

**The Royal Commission into Institutional Responses to Child Sexual Abuse  
ISSUES PAPER 4: Preventing sexual abuse of children in out of home care  
Released 11 September 2013**

**Queensland Department of Communities, Child Safety and Disability Services**

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**Background**

The purpose of the *Child Protection Act 1999* (the Act) is to provide for the protection of children.

The main principle for administering the Act is the safety, wellbeing and best interests of a child are paramount (see Section 5A).

Queensland's current out-of-home care system is made up of:

- Kinship care placements (volunteer).
- Foster care placement (volunteer).
- Residential care facilities.
- Therapeutics residential care facilities (short-term).
- Emergent accommodation (very short-term).

To support the safety of children placed in out-of-home care the Act also sets out:

- Standards of Care (Chapter 4, Part 1).
- Licensing of care services and approval of carers (Chapter 4, Part 2).
- Charter of Rights (schedule 1).

The *Commission for Children and Young People and Child Guardian Act 2000* also provides:

- Working With Children Checks (Blue Cards) that support the Act's licensing of care services and approval of carers.
- Community Visitor Program (Chapter 5) which provides an additional safety-net of checks in the placement where the child or young person resides.

The Queensland Child Protection Commission of Inquiry Final Report - *Taking Responsibility: A Roadmap for Queensland Child Protection* (Final Report) was provided to the Government on 1 July 2013. The Final Report recommended expanding the placement options for out-of-home care. Recommendations included:

- Secure therapeutic care placements (as a last resort-Rec 8.9).
- Professional carer placements (Rec 8.10).
- Boarding school placements (Rec 8.11).

The Commission of Inquiry Final Report also contains recommendations relating to the current functions of the Commission for Children and Young People and Child Guardian (CCYPCG). Recommendations included:

- Transferring responsibility for working with children checks to the Queensland police (Rec 12.17).
- Re-focusing the advocacy role of the Child Guardian and the delivery of a child protection community visitor program on young people who are considered most vulnerable (Rec 12.8).

The Queensland Government is currently considering its response to the Commission of Inquiry Final Report.

**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?**

***Working With Children Checks (Blue Card, departmental staff and carer screening)***

Queensland provided information about the child related employment screening regime (Blue Cards) in response to Issues Paper 1 and 3 and this information is not repeated in this response.

***Carer Approval***

Queensland's Department of Communities, Child Safety and Disability Services (DCCSDS) undertakes a rigorous and thorough screening and assessment process to inform the approval of foster and kinship carer applicants and to ensure the safety of children in out-of-home care.

The foster and kinship carer approval process comprises a number of mandatory steps to ensure that a holistic and comprehensive assessment is undertaken and to ensure the applicant is able and willing to keep the child safe and meet the child's protective needs.

The foster and kinship carer approval process comprises of the following steps (some of these steps may not necessarily occur sequentially depending on the applicant's unique circumstances):

- An 'expression of interest' from the applicant, in which preliminary information and carer fact sheets are provided to the enquirer about the carer approval process.
- An information session for foster carer applicants.
- Lodgement of a formal Application for Approval by the applicant.
- Personal history screening undertaken by the Central Screening Unit (including facilitation of the Blue Card process that is undertaken by the CCYPCG) on all applicants and their adult household members.
- Comprehensive assessment interviews with applicants and household members.
- A household safety study, which includes a number of mandatory safety requirements.
- Completion of a health and wellbeing questionnaire.
- Discretionary referee and medical checks, where considered necessary.

- Mandatory pre-service carer training for foster carer applicants (optional for kinship carers).

The primary elements of the carer assessment and approval process that aim to ensure that a child in out-of-home care is safe from sexual abuse include the CCYPCG's Working With Children Checks (Blue Card); the DCCSDS's screening of child protection history, domestic violence and traffic history; comprehensive and detailed interviews with carer applicants and other household members; and mandatory foster carer training (refer to Carer Training section below for further detail).

Assessment interviews with a carer applicant include exploring the applicant's personal background, including their experience of childhood and any personal experiences of abuse. Assessing personal background information can provide insight into the way the applicant currently provides care to their own children and intends to provide care for a child in care, including whether the applicant has worked through any traumatic experiences and emerged with strengths that will assist them to provide quality care.

