AASW
Australian Association of Social Workers

# *Submission to the Royal Commission into Institutional Child Sexual Abuse*

## *Issues Paper 4: Preventing Sexual Abuse of Children in Out of Home Care*

***Submission – Nov 2013***



National Office – Canberra
Level 4, 33-35 Ainslie Place
CANBERRA CITY ACT 2600
PO Box 4956
KINGSTON ACT 2604
T 02 6232 3900
F 02 6230 4399
E advocacy@aasw.asn.au www.aasw.asn.au

Enquiries regarding this submission can be directed to:
**Senior Manager, Social Policy and Mental Health: Stephen Brand**
Email: stephen.brand@aasw.asn.au
Phone: 02 6232 3900

AASW Chief Executive Officer:
Glenys Wilkinson
Email: ceo@aasw.asn.au

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## Introduction

**The Australian Association of Social Workers (AASW) is the key professional body representing more than 7000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society.**

**Concern for the wellbeing of children and young people has been a core element of social work practice internationally since the development of social work as a distinct profession. Significant numbers of social workers work in the child wellbeing and protection field in a range of roles including direct case work, management and policy. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child welfare practice. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice.**

**We are therefore pleased to provide the following submission to the Royal Commission into Institutional Responses to Child Sexual Abuse in response to Issues Paper 4: Preventing Sexual Abuse of Children in Out of Home Care.**

## Core issues and recommendations

Research confirms that children in out-of-home care are among the most vulnerable in our society. Children in care have significantly poorer mental health outcomes than other children, and a significant minority of children experience complex psychological and behavioural problems emerging from a history of trauma, abuse and neglect (Bromfield & Osborn 2007, p. 6). These impacts are compounded by issues such as placement disruption, which affects a large proportion of children in care, and disconnection from community and culture, which is particularly relevant given the over-representation of Aboriginal and Torres Strait Islander children in the OoHC system (McDowall 2013; Scott & Nair 2013). The experiences of children in care also need to be understood as part of a bigger social picture, which speaks to issues such as poverty, domestic violence, mental illness and drug and alcohol abuse and for Aboriginal and Torres Strait Islander Australians to the ongoing impacts of colonisation.

The AASW acknowledges the outstanding work and contribution that young people, staff, carers and others make to the OoHC field. However, it is clear we must do better. This submission focuses on the issue of prevention of sexual abuse in OoHC and points, above all else, to two key issues. Firstly, the need for a national and whole-of-government approach to out of home care, underpinned by nationally recognised, evidence-based *operational* standards and resources. Secondly, the need for comprehensive training and support programs for staff, foster carers, kinship carers and others engaged in the OoHC system. Such training and support need to be based on a solid understanding of the impacts of abuse and neglect on childhood development and how this relates to vulnerability to abuse in care and challenging behaviours. An understanding of grooming and self-protective behaviours, including the ways in which individuals, families and organisations can be groomed, should be an integral and key component of training for everyone involved in the OoHC system, including children. In relation to OoHC staff, we believe it is critical that they have the pre-requisite specialist knowledge and skill to undertake practice in this complex and demanding setting. This foundation, we argue, will better allow OoHC providers and others to appropriately understand and respond to the complex needs of this population of children as well as prevent and address abuse in care.

The field of neurobiology provides a better understanding of the relationship between early experience, brain development and a range of physiological, behavioural and cognitive outcomes. This includes acknowledgment of the incredible resilience of children and the fact that, if provided with appropriate, coordinated and ongoing reparative care, children can and do recover from early deprivation (Wild 2013). Only with high quality, stable and sustained efforts can children in the OoHC system be protected from further abuse and supported to thrive. We believe the recommendations outlined here go some small way to achieving this.

## Definition of out of home care

The AASW utilises the definition of out-of-home care provided by the Royal Commission in fact sheet 4.1 (2013, p. 1) with the following exception.

The AASW is aware of placements within disability services where children have been removed from their homes on a protection or guardianship order, but whose severity of disability requires specialist support and care from a disability funded and supported placement. Family Options in Victoria, for example, is funded by the Department of Human Services Disability Services (DHSDS) to provide short or long term family-based placements to children and young people (DHSDS 2013). The program is delivered by a range of non-government organisations including a number which provide mainstream out of home care services. Support for the most significantly disabled young people however is generally provided by disability support services without mainstream out of home care training, processes or experience. Child protection can make a referral to disability services following a protection order and transfer the responsibility for a child's out of home placement to the Family Options program. An AASW member and former manager of the largest Family Options program in Victoria reported that 50% of all children on the program in 2009 were on a protection or guardianship order, and that child protection were no longer actively involved despite a protocol between disability and protective services to ensure ongoing collaboration and mutual support. The AASW believes that children who are in a disability services funded placement but who have been removed from their homes on a protection or guardianship order should not be excluded from consideration of measures to prevent sexual abuse in out-of-home care. Indeed the AASW would argue they are some of the most vulnerable children in the out of home care system.

The AASW recommends that the Royal Commission include this population of children in their review.

