



Submission to the Commission 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 residing in residential care

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Centre for Excellence
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About the Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare is the peak body for child and family welfare in Victoria, providing independent analysis, dialogue and cross-sectoral engagement to break down multi-causal factors that perpetuate disadvantage and vulnerability. Working alongside our 90 member organisations, the role of the Centre is to build capacity through research, evidence and innovation to influence change. The Centre and its member organisations collectively represent a range of early childhood, child and family support services, youth and out-of-home care services, including kinship care, foster care and residential care.

Executive Summary

This submission responds to requests from the Commission for Children and Young People's *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 residing in residential care.*

The submissions responds to the key areas identified in the Inquiry's Terms of Reference and makes six recommendations for further consideration by the Inquiry. These are:

1. The Centre recommends that the RP3 Funding Model is adopted as the base funding model for Victorian residential care.
2. The Centre recommends the introduction of minimum, mandatory staff qualifications for all staff, permanent and casual, responsible for caring for children and young people in a residential care setting.
3. The Centre recommends that the full implementation of Recommendation 26 from the *Protecting Victoria's Vulnerable Children Inquiry* report offers the best prospect of a fair, transparent and sustainable approach to the funding of Victorian out of home care services.
4. The Centre endorses the Five Year Plan and recommends that two practical measures are expedited in the first year of the Five Year Plan:
 - the establishment of area based Placement Panels to consider local placement requirements and arrangements
 - the introduction of common placement screening and assessment tool for all children requiring placement in out of home care
5. The Centre recommends that the Department of Human Services develops specific guidance in consultation with residential care providers on the particular needs of children and young people exposed to sexual abuse and exploitation in residential care. Such guidance should form part of the *Residential Care Program Requirements*.
6. The Centre recommends that the new Child and Youth Area Partnerships actively consider the adequacy of local responses to the sexual abuse and sexual exploitation of children in out of home care.

Together these recommendations have a singular purpose: to ensure that every child and young person in residential care in Victoria:

- is safe and remains safe
- is able to maintain connections with their family, peers, school and community
- receives good quality, stable and consistent care, including education, informed by best practice knowledge of the causes and consequences of past abuse and neglect; and
- can quickly access the specialised supports they may require.

It is often not recognised, but many children and young people in residential care today in Victoria are achieving these positive outcomes due to their resilience and courage and the support of dedicated residential care and support staff. The challenge is to ensure all children and young people in residential care have the same opportunity to achieve these outcomes.

In preparing this submission a small number of young people were consulted about their current and past experience of residential care in Victoria. Their observations speak loudly about many of the current, difficult challenges in residential care.

Introduction

In responding to the request for submissions on the sexual abuse and sexual exploitation of children in residential care the Centre adopts the definition of sexual exploitation developed by the UK *Tackling Sexual Exploitation National Working Group*¹ and now widely used by the UK Government and local authorities:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

This definition is also used by the Department of Human Services.

This submission responds directly to the key areas of interest identified in the Inquiry's terms of reference:

- *The factors that increase the risk and incidence of sexual abuse or sexual exploitation of children and young people in residential care together with effective prevention strategies.*
- *The adequacy of the present models of residential care being offered to children and young people in Victoria.*
- *Possible changes to the model of residential care being offered to children and young people in Victoria.*
- *The interaction between the departments, agencies and service providers and how these sectors can work together to better protect children and young people in residential care from sexual abuse or sexual exploitation.*
- *The adequacy of the response and support offered to children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care.*

¹ The National Working Group for Sexually Exploited Children and Young People, 2008. Accessible at: <http://www.nwgnetwork.org/who-we-are/what-is-child-sexual-exploitation>

Factors that increase the risk and incidence of sexual abuse and exploitation

This section responds to the following reference:

The factors that increase the risk and incidence of sexual abuse or sexual exploitation of children and young people in residential care together with effective prevention strategies.

The Centre considers that the following factors increase the risk and incidence of sexual abuse or sexual exploitation of children and young people in residential care:

Inadequate Screening, Assessment, Planning and Placement Matching

Good quality, thorough, comprehensive and ongoing assessments and planning are required to ensure effective placement matching. There is no currently agreed screening and assessment tool in use across the State resulting in significant variations in how Divisions and community services organisations approach placement assessment. This is often exacerbated by an absence of information about the child or young person, particularly where the child or young person has only recently become known or where there are pressing reasons to locate a placement immediately. Such factors can contribute to poor placement matching which can expose the child or other children in residential care to sexual abuse and sexual exploitation.

