



Royal Commission into Institutional Responses to Child Sexual Abuse Consultation Paper – Institutional Responses to Child Sexual Abuse in Out of Home Care

The response of the Centre for Excellence in Child and Family Welfare

April 2016

Centre for Excellence
in Child and Family Welfare Inc.



Page	Consultation Questions	Response
5	<p>We seek your views on how government agencies, regulators, oversight bodies and service providers can improve, and provide adequate screening checks, assessments and re- assessments of children’s placements, carers and other household members</p>	<p>Screening checks and assessments</p> <p>In terms of regulation and oversight, the Centre acknowledges that there is already strong regulation in place in Victoria, particularly in relation to foster carers, such as police checks, Working with Children Checks, regular visits to children, monthly support and supervision of carers, and annual carer reviews. The Centre believes the safety of children in out of home care is advanced by regulation and oversight, and to this end supports proposals to improve quality and consistency. However, we understand that further regulation and compliance can overburden staff and take time away from supporting children and carers. There needs to be an appropriate balance between service delivery and compliance. These issues are addressed in more detail below.</p>
6	<p>We seek your views on the terminology ‘sexually harmful behaviour’ to refer to children who have harmed other children, or may be at risk of doing so. This term is non-stigmatising to the child while recognising the harm these behaviours can cause to others.</p>	<p>Child-to-child sexual abuse terminology</p> <p>In Victoria, the terminology ‘sexually abusive behaviours’ is used in child protection legislation to refer to child-to-child sexual abuse, that is:</p> <p><i>A child has exhibited sexually abusive behaviours when they have used their power, authority or status to engage another party in sexual activity that is either unwanted or where, due to the nature of the situation, the other party is not capable of giving consent (for example animals, or children who are younger or who have a cognitive impairment). Physical force or threats are sometimes involved. Sexual activity may include exposure, peeping, fondling, masturbation, oral sex, penetration of a vagina or anus using a penis, finger or object, or exposure to pornography. This is not an exhaustive list.</i></p> <p>The Centre supports the use of this definition, or that suggested in the Consultation Paper, of ‘sexually harmful behaviour’.</p>

8	<p>We seek your views on how information sharing in OOHC contexts could be improved by the following developments:</p> <ul style="list-style-type: none"> • all jurisdictions having nationally consistent arrangements, modelled on Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW), for intra-jurisdictional and inter-jurisdictional exchange of information related to the safety and wellbeing of children, including information related to child sexual abuse in OOHC contexts • sharing information related to child sexual abuse with children in care being enabled and strengthened. Children being better informed, especially where they have been or may be directly affected by such abuse. Children’s participation in decision making that affects them being better promoted • sharing of information related to child sexual abuse with carers being strengthened. This will assist carers in making informed decisions to accept placements. Carers could then provide appropriate care for children who have been sexually abused and for children with sexually harmful behaviours • all jurisdictions subject to information sharing arrangements working together to ensure implementation is supported with adequate education and training for those responsible for sharing information. 	<p>Improve information sharing</p> <p>The Centre supports the extension of information sharing provisions in Victoria and nationally that promote the protection of children.</p> <p>The Centre supports nationally consistent arrangements modelled on Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW) to prioritise the safety, welfare and wellbeing of a child or young person over an individual's right to privacy.</p> <p>The Centre understands that Chapter 16A allows government agencies and non-government organisations who are prescribed bodies to exchange information relating to a child's or young person's safety, welfare or wellbeing, whether or not the child or young person is known to community services, and whether or not the child or young person consents to the information exchange. The Centre believes that information sharing provisions such as these should not be limited to information about the child but should also include information about alleged perpetrators of abuse, such as employees under a reportable conduct scheme. Similarly, the scope of the prescribed bodies should include all bodies and officers holding relevant information, such as administrators of reportable conduct schemes (ie: the Ombudsman in NSW, and Commission for Children and Young People in Victoria).</p> <p>The Centre contends that sharing information related to sexual abuse with children in care may be appropriate in specific circumstances.</p> <p>The Centre submits that strengthening information sharing about sexual abuse with carers may assist them in making informed decisions about placements and caring for children.</p> <p>The Centre supports ‘all jurisdictions subject to information sharing</p>
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		<p>arrangements working together to ensure implementation is supported with adequate education and training for those responsible for sharing information'. The Centre believes this is fundamental to the successful implementation and usefulness of any information sharing arrangements.</p> <p>In consulting with its members, the Centre shares two particular areas of concern expressed regarding information sharing in Victoria:</p> <ol style="list-style-type: none"> 1. There is currently a gap in the information provided to agencies from child protection at the point of referral. This is concerning, especially in light of the fact that there are more children being re-referred than there are new children entering the system. This suggests that much more information would be known about the child than is passed on. The lack of initial information can seriously jeopardise the safety of the child – during contact with the birth family, or in failure to understand some of the child's behaviour in care. 2. There is a problem in Victoria with sharing of information in relation to a negative interim or confirmed Working with Children Checks. No information is provided to the kinship care agency when these negative checks are returned. Foster care agency staff therefore find it very difficult to support the carers not to have contact with the person who has received the negative check (because no reasons can be given). This can jeopardise the safety of children.
9-10	<p>We seek your feedback on the need to:</p> <ul style="list-style-type: none"> • develop a nationally consistent therapeutic framework for OOHC service delivery, outlining the essential elements • embed consistent evaluation of child outcomes and conduct longitudinal research, to inform the development of 	<p>Improve support for children and carers</p> <p>The Centre supports the development of a nationally consistent therapeutic framework for out of home care service delivery.</p> <p><i>In the Centre's Submission to the Commissioner for Children and Young People, Inquiry into the adequacy of the provision of services</i></p>