Thus referring to out-of-home care, the AASW also includes:

- *Home-based care* – where placement is in the home of a carer who is reimbursed for expenses in caring for the child. The three categories of home-based care are:
    - *Foster care* – where care is provided in the private home of a substitute family which receives payment that is intended to cover the child's living expenses;
    - *Kinship care* – where the caregiver is a family member or a person with a pre-existing relationship with the child;
    - *Other home-based care* – care in private homes that does not fit into the above categories.
- *Residential care* – where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff. This includes facilities where staff work shifts as per a roster, where there is a live-in carer or where staff are off-site (for example, a lead tenant or supported residence arrangement).
- *Family group homes* – where placement is in a residential building which is owned by the jurisdiction and which typically run like family homes, have a limited number of children and are cared for around the clock by paid resident or substitute parents.
- *Independent living* – where children are living independently, such as those in private boarding arrangements.
- *Other* – where the placement type does not fit into the above categories or is unknown" (Australian Government Department of Senate Community Affairs Committee 2005, p. 78).

## Responses

The National Standards for Out of Home Care are referred to in this document as the 'National Standards'.

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

The issues impacting on abuse in care are complex, inter-related and multidimensional; they relate to the interaction of the child, carer, worker, provider, regulator, and the OoHC system as well as to child and family wellbeing more broadly. The following aims to identify specific points at which abuse in care might be prevented.

The AASW's recommendations on the core strategies for keeping children in OoHC safe from sexual abuse is organised as follows. We begin with an overview of some of the literature on the systemic causes of abuse. We then propose a range of strategies aimed to address these issues and identify areas for further research.

#### 1.1 Systemic issues

Uliando and Mellor (2012) reviewed factors associated with the abuse of children in out of home care, with a focus on the Australian context. They identified an interaction between the characteristics of the child, the worker and the institutional environment as being critical to the incidence of abuse in care, including sexual abuse.

***Interaction of child characteristics, the carer or worker and institutional environment***

**1.1.1** Children in care have typically experienced significant abuse or neglect. Trauma from abuse and neglect and associated risk factors such as poverty, domestic violence, drug and alcohol abuse and mental health issues have been associated with a range of challenges for children in the child protection system including attachment and interpersonal difficulties, developmental disorders, issues with affect regulation, disassociation, behavioural control and issues with cognition (Cook et al; van der Kolk 2005 as cited in Wild 2013). Taken in the context of serial loss and disenfranchised grief, the challenges facing children even before they are placed in care are substantial.

**1.1.2** Of particular relevance to sexual abuse in care, is the association between sexualised behaviour, which can be understood as a response to previous abuse, and re-abuse in the OoHC system. This complex psychological and behavioural problem may be highly challenging for carers to manage (Bromfield & Osborn 2007, p. 6). Briggs and Hawkins (1997 as cited in Uliando & Mellor 2012) reported that a foster carer's understanding of sexualised behaviour was a key factor in a child's vulnerability to re-abuse in the care setting. Specifically, they point to the need for foster carers to understand sexualised behaviour as a response to previous abuse, rather than an indication of readiness or willingness to engage in sexual activity. Carers need better support in identifying and responding to these complex and challenging behaviours.

**1.1.3** In the residential care setting, peer to peer abuse appears to be the more common issue with a number of reports of sexual assaults between children placed together (see Barter et al 2004; Sinclair & Gibbs 1998; Bev 2003; Ombudsman 2010).

**1.1.4** Abuse by OoHC staff can be related to institutional or systemic failures to create, sustain and promote a culture of child safety and related mechanisms as outlined in a previous submission to the Royal Commission (AASW 2013). Of additional relevance however are

the working conditions in OoHC settings. A number of studies have cited 'long hours, low pay, unscheduled overtime, difficult job responsibilities, lack of appropriate training and general dissatisfaction associated with working in a child protection system as being risk factors or the maltreatment of children in OoHC' (Kirkwood 1993; Spencer & Knudsen 1992; Sundram 1986; Utting 1991 as cited in Uliando & Mellor 2012). These factors are implicated not only in ineffectiveness on the job, but a failure to protect children through 'erroneous decisions being made or issues being overlooked' (Uliando & Mellor 2012, p. 2285).

**1.1.5** Based on a review of the available literature, Uliando and Mellor (2012) identified the following systems issues as relevant to the maltreatment of children in care. They include:

- High case loads (Ombudsman 2009)
- High staff turnover (Ombudsman 2010)
- Insufficient training and supervision (Rosenthal et al 1991; Spencer & Knudsen 1992; Victorian Department of Human Services (DHS) 2011)
- Administrative load (DHS 2011)
- A lack of clear expectations for and training around working with children in OoHC (Mercer 1982; Sundram 1986)

as cited in Uliando and Mellor (2010)

Similarly, DePanfilis and Girvin (2005) identify the significance of staff knowledge and skill in effectively responding to maltreatment in care once it had occurred. Issues such as workload, inadequate training, shortage of foster carers and poor assessment and investigative processes and tools were identified as significant barriers to effectively responding to abuse in care.

**1.1.6** Inadequacies or failures by OoHC providers and regulators to prevent, identify and appropriately respond to allegations of abuse are, we believe, compounded by inconsistent and inadequate abuse reporting and investigation mechanisms.