Even the best designed assessment template is compromised if it is not applied with the engagement of all professionals and volunteers working with the child or young person. Similarly, if the voice of the child or young person is not fully reflected in the approach to assessment then poor decisions will ensue.

Placement of Children under 12 Years of Age

A particularly vulnerable client cohort is children under 12 years of age placed in residential care.

Since 2010 the Department of Human Services has published limited data in its annual report on the percentage of children under 12 years of age placed in residential care (as a percentage of all children in out of home care) on the 30 June each year.

Based on this data, just under 20 per cent of children placed in residential were under 12 years of age in 2012-13.

There is a broad consensus that placements of children under 12 years in residential care is undesirable but often unavoidable due to the need to place large sibling groups together and the absence of suitable home-based placements.

Lack of placement capacity

Lack of adequate placement capacity across out of home care coupled with the frequent requirement for an immediate placement can result in poor placement choices. The number of children placed in out of home care increased by five per cent from 6,207 children in 2011-12 to 6,542 in 2012-13. With no commensurate increase in placement capacity provided by Government this has put further pressure on already overstretched out of home care services. The number of unfunded contingency placements established by the Department of Human Services, believed to be approximately 60-100 currently, is a clear indication of the lack of adequate placement capacity.

For children exhibiting sexually abuse or exploitative behaviours same sex residential units may represent the best option however there are limited numbers of such placements.

Absence of cultural safety

There is a high proportion of Aboriginal and Torres Straits children and young people placed in residential care and out of home care more broadly. Victorian Aboriginal services working with these children report very low levels of compliance with cultural planning requirements². Failing to meet the cultural needs of Aboriginal children and young people in residential care is inherently unsafe and will lead to poor outcomes.

Social Media

The rapid growth in social media applications is a newly emerging mechanism for sexual predators to target vulnerable children placed in residential care. Almost all children in residential care have access to a mobile phone and a broad range of social media applications. Children are often unaware of the potential risks involved in accessing these social media applications.

Staff qualifications

In 2012 a workforce census³ of organisations providing residential care in Victoria was undertaken. Key findings from the census included:

² A joint submission from Victorian Aboriginal Community Controlled Organisations and Community Service Organisations, *Koorie Kids: Growing Strong in their Culture* November 2013

³ Centre for Excellence in Child and Family Welfare, *Victorian Residential Care Workforce Census at a Glance*, 2013

- 68 per cent of workforce were female, 32 per cent male
- 55 per cent were employed on a casual basis, 26 per cent were full time and 19 per cent were part time
- Of the full time workforce 68 per cent had a Certificate IV or above, eight per cent were undertaking a Certificate IV and 24 per cent did not hold a relevant qualification
- Of the part time workforce 57 per cent had a Certificate IV or above, seven per cent were undertaking a Certificate IV and 36 per cent did not hold a relevant qualification
- Of the casual workforce 62 per cent had a Certificate IV or above, seven per cent were undertaking a Certificate IV and 38 per cent did not hold a relevant qualification

Significantly, of the total workforce 34 per cent did not possess a relevant qualification.

The absence of an agreed minimum, mandatory staff qualification combined with a highly casualised workforce presents clear risks. Unqualified staff, even if highly motivated are less likely to exhibit the skills and knowledge required to work competently and ethically with highly vulnerable children and young people. This is unfair to the young people in their care and the staff members concerned.

With approximately half of all residential homes staffed with only one employee on duty at any one time there are clear risks created by the combination a deeply traumatised group of up to four children and young people (illustrated by the high number of critical incidents reported in residential care) and a staff member working on their own.

Effective prevention strategies include:

Placement Prevention

Out of home care is a very high cost intervention and in a context of both significant demand growth and constrained budget capacity there has been renewed interest in strategies to prevent admission to out of home care and promote earlier reunification. The Centre supports the preferred hierarchy of placement as being kinship care, followed by foster care with residential care reserved only for children who cannot be placed safely in a form of home based care.