	<p>therapeutic residential care</p> <ul style="list-style-type: none"> • expand therapeutic and trauma-informed advocacy and support services • provide systemic training for carers and practitioners, in the areas of therapeutic care and responding to trauma, and impacts of sexual abuse. <p>We also seek your feedback on whether placement stability and reducing the number of ‘strangers’ in a child’s life could be improved by:</p> <ul style="list-style-type: none"> • offering a wider availability of placement options – including professional carer models • better workforce planning and development for residential care staff • increasing casework support and oversight of children in kinship/relative care • increased support for individuals when they leave care and post-care, including better access to care leaver records. 	<p><i>to children and young people who have been subjected to sexual exploitation or sexual abuse whilst in residential care, August 2014 – see our attachment ‘Centre’s Submission to the CCYP’ – we supported the previous Victorian Government’s intention outlined in its Out of Home Care Five Year Plan. A key aim of the plan was to migrate all residential care placements to the therapeutic residential care model.</i></p> <p>A 2011 evaluation by VERSO Consulting, <i>Evaluation of the Therapeutic Residential Care Pilot Programs</i> for the Victorian Department of Human Services in November 2011 (The VERSO evaluation) identified several key features associated with good practice in a therapeutic residential care model. These included having access to a therapeutic specialist; trained staff and consistent rostering; engagement and participation of young people; a mix of clients; regular care team meetings; reflective practice sessions; exit planning and post exit support.</p> <p>The current Victorian Government’s recent <i>Roadmap for Reform: Strong families, safe children</i> (Roadmap to Reform), states that residential care needs to be transformed from an option of last resort to a program of intensive treatment and stabilisation for young people with complex behaviours, so that home based care is sustainable. There should be an appropriate and thorough assessment of each child to determine the best care option in relation to the needs of that child. It should not be a matter of placement availability. The Centre believes that some children currently in residential care would be better in a home based care arrangement with the right package of measures and supports. The Centre supports the immediate action initiative of the <i>Roadmap for Reform</i>, which states that <i>‘It is vital for children under 12 to be kept out of residential care. To help achieve this, new targeted home-based support models will be developed to support children under 12</i></p>
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		<p><i>with complex behaviours to provide them with support at home or in home-based care.'</i></p> <p>The Centre also supports the Victorian Government's recognition that foster carers, families and kinship carers need to be equipped with the training and support necessary to help children overcome traumas associated with abuse and neglect, strengthen cultural connectedness and ensure cultural safety, as set out in the <i>Roadmap for Reform</i>.</p> <p>The Centre affirms the Victorian Government's current commitment in this area in terms of investment and its willingness to acknowledge that more needs to be done for vulnerable children and their families and having outlined a vision for achieving this.</p> <p>Accordingly, the Centre supports the need for consistent evaluation of children's outcomes and longitudinal research to inform the development of all therapeutic care arrangements, including residential care. Such research is essential to develop models that are evidence based.</p> <p>The Centre supports the expansion of therapeutic and trauma-informed advocacy and support services.</p> <p>Systemic training is required for carers and practitioners in the areas of therapeutic care and responding to trauma, and impacts of sexual abuse. Further, the Centre feels a more qualified and supported residential care workforce would improve outcomes and safety for children in residential care. The Centre's Submission to the CCYP addressed this issue, contending that moving toward more qualified staffing in residential care will support the development of residential care career pathways, improved staff retention and reduce the reliance on a casualised workforce.</p>
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31	<p>We seek your feedback on a number of specific matters:</p> <ul style="list-style-type: none"> • adequate data collection and information sharing • elements of a child safe organisation • regulation and independent external oversight of the OOHS system • strengthening sexual abuse prevention education • therapeutic care and support for children and carers, including those who are leaving care and those who sexually harm other children • access to care leaver records. 	<p>Topics covered in Consultation Paper</p> <p>The Centre supports principles of co-design and open government, and the sharing of service and demand data across all service types. With most out of home care services provided by community services it is vital that these services have access to good information about the children for whom they care. The Centre supports the comments of the Secretary, Victorian Department of Premier and Cabinet when he stated:</p> <p><i>'By sharing transaction data with our fellow public purpose sector providers, we allow our ecosystem as a whole to work more effectively and efficiently.</i></p> <p><i>By publishing and sharing government datasets regardless of whether we ourselves can see value in them, we are allowing the market to determine value and optimise social and economic benefits.</i></p> <p><i>By measuring and reporting on our performance as a government, we enable our constituents to hold us accountable for the</i></p>

		<p><i>management of the state.</i></p> <p><i>In other words, the concepts and principles of open government are profound in terms of their implications and execution, and are fundamental to our conception of good government.</i></p> <p><i>This also puts the role of data and technology in open government into the appropriate context. Data and technology address the ‘how’: they are critical for the implementation of good (and open) government, but they are not the rationale for either.’</i></p>
31	<p>We invite written submissions on the issues outlined in this consultation paper. We particularly welcome responses on how the system can better uphold the rights of children, and how to more effectively prevent and respond to child sexual abuse in OOHC.</p>	<p>This Consultation Paper</p> <p>The Centre refers to its previous submissions on issues raised in this Consultation Paper, as follows:</p> <ul style="list-style-type: none"> • <i>Submission – Parliament of Victoria Family and Community Development Committee Inquiry into the processes of responding to criminal abuse of children by personnel in religious and other non-government organisations, September 2012 (attached to this submission)</i> • <i>Submission – Issues Paper 4: Preventing Sexual Abuse of Children in Out of Home Care, Royal Commission into Institutional Responses to Child Sexual Abuse</i> • <i>Submission to the Commissioner for Children and Young People, Inquiry into the adequacy of the provision of services to children and young people who have been subjected to sexual exploitation or sexual abuse whilst in residential care, August 2014 (attached to this submission)</i> • <i>Parliament of Australia, Senate Community Affairs Reference Committee, Out of Home Care, Submission October 2014 (attached to this submission)</i> • <i>Responses to the sexual abuse and sexual exploitation of children in residential care in Victoria, August 2014 (attached to this submission)</i> • <i>Senate Inquiry into the harm being done to Australian children through access to pornography on the internet, March 2016 (attached to this submission)</i>

		<p>The Centre believes the systems can better uphold the rights of children, and more effectively prevent and respond to child sexual abuse in out of home care, by having well-resourced out of home care programs, adequately staffed with skilled and experienced professional staff to support carers and children.</p> <p>As with all children, integral to providing adequate care is ensuring they are embedded in a supportive network of strong relationships – carers, carers’ extended family and social network, the child’s case worker, and teachers at school. This provides children with opportunities to disclose concerns about their safety to someone they trust. To this end, the Centre feels the level of service provision to children in out of home care needs to be improved. Children in out of home care need support to attend school and participate in tertiary education, gain work experience and have access to health and treatment services, such as drug and alcohol and psychological counselling, whenever they need it. The Centre contends that if children living in out of home care receive the therapeutic services they need in a consistent way it will better uphold the rights of these most vulnerable children, and thereby more effectively prevent, and allow opportunities to respond to, child sexual abuse in out of home care.</p> <p>The Centre acknowledges there is currently a need to increase agency capacity for case workers to have more direct time with children and to provide support and monitoring of every placement.</p> <p>Victoria currently has a comprehensive structure and processes in place if allegations of concerning behaviour are made, through its quality of care processes. These require exploration of all allegations – regardless of who makes them. All allegations are investigated by a panel of senior staff from child protection and the organisation.</p>
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		<p>appropriate behaviour with children</p> <ul style="list-style-type: none"> • screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel • processes for responding to and reporting suspected child abuse • strategies to identify and reduce or remove risks of child abuse • strategies to promote the participation and empowerment of children.
39	Re: Treatment programs. We are continuing our research and examination of this important area of work and welcome submissions.	<p>Child-to-child sexual abuse</p> <p>As indicated in the Consultation Paper, Victoria currently has specialist therapeutic treatment services for children that aim to prevent future offending in every region of the state. However, the Centre agrees that further effort and attention need to be directed towards strengthening and resourcing programs that have expertise in treating children with sexually harmful behaviours. The Centre notes the lack of evidence-based approaches in the area of child-to-child sexual abuse and supports the Royal Commission’s continued research into and examination of this area.</p>
41	Child sexual exploitation and child-to-child sexual abuse within OOHC are challenging and sensitive topics. We understand that these forms of abuse are less likely to be reported to child protection authorities. We seek your submissions on what changes may be required in OOHC to address these issues.	<p>Child sexual exploitation and child-to-child sexual abuse</p> <p>The Centre refers to its previous submissions on this issue as outlined above.</p> <p>The Centre notes that child sexual abuse in familial settings remains prevalent in Australia and should not be excluded from consideration, even though the Centre acknowledges that this is outside the terms of reference of the Royal Commission.</p>
42	We seek submissions from the Commonwealth, all state and territory governments, all OOHC service providers and other interested stakeholders on these issues, including details of any action or strategies in place to respond to child sexual exploitation in OOHC.	<p>Child sexual exploitation</p> <p>The Centre refers to its previous submissions, in particular its <i>Submission to the Commissioner for Children and Young People, Inquiry into the adequacy of the provision of services to children and young people who have been subjected to sexual exploitation or</i></p>