As detailed and evidenced in question 7 below, current recording and reporting mechanisms differ between jurisdictions with Victoria, for example, using an incident reporting system that has been shown to be problematic or ineffective as a means of recording and responding to allegations of abuse (Ombudsman 2010, p. 40). For example, the Victorian Ombudsman (2010, p. 43) reported an instance of two foster children being removed from a placement following substantiation of abuse in a placement that supported a total of five foster children. The Ombudsman found that the three foster children who had not made allegations were not even interviewed as part of the investigation. Also of concern were findings that indicated that improvements to child safety mechanisms were seen as 'secondary' to 'more high priority issues' within child protection departments (Ombudsman 2010).

The establishment of whole of government responses to child protection with consistent, coordinated and comprehensive investigation, monitoring and reporting mechanisms has previously been identified as a key factor in preventing abuse in care (Crime and Misconduct Commission 2004).

**1.1.7** Carers and children have, in many instances, been compromised at the institutional level through failures or inadequacies in carer screening, assessment, training and support. These four aspects of carer engagement in the OoHC system have repeatedly been

identified as critical issues in substantiated cases of abuse in care. These issues and the evidence base that demonstrates their significance are outlined in detail in questions two and five. It is noted here however, that screening, assessment, training and support are critical issues across placement types, including foster care, kinship care, residential care and other settings.

**1.1.8** Inadequate screening processes have been identified as a causal factor in abuse in care. In 2010, for example, the Victorian Ombudsman (2010, p. 40-42) following an investigation into abuse in care, found that harm to children could have been prevented 'in a number of cases' if adequate screening and assessment of carers had occurred. The Ombudsman went on to say that 'information [was] available to indicate that the carer posed a risk to the child'.

**1.1.9** These factors, including the characteristics of the child, the carer, workers and systems issues correlate with a range of outcomes related to abuse in care. These include unsuitable placements, such as placing vulnerable children with other children who have high risk behaviours, for instance, sexually abusive behaviour (DHS 2001; Ombudsman 2010 as cited in Uliando & Mellor 2012); carers and workers who lack adequate training, experience and support; and, monitoring and reporting systems that ineffectively address issues in care as they arise.

## 1.2 Core strategies to prevent harm in out of home care

The research cited above and further outlined in the responses that follow, point to the need for the OoHC system to provide high quality, stable care, which attends to the complex needs and rights of children who have been removed from their family or who are unable to live at home. The inter-related nature of causative and contributory factors outlined here point to the need for multi-layered and comprehensive strategies that consider the characteristics and needs of the child, carer, worker, provider, regulator and broader OoHC system.

### 1.2.1 A National OoHC system

**1.2.1.1** The National Standards (2011) provide the overarching framework for state and territory government and non-government organisations providing out-of-home care. They recognise the need for consistent, best-practice approaches and address issues such as stability, carer support and planning. They are designed to address inconsistencies in state and territory based OoHC standards, which are in various stages of development, and to provide a baseline for states such as Tasmania, ACT and Northern Territory where there are currently no OoHC standards (FaHCSIA 2011; Royal Commission 2013).

**1.2.1.2** The AASW endorses the National Standards but believes more needs to be done to improve current inconsistencies in OoHC systems, policies and practices. As outlined above, the issues implicated in the prevalence of abuse in care are systemic issues. They related to how OoHC is delivered, how it is staffed, who provides care and how they are supported. The prevention of abuse therefore, requires the development and implementation of systems, not just standards, which are nationally consistent and evidence-based.

### 1.2.2 Core elements of a National OoHC system

***1.2.2.1*** *Consistency in the regulation of OoHC*

The AASW recommends that all out of home care government and non-

government providers should be subject to the same standards, approval and review processes. The AASW believes more research is needed to identify which regulatory framework is most effective in addressing the systemic issues outlined in 1.1 above. However, the AASW believes there is sufficient evidence to suggest the need for:

- an independent regulatory body, such as Children's Guardian, to oversee the OoHC system. This assertion rests on a number of inquiries into OoHC which have highlighted a lack of attention or capacity within OoHC providers to successfully undertake this critical role as detailed in response to question 4 below. Importantly, we believe this independent body should have the capacity to receive complaints, conduct investigations and make binding recommendations on government agencies.
- Minimum requirements for the qualifications and training of OoHC staff and carers. This topic and the evidence base supporting this recommendation are discussed in detail as part of question 5 below.
- Consistency in measures to establish, promote and maintain a child-safe environment. Baseline measures were outlined in detail as part of the AASW's submissions on the topic of the Working with Children Check (2013a) and Child Safe Institutions (2013b).
- Measures to ensure that case and administrative loads are such that workers have the capacity to consistently provide high-quality support.
- National carer registers that include information on substantiations of abuse in care to ensure they do not simply provide foster care services through another agency or channel. Based on a nationally consistent approach to OoHC this means carers in every jurisdiction would be listed on this centralised database.