However, the best prevention strategy involves a robust set of services that can enable a child or young person to remain safe in the care of their family.

The *Stronger Families*⁴ model recently piloted in six Department of Human Services areas (Loddon, Mallee, Inner Gippsland, Barwon, North East Melbourne and Southern Melbourne) is an integrated placement prevention and reunification service. The service targets children who are at imminent

⁴ Information on *Stronger Families* model is based on a recent presentation on the evaluation of the model by KPMG: Department of Human Services, PowerPoint presentation *Out of Home Care Community Service Organisation support forum*, 18 March 2014, unpublished

risk of being removed and placed in out of home care for the first time, or children who have recently entered OOHC for the first time but are able to return home with supports. Children 0-2 years and 10-15 years and Aboriginal children are prioritised.

The service is characterised by: integrated governance arrangements; single referral point with child protection; a coordinated person centred service response; flexible support packages; specialist services; and individually tailored service responses.

Evaluation findings provided by the Department of Human Services indicate that:

- Children involved with *Stronger Families* were less likely to be in care at closure and at three, six, nine and 12 months post closure, compared to participants in comparator programs
- *Stronger Families* is helping reduce the number of children entering OOHC and reducing the amount of time children and young people spend in OOHC before being reunited with their families
- The cost benefit analysis estimates for every additional dollar invested additional savings of \$1.23 are realised within child protection and out of home care
- The *Stronger Families* model supports a more culturally proficient response for Aboriginal children and families.⁵

Home Based Care

A core component of an effective prevention strategy is a well-functioning and sustainable set of home based care services. The last decade has seen a rapid expansion of kinship care and a relative decline in foster care as a proportion of all out of home care.

The most recent Australian Institute of Health and Welfare *Child Protection Australia report* found that the number of foster carers commencing in Victoria was 39 per cent below those exiting. In contrast, across the rest of Australia the number of foster carers commencing exceeded those exiting by 23 per cent⁶. This trend, if not arrested in Victoria, is likely to put significant further pressure on demand for residential care placements as the pool of available foster carers declines.

Adequacy of Present Models

This section responds to the following Inquiry reference:

The adequacy of the present models of residential care being offered to children and young people in Victoria.

⁵ Department of Human Services, *Stronger Families and Aboriginal Stronger Families KPMG Evaluation-Final Report*, February 2014.

⁶ Source: Table 6.3, *Number of Households commencing and exiting foster care*, Australian Institute of Health and Welfare, *Child protection Australia 2012-13* (Note: data excludes NSW as data unavailable)

Current residential Care models

The base residential RP2 care model, accounting for approximately 50 per cent of all residential placements, is not adequate to meet the needs of vulnerable children and young people. The one staff member to up to four children RP2 ratio at most times of the day means that minimal standards of care can be difficult to sustain particularly where children and young people are exhibiting behaviours that may put them at risk such as running away behaviours, self-harming behaviours, drug or alcohol problems and not attending school. Similarly where a child or young person in a residential RP2 model home is displaying abusive or exploitative behaviours it can be extremely difficult to adequately protect other children placed in the home.

Where problematic behaviours are evident the Department of Human Services is able to provide additional 'add-on' funding to strengthen the roster. Historically, such arrangements were provided exceptionally however more recently it is becoming the norm. It is an inefficient approach requiring separate and ongoing negotiations for most children now placed in an RP2 setting. Such funding is not provided in the Department of Human Services base funding and is therefore sourced from other program lines.

The RP3 model provides a basic level of care enabling two staff members on duty during the day and if necessary an overnight 'stand-up' employee. The Centre considers that the RP3 model should be adopted as the basic standard pending the progressive establishment of therapeutic residential care models, as foreshadowed in the *Out of Home Care: Five Year Plan*

The existing out of home care models in Victoria have also produced a situation where just under 20 per cent of children placed in residential care are under 12 years of age. Given the known risk factors for sexual abuse and sexual exploitation coupled with the sexually abusive or exploitative characteristics of some young people in residential care this can create a very high risk environment for children under 12 years placed in residential care

Significant demand and capacity issues in out of home care have led to greater use of out of area residential care placements. This results in large numbers of children and young people being placed in environments not conducive to good care. Such children by virtue of geography are separated from strong protective influences and attachments such as particular family and extended family members, their community, school and peers.