The DCCSDS's practice paper, 'Assessment of Foster Carer Applicants', can be found at: <http://www.communities.qld.gov.au/resources/childsafety/foster-care/fcpracticepaper.pdf>

Foster and kinship carers play a critical role in ensuring children's safety by assisting children to learn protective behaviours and by improving the sexual health outcomes for children and young people in care.

The DCCSDS and grant funded Foster and Kinship Care Services provide training to carers on caring for children and young people who have experienced sexual abuse.

As part of the DCCSDS's mandatory training requirements for carers, foster carers are required to complete a module that focusses on caring for children and young people who have experienced sexual abuse. Completion and competency in this module is a requirement before a foster carer's first renewal of their certificate of approval as a carer. Kinship carers are encouraged and invited to attend the training, however, it is not a mandatory requirement for the renewal of their certificate of approval as a carer.

The purpose of the training module, called 'Caring for Children and Young People who have Experienced Sexual Abuse', is to assist carers to understand the signs and signals children and young people may exhibit when they have experienced sexual abuse and understand the impact of sexual abuse on a child and their behaviour. The training develops carers' skills in caring for children who have experienced sexual abuse and their understanding of the role of professional and other support services in caring for children with a sexual abuse history.

The DCCSDS also has a number of advanced carer training modules, called the 'Positive and Protective' training, that assists carers to learn about the indicators of sexual abuse, how to respond to disclosures of sexual abuse and skills for teaching children and young people about sexuality and self-protection.

The Positive and Protective training was developed by Family Planning Queensland for delivery to foster and kinship carers by experienced departmental and foster and kinship care service staff.

The series comprises six training modules that specifically target self-protection training for children, adolescents, children with a disability, and children with Autistic Spectrum Disorder. The modules include topics such as sexuality, along with identifying and responding to sexualised behaviours, as well as preparing children for puberty.

### ***Case Management Activities (professional decision making)***

This section covers:

- a) Case work and case management activities.
- b) Provision of information to carers.
- c) Response to children sexually abused whilst placed in out-of-home care.
- d) Sexual abuse counselling services.

#### *a) Case management and case work activities*

The DCCSDS undertakes particular, yet individually targeted, case management and case work activities for children with adverse sexual histories to ensure their unique care and protection needs are met.

A comprehensive Child Strengths and Needs Assessment, which includes the impact of a child's sexual history, is undertaken to inform the child's case plan and subsequent therapeutic supports that may be needed to address the effects of any sexual abuse trauma on their well-being. This may include providing a child assistance and education to grow toward healthy sexual development and positive relationship skills.

Case management activities also include the identification of a stabilising placement environment which provides the child with a nurturing home environment aimed at supporting the child to recover from their experiences, change problematic behaviours and develop a healthy sexual identity. Case management decisions regarding a child's placement also include consideration of the needs of other members of the household, particularly other children in the placement.

Other case management activities that keep children in out-of-home care safe from sexual abuse include effective levels of active supervision that balance the child's need for protection with the normal development of learning skills for independence; ongoing monitoring and review of the child's needs through case planning processes, particularly in relation to the child's capacity for healthy relationships; and safe family contact that protects the child from any adverse influences or re-traumatisation.

#### *b) Provision of information to carers*

The DCCSDS has a legislative requirement to provide information to carers prior to, upon, and for the duration of, an out-of-home care placement (*Child Protection Act 1999*, section 83(A)).

Where a child requires out-of-home care, the DCCSDS provides the proposed carer with information about the child that will assist the carer to make an informed decision about accepting the placement and to respond to the child's needs for the duration of the placement. Where a carer accepts the placement of a child, the carer is provided with the Child Information Form that details information about whether the child has a history of sexual abuse or sexual acting out and whether the concerns are in the past or current and any relevant details, including any risks and supervision requirements.

Information from the child's Child Strengths and Needs Assessment is also provided to the carer about the child's behaviour, including any sexualised behaviour.

The DCCSDS's practice resource, 'Children with Sexual Abuse Histories', outlines the information that carers need when providing care for children with sexual abuse histories, including a complete factual history of the child, to understand the context of the child's behaviours and to identify any potential triggers for re-traumatisation and strategies to minimise risk to other members of the carer's household.