#### ***1.2.2.2*** *Operational standards and resources for OoHC providers*

The AASW endorses the National Standards, but believes that organisations need additional guidance and support to achieve outcome measures. To this end, the AASW recommends the development of a range of national evidence-based operational standards and resources designed to inform and support providers, regulators and carers in implementing policies, processes and practice that will address current issues associated with abuse, as outlined in question 1.

Critically, these should address issues such as:

- *how* OoHC providers can foster placement stability through, for example, better placement matching processes
- *how* to support staff through appropriate supervision, coaching, training and mentoring programs
- *how* to involve children in decision-making processes and ensure barriers to disclosure of abuse are addressed
- *what* training and ongoing support should be provided to caregivers
- *how* to create, foster and develop a child-safety culture. Our recommendations

on this issue are outlined in detail as part of our submission on child safe institutions (see AASW 2013b). For the purposes of this submission however, the AASW reiterates the importance of everyone in the OoHC system including children to be supported, in an age-appropriate manner, to understand self-protective and grooming behaviours. In light of a recent report into abuse in care in WA (Public Sector Commission 2012) we also highlight the need to consider and address practices such as nepotism, which have been used in the past to mask abuse, abuse power and silence children.

- *best-practice* in care and placement planning including stability planning, case plans, leaving care planning, culturally appropriate and sensitive practice and the participation of children in decision-making processes.
- the importance of information sharing and collaborative practice with key allied services and supports including education, health and mental health.

The AASW has made recommendations regarding specific content for these resources in our responses below.

The AASW proposes that an independent regulatory body monitor and report on the implementation or otherwise of these operational initiatives.

## 2. Is there evidence for having different strategies to keep children in OOHC safe from sexual abuse depending upon whether a child is in relative or kinship care, foster care or one of the forms of residential care?

Yes. The evidence suggests differential issues for children in various settings. The AASW recommends that these differences be acknowledged and addressed in the operational standards and resources proposed in question 1.

### *2.1 Residential care*

**2.1.1** Barter et al (2004 as cited in Uliando & Mellor 2010) cite a range of systemic factors related to the abuse of children in residential settings including staff/child abuse and peer-to-peer abuse. These include: unclear rules and objectives; inadequate admission procedures; acceptance of 'pecking orders'; the demands of caring for traumatised young people with violent, destructive and / or sexualised behaviour; and staff turnover.

**2.1.2** Accordingly, strategies for ensuring the safety of young people in residential care include:

- Employing staff who are highly-skilled and experienced in working with children and young people with challenging and complex behavioural support needs, and providing ongoing, regular supervision and support. The literature on staff training and a reduction in workforce turnover is outlined in response to question 5 below.
- Processes to ensure that young people in residential services are not placed with others who present a clear and identifiable risk of harm.
- Residential services and staff have clear policies, procedures and related training and support around managing and maintaining appropriate boundaries; identifying and responding to grooming behaviours by staff or young people; specialist knowledge and skill in managing challenging behaviours.

### *2.2 Foster care*

**2.2.1** The Australian Foster Care Association (2001) report that 84% of foster carers identify 'support' as absolutely essential or very important, but that over 50% report that the quality of the support they receive is average, very poor or extremely poor.

**2.2.2** Foster carers are subject to more allegations of abuse that any other group in society (Uliando & Mellor 2012). This may reflect 'children misinterpreting [foster carer] behaviour due to past experiences and foster carers have higher standards expected of them when caring for children' (Blatt 1992; Ombudsman 2010 as cited in Uliando & Mellor 2012). In addition, carers may not have the skills to deal with a child's very challenging behaviour. The Australian Foster Care Association (2001) report that 43% of carers subject to an allegation of abuse ceased fostering due to a lack of support at the time of an allegation.

**2.2.3** Where abuse does occur, Briggs & Hawkins (1997) suggest that foster carers may misinterpret sexualised behaviour as a sign that a young person wants sexual contact rather than as a behavioural expression of previous trauma from sexual abuse.

**2.2.4** Some authors point to the professionalisation of the vocation as a way of improving outcomes for young people. Thorpe (2006) states that:

*Gone are the days when fostering could be conflated with 'mothering' and 'ordinary parenting' (Boddy, Cameron and Moss 2006). What is needed now are abilities to provide sophisticated care for children with complex needs, including the need to retain connections with family, kin and culture.*

*Such are the demands of current day fostering that two thirds of foster carers interviewed in a recent research study (Thorpe 2004) considered that fostering should be regarded as a professional role requiring education and training, respect as equal members of the child welfare team, professional supervision, and support for the valuable job that they do. As one foster carer eloquently put it, 'we should be considered experts in foster care; as social workers are experts in social work'.*

**2.2.5** The AASW recommends:

**2.2.5.1** Further research is undertaken to look at the professionalisation of foster care as a means of better supporting foster carers and reducing abuse in care. To date there has been limited research in Australia (Osburn et al 2007). Importantly, the attitudes of children and young people have not been well canvassed and possible risks, such as children being or feeling like a 'commodity' need to be very carefully considered.