		<p><i>sexual abuse whilst in residential care, August 2014</i> (attached to this submission). The Centre supports the findings and recommendations arising from that inquiry by the Commissioner for Children and Young People, as set out in its final report ‘...as a good parent would...’, August 2015.</p> <p>The Centre contends that there is a need for considerable improvement in system responses to young people’s exposure to sexual exploitation. One of the Centre’s member organisations writes ‘Recent experience has shown that the system has not been able to keep one young woman in our care safe. Levels of program funding, even when flexibly used, do not provide the level of support needed by foster carers in this very difficult situation. There are also very limited out of hours dedicated resources to tracking the highly at risk child, and resources dedicated to returning young people back to their placements safely. Police resources are limited and have competing demands, despite the male adults involved clearly committing crimes through their sexual activity with children. More dedicated resources need to be devoted to policing: finding, arresting and prosecuting the offenders, and finding and returning the young person. This latter task cannot be left to insufficiently supported carers.’</p> <p>The Centre believes that a holistic response, which brings all of its services to bear in caring and providing for children in out of home care, will help protect children in out of home care from sexual exploitation. Children and young people who are engaged at school or in work experience and have access to timely and quality services, such as tutoring or psychological counselling, are potentially more likely to be able to establish trusting relationships with appropriate adults with whom they can discuss concerns or disclose abuse.</p> <p>Similarly, the Centre submits that placing siblings together can be a</p>
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		<p>protective barrier to sexual exploitation and abuse of children living in out of home care. It appears that in Victoria there is little data about the number of children placed with or without siblings in out of home care. However, the little data there is indicates that a sizeable proportion of children in out of home care in Victoria are not placed with any or all of their siblings. Evidence suggests that living with siblings is an important protective factor, and that positive sibling relationships provide support in childhood and adulthood. These relationships can be particularly valuable during changes in a young person's life, such as leaving care.</p> <p>The Centre notes the particular vulnerability of care leavers to sexual exploitation. While legal childhood ends at the age of 18, the risk of sexual exploitation does not. The risks are heightened for young people who have experienced trauma in earlier years when they no longer have caregivers. The Centre submits that the greatest protection for these young people is to have ongoing supportive relationships and a supportive pathway into adulthood. Such a pathway in Australia usually involves post-secondary education or pre-employment training to prepare young people for participation in adult society. This presupposes secure accommodation with adults who can provide support, commensurate with current Australian community norms. Where kinship care is safe and supportive, it is likely to offer such support into young adulthood, as young people are not required to move out of their home at age 18. However, young people who have been in other forms of out of home care are required to move out at 18 and subsequently receive generally low levels of leaving care support.</p> <p>The discrepancy between the kind of support given to young adults leaving care and that available to other young Australian adults means care leavers have generally poorer outcomes in education and employment, as discussed above. The Centre therefore believes</p>
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		that increasing the age of care leaving and providing better and more effective social support for young care leaving adults will reduce their risk of sexual exploitation and further disadvantage.
42	We seek submissions from the Commonwealth, all state and territory governments, OOHC service providers, carers and other interested stakeholders on these issues, including details of any action or strategies in place to respond to child-to-child sexual abuse in OOHC.	<p>Child-to-child sexual abuse</p> <p>Again, the Centre refers to its previous submissions, in particular its <i>Submission to the Commissioner for Children and Young People, Inquiry into the adequacy of the provision of services to children and young people who have been subjected to sexual exploitation or sexual abuse whilst in residential care, August 2014</i> (attached to this submission). The Centre supports the findings and recommendations arising from that inquiry by the Commissioner for Children and Young People, as set out in its final report '<i>...as a good parent would...</i>', August 2015.</p> <p>The Centre further submits that for children residing in residential units who exhibit sexually abusive or exploitative behaviours, a range of targeted evidence-based care options need to be available to meet the individual needs of these children, beyond what is currently available.</p>
43	Chapter 3 outlines the current data limitations across Australia, and the problems arising from inadequate reporting of and data systems for, child sexual abuse in OOHC. We have learnt that knowledge about the incidence and prevalence of child sexual abuse in OOHC is poor. Consequently, we seek submissions on a proposed national approach to data collection and analysis.	<p>Data limitations</p> <p>Victoria has extensive data sets relating to adverse incidents in out of home care. There are two components:</p> <ul style="list-style-type: none"> • Critical Incident Reporting has been in place in Victoria for many years. Reports are rated according to three categories, with Category 1 being the most serious. Category 1 and 2 reports are submitted to the Department of Human Services for immediate review. Reports require an action plan to respond to the incident, and prevention measures. Reports are made available for monitoring purposes to the Victorian Commission for Children and Young People. • A more recent Victorian initiative is the reporting of events where the quality of care provided to a child has allegedly fallen below an acceptable level. These reports are known

		<p>as Quality of Care Reports. Such incidents trigger an assessment that may include a formal review of care. A decision is formulated with an action plan to ensure children’s safety and wellbeing. Prompt investigation of concerns is essential for both children and carers. Victorian services are aware of many examples of protracted investigations that cause further distress, and sometimes unnecessarily disrupt care arrangements.</p> <p>These two reporting systems have the capacity to yield a wealth of data about the rate of reported sexual abuse in out of home care. However, to date there has been no public reporting of aggregated data or analysis of these data sets.</p> <p>The Centre suggests that annual analysis and comprehensive reporting of this data by the states’ Children’s Commissioners to the National Children’s Commissioner would be one means of identifying movements in the rate of reported sexual abuse in out of home care. The Centre notes that Victoria’s Critical Incident Reporting System is currently being re-designed. It is critical that the re-design of this system incorporates the learnings from the Royal Commission.</p>
46	We seek your views on whether there should be a nationally consistent approach to the collection of data, including agreement on key terms and definitions across jurisdictions, in relation to child sexual abuse in OOHC.	<p>Data limitations</p> <p>The Centre supports a nationally consistent approach to data collection, while acknowledging the obstacles as set out in the Consultation Paper.</p>
46	<p>We seek submissions from the Commonwealth, all state and territory governments, OOHC providers and other interested stakeholders on the proposed data model set out below:</p> <ol style="list-style-type: none"> 1. All allegations of sexual abuse concerning children in all forms of OOHC should be extractable as a unit record data file with a unique identifier for each child. 2. For each allegation of sexual abuse, data should be recorded in fixed-response fields that describe: 	<p>Data limitations</p> <p>The Centre supports the proposed data model perhaps with the additions of the child’s age, and a way to link the data to the Reportable Conduct Schemes such as the scheme currently proposed in Victoria.</p>