Changes to the model of residential care

This section responds to the following Inquiry reference:

Possible changes to the model of residential care being offered to children and young people in Victoria.

Voice of children/advocacy

Actively hearing the voice of children and young people in or formerly in residential care is vital to inform sound policy development and guidance. There has been progress in this area in recent years, but more opportunities should be made available for children and young people to provide their views and thoughts on how the quality of residential care can be improved. The following are observations from a small group of young people in or previously in residential care who were consulted during the preparation of this submission:

Some of the good aspects of residential care:

“The fridge is always stacked with food.”

“The house is usually clean.”

You get a roof over your head.”

“It’s hard to pick the good things because there’s so much that’s bad.”

“Some staff are great!”

“Many staff are really positive.”

Some of the concerning aspects of residential care:

“The toilets are only cleaned once a week ... yuk...”

“The high chair for my baby is just not safe.”

“Being stuck out in bad weather and no one being able to come and pick me up.”

“The DVD needs replacing.”

“There’s not enough activities and the kids get bored. When there’s nothing to do, the next best thing is causing trouble.”

“Some staff are just not good resi workers. They should be evaluated to find out if they have compassion.”

“I haven’t seen my case worker or DHS worker for over a month. They’ve done nothing for my leaving care and I’m frightened that I’m going to end up in a refuge.”

“They should stop cutting costs all the time – it’s all the unit supervisor seems concerned about. He’s got no time for us kids.”

“The room searches are so unfair. Kids in resi feel bad enough as it is and the room searches make them feel worse. I know sometimes they’re necessary but why so often?”

“I’m in a semi-independent unit and buy my own food. I’ve got \$70 a week to live on and my unit supervisor goes off at me if buy an ice cream”

“We kids are sick of being screwed over in resi – don’t get me started!”

RP2 to RP3 to Therapeutic Residential Care

The Centre supports the Government’s intention outlined in the *Out of Home Care Five Year Plan* to ensure that all residential care placements are, within the life of the plan, migrated to the therapeutic residential care model. The Centre also supports the view that many children currently in residential care could be placed in a home based care arrangement with the right package of measures and supports.

The Centre does though have reservations about how this will be achieved, noting the following:

- There is very limited funding to address existing and future demand pressures in out of home care with the limited additional funded placement capacity provided in the 2014 State Budget clearly unable to meet current demand growth.
- There does not appear to be a provision in the funding envelope for transition funding enabling the gradual decommissioning of some forms of residential care while allowing for the expansion of home based care.
- There is no funding to address the immediate quality of care issues in residential care, primarily the inadequate level of staff provided in the RP2 Model which accounts for just under half of all existing residential care placements.

- Funding confirmed to date only provides after four years a total of 188 therapeutic residential care beds, yet departmental projections indicate that there will be a requirement for over 600 residential care beds by 2017-18⁷.
- Home based care including kinship care and foster care is under severe pressure in part contributing to further demand for residential care. Improved caregiver reimbursements and improved care give support supported by a professionalised foster care model would do much to support and grow home based care.

While the move to therapeutic care models over the life of the five year plan is supported, the current RP2 residential care model is no longer sustainable as it only provides for a single staff member on duty at weekends and after 6 p.m. each day. This can place children and staff at significant risk.

The Centre considers that the base funding model should provide for two members on duty throughout the day with flexibility to adjust the model to also provide a stand-up staff member overnight. This staffing profile is currently provided by the RP3 funding model.

Recommendation 1

The Centre recommends that the RP3 Funding Model is adopted as the base funding model for Victorian residential care.

Qualifications of residential care staff

Establishing minimum, mandatory staff qualifications in residential care will support the development of residential care career pathways, improved staff retention and reduce the reliance on a casualised workforce. Ultimately, a well-qualified workforce, informed and supported by wrap around specialists such as psychologists is the best guarantee of a safe and supportive care environment.

