



Institutional Responses to Child Sexual Abuse in  
Out-of-Home Care: ACWA Submission

ACWA acknowledges the Cadigal People of the Eora Nation as the traditional owners of the lands where ACWA stands and wish to pay respect to their elders, past and present.

ACWA contends that in the hierarchy of influence – *culture trumps regulation*

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# 1. INTRODUCTION

## Association of Children's Welfare Agencies (ACWA)

The Association of Children's Welfare Agencies (ACWA) is the peak body in New South Wales representing the voice, experience and expertise of non-government community service organisations delivering services to vulnerable children, young people and their families.

ACWA thanks the Royal Commission into Institutional Child Sexual Abuse (the Commission) for this opportunity to respond to issues raised in the Consultation Paper in regard to *Institutional Responses to Child Sexual Abuse in Out-of-Home Care (OOHC)*. ACWA has prepared a substantial submission to this Consultation Paper, which also aims to incorporate responses to the *Best Practice Principles in Responding to Complaints of Child Sexual Abuse in Institutional Contexts* Consultation Paper.

ACWA would like to restate our commitment to working with the Commission and other agencies to ensure child safe practices in the child protection and OOHC sector. We share the commitment of our member agencies in working together to better prevent, identify and respond to child sexual abuse (CSA) and uphold the rights, and meet the best interests, of vulnerable children and young people. It is hoped that, as the largest OOHC sector in the country, we can offer a meaningful contribution in terms of sharing promising initiatives and the nature and extent of unmet needs and enduring issues. ACWA welcomes any opportunity to provide further information in regard to this submission or other relevant matters.

## 1.2 Sources of information for this submission

ACWA's response to the *Institutional Responses to Child Sexual Abuse in OOHC Consultation Paper* (the Consultation Paper) is based on a broad range of sources. These include:

- Organisational experience shared with us by our member agencies alongside their practice wisdom through the following ACWA-led working parties, groups, forums and meetings:
  - ACWA Board meetings and regional Board and Member forums
  - CEO Breakfast Briefings and Best Practice Forums on specific topics (such as *Making recommendations from child abuse inquiries in a changing child protection environment* held in Redfern on 25 May 2015)
  - Out of Home Care Reforms Forum
  - Regular Member forums in Sydney and Wollongong
  - ACWA Best Practice Unit Statewide Reference Group
  - Fostering NSW Statewide Reference Group
  - Transition to Independence Forum
  - Residential Care Providers Network

- Our internal expertise, including research and involvement in developing legislative and policy responses, in the context of holding a broad overview of the non-government community sector in NSW, and nationally including involvement with the National Framework for Protecting Australia's Children, the bi-annual ACWA conference which attracts participants from across NSW and further afield including a significant number of international speakers, and ACWA's representation on Child and Family Welfare Association of Australia (CAFWAA) for which ACWA provides secretariat services; and
- Our experience as a Registered Training Organisation (RTO) with particular experience in providing child and family welfare training and continual interaction with, and feedback from, a diverse range of practitioners and trainers in the sector.

We also draw on the knowledge gained through the attendance of ACWA staff and management at a broad range of government, research and other agency meetings, presentations and consultations, many of which touch on matters of relevance to this submission. Additional sources include individual conversations with the public including calls to the Fostering NSW enquiry line and interaction on Fostering NSW social media channels as well as member enquiries to our Policy and Membership Team.

### 1.3 Focus areas in ACWA's submission

This submission aims to address issues that are pertinent to ACWA's expertise in its role as a peak body using rights based approaches and will focus on:

1. Responses that apply a prevention, identification and response lens across all sections of the Consultation Paper based on child rights principles;
2. Carer assessments through particular experience gained in our recent review and expansion of ACWA's prospective carer assessment tool, *Step by Step*;
3. Insights provided through the Fostering NSW project which aims to assist with carer recruitment, retention and support, particularly for non-government agencies providing OOHC services; and
4. Longstanding experience and expertise in providing training through ACWA's learning and development arm, CCWT, including embedded learning, development and capacity building across the spectrum of relevant issues in the OOHC sector and more broadly.

ACWA appreciates that our individual member agencies may provide separate submissions and that there are multiple views in the sector in regard to some of the issues raised. In responding to this paper, ACWA has had particular regard to the Sector Forum and Member Consultation held on 11 April 2016 to consider this Consultation Paper; our knowledge of working in the sector; and ACWA's previous submissions to the Commission in response to Issues Paper 4 '*Preventing Sexual Abuse of Children in Out of Home Care*' and the '*Redress and Civil Litigation Consultation Paper*'.

## 1.4 Summary of Recommendations

Recommendations have been included in specific relevant sections throughout this submission and a summary of these recommendations is below:

- **Recommendation 1:** ACWA supports embedding relevant recommendations arising from the Commission into the National Framework for Protecting Australia's Children along with sufficient resourcing to implement these recommendations.
- **Recommendation 2:** ACWA supports ongoing access for caseworkers, children and young people affected by CSA to professionals who are skilled in the assessment of the range and nature of behaviours. These professionals also need to match and provide referrals to appropriate and accessible therapeutic and safety responses.
- **Recommendation 3:** ACWA supports national agreement regarding terminology, such as 'sexually harmful behaviours', to assist with consistency of data collection and information sharing.
- **Recommendation 4:** A sustainable framework for Therapeutic Care is developed to underpin the provision of OOHC services in all care settings whether they are residential, foster or kin care and according to the needs of the child.
- **Recommendation 5:** ACWA supports policy change enabling young people to stay in care until at least 21 years of age and 25 years of age in circumstances where significant trauma has occurred, such as child sexual assault.
- **Recommendation 6:** ACWA recommends the principle of limiting unintended adverse impacts on children and young people as a result of interactions with the criminal justice system and through any legislative or regulatory changes arising from the findings of the Royal Commission.
- **Recommendation 7:** ACWA recommends national standards are established in the carer assessment process and the training for those who are accredited to undertake the assessment.
- **Recommendation 8:** ACWA encourages service providers consider the feasibility of the involvement of children, or application of their views, in aspects of the organisation's service planning and review. Agencies should also consider whether it is feasible and beneficial to involve children and young people in the employment of staff.
- **Recommendation 9:** That a national approach be developed for building a stronger workforce for the OOHC sector to: counter the negative impact of a casualised workforce with a high turn over, use ongoing Vocational Education and Training (VET) and post-graduate studies to lift the workforce capacity, and develop culture and skills.

- **Recommendation 10:** ACWA supports a multi-layered approach to prevention education. This recognises and utilises the network of support around a child and builds on the idea that protecting children is everyone’s business. The specific content of education programmes also needs to acknowledge the different roles played in the service system - some individuals have more unsupervised contact with children while others have responsibilities as Mandatory Reporters. Such a campaign would include broad public awareness as well as specialist education for: staff working with children, staff working with children who have previously experienced abuse, and clinical specialists.
- **Recommendation 12:** ACWA supports the development of mechanisms for sharing systemic trends and key learning within the OOHC sector.
- **Recommendation 13:** ACWA supports a pilot project be conducted to test the collection of data in the sector in regard to CSA prevalence and outcomes for children with an aim to facilitate data collection nationally. This will require a capacity building approach to understand how organisations can best collect and provide this information.

### 1.5 NSW in the National Context

ACWA has played an active role in contributing to work at a national level to address OOHC issues. In collaboration with other state and territory peaks and sector leaders, ACWA has advocated strongly for a nationally coordinated strategy to address systemic issues in OOHC that require attention at a national level. In addition to welcoming the appointment of the National Children’s Commissioner, ACWA commends the development of the National Framework for Protecting Australia’s Children and recognises its potential to lead a comprehensive national approach. ACWA has contributed to the development of the recently released Third Action Plan for the National Framework and the agreed strategy areas:

- Strategy 1: Early intervention with a focus on the early years, particularly the first 1000 days for a child,
- Strategy 2: Helping young people in out-of-home care to thrive in adulthood,
- Strategy 3: Organisations responding better to children to keep them safe,
- Cross-cutting focus area: Aboriginal and Torres Strait Islander children and families, and
- Cross-cutting focus area: Research and reporting under the Third Action Plan

We note observations in the Consultation Paper that National Standards for Out of Home Care (National Standards) are inconsistently applied across the country (p. 7) and together with the National Framework have produced seemingly little progress (p. 20). ACWA also notes that the National Standards are non-binding in nature (discussed further in Section 7.3 Child Safe Organisations).

ACWA contends that a comprehensive approach will be required to address CSA in OOHC that has the committed leadership of governments at state, territory and national levels. Importantly, a national approach has the ability to address broad scale endemic issues that contribute to family vulnerability and in addressing these can reduce the overall risk of abuse and neglect.

In addition, there is a need to understand the prevalence of CSA in Australia, in order to measure the effectiveness of strategies and to plan suitable approaches in presenting and responding to CSA.

**Recommendation 1: ACWA supports embedding relevant recommendations arising from the Commission into the National Framework for Protecting Australia's Children along with sufficient resourcing to implement these recommendations.**

## 1.6 New South Wales context

New South Wales has the largest OOHC population in Australia, noting that variations exist between jurisdictions in regard to the definition of OOHC. The percentage of children and young people in care in NSW is approximately 42% of the national OOHC population.<sup>1</sup> This is proportionally higher than NSW's overall population of just over 32% of the national population.<sup>2</sup> These statistics should be considered in the context of a surge in the number of children and young people in OOHC nationally over the last decade.<sup>3</sup> Nevertheless, according to these statistics, NSW has the highest per head percentage of children and young people in OOHC after the Northern Territory.

### 1.6.1 A state of change

New South Wales has experienced a period of great change in legislation and policy particularly over the last 5 years. The completion of the *Report of the Special Commission of Inquiry into Child Protection Services in NSW* in 2008 heralded many of these changes.<sup>4</sup>

The response to the recommendations of this report by the NSW Government were announced under *Keep Them Safe*, a five-year action plan aimed at '*radically changing the way that government and the community deal with child safety and wellbeing to build a stronger, more effective child protection system*'.<sup>5</sup> These changes included the transition of the management of OOHC placements of children and young people from NSW Department of Family and Community Services (FACS) to non-government organisations (NGOs).

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<sup>1</sup> <https://aifs.gov.au/cfca/publications/children-care>

<sup>2</sup> <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

<sup>3</sup> Australian Institute of Health and Welfare. (2015). *Child protection Australia 2013-2014* (Child Welfare Series No. 61). Canberra: AIHW

<sup>4</sup> <http://www.dpc.nsw.gov.au/publications/news/stories/?a=33796>

<sup>5</sup> [http://www.community.nsw.gov.au/\\_data/assets/pdf\\_file/0020/321932/keep\\_them\\_safe.pdf](http://www.community.nsw.gov.au/_data/assets/pdf_file/0020/321932/keep_them_safe.pdf)

More recently, the Safe Home for Life legislation passed in October 2014 ensured a new focus on permanency planning through prioritising restoration, adoption and guardianship above long-term foster care. It is important to note that the current OOHC statistics in NSW do not include the approximately 2,500 children transferred from OOHC kinship or relative care to guardianship arrangements in October 2014, although some of these children and carers have transferred back to some form of OOHC arrangements after this time.