The practice resource also documents evidence-based recommendations for the management of sexually abused and abusing children in out-of-home care, based on research by E. Farmer and S. Pollock (2003) that includes: supervision; adequate sex education; modification of inappropriate sexual behaviour; and addressing the child's underlying needs.

#### *c) Response to children sexually abused whilst placed in out-of-home care*

The DCCSDS has a policy and comprehensive procedures outlining the response that will be provided to a child that has been sexually abused during the time they were placed in out-of-home care.

The DCCSDS's policy, 'Response to Children and Young People Sexually Abused Whilst Placed in Out-of-Home Care', outlines the DCCSDS's response to children who have been sexually abused whilst placed in out-of-home care, irrespective of who is responsible for the sexual abuse. This includes, for example, situations where a child has experienced sexual abuse by a carer or member of the carer's household, a staff member of a care service, a child's family member during contact, or a teacher or sports coach.

A copy of the policy can be found at: <http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/chapters/5-children-in-out-of-home-care/what-ifs#s-2-15-what-if-a-child-is-sexually-abused-while-in-out-home-care>

Response activities to a child who has been sexually abused whilst in out-of-home care include:

- Acknowledgement of the abuse and resulting harm experienced by the child, which may include a letter expressing regret in accordance with the *Civil Liability Act 2003*.
- A review of the child's case plan to meet the child's specific needs when they are subject to ongoing intervention.
- A referral to the DCCSDS Legal Services Branch to facilitate access to independent legal advice for the child.

- Consideration of a referral for the child and their carer to relevant therapeutic or behavioural support or medical services to address their identified needs.

The DCCSDS also provides a response where a child is no longer subject to ongoing intervention by the DCCSDS, but still requires a response to the sexual abuse that occurred while in out-of-home care and the resulting harm.

The DCCSDS's practice paper, 'Child Sexual Abuse', provides additional guidance to staff on responding to children who have experienced sexual abuse and the practice resource, 'Children with Sexual Abuse Histories', provides guidance about the impact that sexual abuse may have on a child.

Full details of the DCCSDS's procedures for responding to a child who is sexually abused whilst in out-of-home care are outlined in the Child Safety Practice Manual, Chapter 5.15 'What if a child is sexually abuse whilst in out-of-home care?'. A copy of the relevant chapter can be found at: <http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/chapters/5-children-in-out-of-home-care>

#### *d) Sexual abuse counselling services*

Departmentally funded sexual abuse counselling services are a key strategy for keeping children safe in out-of-home care. The overall objective of such services is to provide specialist counselling services to children that have experienced sexual abuse as well as provide advice and support to the child's non-offending family members and kinship or foster carer.

Counselling services provide emotional support and practical assistance to children and carers, and assist other family members at times of emotional distress or where the conduct of a carer or parent causes disruption to the child's living situation. Foster and kinship carers also learn new strategies to support the children in their care and receive counselling support when issues escalate.

An outcome from the support services is the ongoing stability and safety within the child's out-of-home care placement or in cases where capacity exists, stability within the child's family.

The Regional Children's Telephone Counselling Service, delivered by Kids Helpline, also provides children living in regional Queensland with access to telephone counselling services 24 hours a day, 7 days a week.

#### ***Responding to Standard of Care issues***

The DCCSDS has a number of legislative, policy and procedural requirements for ensuring that children in out-of-home care receive a quality of care that is consistent with the DCCSDS's legislated Standards of care (*Child Protection Act 1999*, section 122).

Where a child is placed in out-of-home care, the DCCSDS works with all members of the child's care team who share the responsibility to proactively monitor the placement and provide effective supports to the carer or care service.

Where it is indicated that the standards of care may not have been met for a child, or where the child has experienced harm or it is suspected that they have experienced harm, the DCCSDS has a responsibility to work collaboratively with the child's care team to ensure that the child is safe from harm, and that appropriate actions are taken to resolve the identified concerns.

Standard of care concerns are responded to in one of three ways. A decision can be made to continue to monitor the standards of care; to conduct a standard of care review; or to record a harm report and respond with an investigation and assessment.

Actions are taken to address any issues identified and to make sure that the care provided meets the standards of care and that the child is well cared for and protected from any future harm. For example, where harm has occurred, the DCCSDS may move the child to a new placement or cancel the carer's approval, where appropriate.