Recommendation 2

The Centre recommends the introduction of minimum, mandatory staff qualifications for all staff, permanent and casual, responsible for caring for children and young people in a residential care setting. For new staff entrants a Certificate IV Community Services or equivalent is recommended and for house supervisors a minimum staff qualification of Diploma in Community Services or

⁷ Source: Figure 3B, Victorian Auditor-General, *Residential Care Services*, 2014

equivalent is recommended. As about a third of existing staff do not possess an existing qualification this requirement should be phased in over a three year period.

Funding arrangements – Essential Services Commission

The absence of an agreed and fair residential care funding model has persisted for many years and has led to the need for frequent negotiations between the Department of Human Services and residential care providers about the need for ‘add-on’ funding for children placed in residential care. Such ‘add-ons’ also come at a cost to the department’s bottom line as they are unfunded, as reported in the recent Victorian Auditor-Generals *Residential Care for Children* report⁸.

The Auditor’s report made a comprehensive set of findings and recommendations. These are set out below:

That the Department of Human Services:

- *establishes alternative affordable models of care with sufficient flexibility to cater for the varying and complex needs of children*
- *actively promotes to children in residential care the processes for making a complaint and investigates the feasibility of establishing an independent advocacy role to support children in residential care*
- *develops performance measures for delivery of residential care services for children to meet legislative requirements and outcomes for children*
- *ensures that residential care staff have the necessary skills, qualifications, training and support to work effectively with children and their families*
- *identifies systems and processes for collecting and analysing information which better meet the department's compliance, assurance and reporting needs*
- *reviews existing demand forecasting approaches and develops plans for the capacity that is actually required.*

*DHS has committed to a series of actions to address these recommendations.*⁹

In late 2010 the new incoming Victorian Liberal National Party Government commissioned a comprehensive inquiry “*To inquire into and develop recommendations to reduce the incidence and negative impact of child abuse and neglect In Victoria ...*”.¹⁰

Led by the Honourable Philip Cummins (chair), Emeritus Professor Dorothy Scott OAM and Mr Bill Scales AO the inquiry released its comprehensive three volume report in January 2012. Of its two key recommendations in respect of out of home care, only one so far has been progressed, - the

⁸ Victorian Auditor-General, *Residential Care for Children*, March 2014

⁹ *ibid.* p. xiii.

¹⁰ *Report of the Protecting Victoria’s Vulnerable Children Inquiry*, Department of Premier and Cabinet, 2012, p.xxi.

development of a comprehensive five year plan for out of home care. Its other recommendation, on which the Government has not yet provided a definitive response, was:

26. To provide for the clear and transparent development of client-based funding, the Government should request the Essential Services Commission to advise on:

- *The design of a client-based funding approach for out of home care in Victoria; and*
- *The unit funding of services for children and young people placed in care.*¹¹

Recommendation 3

The Centre recommends that the full implementation of Recommendation 26 from the *Protecting Victoria's Vulnerable Children Inquiry* report offers the best prospect of a fair, transparent and sustainable approach to the funding of Victorian out of home care services.

Out of Home Care: Five Year Plan

In March 2014 the Victorian Government released its *Out of Home Care: Five Year Plan*¹². The plan is based on the achievement of the following overarching goals:

- Improved outcomes – improved personal, economic and social outcomes for children and young people in out-of-home care.
- Reduced demand – slow the growth in the number of children and young people being placed in out-of-home care over the long-term.
- Sustainable delivery – create the foundation for a more sustainable, efficient and effective out-of-home care system.

As outlined in the Minister's foreword the plan set out the following immediate priorities:

- Realise legislative and practice reforms to help provide permanency and stability for children.
- Investigate opportunities to better support and grow our vital foster carer workforce.
- Increase the role of the non-government sector in assessing and supporting kinship care arrangements.
- Establish a practical approach to monitoring the outcomes being achieved for children and young people in care. Based on this information, a process for reporting on the wellbeing of children and young people in the care of each service provider will also be established.
- Commence immediate actions to improve the safety and wellbeing of children and young people

¹¹ *Report of the Protecting Victoria's Vulnerable Children Inquiry*, op. cit., p.liv.

¹² Department of Human Services, *Out of Home Care: Five Year Plan*, 2014

in residential care.

- Develop a complementary plan for Aboriginal children and young people in out-of-home care.
- Explore innovative approaches to commissioning, targeted at preventing entry to care, supporting transition from residential care and improving leaving care supports.
- Establish a more collaborative and effective approach to governance – and through this – identify and act on opportunities for practical system improvements.

