



ISSUES PAPER 4

PREVENTING SEXUAL ABUSE OF CHILDREN IN OUT OF HOME CARE

WESLEY DALMAR RESPONSE

This document outlines Wesley Dalmar's responses to the questions raised in issues paper number 4. Whilst we feel that all the questions are important and relevant, our agency does not hold evidence or a strong opinion on some matters. These questions have been left unanswered.

1. *An essential element of OOHC is for a child to be safe and secure. Are there core strategies to keeping children in OOHC safe from sexual abuse and what is the evidence that supports them?*

There are core strategies to keeping children in OOHC safe from sexual abuse. They are linked to agencies' accreditation standards as well as evidence-based best practice.

In essence, these strategies are:

- Robust foster carer recruitment, training and assessment processes. These processes aim to ensure that known perpetrators of abuse are not authorised as foster carers for children and that those applicants who do become authorised are well informed about and show evidence for best practice foster caring.
 - Annual reviewing and re-authorising / de-authorising of foster carers according to their ability to continue to provide safe environments for children.
 - Regular monitoring of placements and support to children in care. This ensures that agencies are able to continually assess the environment and the progress of children in care.
 - Transparent agency investigation and discipline systems that are supported by the processes of Reportable Conduct through the NSW Ombudsman.
 - Provision of agency wrap around support services that ensure a holistic service is provided to children in care, over and above a place that is safe from abuse.
2. *Is there evidence for having different strategies to keep children in OOHC safe from sexual abuse depending upon whether a child is in relative or kinship care, foster care or one of the forms of residential care?*

As an agency, Wesley Dalmar has had less experience with kinship placements. We acknowledge that the particular difficulty, in kinship care, is keeping the child safe from a family member who may be a perpetrator of abuse, whilst maintaining positive family relationships.

3. *What are the strengths and weaknesses of models that check OOHC practices by an audit approach, a regular supervisory visit, or an irregular visit by someone like a community visitor?*

All of these approaches have merit as long as the focus is to strive for continual improvement and agencies are assessed on observed practice and evidence against standards.

4. *What are the strengths and weaknesses of having OOHC providers regulated by the child protection department, or regulated by a body separate from the child protection department?*

Regulation by the child protection department can be problematic when the department that is responsible for funding is also regulating. Although far from best practice, the temptation in this case, is for regulations to reflect cheaper options rather than better options for children in care.

There is a definite benefit for agencies (including the child protection department themselves) to be monitored by an external body.

5. *What are the core components of the training needs of those working with children who might be sexually abused including carers, caseworkers and staff of regulatory bodies? What priority should be given to training in relation to sexual abuse compared to other training needs?*

Training for those working with children who may have been sexually abused should include, at a minimum, the following elements:

- Behavioural understanding – how children respond to different situations, triggers, and how to deal appropriately with challenging behaviours and situations.
- Safe practice – how to encourage and model safe, protective behaviours in children and adults
- Therapeutic support for children who have suffered abuse
- Responding to allegations – including support of children and young people and investigative processes.

6. *Is there adequate and effective training and information available to carers who are caring for children who have sexually abused other children?*

Yes. There is almost too much information available, which sometimes makes choosing the right, most effective, or most suitable approach difficult.

7. *How should the rate of sexual abuse of children in OOHC be determined, noting that the National Standards for Out-of-Home Care require reporting of substantiated claims of all types of abuse? Would a form of exit interview assist in capturing information? What should be introduced to ascertain whether information on child sexual abuse in OOHC is resulting in changed OOHC practices?*

All claims of abuse in care are considered and investigated as reportable conduct through the NSW Ombudsman, whether they have been substantiated or not. Figures collated through this means at a national level would determine the rate of sexual abuse of children in OOHC.

It is doubtful that a form of exit interview would reveal more information than that which had already been obtained throughout the child's time in care.

8. *What is the usefulness and validity of different ways to address allegations of sexual abuse brought against carers? In particular, which approaches enhance participation by the child particularly approaches best suited to seeking possible disclosures of abuse (including disclosures that might be inferred from behavioural changes) from children? Are the current processes fair? What appeal processes should be available for carers?*
9. *What measures could be used to assess whether the safety of children from sexual abuse in OOHC is enhanced by independent oversight of the handling of allegations of sexual abuse?*
10. *What are the strengths and weaknesses of different oversight mechanisms in keeping children safe from sexual abuse in OOHC?*
11. *What implications exist for record keeping and access to records, from delayed reporting of child sexual abuse?*