	<ul style="list-style-type: none"> • the date of the incident • the date of the report • the location where the incident took place • the relationship of the perpetrator to the victim. <p>3. Each allegation should include demographic descriptors for the child and the perpetrator, including:</p> <ul style="list-style-type: none"> • disability (including the type of impairment) • mental health • Aboriginal or Torres Strait Islander background • culturally and linguistically diverse background. <p>4. Data should be disaggregated by placement type.</p> <p>5. Data should be used to monitor treatment and support provided, and life outcomes.</p> <p>6. Data should include police reports, and outcomes of criminal and civil justice responses.</p>	
50	<p>We are interested in submissions on whether existing checks for the authorisation of carers, and carer households in each jurisdiction adequately contribute to protection of children from sexual abuse in OOHC. We would also like to know whether screening processes, including the information that must be considered prior to authorisation, should be uniform across all jurisdictions.</p>	<p>Regulation</p> <p>The continuing incidence of sexual abuse in out of home care suggests that the current checks for the authorisation of carers and carer households are inadequate to protect children from sexual abuse.</p> <p>As outlined above, improved protection for children requires well-resourced programs staffed by a well-trained workforce, who are able to spend quality time supporting carers and children, including visiting children more frequently.</p> <p>In consultation with our members, the Centre believes the current competency based assessment of foster carers' package needs to be updated. Our members have expressed concerns that the current framework excludes much of what is now known about improving children's safety. It is therefore recommended that assessment</p>

		<p>guides which include the most up to date knowledge are developed and regularly updated in all states, to ensure the highest standard of practice in relation to assessment.</p> <p>With regards to kinship care in Victoria, the Centre believes more work needs to be done to ensure the safety of children residing in kinship care. Currently, for example, there are significant issues in placing children in kinship care in emergencies, when the placement, by default and without adequate assessment, becomes long term. Once the child is placed, it can become difficult to move the child if the placement proves to be inappropriate, and in spite of the inadequate initial assessment. In short, while there is strong regulation of non-government agencies in child and family welfare in Victoria, this regulation does not appear to apply to some aspects of placing a child in kinship care.</p> <p>The Victorian Government recently commissioned KPMG to review kinship care in Victoria. At the time of this submission, the report is yet to be published, however the Centre looks forward to recommendations aimed at significantly improving the support and assessment of kinship care in Victoria.</p>
51	<p>We are interested in views on what minimum checks and assessment (in addition to WWCC) should be required for authorization of kinship/relative carers, and whether and how these should account for particular characteristics and risks relevant to this type of care.</p>	<p>Regulation</p> <p>The Centre refers to its previous submissions, and reiterates its view that more checks are required of kinship carers for the safety of the child being placed in their care and with regards to the ability of the carer to meet the needs of the child, which may be complex. Kinship carers in Victoria are currently subject to police checks and Child Protection checks. The Centre supports adding Working with Children Checks to enhance the safety of children in kinship placements. The Centre understands these checks are required of kinship carers in other states.</p> <p>Finally, the Centre advocates for more resources and training to</p>

		carry out kinship care assessments. This is a specialist and important area that is not currently being undertaken in a consistent manner. Good assessments will see children being placed more safely.
53	We seek submissions on carers registers, and what effect they have in practice with respect to protecting children from the risk of sexual abuse in OOHC.	Regulation – carers registers The Centre does not currently have a firm view regarding the value of carer registers or their national regulation but notes that the usefulness of such registers will depend on their information sharing capabilities with other bodies.
53	Based on information provided to date, it appears to us that of the existing registers in various jurisdictions, the NSW Carers Register, administered by the NSW Children’s Guardian, best protects children and is of the greatest utility to OOHC service providers and other bodies involved in protecting children from sexual abuse in OOHC. We seek your views on this.	Regulation – carers registers The Centre refers to its submission above.
53	We are interested in submissions about the strengths and weaknesses of existing carers registers, and whether a carers register should be established in every jurisdiction. We welcome submissions on whether individual jurisdiction registers should contain the kind of information held on the NSW Carers Register, and whether this information should be accessible by all accredited OOHC service providers, as well as appropriate regulatory and oversight bodies.	Regulation – carers registers As above. Presumably such a register would have the potential to enhance information sharing capabilities between agencies and jurisdictions. Some of the Centre’s members contend that with scarce resources available to them and Government, they would prefer to concentrate resources on the ground level to ensure strenuous assessment and support of carers and ongoing close service to children and young people.
55	Oversight bodies: <ul style="list-style-type: none"> • Ombudsman • Children’s Commissioners or Guardians • Public Advocate / Advocate for Children and Young People We are considering whether the functions of each of these oversight bodies are valuable in addressing the risk of child sexual abuse in OOHC, and should be exercised by at least one independent body in every jurisdiction. These functions help ensure that decisions affecting children are transparent, and that children’s services are of a high	Oversight The Centre believes there is merit in each of the oversight bodies considered in the Consultation Paper, namely: <ul style="list-style-type: none"> • Ombudsman • Children’s Commissioners or Guardians • Public Advocate / Advocate for Children and Young People. While noting there may be some confusion due to the intersecting functions of these bodies, the Centre also supports the proposed

	<p>quality, and are subject to scrutiny conducive to continuous improvement. We welcome submissions on whether the operation of different oversight bodies with similar, related and intersecting functions may create confusion about where particular complaints or concerns should be raised and how they will be addressed. We also welcome submissions about how any potential areas of duplication might be addressed.</p>	<p>introduction in Victoria of a reportable conduct scheme. This is discussed in more detail below.</p> <p>In addition, the Centre notes that in Victoria there is also independent oversight via the external audit process for all non-government agencies funded by the Victorian Government. The Centre believes it is important that processes are streamlined and aligned with current requirements to minimise the burden on organisations without compromising the paramount safety of children in organisational settings. To this end, as already indicated, the Centre supports the view of its members that a balance needs to be struck between spending more time directly with children and carers, and using regulation and oversight to ensure good outcomes.</p> <p>The Centre also supports the creation of Commissioners for Aboriginal Children and Young People. Victoria is the first (and only) state to create such a position. The work of the Victorian Commissioner for Aboriginal Children and Young People is having a positive impact on policy and practice to improve outcomes for Aboriginal children and young people in Victorian out of home care. For example, the Commissioner has reviewed more than 1000 individual cases of Aboriginal children in care in Victoria through the Taskforce 1000 project. This is a key project whose findings and recommendations have the potential to lead to significant systemic changes for Aboriginal children and families in Victoria.</p>
56	<p>We welcome submissions on whether official visitors schemes are useful, efficient and cost effective, and whether they yield demonstrable benefits for children in OOHC with respect to preventing and identifying sexual abuse. We are interested in feedback on whether more frequent caseworker visits or contact (with the additional resourcing this would require) might provide a better safeguard.</p>	