**2.2.5.2** Foster carers are provided with all the information they need to appropriately understand and respond to the behaviours and needs of children in their care. The AASW believes that if foster carers are provided with more information on the unique and specific needs of a child in their care, they are better positioned to utilise their knowledge and skill (obtained through OoHC training) in an appropriate and responsive manner. Of particular relevance to sexual abuse, is a better understanding of a child's trauma and abuse history; how this might present in sexualised or other challenging behaviours; what might trigger a particular child or young person and how to manage this.

**2.2.5.3** Training programs for foster carers should provide the knowledge and skill to

understand a child's behaviour, including sexualised behaviour or inappropriate boundaries stemming from their abuse history, and strategies and guidance on keeping the child and others safe from harm. The AASW's recommendations for the content of carer training programs are outlined in more detail in response to question 5 below.

**2.2.5.4** OoHC staff are facilitated to provide ongoing support and advice to foster carers, including specific and tailored advice on maintaining appropriate boundaries with particular foster children. Such advice should be informed by trauma and abuse histories.

**2.2.5.5** Disclosures of abuse in care are facilitated. The AASW suggests this might be supported by ongoing opportunities for children to meet with their caseworker away from the foster placement. Stability of the workforce and the capacity to develop an ongoing relationship and trust with the worker are critical issues here. Recommendations for improving workforce stability are outlined in response to question 5 below.

### *2.3 Kinship care*

**2.3.1** Kinship care is the fastest growing type of out of home care in Australia however the evidence base for kinship care is minimal (Bromfield & Osburn 2007, p. 31). Nationally, the number of children in statutory kinship care overtook foster care in 2010-11, with many more children in informal kinship arrangements (Kiraly & Humphreys 2013).

**2.3.2** While kinship placements offer greater stability and 'normality' than other forms of OoHC, Uliando and Mellor (2012) identified inadequate screening of kinship carers as a significant factor in abuse in this setting. Kiraly and Humphreys (2013) report that current policy allows for a less rigorous process than for foster care, whereby the assessment process normally takes place after the care arrangement has begun. Indeed, the Ombudsman (2009; 2010) highlighted a number of cases of children being placed in kinship care with convicted sex offenders and paedophiles. It was found that screening practices may not be applied with the same rigour, as kinship carers are likely to be trusted by children or parents. The Ombudsman also found that such placements may be seen as preferable as they reduce the burden on the foster care system.

**2.3.3** Where kinship placements are successful, research indicates that grandparents in particular have felt let down by state and Commonwealth governments 'especially in relation to the financial and legal issues that they face and the lack of recognition and support that they receive' (Council on Ageing National Seniors 2003 as cited in Bromfield & Osburn 2007). Kiraly and Humphreys (2013) also highlight a lack of support for grandparents in navigating the 'mixed loyalties and intense emotions' associated with parental contact. A recent study into kinship care and family contact found that contact with parents is a 'troubled experience' for around half of children in kinship care, and in some cases, may present safety issues (Kiraly & Humphreys 2013).

**2.3.4** More generally, kinship placements receive less monitoring, training and support, which is significant given the higher rates of disadvantage and poverty among kinship as opposed to foster carers (Bromfield & Osburn 2007; Ombudsman 2010, p. 40; Kiraly & Humphreys 2013).

**2.3.5** Bromfield and Osburn (2007) identified the primary strength of kinship care in relation to benefits from 'maintaining family, cultural and community connections' for both Indigenous and non-

Indigenous children. It is clear that while kinship care offers children opportunities to grow up with their families in the community, this policy and practice must allow for more rigorous assessment and support processes.

**2.3.6** The AASW recommends that:

**2.3.6.1** Assessment processes for kinship placements should be as rigorous as other OoHC placement types

**2.3.6.2** More attention is paid to the support of kinship placements, particularly in the areas of financial support and navigating parental contact.

**2.3.6.3** Kinship carers are required to undertake the same rigorous processes as other kinds of formal care arrangements. This should include comprehensive assessment and screening processes prior to placement and compulsory training. The nature and detail of such training is outlined in detail in response to question five.

**2.3.6.4** More research is undertaken to inform and develop policy and practice in kinship care settings. The AASW believes this research is urgently needed given growing numbers of children being placed in kinship arrangements. Such research should consider how kinship placements are best supported as well as outcomes for children in this placement type.

### 2.4 Other placement types

Children in informal or voluntary out of home care, such as children with a disability who may have been relinquished into State care need particular consideration as formal check and balances may not be in place. For example, the Family Options Program in Victoria may be delivered by Disability Services funded organisations where mainstream out of home care processes, such as compulsory assessment and training programs, are not required. As outlined in the introduction, the AASW believes that informal and voluntary placements also need to be subject to the preventative measures proposed here.

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

**3.1** The AASW believes that the audit approach ensures randomised checking and evidence by way of data collection and public reporting of OoHC provider practices. However we acknowledge the need to ensure the process is not too onerous, particularly in the context of the human and administrative pressures outlined elsewhere in this submission.

**3.2** Regular supervisory or irregular community visits may be useful, but need to be well planned and the visit explained to the foster child. Otherwise, it can be a stigmatising feature of being in care and being 'different'.