To support initial implementation, \$336 million over four years was announced in the 2014 State Budget to support the plan for the following initiatives:

- the construction of new residential care facilities
- new therapeutic residential placements
- therapeutic home-based care packages
- technology to assist the implementation of an outcomes framework to ensure views of children in care are incorporated into case planning, as well as informing the monitoring and assessment of out-of-home care providers
- enhanced support for foster and kinship carers
- professional development and support for residential care staff.

An Out-of-Home Care Reform Advisory Group with wide representation sector and departmental representation has been established to support the implementation of the plan. A System Improvement Working Group has also been established to jointly develop specific proposals associated with the *Five Year Plan*.

Noting that much of the detail of each initiative is yet to be worked through, the Centre supports the rationale and directions set out in the plan however have particular concerns that the growing gap between residential capacity and actual demand is not addressed in the plan. Whilst not made explicit in the Government's *Out of Home Care: Five Year Plan*, recent briefings by the department indicate that the commitment to introduce therapeutic models of care across all residential care types during the life of the plan is premised on the assumption that approximately half of all children in residential care can be moved into more appropriate, less expensive home based care placements. The Centre considers that this assumption will be difficult to realise given departmental forecasts (as referred to in the Auditor-General's 2014 report) of a 30 per cent growth in demand for residential care placements by 2017-18.

Recommendation 4

The Centre endorses the Five Year Plan and recommends that two practical measures are expedited in the first year of the Five Year Plan:

- the establishment of area based Placement Panels to consider local placement requirements and arrangements
- the introduction of common placement screening and assessment tool for all children requiring placement in out of home care

The establishment of Placement Panels and a common placement screening and assessment tool should be accompanied by a commitment from service providers and the department to share data collected on children and young people referred for placement and in placement.

Existing residential guidelines and standards

Community Services Organisations delivering residential care for children are required to comply with the Department of Human Service's *Residential Care Program Requirements*¹³, described in the following terms:

The program requirements are the essential prerequisites for providing a quality service for the children in residential care throughout the state.

The requirements are statements of what CSOs providing residential care services need to do in order to meet service expectations. In general, the requirements do not outline how – this information can be sourced from the range of program guidelines and other documents as referenced throughout this publication. CSOs will also have their own operations and procedural documentation that outline how the program requirements are implemented.

Domains covered in the *Residential Care Program Requirements* include¹⁴:

- The legislative and legal context
- Program requirements
- Environmental and material goods requirements
- Organisational and human resource requirements

In respect of incidents of sexual abuse and sexual exploitation the *Residential Care Program Requirements* states:

*CSOs will have practice guidelines for residential carers about working with children (under ten years of age) who exhibit problem sexual behaviour and with children and young people displaying sexually abusive behaviour (aged over ten).*¹⁵

¹³ Department of Human Services, *Residential Care Program Requirements in Victoria*, April 2014

¹⁴ *ibid*

¹⁵ *Ibid.*, p.13

The guideline also refer to supporting documentation produced by the Department of Human Services as well as procedures to be followed following critical incidents but is otherwise silent on the sexual abuse and sexual exploitation of children in residential care. There is no specific guidance in the guidelines on responding to the needs of children exposed to sexual abuse and sexual exploitation or specific guidance on appropriate service responses to children who may be exhibiting sexually abusive or sexually exploitative behaviours. This appears to be an omission in the guidelines and the expectation that CSOs develop their own practice guidelines may lead to variable and inconsistent responses.

Recommendation 5

The Centre recommends that the Department of Human Services develops specific guidance in consultation with residential care providers on the particular needs of children and young people exposed to sexual abuse and exploitation in residential care. Such guidance should form part of the *Residential Care Program Requirements*.

Improved counselling and therapeutic support

Children that have been sexually abused or exploited in residential care are likely to require long-term skilled intervention and rehabilitation. Such interventions can help the child address the trauma they have experienced and reduce the potential for the child's trauma to lead to more problematic behaviours.

