to make systems compliant where they may not be otherwise. Child Wise argues that there is a need to break down barriers of secrecy that these auditing systems may allow to develop by implementing better auditing and accreditation systems.

The following is excerpted from Child Wise’s submission, Issues Paper 3 – Child Safe Organisations. It identifies a possible accreditation system. When considering OOHC specifically, self-compliance and initial assessments would need to be covered under regulations laid down by ‘Child Safe Australia’ and implemented by the State and Territory bodies.

The States and Territories should establish independent, statutory bodies responsible for implementing the recommendations of ‘Child Safe Australia’, and any legislation that the States and Territories promulgate in response to a Model Act.

These bodies should be responsible for the accreditation of organisations and institutions through monitoring compliance with the Standards, conducting site visits, and following up and investigating complaints or incidents of child abuse within organisations or institutions. A proposed approach to this is detailed under ‘Accreditation and Compliance Systems’ later in this section. These bodies should also provide support and assistance to organisations and institutions in becoming child safe and in implementing child safe strategies.
Designing a compliance system is a complex task, and one which should be conducted through the ‘Child Safe Australia’ consultation process. In an ideal world, the Regulatory Bodies would conduct regular external audits of every organisation that works with children to accredit them as being ‘child safe’. Child Wise recognises that this would be a highly impractical and costly approach to building child safe organisations, and so we recommend a multilayered approach to monitoring and compliance. Using our experience in conducting the ‘Child Safe Organisation Certification’ Program, Child Wise believes there are a number of key features that are required to make a compliance and accreditation system effective.

**Accreditation**
Gugerty argues that a key factor in designing compliance processes is providing a ‘signal of quality’ to stakeholders (such as clients) through an accreditation system or process (2009). Such a process should publically disclose the findings from the organisational assessment, and should include effective sanctions should the criteria not be met. These sanctions should sit on a sliding scale, and may include:

- Recommendations for corrective action but confidential,
- Recommendations for corrective action but made public,
- Financial penalties,
- License suspension, or
- Suspension of license publicised.

Adapted from Lloyd, Calvo & Laybourn (2010)

**Compliance**
To ensure accreditation is relevant and effective, mechanisms also need to be developed that provide monitoring and, where necessary, enforcement of the Standards. There are two types of monitoring for compliance that should be considered.

**Preventative Monitoring**
This should involve self-compliance mechanisms, and third party monitoring of compliance.

Self-compliance should consist of documentation assessment (i.e. child protection policies and complaints procedures), checklists, representative surveys, external beneficiaries/stakeholder assessments, and include the views of children. This process could be facilitated by a third party, but must go to the Regulatory Body for assessment and approval.
Third party monitoring of compliance should be conducted periodically by the Regulatory Body itself – based on the self-compliance process or incident/complaint reporting, it should identify organisations that require site visits and representative interviews to assess compliance. It should also, like OHS/WorkCover, include random site inspections/spot visits.

As should be clear from above – any auditing or accreditation system must be independent from the department responsible for overseeing OOHC. Independence allows for greater accountability, and can ensure that organisations and departments responsible for providing OOHC are meeting their requirements. Only then can any barriers to the reporting of child abuse be broken down, and closed systems to be opened to scrutiny.

**Training**

Child Wise since its inception has been delivering a range of training/workshops options, all focused in part or as a whole to develop skills, knowledge and practice relative to Child Safe practices for children and young people. These training/workshops take a preventative, proactive and participatory stance on child protection issues, to minimise and prevent child sex abuse and exploitation.

Although Child Wise’s trainings and workshops are focussed on minimising child sexual abuse, the principle and content of trainings and workshops of which have been founded on Child Wises Child Safe Organisations programs can be utilised effectively across all abuse types.

Child Wise will acknowledge that no substantive empirical evidence has been gathered to determine the effectiveness of training/workshops relative to child abuse prevention as highlighted within Emerging Practices in the Prevention of Child Abuse and Neglect which contends that ‘existing knowledge about the efficacy of prevention in the field of child maltreatment is limited; clearly, all the major prevention models and strategies could benefit from more rigorous study’ (Thomas et al., 2003).

However Child Wise’s model has been in operation for 21 years, which of itself highlights the need for and the impact that training has on organisations and its individuals to prevent and minimise child sexual abuse and other abuse types. It does this through through:

- Consistently providing training/workshops around Australia,
- Consistently providing for training/workshops to a wide range of organisations,
- Consistently providing training/workshops to individuals,
- Clear anecdotal evidence from our Nation Child Abuse Prevention Helpline that training/workshops has prevented child sexual abuse,
• Clear anecdotal support and testimonies that Child Protection trainings/workshops significantly impact on identifying child sexual abuse and/or improved understanding, knowledge and practices for organisations and individuals.