The DCCSDS's Child Safety Practice Manual outlines the procedures for responding to standard of care concerns in Chapter 9, 'Standards of Care'.

Where it is determined that a child has been sexually abused whilst in out-of-home care, the DCCSDS has specific policy requirements that are to be followed as part of the DCCSDS's responsibility to provide an appropriate response to children, irrespective of who is responsible for the sexual abuse.

### ***Community Visitor Program***

External oversight of individual and organisational compliance with the standards of care under the *Child Protection Act 1999* and organisational risk management requirements under the *Commission for Children and Young People and Child Guardian Act 2000* occur as part of assessments performed by the CCYPCG Community Visitor Program.

Community Visitors visit and engage with children in out-of-home care. After each visit, Community Visitors complete a report to be given to the Commissioner to ensure action is taken, where necessary.

Opportunities to maximise the advocacy role of Queensland's Community Visitor Program were highlighted by the Queensland Child Protection Commission of Inquiry. The Commission of Inquiry Final Report included recommendations to re-focus these activities. A copy of the report can be found at:

[http://www.childprotectioninquiry.qld.gov.au/data/assets/pdf\\_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf](http://www.childprotectioninquiry.qld.gov.au/data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf)

The Queensland Government is currently considering its response to the Commission of Inquiry Final Report.

### ***Licensing of Care Services***

Under the *Community Services Act 2007* all non-government service providers seeking eligibility to receive funding (that is not one-off) from the DCCSDS must be Approved Service Providers.

For funded service providers, the DCCSDS selection process aims to only select providers with a proven history of being child-safe including evidence of sound recruitment, training and development practices, and experienced service delivery.

Employees of organisations engaged by the DCCSDS to provide services to children are also subject to Working With Children Checks (Queensland Blue Card system).

Consistent with provision in the *Child Protection Act 1999* (sections 124-130) care services which provide out-of-home care for children are required to be licensed by the DCCSDS.

Until 2013, organisations whose applications for licensing were accepted were subject to independent external assessment of their compliance with 11 minimum service standards. Further information about the minimum service standards can be found at:

<http://www.communities.qld.gov.au/resources/communityservices/community/strengthening-ngos/documents/pdf/standards-for-community-services.pdf>

The assessment of licensed service providers includes site visits and the development of a monitoring plan by regional teams responsible for funding and contract management.

In 2013, the DCCSDS began introducing organisation level licensing, which requires organisations to be certified under the Human Services Quality Framework (HSQF), prior to applying for one organisation level licence that will cover all their care services in Queensland. The HSQF certification process requires organisations to be audited (by a JAS-ANZ accredited auditor, independent of the DCCSDS) against 6 Human Services Quality Standards. Further information about the HSQF can be found at:

<http://www.communities.qld.gov.au/resources/funding/human-services-quality-framework/human-services-quality-standards.pdf>

Standard 6 of the HSQF requires the funded organisation to provide evidence to describe how harm to children and young people is prevented and managed while they are in care of the service.

For organisations engaged by the DCCSDS to deliver services to children the *Commission for Children and Young People and Child Guardian Act 2000* requires they have a child and youth risk management strategy. This strategy must address eight minimum requirements, including a requirement to develop, maintain and promote policies and procedures for handling disclosures or suspicions of harm and for occasions where there might be a breach of the organisation's child and youth risk management strategy.

External oversight of compliance with the requirements of the CCYPCG child and youth risk management policies and procedures occur through the CCYPCG. These include:

- Audits of organisations that are required to develop and implement child and youth focused risk management strategies in compliance with employment screening legislation to reduce potential harm.
- Surveys of the views of children in foster care and residential care.
- Assessments by CCYPCG Community Visitor, who visit and engage with children in out-of-home care. After each visit, Community Visitors complete a report to be given to the Commissioner to ensure action is taken, where necessary.

Future evidence to be collected by licensed organisations need to demonstrate compliance with the HSQF standards. Further information can be found at: <http://www.communities.qld.gov.au/resources/funding/human-services-quality-framework/licensing-companion-guide.pdf>

### **Public Reporting / Transparency**

The DCCSDS has established a schedule of public reporting that is regularly updated online. Data is de-identified and available across a number of measures and published at: <http://www.communities.qld.gov.au/childsafety/about-us/our-performance>

This data includes annual and quarterly reporting of all Standards of Care concerns raised in relation to the care of a child in an out-of-home care placement in the custody or guardianship of the Chief Executive and placed in accordance with Section 82(1) of *the Child Protection Act 1999*, where a breach of the standards of care is indicated.