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

**4.1** The AASW believes the relative strengths and weaknesses of departmental regulation of out of home care have been repeatedly demonstrated in a range of inquiries into child protection services.

**4.2** Some common weaknesses of regulation by child protection departments are evident in a recent report by the Victorian Ombudsman (2010) whereby over several years and individual investigations and reports, a range of recommendations were made to the Department of Human

Services Child Protection (DHS) regarding what needs to be done to improve the safety of children in care. Despite a commitment by DHS to implement a range of recommendations, including improved incident reporting, data collection and management of allegations of abuse, the Ombudsman has found that some changes have been unsuccessful or inadequate. DHS has indicated this is due to competing demands on the time and resources of staff, which as outlined earlier, is also a theme in literature on the prevalence of abuse in care. Indeed, even where the recommendations of the Ombudsman were undertaken, subsequent reviews of progress have shown that administrative functions may simply be under-utilised. The AASW adds that child protection departments may lack the objectivity and distance to accurately assess the nature of the problem, particularly when investigations or reviews point to failures or inadequacies in department itself.

**4.3** The idea that the tertiary sector is overburdened is not new, and while the National Framework aims to address the current imbalance in the sector through greater investment in prevention and early intervention, it is clear these changes will take many years to achieve. Regardless, the AASW recommends that an independently funded and legislated body is required to undertake the critical role of investigating, monitoring, reporting and evaluating out of home care providers in order to ensure consistent and reliable investigative processes. Examples, such as the NSW Office of the Children's Guardian, have very thorough face-to-face accreditation processes for any organisation that provides OOHC in NSW. This has been welcomed by organisations as it provides a detailed examination of how each organisation delivers the NSW Standards of OOHC and where improvement is required. It is critical however that the staff in independent regulatory bodies have a commensurate level of knowledge, expertise and skill in assessing, understanding and responding to the complex issues that may present with allegations of abuse. This includes an understanding of the range of issues outlined in point 5 below.

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

**5.1** The AASW agrees that the training of these groups is key, however an increasing body of research from the field of implementation science, demonstrates that training is not enough to ensure that practices will improve or change (Antcliff 2013).

**5.1.1** Implementation research refers to the "scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice and, hence, to improve the quality and effectiveness of health care" (Graham et al 2006, p. 17 as cited in Mildon & Schlonsky 2011). This extends to services concerned about child welfare (Mildon & Schlonsky 2011).

**5.1.2** Current research shows that evidence-based practice or programs are often not effectively adopted to support children, families and caregivers. In addition, the impacts of training tend to reduce over time and in response to staff turnover (McDonald 2013; Antcliff 2013).

**5.1.3** The AASW therefore recommends that any training program that addresses the core components outlined below should be supported by an implementation plan, and that implementation is factored into the development and costing of future training programs.

**5.2** The AASW believes that staff employed by government departments and organisations with

responsibilities in the out of home care system should have the prerequisite skills and knowledge to work with vulnerable children **as a condition of employment**. While ongoing professional development and training are critical, the AASW would be concerned with a service system that relies on on-the-job training to address abuse in care.

**5.2.1** International evidence shows that frontline workforce turnover is lowest in countries where the child protection workforce has a standardised qualification base in social work and related disciplines, as the workforce is best prepared for direct practice. For example, compared to the Queensland child protection services where turnover is 73% in the first three years of practice, the child protection workforce turnover in the United Kingdom is around 11% per annum and in Norway is approximately 12% per annum (Healy & Oltedal 2010; Local Authority Workforce Intelligence Group 2006). In both Norway and the United Kingdom, social work qualifications or similar are mandatory entry-level qualifications for child protection workers.

**5.2.2** Highly skilled staff teams have the capacity to both work with the complexity of issues facing children, carers and others thus reducing workforce turnover, retaining practice wisdom and improving consistency and stability of supports.

**5.2.3** The AASW recommends that at a minimum, degree level qualification in disciplines with mandatory child protection education, such as social work and some psychology, human services and behavioural studies degrees should be the entry requirement. Where workers lack these qualifications, they should be supported by the agency to gain appropriate qualifications.

**5.2.4** Aboriginal and Torres Strait Islander workers should be encouraged and supported to achieve professional qualifications equivalent to non-Indigenous workers. The Government must be encouraged to address the educational gap facing many Aboriginal and Torres Strait Islander workers and to work closely with tertiary education bodies to provide accessible professional educational programs.

**5.2.5** Specific attention must be paid to how rural and remote staff can be supported to obtain and maintain professional qualifications and practice skills.

**5.3** The AASW recommends the following core components of ongoing professional development and training for **carers, case workers and staff of regulatory bodies.** We acknowledge that some issues may be more or less relevant depending on each particular role, however we suggest that each subject below should be addressed regardless of position within the OoHC system. A baseline knowledge and understanding of a range of issues related to child development and wellbeing, practice with families and caregivers as well as an understanding of child abuse and neglect is assumed for OoHC staff.

**5.3.1** Information on the **factors that impact on a child's vulnerability to abuse**. This should include the range of risk factors, such as age, gender, history of abuse, disability, Aboriginal and Torres Strait Islander children and a child's temperament and personality (see Irenyi et al 2006, pp. 4-7 for more information on the link between these risk factors and organisational abuse).