The plan to migrate all residential care provision to the therapeutic care model will help address a serious deficiency in current care arrangements – the regular absence of appropriate counselling and therapeutic interventions for children in residential care that have been sexually abused or sexually exploited. Centre members report frequent roadblocks in accessing the right supports often because a child's existing behavioural problems are seen as a reason to refuse a therapeutic or mental health intervention.

Interaction between departments, agencies and service providers

This section responds to the following Inquiry reference

The interaction between the departments, agencies and service providers and how these sectors can work together to better protect children and young people in residential care from sexual abuse or sexual exploitation.

Interaction between the Department of Human Services and residential care providers

Interactions and relations between the department and community services organisations are largely mediated through the Placement Co-ordination Units located in each of the department's four Divisions. The Centre has been made aware of tensions and strains in this relationship generated by very significant placement demand, the 2011 departmental restructure and related budget pressures. There is broad agreement across the sector and department that work is required to improve this relationship. The establishment of both local area-based placement panels and a common screening and assessment template are important initiatives in this respect and should support better, consensual decision making and the more appropriate and safe placement of children requiring residential care.

Role of Victoria Police

There have been significant enhancements in recent years between Victoria Police and the Department of Human Services in responding to sexual abuse and sexual exploitation of children in residential care. In April 2014 the Department of Human Services and Victoria Police established a high level *Collaborative Responses Steering Committee*¹⁶. The Committee's Terms of Reference¹⁷ are:

1. *Provide oversight of implementation of government policy as it relates to the shared jurisdiction of DHS and Victoria Police.*
2. *Provide oversight of implementation of strategic initiatives and directions agreed by the Secretary DHS and Chief Commissioner, Victoria Police*
3. *Examine and respond to issues of strategic and operational intersection between DHS and Victoria Police concerning collaborative responses to individuals and families in receipt of services from DHS.*
4. *Identify policy, systemic and operational; issues for joint attention and promote collaborative responses to individuals and families in receipt of services from DHS.*
5. *Promote development of and provide strategic support to DHS/Victoria Police relationships at divisional/regional/area levels*

A series of sub-committees are being established including a *Sexual exploitation of children and young people in out of home care* sub-committee. The priorities¹⁸ for this committee are to:

- *Develop and implement a statewide strategy for preventing and responding to sexual exploitation and report to the Committee on progress and outcomes.*
- *Monitor compliance with MoU and protocol agreements relevant to the collaborative approaches to sexual exploitation and to information sharing.*

¹⁶ Department of Human Services and Victoria Police, *Collaborative Responses Steering Committee*, April 2014

¹⁷ *ibid.*, p.2

¹⁸ *ibid.*, p.8

- *Provide a statewide forum for issue identification and management and recommended resolutions and desired outcomes.*
- *Promote inter-organisational knowledge building and professional development.*
- *Develop standard data sets and systems for performance and outcome reporting.*
- *Collect and analyse statewide sexual exploitation incident reporting and template data and provide reports to the Committee*

The Centre supports this approach and considers there may also be a role for the new cross government and sector *Child and Youth Area Partnerships* to include local responses to sexual abuse and sexual exploitation of children in their strategic priorities and core functions.

Recommendation 6

The Centre recommends that the new Child and Youth Area Partnerships actively consider the adequacy of local responses to the sexual abuse and sexual exploitation of children in out of home care.

Adequacy of the response and support offered to children and young people

This section responds to the following Inquiry reference:

The adequacy of the response and support offered to children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care.

The Residential Care Environment

This submission has indicated a wide range of issues and made recommendations and observations in respect of the current provision of residential care in Victoria. These include:

- Ensuring we hear the voice of children
- Inadequate, screening, assessment and placement matching arrangements
- Limited placement capacity both in foster care and residential care
- Addressing future demand pressures
- Lack of safety provided under the current RP2 model
- Inappropriate placement of children under 12 in residential care
- The high proportion of casualised staff employed in residential care

- The absence of a mandatory, minimum qualification for residential care staff
- The absence of specific guidance on sexual abuse and sexual exploitation of children in residential care

As indicated earlier in the submission, the Centre strongly supports the Five Year Plan's intention to migrate all residential care provision to a therapeutic care model. This offers the best prospect of providing a safe and supportive environment for children placed in residential care.

A number of other recommendations have been made in this submission that are designed to improve the responses and supports offered to children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care.