In 2012-13, the DCCSDS recorded 1111 matters of concern (Standards of Care concerns). This included 491 child placement concern reports (relating to 467 children) and 620 matter of concern notifications (relating to 581 children). Of these notifications, 245 matter of concern substantiations were recorded (relating to 237 children).

The number of children subject to a matter of concern substantiation decreased by 25.0 per cent over the past year from 316 in 2011-12 to 237 in 2012-13.

Emotional harm remained the most frequent substantiated harm type. There were 161 children (67.9 per cent) subject to matter of concern substantiations for emotional harm, 37 children (15.6 per cent) for physical harm, 31 children (13.1 per cent) for neglect, and 8 children (3.4 per cent) for sexual abuse. Details of the DCCSDS's performance and reporting can be found at: <http://www.communities.qld.gov.au/childsafety/about-us/our-performance/improved-safety/matters-of-concern>

The CCYPCG also publishes a series of reports including reports on the views of children and young people in out-of-home care and the experience of young people reported through the Commission's Community Visitor Program. Further information can be found at: <http://www.ccypcg.qld.gov.au/resources/publications/reports.html>

Improving public confidence in Queensland's child protection system was a key component of the terms of reference for the Queensland Child Protection Commission of Inquiry. The Commission of Inquiry found that over-emphasis on monitoring compliance and measuring

countable processes has diverted attention from measuring results for children (page xxiii of the Commission's final report).

The Commission of Inquiry Final Report made recommendations for a new approach for oversight that will require each lead agency at the highest levels to take responsibilities for outcomes for child protection. In this regard the recommendations encourage all agencies and organisations involved with child protection to adopt a more open and responsive approach that recognises shared goal responsibility, emphasises areas of agreement, and acts responsively to work through barriers.

The Commission of Inquiry Final Report identified this type of cooperative culture with a common agenda for improvement provided a strong foundation for accountability and public confidence. A copy of the Commission of Inquiry Final Report can be found at: [http://www.childprotectioninquiry.qld.gov.au/data/assets/pdf\\_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf](http://www.childprotectioninquiry.qld.gov.au/data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf)

The Queensland Government is currently considering its response to recommendations made by the Commission of Inquiry, including those aimed at improving transparency and improving public confidence.

### ***Complaints Management***

The DCCSDS has established processes for complaints management and performance management for staff, clients and funded NGOs.

The DCCSDS's Complaint Management policy and procedures outlines the process for responding to complaints where a member of the community, or a stakeholder or a departmental employee expresses dissatisfaction about a service or actions of the department or a funded non-government service provider. Key to this process is ensuring that staff, clients and members of the community are all aware of the policy and procedure; that complaints are taken seriously and are recorded and managed accordingly.

To support the implementation of this policy, the DCCSDS has a dedicated centrally located complaints unit supported by a complaints management system. The work of this unit is closely monitored by the Queensland Ombudsman.

Under the *Commission for Children and Young People and Child Guardian Act 2000*, all funded services providers working with vulnerable children have to have a child and youth risk management strategy. The strategy must include eight minimum requirements, of which three relate to 'Concerns' with respect to the safety and wellbeing of children and young people. An organisation is required to develop, maintain and promote policies and procedures for handling disclosures or suspicions of harm and for occasions where there might be a breach of the organisation's child and youth risk management strategy. Each organisation is required to have a complaints management system that is open and transparent as part of their risk strategy.

**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?**

Out-of-home care is utilised for a child when it is assessed that the separation of a child from their family is required to ensure the child's safety. Out-of-home care provides a safe, supportive and therapeutic environment for a child, while working towards either family reunification or an alternative permanency option.

When a child is placed in out-of-home care, the DCCSDS will work with the child, their family, carers, licensed care service staff, staff from another entity and other relevant agencies, to ensure the protection and care needs of the child are met, including their developmental needs.

The elements that make up a safe and secure out-of-home care placement for a child or young person are detailed in the *Child Protection Act 1999* under the Standards of Care (Chapter 4, Part 1).