58	<p>We welcome feedback about the value of reportable conduct schemes, and whether such schemes should be established in all states and territories. We are also interested in feedback on what features a reportable conduct scheme should include, and whose conduct should be subject to its oversight.</p>	<p>Regulation and oversight – reportable conduct scheme</p> <p>As discussed above, the Centre supports the establishment of a reportable conduct scheme for Victoria. The Centre recently provided a submission to the Victorian Government on the <i>Creating Child Safe Organisations Consultation Guide</i> (March 2016). It is proposed that the Victorian scheme will be overseen by the Victorian Commission for Children and Young People, and will model the NSW scheme, which focuses on educative capacity building. The Centre believes educative capacity building assists in improving the child safety culture in organisations.</p> <p>The Centre believes that, consistent with the Commission for Children and Young People Act 2012 (Vic), the oversight body of the reportable conduct scheme should liaise with other investigative authorities, official bodies and statutory officers to avoid unnecessary duplication and to facilitate the coordination and expedition of inquiries that are to be separately conducted by different authorities, bodies or officers.</p> <p>The oversight body’s role should consider including education to other bodies on child abuse and grooming to increase understanding of the nature of child abuse.</p> <p>Information should be provided to the oversight body at the earliest opportunity and consistent/aligned with other legislative or regulatory requirements/obligations to ensure that responses to allegations of abuse are appropriate, timely, the investigation plan is appropriate and to ensure the immediate safety of children. For example, organisations that are regulated and funded by government could provide the oversight body with a copy of the Department of Health and Human Services incident report to inform the oversight body of a reportable conduct.</p>
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		The role and powers of the oversight body should focus on allegations that meet the definition of reportable conduct and not on less serious allegations. However, further consideration is required about what would constitute a less serious offence. Whilst it may be more appropriate for a regulatory body to address such issues, it may be appropriate to refer the allegations to the oversight body should they be of a repetitive and negligent nature that in combination makes the allegations serious and thus within the scope of the scheme.
58	In this chapter (Chapter 4 Regulation and Oversight) we have not discussed all the regulatory and oversight mechanisms operating in every Australian jurisdiction relating to child sexual abuse in OOHC. We have instead provided a brief overview of some of the tools most commonly used, and those that appear to be the most effective in protecting children in OOHC from sexual abuse. We welcome submissions on whether there are any other mechanisms that you consider particularly effective and that we have not already included in this chapter.	Regulation and oversight
59	The regulation and oversight of each Australian jurisdiction’s OOHC system differs, although there are some common features. Uniform OOHC regulation and oversight across all jurisdictions may not be achievable, or necessarily appropriate, at this time. However, we are considering whether the safety of children in OOHC would be advanced by greater consistency in some areas of regulation and oversight. Regulation and oversight of OOHC in each jurisdiction could include: 1. accreditation of OOHC service providers, whereby: • all OOHC providers – both government and non-government – are required to be accredited to a minimum, nationally consistent standard (for example, the National Standards for Out-of-Home Care	Regulation and oversight In terms of regulation and oversight, the Centre supports systems to protect children in out of home care, and to this end supports proposals that improve quality and consistency of these schemes. The Centre and its members support the recent introduction of spot audit checks of residential care in Victoria by the Department of Health and Human Services and the concept of shared responsibility for the safety of children. Good practice is fundamental to the safety of children in out of home care - this includes thorough assessment of carers, including foster carers, kinship carers and residential carers; an open style of management; regular supervision; comprehensive training programs;

<p>or equivalent)</p> <ul style="list-style-type: none"> • in each jurisdiction, a body independent of the relevant jurisdiction's lead department has responsibility for assessing and granting applications for accreditation • the accreditation body retains ongoing responsibility for monitoring accredited providers' continued compliance with conditions and standards of accreditation. <p>2. authorisation of carers, whereby:</p> <ul style="list-style-type: none"> • all carers are assessed and authorised according to minimum, nationally consistent standards (including satisfactory probity checks for carers and household members over the age of 16 years, and comprehensive criminal background checks and WWCC) • all carers are reassessed on a regular basis. This reassessment process would include an opportunity for the child/children in care to provide feedback about their placement. <p>3. oversight of the OOHC system, with:</p> <ul style="list-style-type: none"> • core oversight functions conducted by a body external to, and independent of, the relevant jurisdiction's lead department and all service providers. <p>We are also considering whether the following regulatory and oversight mechanisms may enhance the protection of children in OOHC:</p> <p>4. Independent oversight of complaints handling conducted by a body independent of the lead department and all service providers. That is, a 'reportable conduct scheme' in each jurisdiction.</p> <p>5. A carers register in each jurisdiction, containing relevant information about all applicant and authorised carers, accessible by all jurisdictions' accredited OOHC service providers and appropriate regulatory and oversight bodies.</p>	<p>good recording and listening to children.</p> <p>The Centre further submits:</p> <ul style="list-style-type: none"> • Kinship care is now the main element of 'out of home care', providing nearly half of all 'out of home care' placements. It is, however, the care type that has been least developed programmatically, and thus provides care arrangements that are the least well assessed, supported and monitored. Legislative changes have progressively mandated the examination of family care options as a first choice before non-family options are considered, but the development of policy frameworks, standards and funding for kinship support programs have lagged behind these other developments. • The Aboriginal Child Placement Principle, now in effect in all States and Territories, also mandates placement of Aboriginal children in extended family as first preference, followed by placement in the child's Indigenous community as a second option. • Notwithstanding their relative stability, kinship care arrangements can have potentially significant vulnerabilities. Kinship carers as a cohort are older, poorer, in poorer health, and more likely to be single than foster carers. They take on larger groups of children and for longer intervals of time. The carers have unique challenges in interpersonal relationships with the children's parents, being in most instances close relatives. Research studies and feedback from kinship carer forums provide evidence of great strain in these arrangements. As with any child being placed in care, there needs to be a comprehensive and appropriate assessment of kinship care arrangements. • Kinship care in Victoria is unique in the out of home care spectrum, in that a thorough carer assessment is not always
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	<p>We seek submissions from all interested parties, in particular OOHC service providers and regulatory and oversight bodies, on these issues.</p>	<p>done prior to placement. Such care arrangements are predicated on a presumption of a strong pre-existing relationship between the carer and, and that this relationship will protect the child.</p> <ul style="list-style-type: none"> • However, some families in which abuse has taken place are part of a larger family network that has experienced trauma and abuse across generations and in other parts of the family. In some extended families, a child may be exposed to the original abuser or other abusive individuals. Not all extended families can therefore provide safe care for children. This level of risk should necessitate careful assessment of all prospective family carers before a child is placed with them. • The Centre further notes that increasing numbers of kinship care arrangements are being made with people who are not part of a child’s family, but regarded as ‘family friends’, often referred to as ‘kith’ placements. International evidence cautions that such care arrangements are less stable than familial kinship care. If assessment of such care arrangements is not thorough, there is a risk that non-familial kinship care may simulate under-regulated foster care. • Given that in Victoria children are being placed into kinship care at a greater rate than they are leaving kinship care, and that there has been an increase in the rate of children being taken into care, the Centre anticipates that the number of unsupported care arrangements will continue to rise. We understand that these circumstances are being replicated across much of Australia. • Resources need to be deployed into supervision and support to care arrangements in line with the growth in such arrangements. Given the private nature of the family, this is the only way that the risk of sexual abuse may be discerned.
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		As indicated above, the Centre looks forward to reform in the area of kinship care in Victoria, arising out of the impending KPMG report on this issue.
60	We seek submissions about opportunities to improve information sharing through legislation, policy, practice and cultural change, to better protect children from child sexual abuse in OOHC contexts.	Information sharing
64	We welcome your submissions on information sharing in the context of complaints and allegations against carers. We will consider best practice principles in responding to complaints more generally in our work on complaints handling.	Information sharing The Centre supports information sharing in the context of complaints and allegations against carers – being all type of carers – employee, volunteer and kinship carers. The Centre understand this is a very complex area, with significant and sometimes unintended negative consequences for carer well-being and retention. Any sharing of information must be done carefully with a view to principles of child safety, as well as privacy and fairness for the carer. It is the Centre’s view that information should be shared between agencies if child safety is at risk.
69	We understand that South Australia, Victoria and New South Wales have already initiated research into inter-jurisdictional carer information sharing arrangements, as part of the Second Action Plan 2012– 2015 for the National Framework. We are interested in hearing from all jurisdictions, and particularly South Australia, New South Wales and Victoria, on the progress of this and related initiatives under the National Framework.	Information sharing
74	We seek your views on whether nationally consistent approaches to intra-jurisdictional information sharing would better support consistency in interstate information exchange.	Information sharing The Centre believes that a nationally consistent approach to intra-jurisdictional information sharing would better support consistency in interstate information exchange.
76	We also note that the exception relating to identification of confidential sources may support disclosure of child sexual abuse in some cases. We are considering whether the exceptions to	Information sharing