Child Wise notes that although many professionals who work or engage with children or young people in their roles and functions often have tertiary qualifications, there has previously been little consistency and large variances in the provision of education on child abuse. This will have direct impacts on the protective and preventative role that workers may offer children. The negative impacts will be greater if the organisations do not implement Child Safe organisation practices that provide training and support. When considering those who are in voluntary roles such as foster care or Kith & Kin, often these groups are not tertiary qualified and are dependent on organisational practices that will provide them with the knowledge and skills to be protective of children and young people.

Given the variances in the persons undertaking roles and functions with children and young people, Child Wise have found that training/workshops employing a suite of learning methods which are considered vital to ensure the development and skill knowledge for participants.

These different learning models incorporate the following in all training/workshops:

**Learning by experimenting** – Where concepts and learning are explored through experimentation, practice activities. This process accepts the rational of trail and error as a formative approach to learning.

**Learning by observing** – Where concepts and learning is visualised by the facilitator and other learning methods i.e. DVDS, group activities. This process acknowledges that some people will understand and learn better if they watch someone else doing a particular task/activity/function.

**Learning by inquiring** – Where concepts and learning allow for participants inquire, look at alternatives, consider others views. This allows participants to understand and learn from inquiring, consulting, assessing, evaluating, to the finalisation of the subject matter.

**Learning by patterning** – Where concepts and learning is provide through step by step overviews. This will assist those that understand and learn by forming patterns and linking them to each other until the process is finalised.
Child Wise does not believe that a training/workshops in isolation will be an effective tool to prevent child sexual abuse or other abuse types – organisations must implement all aspects of the Standards to be considered child safe.

As a highlighted from the Child Wise’s Issues Paper 3 – Child Safe Organisations, Child have recommended that:

That ‘Child Safe Australia’ develop a standardised training and accreditation system for all people and professions who work with children, incorporating mandatory training in understanding child abuse.

Beyond these recommendations, Child Wise in its work to prevent child abuse provides a range of trainings that incorporate either all of the elements or part of the elements of Child Wise’s ‘12 Standards for a Child Safe Organisation’.

The training range includes:

- Indigenous Community Training Program,
- Wise Child (Primary) - Personal Safety Training,
- Wise Child (Secondary) - Personal Safety Training,
- Wise Child (Disability and Special Needs) – Personal Safety Training Program,
- Speak Up’ – Understanding Child Abuse and your Response,
- Dynamics of Sex Offending,
- Managing Children with Sexualised Behaviours,
- Choose With Care,
- Behaviour Management Strategies,
- Trauma and Basic Counselling Skills,
- Professional Boundaries,
- Implementing Child Protection within International Development Programs,
- Cybersafety,
- Child Protection Training for Hotel Child Care Services, and
- Tailor Made Training on All Aspects of Child Abuse.

Allegations of sexual abuse against carers

The most effective way to account for allegations of sexual abuse brought against carers is through the implementation of the Standards. In particular, this must include clear and OOHC specific application of:
**Standard 5 Clear Boundaries**

By putting in place Codes of Conduct and professional boundaries for all carers and OOHC staff, including assessment and intake staff in home-based care, there will be clear guidelines for all to follow. In particular, these should be based on the National Charter of Rights for Children in Out of Home Care.

Clear boundaries provides all with a duty of care for children a model for working with them – how to behave, how to care for them, and appropriate actions to take in any given situation.

**Standard 8 – Support & Supervision**

The appropriate support of carers and staff is critical to ensuring that children have the best outcomes, and are protected from abuse. By giving ongoing and regular training and information (as outlined above), carers will be equipped with the tools to respond to child abuse if/when it occurs. They should also be provided with extra support to ensure they can cope with periods of stress or anxiety, where children may be made more vulnerable or exposed to dangerous situations.

Greater supervision of carers and staff should be tied clearly to codes of conduct and professional boundaries – this guides behaviour, and provides a framework for OOHC carers and staff to be assessed against. It allows for earlier interventions, and makes it more likely that children at risk of abuse, or those experiencing abuse, will be detected.

When allegations are made, the combination of clear boundaries and effective support and supervision practices will allow for better handling of complaints or disclosures (outlined below).

**Standard 9 – Empowering Children & Young People**

As identified above, the empowerment of children and young people to speak up about abuse is critical to protecting them both facility and home-based care environments. It will mean children’s voices are heard – they will be given greater weight, and are more likely to mean allegations are handled properly.
Standard 11 – Complaints & Disclosures

In both facility and home-based care environments, clear policies and procedures around complaints and disclosures are crucial to ensuring allegations of abuse are handled fairly, equally, and transparently. Carers and staff must feel confident that any allegation against them is dealt with effectively, and children must be made aware of the process that will be undertaken – this will help to give them confidence and stability through a period (the investigation or handling of the allegation) that may be highly traumatic and unsettling.

There is further information on these Standards in Issues Paper 3 – Child Safe Organisations.
References


Kiral, M. (2001). ‘Residential Child Care Staff Selection: Choose With Care’.


Child Wise would like to thank the Commissioners for the chance to contribute to the valuable work of the Royal Commission
Organisations have a moral responsibility to ensure children are safe in their care.

Child abuse is preventable.