A range of core strategies are employed by the DCCSDS to ensure these standards are met. Strategies have been developed to best respond to the individual care environment for each type of out-of-home care placement: kinship care, foster care and residential care. Some strategies are shared (such as Blue Cards) while others strategies (such as carer training and licensing of care services) are specific to certain types of out-of-home care placements.

Regardless of the placement type, the strategies used to ensure the safety of children placed in out-of-home care will be based on case management activities that include:

- Effective levels of active supervision that balance the child's need for protection with the normal development of learning skills for independence.
- Ongoing monitoring and review of the child's needs through case planning processes, particularly in relation to the child's capacity for healthy relationships.
- Safe family contact that protects the child from any adverse influences or re-traumatisation.

Overview of Queensland's approach to case management activities for keeping children safe is provided under the relevant core strategy noted in response to Question 1.

**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?**

Queensland's approach to audits, regular and irregular visits is outlined under relevant core strategies noted in response to Question 1.

These are described under the sub headings of :

- Case management activities.
- Community Visitor Program.
- Licensing of care services.

### **Strengths**

A key strength of the DCCSDS's model is that where a child is placed in out-of-home care, the DCCSDS works with all members of the child's care team who share the responsibility to proactively monitor the placement and provide effective supports to the carer or care service.

External oversight of individual and organisational compliance with the standards of care under the *Child Protection Act 1999* and organisational risk management requirements under the *Commission for Children and Young People and Child Guardian Act 2000* is considered as a strength of the model.

The introduction in 2013, of the HSQF certification process requires organisations to be audited (by a JAS-ANZ accredited auditor, independent of the DCCSDS) against six HSQF is another important and positive element.

### **Weaknesses**

The Queensland Commission of Inquiry has identified that an overlay of external monitoring may have inadvertently caused duplication and complexity to the child protection system in Queensland. The report includes recommendations to address this issue. The Queensland Government is currently considering its response to the Commission of Inquiry Final Report. See Question 4 below for further discussion.

<p><b>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?</b></p>
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Queensland's approach to regulatory activities undertaken by the DCCSDS and the functions of the CCYPCG are outlined under the relevant core strategies noted in response to Question 1 above and previously provided in Queensland's response to Issues Paper 3.

The strength of this multi-layered approach is in the opportunity it provides for children's well-being to remain the paramount focus and ensure that service providers are maintaining a sound risk management strategy and vigilance on the safety of children in their care. The Child Protection Commission of Inquiry report noted that there is strong support for the external oversight mechanisms that were established in Queensland following the release of the Crime and Misconduct Commission's report 'Protecting Children: an inquiry into the abuse of children in foster care' report in January 2004.

However, a weakness of this model appears to be that an overlay of external monitoring has caused duplication and complexity to the child protection system and added costs to government and non-government service providers without any discernible accountability enhancement. Moreover, too much emphasis on monitoring compliance and measuring countable processes has diverted attention from measuring results for children.

The Child Protection Commission of Inquiry report recommends a process for oversight that places more responsibility for performance and outcomes with each lead agency. The

Queensland Government is currently considering its response to the Commission of Inquiry Final Report.

**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?**

Queensland prioritises training for all foster carers and residential care workers, including training on caring for children who have experienced sexual abuse. Queensland's approach to carer training is outlined under the relevant core strategies noted in response to Question 1.

As part of the DCCSDS's mandatory training requirements for carers; foster carers are required to complete a module that focusses on caring for children and young people who have experienced sexual abuse. Completion and competency in this module is a requirement for a foster carer's first renewal of approval. Kinship carers are encouraged and invited to attend the training, however it is not a mandatory requirement for their renewal of approval.

The suite of training provided to foster carers, including training focused on caring for children who have experienced sexual abuse, is not mandatory for kinship carers due to the unique nature of kinship care placements. Unlike foster carers who may care for any child, a kinship carer is approved to provide care to a specific child or children, therefore some training modules are not relevant to kinship carers. A kinship carer's unique training needs are identified during the assessment process, thus where it is identified as a need, a kinship carer may be required to attend training about caring for a child who has experienced sexual abuse and this decision is made on a case-by-case basis.

The purpose of this training module, 'Caring for Children and Young People who have Experienced Sexual Abuse', is to assist carers to understand the signs and signals children and young people may exhibit when they have experienced sexual abuse and understand the impact of sexual abuse on a child and their behaviour. The training develops carers' skills in caring for children who have experienced sexual abuse and their understanding of the role of professional and other support services in caring for children with a sexual abuse history.