In addition, NSW has worked proactively in the last few years to increase the number of adoptions from OOHC. As the number of adoptions is still relatively low these statistics are unlikely to have had a significant impact on the data.

ACWA also notes that neither guardianship nor adoption arrangements in NSW have the same support resourcing or oversight requirements as OOHC in NSW, unlike comparable jurisdictions such as the UK. This is of concern given that children and young people entering these arrangements are likely to experience similar vulnerabilities to the wider OOHC population.

#### **1.6.2 Sector capacity to incorporate change**

ACWA is aware that its members have been experiencing continuous and significant systems and agency change over a number of years. These changes have resulted in increased responsibilities and higher capacity and skill levels required at both the organisational and individual level. This highlights the need to provide access to support, training and adequate resources to raise the overall sector work force.

Requirements for NGOs in NSW including Working with Children Checks (WWCCs), the recent introduction of the Carers Register in 2015 and the merged NSW Child Safe Standards for Permanent Care as a basis for the accreditation of OOHC agencies as well as funding constraints, especially in relation to unit costings for each placement, have stretched the capacity of NGOs in NSW.

#### **1.6.3 Recommissioning**

NSW FACS is working towards the recommissioning of OOHC services, starting with residential care. This includes a proposal to embed an outcomes based approach into new contracting arrangements. ACWA is working to ensure proposed outcomes are within the capacity of the NGO sector to deliver with an awareness that some outcomes rely on broader systemic efforts.

These broader systems issues include health and education outcomes as well as domestic and family violence (FDV), mental health, substance abuse and homelessness. OOHC agencies are not able to address such issues in isolation and need to be able to work with and refer clients to dedicated, accessible programs and services to address these concerns. This is discussed further in Section 7.3 Child Safe Organisations.

## 2. CULTURE & LEADERSHIP

*Culture and leadership in the OOHC sector should be underpinned by children's rights principles that provide the foundation for determining the best interests of the child and are:*

- *Multifaceted;*
- *Child focused on the best interests of the child and their individual experiences;*
- *Include orientation of workforce and organisational culture;*
- *Be based on shared responsibility to keeping children safe;*
- *Utilise joint approaches such as a common Code of Ethics to provide practical assistance to give expression to child-focused decision-making.*

### 2.1 Children's Rights

ACWA is supportive of the Commission exploring how best to enshrine fundamental rights and corresponding responsibilities to uphold children's rights. While the UN Convention on the Rights of the Child has been very influential in the development of policy, it has not been brought into the Australian legal system - into either State or Federal legislation.

As a result the code cannot be used for litigation in any jurisdiction. ACWA poses the question - is this code a tool that would be useful in the pursuit of providing child safe organisations? Would it provide protection to organisations that did?

In addition, the Universal Declaration of Human Rights<sup>6</sup>, the Declaration on the Rights of Indigenous Peoples<sup>7</sup> and the Convention on the Rights of Persons with Disabilities<sup>8</sup> should be considered as essential components in leading a rights based culture within agencies that work with vulnerable children and young people, their families, carers and communities.

### 2.2 Culture

Organisational culture is defined as the "types of attitudes and agreed ways of working shared by the employees of a company or organisation" and "*Changing and organisational culture is no easy task. A variety of organizational cultures can be found within the industry.*"<sup>9</sup>

ACWA contends that to augment culture change across the sector we need to establish norms that prioritise a child focus at all levels of the organisation and sector.

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<sup>6</sup> <http://www.un.org/en/universal-declaration-human-rights/>

<sup>7</sup> [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)

<sup>8</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>9</sup> Definition of organisational culture from the [Cambridge Business English Dictionary](#), Cambridge University Press.

Key ingredients to developing this include:

- shared values that prioritise the child at the centre of organisational thinking, planning and service provision;
- applied knowledge about child sexual abuse that is kept at the forefront; and
- tools to support child focused ways of working.

### **2.2.1 Using knowledge to enshrine agreed ways of working**

There are four areas of knowledge that will, if engaged with, change the way in which those in positions of influence will operate. These five areas put are simply are:

1. Knowledge and appreciation of the nature and prevalence of CSA and the harm that it causes;
2. The way in which sexual perpetrators infiltrate organisations and children's lives, and the nature of sexual perpetration;
3. A deep commitment to listening to children;
4. Trauma informed knowledge and skill in order to respond supportively to children, young people and protective adults in their lives, when, incidents infringing boundaries or abuse occurs. This supportive response should occur regardless of whether criminal charges are likely to be successful and regardless of any judicial process.
5. Engagement with this knowledge will result in changes of perception, perspective and priorities.

### **2.2.2 How do you ensure the engagement?**

ACWA contends that in the hierarchy of influence – *culture trumps regulation*. Regulations are critical in setting minimum standards and the imperatives for compliance in managing an intrinsically high-risk sector with vulnerable clients, however, they will never guarantee that abuse will not occur. It's impossible to regulate for every risk situation and even vigilant, regulation compliant services experience critical incidents.