**5.3.2** Identifying and responding to the impacts of **trauma**, including impacts on child development, associated behaviours including sexualised behaviours and how to understand and respond to these, information on what support is available to work with complex behavioural issues, such as specialist behaviour support services, and when

such support should be utilised. Other relevant impacts to explore include loss and grief, resilience and healing, physical and psychological issues such as disassociation, developmental disorders, compromised affect regulation and behavioural control and difficulties in developing trust and maintaining relationships.

**5.3.3** Specific training about childhood sexual development including the difference between 'normal' expressions of childhood sexuality and behaviours of concern. Issues such as assessing risk, how to work with others to assess and respond to allegations of sexual abuse and how to assess and respond to sexually abusive behaviours in young people should be addressed.

**5.3.4** Self-care and self-reflective practices, including an exploration of the role of the carer, what they bring to their caring role in terms of the own experiences and history, and strategies for understanding and thinking about a foster child's behaviour in the context of their abuse and trauma history and the developmental impacts of such experiences.

**5.3.5** **Information sharing** and reporting protocols between carers, out of home care services, government departments, independent regulatory bodies and relevant other including timelines for reporting alleged abuse in care and definitions of abuse in care.

**5.3.6** Current research **on perpetrators of abuse** including:

- gender of abusers in relation to various forms of abuse;
- age;
- issues with identifying or recognising abusive behaviours;
- the victim-to-offender cycle;
- personality of offenders;
- myths and facts about perpetrators of sexual abuse; and
- awareness of how perpetrators of abuse might create opportunities to have access to children and how to address these, also known as 'situational crime theory',

Irenyi et al (2006, pp. 7-12) provide a good summary of how and why these issues are particularly relevant within an organisational context.

**5.3.7** Though related to the point above, we wish to highlight the importance of everyone involved in the OoHC system, including children as developmentally appropriate, understanding the complex, varied and subtle ways in which individuals, families, organisations and communities can be **groomed** (Ronken 2013). A recent inquiry into abuse in care in WA (Public Sector Commission 2012) found, for example, that the main perpetrator of abuse groomed the community by raising and donating funds for various groups and befriending people in power such that when concerns regarding the abuse of children began to emerge, community leaders found it difficult to accept the legitimacy of the allegations.

**5.3.8** Detailed information on the **nature of sexual abuse** and the multitude of ways it can occur including emphasis on the fact that it may or may not involve physical contact. For example, non-contact abuse might include showing a child a pornographic image or asking them to pose in sexual manner (Ronken 2013).

**5.3.9** Detailed **expectations** on conduct with children including initiating touch with a child, responding to touch from a child and being alone with a child.

**5.3.10** The relevance of **beliefs, values and attitudes** in recognising, identifying, responding to and addressing alleged abuse. For example, Irenyi et al (2006, p. 15) indicate that sex-role stereotypes, patriarchal, misogynistic, and stereotypical viewpoints on male and female sexuality, roles, status and behaviour might impact on an organisations and /or individuals assessment or perception of abusive behaviours and appropriate responses. The AASW adds the importance of staff and volunteers having an understanding of the ongoing implications of discrimination on the basis of sex, gender, race, age, culture, religion, sexual orientation, ability or socio-economic status on outcomes for children. This might address, for example, the vulnerability and over-representation of Aboriginal and Torres Strait Islander children and children with disabilities in the child protection system.

**5.3.11** Detailed information on the **organisations commitment to child safety, code of staff conduct and the full range of child safety policies and procedures**. This should include:

- appropriate responses to allegations of or suspected abuse including legal and ethical obligations and organisational expectations
- When and to whom the matter should be reported
- issues of confidentiality
- duty of care, and
- risk management protocols

**5.3.12** In point 1.2.2.1 the AASW recommends that an **independent regulatory body**, such as a Child Guardian should have responsibility for receiving, investigating and responding to abuse in care allegations. In this regard, staff should be provided with specialist training on complaints management in the out of home care setting. The AASW recommends this should include:

- specialist training on complaints handling best-practice
- specialist training on how to identify signs of trauma and avoid re-traumatisation in the investigative process
- specialist supervision and debriefing as required with attention given to the possibility of vicarious trauma.

**5.3.13** **Information on screening** practices, the management of situational risk and the responsibility of staff with regard to fostering and maintaining a positive child-safe organisational culture.

**5.3.14** Appropriate **responses** to disclosures of abuse and a framework for supporting and responding to victims and their caregivers.

**5.3.15** Information on **supervision** for supervisors and supervisees including how it should be used, how often it should occur and how barriers to supervision should be addressed. There is evidence to suggest that poor decision making in the out of home care context is fostered by a lack of supervision and support (Uliando & Mellor 2012).

**5.3.16** Training on **culturally aware and sensitive practice**, particularly in relation to working with Indigenous children and families, culturally and linguistically diverse (CALD) and refugee communities.

**5.3.17** The AASW believes that it is important that workplace training is provided by researchers

and practitioners with recognised knowledge and experience in child protection services, not only by workplace training units, and that such training reflects current best-practice.