The DCCSDS also has a number of advanced carer training modules, the 'Positive and Protective' series of training, that assist carers to learn about the indicators of sexual abuse, how to respond to disclosures of sexual abuse and skills for teaching children and young people about sexuality and self-protection.

This training was developed by Family Planning Queensland for delivery to foster and kinship carers by experienced departmental and foster and kinship care service staff.

The series comprises six training modules that specifically target self-protection training for children, adolescents, children with a disability, sexuality and Autistic Spectrum Disorder, identifying and responding to sexual behaviours and preparing children for puberty.

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

Queensland's approach to carer training is outlined under the relevant core strategies noted in response to Questions 1 and 5 above.

For carers who are caring for children who have sexually abused other children, the Sexual Abuse Specialist Support and Sector Development (SASSSD) within the DCCSDS has specific modules written for foster and kinship carers and direct care staff. The SASSSD also delivers Residential Care forums and Foster and Kinship Care workshops in partnership with Griffith Youth Forensic Service (GYFS). Some aspects of both of these training packages includes content related to assisting carers who care for children and young people who have engaged in Problem Sexual Behaviours (PSB) and/or Sexually Abusive Behaviours (SAB) or are at risk of engaging in PSB or SAB.

This training is currently delivered based on request by regions and partners and within capacity of SASSSD and GYFS. The evaluations of these training initiatives indicate that they are highly relevant to the target groups and are practical and applicable to the care contexts.

**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?**

The current measure for reporting against the National Standards for Out-of-Home Care for all harm types that are substantiated is: The rate and number of children in out-of-home care who were the subject of a child protection substantiation and the person believed responsible was living in the household providing out-of-home care.

This measure will result in data from which it is difficult to draw conclusions about the extent of sexual abuse in out-of-home care for the following reasons:

1. The measure does not necessarily capture all incidents of abuse as it refers to only those incidents where the person believed responsible was living in the household (or a worker at a residential care service). This means that some substantiated incidents of harm to a child might not be reported. For example, if the harm was inflicted by a regular visitor to the household or if the harm was inflicted by another child placed in the same residential care facility.

2. The measure is not reported by separate harm types (i.e. physical, sexual, emotional and neglect).
3. The measure includes all abuse reported in the reference period which may include cases of historical abuse that have recently been disclosed. Therefore reported data may not reflect the actual rate in that year.

For the purposes of this national measure Queensland reports in accordance with Queensland's Standard of Care Concern policy. A Standards of Care Concern can be raised if there are allegations relating to children in out-of-home care in the custody or guardianship of the Chief Executive (and placed in accordance with Section 82(1) of the *Child Protection Act 1999*). The scope of Queensland's Standard of Care Concern policy is broader than the scope of the national measure as for Queensland it covers both allegations of actual harm inflicted by members of the carer household and a carer's action or inaction that contributes to a child being harmed even if the person believed responsible does not live in the carer household.

For Queensland, this data is available for the most serious harm type and these data are publicly reported quarterly via the DCCSDS's 'Our Performance' website: <http://www.communities.qld.gov.au/childsafety/about-us/our-performance/improved-safety/matters-of-concern>

Queensland is of the view that it may not be feasible to seek information about the incidence of sexual abuse via an exit interview with children given the increased vulnerability of this cohort, sensitivity of this topic and limited likelihood of capturing this information. It would be questionable whether children would disclose this information to another adult (possibly a stranger) upon exiting care. Also, there are concerns about the impact on the child unless there were supports in place to assist the child with the ramifications of such a disclosure.

It is proposed that ongoing monitoring might be a more appropriate mechanism. This could be coupled with enhanced public reporting using mechanisms already available.

**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?**

Disclosure of sexual abuse by children/young people is a complex issue. Research indicates that children can disclose "accidentally". In this case the best response for the management of disclosure is to ensure that the care team around the child provides a believing and

supportive response immediately. Children also disclose "purposefully". The formal response in relation to interview processes is generally appropriate when children make purposeful disclosures. The knowledge base also indicates that it is difficult for children to disclose sexual abuse when living within the context where the sexual abuse is occurring. An approach that assists children/young people to make disclosures when living in carer contexts includes -

- Providing meaningful relationship and opportunities to the child to disclose. This could include a relationship with a Child Safety Officer/Teacher/other.
- Providing a therapeutic relationship for the child that is targeted to the reasons the child is in care (known trauma history) but is open to and encouraging of disclosure of sexual abuse in placement by the child.
- Stakeholder meetings and processes that ensure available options are thoroughly considered and explored by the care team.