A child focused culture, both within the organisation and sector, a vehicle to amplify risk mitigation. This culture must be premised on the primacy of the best interests of the child. Indeed, this ultimate principle is a benchmark that can be used in working through decisions, policies and practices. ACWA contends that the organisational orientation to the child is inimitable to whether the organisation can realise a child safe culture. The value that each agency places on childhood and children is intrinsic to this.

Treating children as citizens, means that they will not solely be seen through a lens of passivity: as victims, dependent or people who are acted upon. While they may be all of these things at some point, they are also capable of action, having their own views, feelings and thoughts and making them known. The orientation of the organization to children as citizens will impact on every part of the organisation.

For example, this will influence the way in which services are planned and provided and how grievance procedures are communicated to children and how their grievances are responded to.

*One member organisation has reported using responding to grievances from children and young people as a mechanism for building confidence that their concerns, no matter how trivial, will be heard and responded to seriously. They are mindful that this might be 'testing the water' for more serious concerns. Providing opportunities for discussion about seeming insignificant issues can also be a learning opportunity where the skill of raising issues and articulating them is developed and encouraged. Similarly, staff can model appropriate exploration of the concern and child focused response to it.*

Regulations are based on systems and cohort information - attempting to prevent or deter violations by drawing on previous failures and system weaknesses. It is important to be willing to learn from past errors of judgment and thinking, to acknowledge lapse of responsibility and harm, and to make clear steps to improve practice to prevent similar future incidents is important.

Regulations on their own are not able to be sensitive to each individual child's unique circumstances - and it is here that professionals need to be practiced in identifying weaknesses in the risk management for the child. Ethical decision-making requires weighing up complex situations, consulting with all relevant parties and coming to a decision based on clear values - such as the best interest of the child or young person. This is particularly important for individual children in unique situations and where diversity may throw up new considerations.

### **2.2.3 Using a position of leadership to influence culture – establishing norms of joint responsibility**

As an industry peak body, ACWA is in a position to influence and create a sector and practice culture. We have taken a number of conscious steps in contributing to a cultural expectation that agency members are engaging with the ways in which *child safe* organisations function.

The expectation that board directors of member organisations are engaged with the knowledge development resulting from the Royal Commission's findings and recommendations and also from the findings of the NSW Office of the Children's Guardian have resulted in ACWA seeking confirmation of minimum governance standards from members.

At the point of renewal of membership agencies are asked to provide evidence that: agency's Board Directors have been made aware of the new NSW Child Safe Standards for Permanent Care.

Other evidence is also sought on Board self-assessments, and having in place processes to deal with a conflict of interest at a director level. This information is sought from all prospective members, including those who do not provide OOHC.

ACWA articulates a positive value being attributed to member activity that is likely to strengthen the sector – such as sharing information and expertise. ACWA encourages member organisations to work collaboratively in many ways – under the rubric that this will add to the protection of children in sector. Members are asked to take a **joint responsibility** for children and young people in the sector’s care in sharing information, sharing expertise and working with the peak body so that we can assist other agencies.

ACWA undertakes this work in a number of ongoing forums (listed in Section 1.2 Sources of information for this submission) and projects that involve member participation, like the development of an ACWA Code of Ethics for the sector. Members on ACWA’s statewide reference groups assist the peak body to develop resources and tools to stretch towards continuous improvement for their own practice.

#### **2.2.4 Developing tools to support child focused decision-making**

At present ACWA is involved in developing an ACWA Code of Ethics with its members. There has been a high level of interest in this project, and members recognise that there are many situations in which a decision making tool will be useful. It is hoped that the development of this tool with members and its implementation will result in a strong, shared understanding of values and principles, and a recognised method in working through difficult decisions in a systematic way.

The development of this Code of Ethics will provide a scaffold for approaching difficult conversations within organisations and between them as well. Using an ethical approach will build skill in dealing with difficult and unclear areas. ACWA places a high value on a capable work force, who are socialized into child centred decision-making and practice.

#### **2.2.5 Shared leadership model**

Child focused organisational culture and leadership is best supported through shared values and leadership with government agencies and other relevant stakeholders and service providers. Regional Implementation Groups (RIGs) in NSW have been important for the coordination of case management transfer to NGOs during the transition phase. RIGs have been co-chaired by FACS and NGO representatives and this has supported government and NGO communication and collaboration in NSW.

Many NGOs have valued the opportunity to hold regular meetings with senior staff in FACS to discuss and address systemic and operational concerns during this phase.

Innovative practice in regard to shared leadership such as the supported inclusion of young people at the Northern RIG is an indication of the potential of this model.

It is especially important to enable effective regional collaboration and leadership given the size and scope of the sector in NSW. This enables capacity to address localised concerns as well as raise broader systemic issues with centralised state-wide leadership bodies such as the newly formed Safety and Permanency Advisory Group coordinated by FACS, which includes senior representation from government agencies such as Health and Education, as well as peak bodies such as CREATE and ACWA.

To date, the RIGs have generally considered data relating the transition of placements to NGO agencies and well as related issues but there is scope to collect and consider a much wider ranges of data, to identify and respond to trends and issues of concern. It is ACWA's view that this model or similar could be used to facilitate ongoing collaboration to address other shared sector and related issues including responses to any relevant recommendations made by the Commission.

This should occur with a commitment to continuous improvement and genuine two-way collaboration and leadership between NGO and government agencies to embed child focused culture.