**5.3.18** The AASW highlights the critical importance of such training being underpinned by an **implementation strategy** and specifically the availability of ongoing **coaching, mentoring and review processes** to ensure the effective translation of learning to the operational context.

**5.4** The AASW also recommends that it is critical that children and young people are supported to develop self-protective behaviours and to understand, in a developmentally appropriate way, issues such as grooming behaviour and how and where they can raise concerns about their care or treatment.

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

**6.1.** No. Children in out of home care who sexually abuse other children often have significant trauma histories involving repeated or prolonged abuse. A number of researchers identify sexual offending, difficulties in managing emotional arousal including difficulty modulating sexual involvement and a tendency to be re-victimised as some of the implications of complex trauma (Uliando & Mellor 2012, p. 2284)

**6.2.** In addition, this population of children are vulnerable to a range of psychiatric disorders, including post-traumatic stress disorder, and may struggle to trust or maintain relationships with others. All these factors in the context of chronic guilt and shame, self-blame and possible feelings of hopelessness can cause significant dysfunction and the development of a range of coping strategies (Uliando & Mellor 2012, p, 2284). In terms of sexually abusive behaviours, Briere (1992) suggests that sexual offending may provide the young person with feelings of control and self-empowerment.

**6.3.** The AASW therefore suggests there is great unmet need for training and mental health support for children in this category.

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

**7.1** The 2011-12 Annual Report on the National Framework for Protecting Australia's Children 2009-2020 (2012) indicates that of 46,973 children in care, 522 or 1.1 % were the subject of a children protection substantiation during the year, and the person believed responsible was living in the household providing out-of-home care. This is based on data collected by the Australian Institute of Health and Welfare (AIHW).

**7.2** The AASW believes this figure is conservative. The AIHW (2013, p. 133) does not collect data on allegations of abuse in Victoria and South Australia where a system of incident reporting is utilised and abuse in care in Queensland is recorded as Matters of Concern rather than substantiations. Furthermore the figure of 522 does not included data from the Northern Territory (FaHCSIA 2012, p. 202). The improvement or replacement of current measures of substantiated abuse in care are not planned until 2016 (FaHCSIA 2011, p. 15)

**7.3** In 2012-13, the Queensland government (Department of Communities, Child Safety and Disability

Services 2013) recorded 1111 Matters of Concern relating to the 8652 children living away from home. These included concerns about inadequate or poor quality care provided in 491 placements and notifications of threshold levels of harm in 620 placements. Of these latter notifications, 245 were substantiated indicating 2.8% of children in out of home care in 2012-13 were subject to abuse in care. Substantiations related to emotional harm (67.9%) physical harm (15.6%), neglect (13.1%) and sexual abuse (3.4%). This suggests 2.8% of children in out of home care in 2012-13 were subject to abuse in care.

**7.4** The AASW suggests therefore that the discrepancy in instances of abuse in care occurring versus those being captured in national OoHC performance indicators misrepresents the prevalence of abuse and undermines a vital opportunity to understand what measures may be effective in tackling abuse in care. For example, reductions of abuse in care in response to policy or practice change cannot currently accurately and consistently be measured or identified.

The AASW recommends that a national approach to abuse prevention and safety in out of home care as outlined in response to question 1 must include a national approach to identifying, responding to and reporting on abuse in care. This should include standard terminology, criteria, processes, data collection and reporting mechanisms. This standardisation should then be reflected in OoHC performance indicators.

**7.5** Regarding the usefulness of an exit interview, the AASW believes that opportunities for children in care to voice their concerns and participate in decisions impacting on their lives should be an integral part of the OoHC system at all stages of care and involvement. In addition to reflecting a commitment to the rights of the child, the work of the Create Foundation (see for example 2013) and others who have sought to illuminate the views of children in care has highlighted how fundamentally important it is to understand the lived experience of care when developing policy and practice. On this basis, the AASW supports the notion of an exit interview that seeks to elucidate the immediate impacts and outcomes of a young person's experience in OoHC and is utilised to inform policy and practice development. There needs to be provision however, for follow up support to be provided if a disclosure does occur in the course of an exit interview and this process should be an adjunct to, not a replacement for, opportunities to be 'heard' at any point in care.

**8. What is the usefulness and validity of different ways to address allegations of sexual abuse brought against carers? In particular, which approaches enhance participation by the child particularly approaches best suited to seeking possible disclosures of abuse (including disclosures that might be inferred from behavioural changes) from children? Are the current processes fair? What appeal processes should be available for carers?**

No response.

**9. What measures could be used to assess whether the safety of children from sexual abuse in OOHC is enhanced by independent oversight of the handling of allegations of sexual abuse?**

No response.

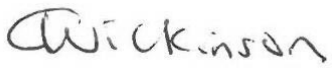
**10. What are the strengths and weaknesses of different oversight mechanisms in keeping children safe from sexual abuse in OOHC?**

No response.

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

No response.

**Submitted for and on behalf of the Australian Association of Social Workers Ltd**



**Glenys Wilkinson**
Chief Executive Officer

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