We can best address allegations of sexual abuse against carers by increasing staff and other agencies' understanding of disclosure and recantation by ongoing training and support where relevant knowledge is incorporated in supervision. The DCCSDS's Sexual Abuse Specialist Support Team currently provides this educative role through training, capacity building and consultation advice services to departmental staff and foster and kinship care partner agencies.

For further information, Queensland's approach to responding to allegations of sexual abuse brought against carers is outlined under the relevant core strategies noted in response to Question 1. Specifically the DCCSDS's policy 'Response to Children and Young People Sexually Abused Whilst in Out-of-Home Care' (Policy 627) outlines collaborative processes to ensure the care provided to the child meets standards of care and the child is protected from any future harm issues.

The policy and procedures is outlined in the 'Child Safety Practice Manual' (Chapter 6). The Manual also outlines the relevant appeal processes for carers, including through the Queensland Civil and Administrative Tribunal.

**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?**

Queensland's approach to responding to allegations of sexual abuse brought against carers is outlined under the relevant core strategies noted in response to Question 1.

Additionally, where there are allegations of sexual abuse to a child in out-of-home care, the DCCSDS has a legislative responsibility to immediately notify the Queensland Police Service

(QPS) as the information involves allegations of a possible criminal offence relating to a child. In such cases, a joint investigation into the allegations is undertaken by the DCCSDS and the QPS to enable each agency to meet their respective statutory responsibilities while addressing the protection needs of the child. This measure ensures that the role of the DCCSDS to investigate and assess harm and risk of harm and to ensure a child's safety is linked with the role of the QPS to investigate the criminal nature of the concerns.

**10. What are the strengths and weaknesses of different oversight mechanisms in keeping children safe from sexual abuse in OOHC?**

Oversight mechanisms that strengthen the DCCSDS's ability to keep children safe from sexual abuse in out-of-home care include the undertaking of comprehensive personal history screening of carer applicants and adult household members, including Working With Children Checks (Blue Card) undertaken by the CCYPCG.

Additionally, carers undergo a thorough and robust assessment process that examines the applicant's own childhood history, experience of abuse, and their ability and willingness to protect children, including significantly vulnerable children and young people (for example, children who display risk-taking behaviour; children with disabilities; and children who have previously experienced sexual abuse or exhibit sexualised behaviour).

The safety of children in out-of-home care is also overseen by the provision of ongoing monitoring and support functions undertaken by funded, non-government foster and kinship care services that provide day-to-day supervision and support to foster and kinship carers. As previously outlined, the CCYPCG's Community Visitor Program also provides an additional oversight mechanism and safety-net of checks to ensure that the ongoing protection and care needs of children in out-of-home care are met.

**11. What implications exist for record keeping and access to records, from delayed reporting of child sexual abuse?**

Queensland public authorities are required to make 'full and accurate records' of their activities in accordance with the *Public Records Act 2002*. Recordkeeping practice should be a systematic part of the essential business activities of all public authorities. This enables records to be identified, captured and retained in an accessible and useable format, preserving their evidential integrity for as long as they are required. All Queensland public authorities must ensure that records are appraised and retained according to accountability, legal, administrative, financial, research and community requirements and expectations.

The Chief Executive of each Queensland public authority is accountable for the creation, management, appraisal and retention of its public records to ensure the accountability,

legal, administrative, financial and research needs of the Government and the community are met. In consultation with Queensland State Archives, public authorities are responsible for assessing the value of the records they hold and setting appropriate retention periods for those records. Decisions on retention periods are documented in a Retention and Disposal Schedule.

The DCCSDS has developed a Retention and Disposal Schedule covering all Child Safety Services records, including case files for children in out-of-home care (Attachment 1 document ref: QDAN 637 v.2). Significant child protection case files are retained permanently and non-significant child protection case files are retained for 120 years from the date of the child's birth.