### **3. MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE IN CARE**

*ACWA acknowledges the high percentage of evidence given to the Commission regarding child sexual assault that has occurred in Out-of-Home Care. ACWA also recognises a wide range of adversities, trauma and abuse experienced by children and young people before they enter care. ACWA is aware that children and young people in care continue to experience the impacts of this trauma, in addition to the trauma resulting from removal and placement, and the way in which all of these factors increases their vulnerability to further risk of harm, and in some cases their risk of causing harm to others.*

#### **3.1 Children and young people in care and at risk in NSW**

The nature of OOHC as a service model is inherently high risk given that children spend significant amounts of one-to-one time in these kinds of 'institutions' (often a family home), with more frequent and intimate care interactions than almost every other form of care. These factors contribute to high vulnerability of CSA for children and young people in care. Other demographic risk factors that exist in NSW are consistent with those identified in the Consultation Paper: Aboriginal and Torres Strait Islander children and young people, those from culturally and linguistically diverse families, and children and young people with disabilities. Those in residential care are also an identifiably high-risk group.

ACWA also notes that the issues facing same sex attracted young people and those with differing gender identities across the spectrum of LGBTIQ are only given brief mention in the Consultation Paper (p. 98). This group were also referred to in the speech given by Commissioner Robert Fitzgerald at the Sector Forum held on Monday April 11, 2016. ACWA is concerned that this cohort represents another area of heightened vulnerability to CSA that requires more focused consideration.

We have provided further observations regarding these additional vulnerabilities in the NSW context including unmet needs and localised efforts to address them in Section 5.7 and in Appendices 1 and 2. Overall, ACWA notes that any form of marginalisation is a marker of potential vulnerability. ACWA has heard from member agencies and young people that just being in OOHC constitutes a form of marginalisation.

This suggests that additionally marginalised young people in OOHC are at increased risk. These added vulnerabilities can often combine to impact in multiple ways that equate to more than just the sum of specific disadvantages to create complex and multi-layered impacts. It is essential this is considered within any strategies to prevent, identify and respond to CSA in OOHC.

ACWA members aiming to address additional forms of marginalisation include smaller specialist agencies and larger agencies with dedicated programs that deliver specific expertise. Flexibility in placement options is also a key area to consider given that children and young people in care are also individuals and will find a better 'fit' with one option over another according to their own specific needs and preferences.

### **3.2 Responses to child sexual abuse**

*In this section general practice and policy options are outlined, followed by more detailed discussion.*

#### **3.2.1 The importance of CSA assessment skills**

Services providing OOHC will be dealing with the range of sexual abuse experiences in their client base: children who have been sexually abused prior to entering care, children who are assaulted in care and those who experience exploitation both before and during care. These experiences are overlaid with other forms of abuse, neglect and disadvantage.

The needs resulting from the range of likely experiences need to be assessed with care. The ability to assess at entry to care, and undertake an ongoing assessment, is a key skill required of services providers. This will include the need to assess the safety of the child or young persons, as well as those around them if the child or young person has developed sexual harmful behaviour. Those providing direct care to the children and young people will require support and basic training so that they are able to respond appropriately to children who have been or may have been abused.

Behaviours or verbal statements that have given rise to a concern about child sexual abuse are likely to be an indication of a problem – even it is found that there is no sexual abuse. Many indicators of child sexual abuse are also indicators of other problems. It is noted that while the presentation of a child may be concerning and include ‘reactive’ or sexualized behaviour, it is not always certain what a child has experienced.

Children or young people may have been exposed to materials such as pornography online, on DVDs, or in print, or have witnessed sexual acts of others. Some indicators are similar to those of neglect and exposure to domestic violence – where the child seeks to have physical stimulation and comfort or attention.

The process of discovering what the cause of sexualised behaviours or other indicators of CSA is must remain child focused: the child or young person ideally remains in control of how much they tell, who they tell and when they tell. (When the safety of other children is at risk, care must be taken to mitigate these risks)

Basic principles in assessing concerns about sexual abuse are as follows:

- Begin with the child’s experience – what do they understand has happened?
- Use their language, responding to their leads;
- Was there another person present?
- What was the meaning of the event/ events for the child?
- The timing of the abuse and pattern of it, over what time are key to understanding the impact on the child;
- Was there a power differential – this may be expressed in size, pattern of manipulation, difference in cognitive ability (especially for children and young people with an intellectual disability)? Age or size is not reliable in predicting this.
- Where there have been multiple experiences of child sexual abuse, is it past abuse, present abuse or a combination of both?
- Is this previous abuse resurfacing and being transferred or a current concern?

Developing an understanding of what the child or young person has experienced takes time and is ideally done at their pace, with an experienced caseworker or counsellor who is skilled in talking to children.

Counsellors, caseworkers, carers and others working with children and young people need to be able to discern signs of children or young people being triggered and to be able to have a plan to support the child or young person to be anchored to a safe and positive person or experience and brought safely back to the present time. Areas where children or young people are being interviewed should ideally be placed where the child or young person feels safe and supported.

### 3.2.2 Professional environment

Carers and professionals need support to respond appropriately to the child's disclosure or presentation. It is crucial for the roles of a foster carer and direct carer (in a residential unit), caseworker, and others involved are clear to ensure a co-ordinated and informed response to the child.