	information sharing obligations under Chapter 16A are appropriate and adequate. We seek your views on this issue.	
77	Harmonising inter-jurisdictional information sharing arrangements with intra-jurisdictional arrangements may provide greater clarity, resulting in improved understanding and practice to better protect children in OOHC contexts. We are considering whether adapting Chapter 16A for inter-jurisdictional application is also likely to result in improvements in information sharing across jurisdictions. We seek your views on this.	Information sharing
88	<p>We seek your views on the opportunities to improve the approach to child safety in OOHC, including opportunities to ensure that the nine key elements outlined in this chapter are embedded in OOHC organisations. To assist in our consideration of these issues, we welcome submissions in relation to:</p> <ul style="list-style-type: none"> • the roles, accountabilities and interdependencies of different parts of the OOHC system (such as government agencies, non-government organisations and carers) in delivering and overseeing the key elements of a child safe organisation • the application of these elements in the OOHC system, including whether they should be binding or non-binding • whether all forms of OOHC should be required to comply with all of the child safe standards and principles • the regulatory, oversight, monitoring and implementation support mechanisms that might be required to support the implementation of child safe standards in OOHC • whether there are specific challenges/considerations for the OOHC sector and/or particularly vulnerable groups within the OOHC setting when it comes to implementing 	<p>Child safe organisations</p> <p>The Centre supports a child-centred response to child safety, as discussed at 6.2.6 in the Consultation Paper. The Centre believes that child safety entails enabling children to speak out about their needs, wishes and fears. While children should not be responsible for ensuring their safety, they should have opportunities to speak out when they are unhappy, with confidence that they will receive an appropriate response. Promoting children’s capacity to protect themselves includes:</p> <ul style="list-style-type: none"> • Early education for all Australian children about child safety, sexual health and protective behaviours. This assists children to understand that sexual approaches by adults are wrong, and provide them with ways to speak up should they fear that this is happening, or may happen. • A focus on ensuring continuing, trusted relationships for children placed away from home. This includes promoting continuity in family relationships including extended family, schooling, and with support workers. • Attention by adults to ‘weak signals’ of concern from children may prevent sexual abuse, or prevent false allegations of sexual abuse made as a cry for help. • Leaflets about protective behaviours, including telephone numbers of people who will respond, should be made available to every child

	<p>child safe standards</p> <ul style="list-style-type: none"> resources and support mechanisms that might be required for OOHC organisations to comply with child safe standards the best ways to drive continued practice improvement in child safety among relevant organisations within the OOHC sector any other relevant matters. 	<p>entering protective care, including kinship care and foster care.</p> <p>The Centre believes there is a need to expand the range of ways organisations engage with children and young people. For example, currently ambassador and peer support programs and surveys capture the voices of children but there is room for further exploration of this area.</p> <p>CREATE Foundation plays an important role in promoting the rights of children and young people in and ex care, and works with organisations providing out of home care to promote the voice of children. This is an example of good practice in abuse prevention that deserves support by both Commonwealth and State Governments.</p> <p>While the Centre and its members believe that all out of home care providers should be child safe organisations, as one of its members stated, <i>'However, processes need to respect that foster carers and kinship carers are not organisations providing services, but are families caring for children. We should not institutionalise procedures or practices that are invasive of family life beyond providing close support and supervision by qualified helping professionals, of carers and the children in their care. This will be the best protection of children and young people in these two forms of OOHC.'</i></p>
89	<p>We seek submissions from the Commonwealth, all states and territories, OOHC service providers and other interested stakeholders regarding the application of the nine child safe organisational elements as articulated above.</p>	<p>Child safe organisations</p>
90	<p>We seek submissions on whether a nationally consistent approach for the prevention of child sexual abuse in OOHC should be implemented, which would include targeted and effective sexual abuse prevention</p>	<p>Prevention of child sexual abuse in OOHC</p> <p>The Centre supports a nationally consistent approach for the prevention of child sexual abuse in out of home care, including a</p>

	<p>education programs for children.</p>	<p>targeted and effective sexual abuse prevention education program for children. However, the Centre submits that this should not be limited to sexual abuse, but rather all forms of abuse perpetrated against children. There is overwhelming evidence of the long lasting detrimental effects of all forms of abuse on children.</p>
98	<p>We seek your views on whether a national strategy on child sexual abuse prevention education for children in OOHC is required and should be embedded in the existing National Framework. Such a strategy would aim to create nationally consistent policy and practice expectations, to prevent child sexual abuse in OOHC in Australia and to encourage disclosures at the earliest possible time. This strategy requires the development and evaluation of resources and program implementation.</p> <p>A consistent, national education strategy may include:</p> <ol style="list-style-type: none"> 1. raising awareness about children in OOHC being vulnerable to sexual victimisation and revictimisation, among carers, children in OOHC, practitioners and OOHC service providers 2. an education prevention program targeted to children, carers and practitioners in OOHC, which: <ul style="list-style-type: none"> • identifies the necessary elements, drawing on those covered in school based programs identified in this chapter • covers how children can make a disclosure • covers how to support young people when a friend discloses sexual abuse to them • covers all forms of child sexual abuse by different perpetrator groups 	<p>Prevention of child sexual abuse in OOHC</p> <p>As discussed above, Victoria recently introduced compulsory minimum ‘child safe standards’ that apply to all organisations working with children. The Victorian Department of Health and Human Services commissioned the Centre to deliver over 20 information sessions on these child safe standards, and new criminal offences introduced in Victoria. The Centre delivered the sessions to a wide range of organisations. These included schools, early childhood educators, children’s services, hospitals, health centres, sexual assault services, family violence services, counselling services, housing and homelessness services, disability service providers, local councils including the Municipal Association of Victoria, neighbourhood houses, sports and recreation groups, camps providers, education services and recreation groups such as girl guides and scouts. Feedback received by the Centre at these information sessions indicate there is a demand for more training about grooming, child abuse – definitions and indicators, mandatory reporting requirements and all other legal and regulatory obligations of services who work with children.</p> <p>The Centre supports a national education strategy as set out on pages 98-99 of the Consultation Paper. However, the Centre acknowledges that children should not be responsible for ensuring their own safety, particularly those that are especially vulnerable due to living in out of home care.</p>