### 3.2.3 Skill level

*The level of skills and specialised knowledge required will depend on the role of the carer, caseworker, counsellor or clinical specialist. Introductory information on the nature of child sexual abuse, the range of perpetrator behaviour and ages and stages of child development, including sexual development should be seen as core knowledge to all caseworkers and carers.*

*The additional skill set relating to speaking to and working directly with children - including pre-verbal children- is an important area that has previously been under resourced at graduate level in social work education. At this stage, new graduate social workers and psychologists entering the field will require postgraduate training in this area.*

In clinical psychology, core skills in training at a post graduate level include attachment, aspects of infant mental health, child development, risk factors for and characteristics of developmental trauma and child protection training. Areas of additional specialty such as forensic interviewing of preverbal and verbal children are beyond the scope of current clinical training programs and accreditation requirements as they are highly specialised areas and are driven as much by clinical skill as they are by policy and the legal implications of practitioner behaviour.

These characteristics and the relation between them may best be developed in specialised post graduate training programs or within organisations currently charged to undertake these roles (eg: Joint Investigation Response Team). Child development should also include specific child sexual development so that carers and caseworkers are aware of the range and characteristics of developmentally normal behaviours, concerning behaviours and harmful behaviours. The Family Planning Association of Queensland has developed a useful traffic light system, which can be the basis of conversations with carers, children and young people about sexual development.<sup>10</sup> Caseworkers will also need to have access to a specialist (e.g. a child sexual assault counsellor) for timely guidance and consultation in managing their cases.

### 3.2.4 Therapy or responses required

Children and young people who have recently been assaulted may require a medical examination. General Practitioners are usually able to undertake these examinations.

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<sup>10</sup> <http://www.fpqteachers.com.au/wp-content/uploads/2014/06/Traffic-Lights-Sexual-Behaviours-6pages.pdf>

Paediatric teaching hospitals may also have child protection teams that provide a range of assessment, treatment and counselling services. Where it is indicated a physical examination that includes testing for STD's, injuries and forensic evidence will be undertaken. The collection of forensic evidence must be completed within 72 hours of the alleged assault. In the immediate period after sexual assault children and young people need safety and certainty.

NSW Health has a network of 55 specialist Sexual Assault Services (SASs) delivered by Local Health Districts providing crisis and ongoing counselling, medical and forensic services to adult and child victims of sexual assault and their non-offending family members.

NSW Health SASs also provide a range of activities in response to sexual assault including advocacy, court preparation and court support, community development, community education and awareness raising and prevention, and professional training and consultation. Each Local Health District provides access to 24/7 on call sexual services as well as timely assessment and referral services for follow up counselling. Of the 55 NSW Health SASs:

- 48 provide services to adult and child victims of sexual assault;
- 4 are adult SASs providing services to children 14-16 years old who have experienced assault by someone who is not a caregiver or relative, young people 16-17 years old and adults 18 years and older;
- 3 are Child Protection Units which provide crisis and ongoing counselling, medical and forensic services and support to victims of sexual and physical abuse and neglect under the age of 18 years and their non-offending family members<sup>11</sup>.

These services provide expert services in guidance about how to best to support children and young people in the immediate aftermath of an assault and can assist with appropriate points of referral.

A child and adolescent sexual assault counsellor (specialist counsellors located in community organisations are available in NSW), or a Social Worker in a child protection team at a teaching hospital would be an appropriate personnel to undertake counselling with children and young people who have symptoms, or ongoing problems related to sexual abuse. They could also provide assistance to the caseworker or carer.

Unfortunately having been sexually abused once creates high vulnerability to future sexual abuse, and may also create a propensity for the child or young person to develop 'sexually reactive' behaviour themselves, including predatory behaviour.

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<sup>11</sup> <http://www.kidsfamilies.health.nsw.gov.au/current-work/programs/programs-and-initiatives/sexual-assault-services/>

In NSW, New Street Adolescent Services offer expertise in managing and treating sexualised behaviour for those aged between 10-17<sup>12</sup>. Carers may need access to this level of expertise to assist children and young people in their care that have been impacted by CSA.

The ongoing safety of the child or young person, as well as the nature of their own behaviours is within the scope of therapeutic work: an ongoing risk assessment – taking into consideration changing circumstances and reporting if the risk rises above the Risk of Significant Harm (ROSH) threshold.

The Child Assessment Tool (CAT) also needs to be used and re-visited as needed with those who know the child to highlight areas of risk, for example cruelty to animals, risk-taking behaviour, and sexualized behaviours.

### **3.2.5 Supportive professional culture**

The professional environment needs to provide support for managing vicarious trauma and the impact on workers and carers - including Helpline and FACS staff. Experienced staff where there are high volumes of unsupported work can become desensitized with the risk of the threshold of 'normal' shifting around the seriousness of abuse and the impact on children.

Having a variety of roles where workers have an opportunity to step down for a period from the most intensive, high risk work to work in less intense roles assists in being able to balance the worldview of the worker. It needs to be remembered that there are many families who are caring well for their children, or who are providing 'good enough care'.

### **3.2.6 Disclosures**

The age and stage of child development will impact on how a disclosure is made. Workers must be skilled in applying knowledge of child development to observations and communication with children and young people.

Barriers to disclosure include:

- The development stage of the child limiting their ability to relate a narrative of abuse;
- Previous allegations that may not have been proven;
- Children and young people have experienced consequences of removal and may be reluctant to go through this process again;
- Lack of feeling of safety and safe person to disclose to;
- Lack of understanding that the abuse is not what occurs in caring families-it has become the norm for the child and what the child knows;

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<sup>12</sup> <http://www.kidsfamilies.health.nsw.gov.au/current-work/programs/programs-and-initiatives/new-street-services/#>

- Children or young people with a disability that affects their ability to communicate and may depend on carer support for communication;
- Threats from the perpetrator of harm to the child, young person, other loved people or pets, belongings, being told “nobody will believe you”;
- Other adults being aware of potential abuse and failing to act to protect the child or young person;
- The child or young person believing that their behaviour or response to the perpetrator contributed to the abuse-for example they showed affection or enjoyed special attention without understanding the dynamics of grooming by the perpetrator;
- Child or young person has received money, goods, accommodation in exchange for the abuse occurring;
- Children or young people not wanting to trouble a carer who is unwell or struggling themselves; and
- Children or young people not having access to external people, for example, carers are involved in running the school the child attends, carers provide the child with an opportunity to work in their business, all friendships are connected with the carer or school.

While there is a range of circumstances when disclosures will occur, the general rule of responding with support and acceptance of what the child is saying, is generally applicable. The attitude of being open to wanting to hear more if the child wants to tell is helpful. It’s important to be open to the child’s story and to allow them to tell it with their own words and in their own way.

This means that the questions that the adult asks are ones that invite the child to add more to their story. There is a balance to be achieved between being interested and wanting to know more and not putting words into the child’s mouth, this measured but encouraging approach has the benefit of avoiding contamination of the child’s narrative.

Training about managing a disclosure is important to ensure that workers do not ‘close down a child’ when they are ready to talk. It is important not to contaminate the child’s own narrative - it should be their words told at their pace to the person they feel comfortable with. Disclosures will later become the subject of supervision, notification, and may also need to be recorded in a subpoena.

**Contemporaneous notes should be taken as close to the time as possible. Taking care with this will ensure that the child’s voice is heard – rather than errors in casework - such as contamination resulting in a child’s narrative being discounted in a legal process. (CCWT provides legal training that covers these areas).**

General questions can be provided in a 'tool kit' to give caseworkers/carers confidence about dealing with important conversations that need to remain child focused, and eliciting information when the child is ready to give it, e.g. you are brave to tell me about that; would you like to tell me more about what happened to you; this is something that is important for me to know etc.

Agencies use a range of channels within the organisation for children to raise issues. These include: the caseworker meeting with the child without the carer present; conducting child surveys; complaint postcards with age appropriate language; and setting up meet up groups to provide opportunities for young people to discuss issues and also to provide another point of contact with the agency separate from the carer.

*Through a client survey, one agency found that the children placed with them preferred talking about problems rather than filling in a form. In ACWA's member consultation on 11 April 2016, agencies described their practice of working with a child to identify people who they can go to when they need support. One way of doing this is the '5 principle' where children use their fingers on one hand to name a hierarchy of 5 people they would go to if they were unhappy or needed help.*

### 3.2.7 Interpreting behavioural indicators

Observation is a powerful tool for caseworkers who may have an unconfirmed concern having heard verbal 'scraps' that raise concern or/and been aware of sexual behaviour that is outside developmentally normal exploration. Recorded observations, such as a daily diary, maybe particularly useful for preschool aged children, where play and interactions may be noted over time and build a clearer picture of the meaning/function of their sexual behaviour.

A caseworker or preschool teacher involved in this may be helped by talking to a child sexual assault counsellor to interpret what they had discovered. Sexual behaviours could be self-comforting and part of a developmentally normal spectrum. However, when they are self-harming, or compulsive, and are characterized by coercion to involve other children, this is a pattern where intervention is indicated.

**Good practice includes providing a team with an opportunity to reflect on the information that raises concerns.<sup>13</sup>**

### 3.2.8 Keeping others safe – learning safe self-regulation

When sexual behaviour has been internalised as a part of a child or young person's own coping mechanisms – for example, as a method of decreasing anger or anxiety – they have to learn new ways of managing their powerful emotional responses and behaviours.

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<sup>13</sup> Poulter, S.J.H. (2001). Issues of Reflective Practice and Organisational Learning in the Protective Investigation of Child Sexual Abuse. Melbourne: Monash University; and MacLean, S. (2011). The Role Of Critically Reflective Practice In Working With Child Sexual Abuse, British Association of Social Workers [Powerpoint Slides]. Retrieved from [cdn.basw.co.uk/upload/basw\\_95014-1.ppt](http://cdn.basw.co.uk/upload/basw_95014-1.ppt)

Depending on the degree of entrenchment, such changes present a significant challenge and require vigilance from the carer and or team and support from an expert professional who is guiding the therapeutic work.

Expert professional assistance is needed in dealing with children and young people who pose a risk to others. There are degrees of risk that need to be assessed, with the appropriate levels of risk management and treatment regimes. Child sexual assault counsellor who is trained to provide counselling for a victim child or young person may not have the skills to assess and counsel children and young people who have internalised offending behaviour.

The pattern of behaviour, use of coercion and manipulation must be assessed, with an appropriate case management plan developed. This constitutes different clinical skills compared to counsellors who specialise in dealing with victim children. The therapist's skills and expertise must match the needs of the child or young person to ensure that appropriate therapeutic strategy and safety elements are put in place.

### **3.3 Child sexual exploitation and sexually harmful behaviours**

*ACWA appreciates the Commission's identification of child sexual exploitation and child-to-child sexually harmful behaviours as areas of concern that have not been comprehensively or openly considered by the OOHC sector in NSW to date and require urgent attention.*

#### **3.3.1 Child sexual exploitation**

Feedback from our member agencies suggests that, in line with experiences elsewhere, children and young people in residential care are particularly vulnerable to child sexual exploitation. In addition, our work with the Disability Justice Project has also raised ACWA's awareness that children and young people with cognitive impairment and other disabilities are also at high risk.