	<ul style="list-style-type: none"> • is flexible and tailored to meet the individual needs of a child and their history • is delivered in a variety of formats, such as supportive group formats or on an individual basis <p>3. development and distribution of resources that are culturally sensitive and suitable for young people with a range of special needs including learning problems and/or disability</p> <p>4. development and distribution of resources that include material for same sex attracted and gender questioning young people</p> <p>5. development of an education and training framework for all foster, kinship/relative and residential carers and practitioners based on:</p> <ul style="list-style-type: none"> • role clarity, processes and recording practices as set out in OOHC policies and procedures • understanding the importance of enabling a culture of openness, and creating an environment where a child feels safe to disclose abuse • developing skills and knowledge about how to talk to children about healthy relationships and sexuality education • understanding social media policies, with specific reference to pornography and the transmission of sexualised images (sexting) • awareness about the added risk of bullying, exploitation, depression and risk taking for same sex attracted and gender questioning young people 	
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	<ul style="list-style-type: none"> • ongoing coaching and supervision of staff and carers, building on their initial education and training as outlined above, to develop their knowledge of and skills in using the resources <p>6. mechanisms for implementing, reviewing, evaluating and improving prevention strategies and their components.</p>	
99	<p>We seek submissions from young people, carers, peak bodies, advocacy groups, practitioners, the Commonwealth, all states and territories, OOHC service providers and staff, and other interested stakeholders on the issues raised above.</p>	<p>Prevention of child sexual abuse in OOHC</p> <p>The Centre contends that with 90% of out of home care placements being in the community (foster care or kinship care), together with children who are being supported within vulnerable families, the community shoulders much of the responsibility for protecting children from sexual abuse. Investment in communities is important if they are to contribute effectively to protecting children from sexual abuse. The Centre contends that such investment should include:</p> <ul style="list-style-type: none"> • Public awareness campaigns to promote awareness of risks to children and appropriate responses, and a culture of openness to supporting vulnerable families. This needs to include moderating community expectations of total risk prevention. • Significant investment in training and support of early childhood educators and school teachers to provide appropriate responses to children at risk of sexual abuse. • Protective behaviours training for children targeting key groups of children in out of home care. • Significantly improved support to foster carers and kinship carers including respite care and access to identified services as needed; improved monitoring of kinship care arrangements. • Parental contact for children placed away from home is recognised as important to children, and is frequently

		<p>mandated by court orders. However, it is a two-edged sword. Usually wanted and needed by both child and parent, it may nevertheless carry risks of re-abuse or traumatic reminders. Contact arrangements need to be made with the utmost consideration for children’s wishes and best interests, and supported in individualised ways.</p> <ul style="list-style-type: none"> • In order to improve the chance of safe family reunification, continued family support to parents of children who have been placed in alternative care.
116	<p>We seek your views on whether OOHC organisations and governments should remain responsible for helping those children who have been in care to access necessary counselling and support as they transition out of care and into adulthood.</p>	<p>A supportive and quality care environment</p> <p>The Centre believes out of home care organisations and governments should remain responsible for helping those children who have been in care to access necessary counselling and support as they transition out of care and into adulthood.</p> <p>The Centre’s members, such as Anglicare, have long argued that the leaving age of young people in out of home care should be increased to the age of 21 years, and that post care support should be enhanced.</p> <p>The Centre refers to the <i>‘Five Year Plan for Out of Home Care, Submission from Victorian out of home care Community Service Organisations, July 2013’</i> (attached) which suggests possible actions to ensure young people leave care ready and able to participate in society. These include piloting an integrated individual planning model to age 21 and developing a pilot program to provide continuity of support from out of home care to post-care, incorporating key worker and case management support. More recently, the Victorian Government’s <i>Roadmap for Reform: strong families, safe children</i> commits to <i>‘The healthy transition of young people from out-of-home care to independence and adulthood needs to be planned and supported in advance. Young people must be supported once they leave care, to help them transition to stable</i></p>

		<i>housing, training or a job.</i> The Centre supports reform in this area.
117	There needs to be a clear process for care leavers to make a disclosure when they feel ready to tell someone about their experiences of sexual abuse. We have heard that the leaving care process could be part of the disclosure process for a young person who has been abused in care. This may be appropriate for some young people if they are given a sensitive and tailored opportunity to disclose, and it is not limited to a one off 'exit interview', and we seek your views on this issue.	A supportive and quality care environment The Centre supports any point of contact where a child is engaging with an appropriate adult to make a disclosure.
117	We request submissions as to how these social media applications may help care leavers be more informed about how to seek help in making complaints, and seek information about their rights to compensation and support.	A supportive and quality care environment Almost all children in residential care have access to a mobile phone and a broad range of social media applications. The Centre supports the further exploration of this as means of feedback and reporting. The Centre refers to its report ' <i>Responses to the sexual abuse and sexual exploitation of children in residential care in Victoria, August 2014</i> '. Appendix Five of the report, <i>Cyber-Safety and Social Media: what young people need to know about protecting their privacy</i> , sets out the most commonly used social media sites and apps used by young people.
119	We are currently undertaking a separate piece of work on records and recordkeeping in the context of institutional responses to child sexual abuse generally, including OOHC. Our records work is in its early stages and will continue to develop over the coming year. However, we welcome submissions on records and recordkeeping in relation to OOHC, including the need for: <ul style="list-style-type: none"> • a care-leaver focused, timely, streamlined and coordinated process for care leavers to access records from OOHC institutions about their time in care, including access to historical records and contemporary OOHC care leaver records • more support and assistance from an agency, advocate or support person to help care leavers find and access information and records from their time in care 	A supportive and quality care environment Through sector projects and program developments, the Centre for Excellence has experience with record-keeping and its impact on former residents of children's homes and other forms of care, including the Forgotten Australians and British Child Migrants. Their experience bears witness to the fact that many people do not disclose sexual abuse until adulthood. Poor or non-existent record-keeping has added another layer of suffering for many individuals returning to seek their records or records of immediate family, whether to seek redress, to better understand their identity, or for other reasons. Good record keeping may contribute to the capacity of individuals to seek redress for sexual abuse in care at a later stage.

	<ul style="list-style-type: none"> • face-to-face access to a free counsellor, advocate or support person when a care leaver reviews the information they receive from the OOHC service provider • training for all carers, practitioners, staff working in records teams, and other key staff about the importance of good recordkeeping and timely access to records for care leavers. 	<p>Our member organisation MacKillop Family Services has developed a well-developed archival access service, the Heritage and Information Service. This is a user-friendly and proactive service, from which past residents and their families can receive case file and historical information with personal support as desired. This approach is becoming more commonplace. Another good example is the Children & Family Services Ballarat’s Legacy & Research Centre due to open in May 2016.</p> <p>While good record-keeping is important for myriad reasons, the Centre contends that organisational culture has a stronger place in the prevention of sexual abuse than record-keeping per se. Where the organisational culture is open and aware, records may be a useful means of recording and reporting both ‘weak signals’ and stronger concerns about a child’s wellbeing and safety, prompting a timely response. In the absence of such a culture, record-keeping is unlikely to reflect signals of concern.</p>
120	<p>We are considering improvements that may be required to better support children who have been sexually abused in OOHC and their carers and families. We welcome submissions with respect to our considerations as outlined below:</p> <p>Establish a nationally consistent therapeutic framework for OOHC service delivery</p> <ol style="list-style-type: none"> 1. Develop a sector-wide and nationally agreed therapeutic care framework that defines therapeutic care, and outlines the essential elements required. 2. Embed consistent evaluation of child outcomes and longitudinal research, to inform the development of therapeutic residential care. 	<p>A supportive and quality care environment</p> <p>The Centre supports the proposals outlined at the end of Chapter 8 of the Consultation Paper.</p> <p>The Centre supports the development of a nationally consistent, evidence-based framework for out of home care.</p> <p>The Centre believes that all children who suffer abuse should receive targeted support that meets their needs.</p> <p>The Centre notes that this will require dedicated resources for implementation.</p>

	<p>Expand trauma-informed therapeutic treatment and advocacy and support services</p> <ol style="list-style-type: none"> 3. Ensure that children can access trauma-informed advocacy and support services. 4. Address the cultural needs of children from Aboriginal and Torres Strait Islander backgrounds and young people who have been sexually abused in care, through appropriate therapeutic treatment, advocacy and support services that, where possible, be provided by Aboriginal and Torres Strait Islander practitioners. 5. Ensure adequate access to therapeutic treatment and advocacy and support that is tailored to a child's individual needs, culture, age and abilities, with particular consideration for children with disability and children from culturally and linguistically diverse backgrounds. 6. Ensure adequate access to therapeutic treatment and advocacy and support for children who live in rural and remote areas within Australia. 7. Provide systematic training for carers and practitioners, especially in the areas of therapeutic care, responding to trauma and the impact of sexual abuse. Regular supervision and support is integral to good outcomes, and training should not be a one-off event; rather, it must be part of an overall strategy and therapeutic approach to OOHC. <p>Enhance placement stability and reduce the number of 'strangers' in</p>	
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	<p>a child's life by increasing the availability of placement options – including professional carer models</p> <p>8. Develop professional foster care models, in-home care models, and therapeutic family group home models of care.</p> <p>9. Expand residential therapeutic treatment options for children.</p> <p>Create nationally consistent system for home-based care reimbursements, to address allowances differing greatly across jurisdictions.</p> <p>Provide better workforce planning and development for residential care staff</p> <p>10. Have jurisdictions agree on a strategy to professionalise and build the capacity of the residential carer workforce.</p> <p>11. Have jurisdictions establish agreed targets for reducing the use of casual staff in residential care facilities.</p> <p>12. Establish nationally consistent standards for training and supervising externally accredited residential carers.</p> <p>Improve protections against child sexual abuse for children in kinship/relative care</p> <p>13. Develop a 'kin-specific' approach to a culturally safe and appropriate kinship/relative carer assessment and recruitment that is differentiated from foster care approaches.</p>	
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	<p>14. Increase the casework support and oversight for children in kinship/relative care.</p> <p>15. Promote the engagement of Aboriginal and Torres Strait Islander children with their culture and strengthen the capacity of Aboriginal and Torres Strait Islander community controlled organisations to place and support children in care.</p> <p>16. Increase the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle, promoting culturally appropriate assessment; implementation of cultural care plans; monitoring and accountability for implementation; and holistic and community-based solutions to the support needs of Aboriginal and Torres Strait Islander kinship/relative carers.</p> <p>17. Conduct more research to investigate the long-term outcomes for children of kinship/relative care.</p> <p>Increase support when leaving care, and in the care leaver's post-care life</p> <p>18. Government and non-government OOHC service providers develop leaving care plans for all care leavers, and address any current risks to children when they leave care. Arrange access to therapeutic supports and ensure that young people:</p> <ul style="list-style-type: none"> • are educated and supported in undertaking any victims compensation claims for sexual abuse and/or other abuse suffered while they were in care 	
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	<ul style="list-style-type: none"> • know the processes involved in making complaints, including referring matters to the police for criminal investigation • have access to supportive environments where they can disclose abuse, both at the time of leaving care and after they have left care. <p>Consider innovative ways to communicate with young care leavers, such as the internet and mobile applications, so that the leaving care process can be part of the disclosure process for a young person who has been abused in care.</p> <p>21. Improve recordkeeping and access to care leaver records.</p>	
122	<p>We seek submissions from all interested stakeholders about these issues that address how the OOHC sector can better support children who have been sexually abused while in care, and also support their carers.</p>	<p>A supportive and quality care environment</p> <p>The Centre strongly supports the considerations of the Royal Commission Consultation Paper at page 120, as follows:</p> <p>Expand trauma-informed therapeutic treatment and advocacy and support services</p> <p>19. Ensure that children can access trauma-informed advocacy and support services.</p> <p>20. Address the cultural needs of children from Aboriginal and Torres Strait Islander backgrounds and young people who have been sexually abused in care, through appropriate therapeutic treatment, advocacy and support services that, where possible, be provided by Aboriginal and Torres Strait Islander practitioners.</p> <p>21. Ensure adequate access to therapeutic treatment and advocacy and support that is tailored to a child’s individual needs, culture, age and abilities, with particular</p>

		<p>consideration for children with disability and children from culturally and linguistically diverse backgrounds.</p> <p>22. Ensure adequate access to therapeutic treatment and advocacy and support for children who live in rural and remote areas within Australia.</p> <p>23. Provide systematic training for carers and practitioners, especially in the areas of therapeutic care, responding to trauma and the impact of sexual abuse. Regular supervision and support is integral to good outcomes, and training should not be a one-off event; rather, it must be part of an overall strategy and therapeutic approach to OOHC.</p> <p>Further, the Centre refers to its previous submissions to the Royal Commission and to the Victorian Government Betrayal of Trust inquiry, in support of a national redress scheme for past, current and future survivors of abuse in an institutional context. The Centre advocates that all abuse types should be within the ambit of any redress scheme, including cultural abuse, forced separation and child to child abuse.</p> <p>The Centre submits that compensation is an important component of redress, however, acknowledges that no amount of compensation will heal the past wrongs of abuse and neglect of children. Compensation should be considered as an acknowledgement that the abuse should not have occurred and as a child you should have been protected from abuse and neglect by those responsible for your care.</p> <p>The Centre submits that elements of a redress scheme should include:</p> <ul style="list-style-type: none"> • financial compensation • provision of financial counselling
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