Another group at risk are LGBTIQ young people. Currently there is no coordinated sector wide or interagency response to this threat in NSW.

ACWA notes the collaborative approach between OOHC agencies and the police in Victoria that aims to 'disrupt' potential child exploitation activities and behaviours despite barriers to progressing more formal criminal justice responses.

ACWA is keen to work with the sector and our interagency partners to identify and develop policy and practice that will effectively address this form of harm to children and young people, particularly for those at greatest risk with a strong preventative focus (see Section 5 Prevention Education).

### 3.3.2 Child-to-child sexually harmful behaviours

ACWA is deeply disturbed by findings that child-to-child sexually harmful behaviours are increasing area of harm for children and young people in care<sup>14</sup> and consider this an urgent area of concern. ACWA is aware that our members have experience of child-to-child sexually harmful behaviours and that at least one NGO in NSW has a specific residential program working to address sexually harmful behaviours<sup>15</sup>.

In addition, ACWA contributes to the New Street Advisory Committee<sup>16</sup> to consider policy and practice advice in regard to treatment responses for a range of sexualised behaviours including those that are sexually harmful to others. ACWA is also aware of international evidence based models such as the AIM UK model<sup>17</sup>, which could offer an effective basis to develop locally relevant programs and services.

ACWA believes that specialised adaptation of therapeutic care may have the potential to incorporate appropriately sensitive preventative and deterrent responses (see Section 3.4 Therapeutic Care).

Child-to-child sexually harmful behaviours also raises questions about the mix of ages when children are placed in care, how agencies respond to these incidents of 'abuse', and whether there should be a mandated role to report such incidents.

There is a need to be cautious about approaches with this vulnerable population and to recognise that the power relationship is different with young people and young children. By using the language of criminology, there is a risk that our response to this issue could slide into further labelling vulnerable children in OOHc who display sexualised behaviours.

*We have heard from some members that support services are limited following child-to-child sexually abuse. There can be a strong focus on the health and placement needs of one child involved but not necessarily the other. When there are limited counselling services, ongoing delays contribute to cumulative delays in addressing other aspects of the child's life including placement stability.*

ACWA notes with interest comments made by Commissioner Fitzgerald at the ACWA Forum held on April 11<sup>th</sup> that the exposure of children and young people to specific types of domestic violence can be a greater indicator and precursor to these behaviours than personal experiences of child sexual assault.

<sup>14</sup> Scoping Review Evaluations of Out-of-home Care Practice Elements, Commonwealth of Australia 2015, p. 8.

<sup>15</sup> <https://youthoffthestreets.com.au/programs/new-pathways-program/>

<sup>16</sup> <http://www.kidsfamilies.health.nsw.gov.au/current-work/programs/programs-and-initiatives/new-street-services/New-Street>

<sup>17</sup> [http://aimproject.org.uk/?page\\_id=77](http://aimproject.org.uk/?page_id=77)

*One agency told us they were aware of anecdotal evidence that domestic violence is unreported by refugee women. Isolation and lack of knowledge about community supports contribute to their inability to access services.*

This highlights the need for education and training regarding such indicators as well as collaborative interagency responses to address these issues at the earliest opportunity including preventative education programs that consider language, culture and trauma experience.

There is a need to develop a sophisticated understanding related to the different levels of risk that arise from different types/degrees of 'sexualised' behaviour. There is a balance that is required between avoiding the unnecessary labelling of children on the one hand and minimising or denying risk on the other.

Unfortunately, some children and young people have developed entrenched patterns of behaviour that will place other children and young people at risk – with all the hallmarks of perpetrator behaviour – coercion, manipulation secrecy and so on. An underestimation of the level of risk may mean that other children are victimised. OOHC agencies will need to access the services of experts to support this area of work.

**Recommendation 2: ACWA supports ongoing access for caseworkers, children and young people affected by CSA to professionals who are skilled in the assessment of the range and nature of behaviours. These professionals also need to match and provide referrals to appropriate and accessible therapeutic and safety responses.**

**Recommendation 3: ACWA supports national agreement regarding terminology, such as 'sexually harmful behaviours', to assist with consistency of data collection and information sharing.**

### **3.3.3 Working with those at risk of offending and perpetrators**

At present there are legal and attitudinal barriers for offending perpetrators and intending or potential perpetrators to access treatment and support. Highly skilled therapists working with perpetrators or those who state their sexual preference is for children are needed at the earliest opportunity to explore the origins of these desires, as well as strategies to manage their desires to avoid harm to children.

It is imperative that such professional responses are accessible to those at risk of harming children whether this involves viewing child pornography, being sexually aroused by children, or sexually abusing children, as both preventative and response strategies.

To ensure this work is more effective as a preventative measure it is also crucial for practitioners and those caring for children are able to identify early indicators of these preferences, before they are acted upon.

Whilst working with perpetrators and potential perpetrators is at times controversial and uncomfortable to navigate it is essential in a holistic approach in addressing CSA in our community, particularly for those at highest risk.

There is still relatively little knowledge regarding the circumstances and experiences leading to the sexual assault and abuse of children and young people as well as what interventions are efficacious in: preventing the perpetration of child sexual abuse, treating those who offend or are at risk of re-offending. ACWA believes there is a longstanding need to conduct research and implement evidence based interventions and treatments for perpetrators and those at risk of offending.

### **3.4 Therapeutic Care**

*ACWA, together with FACS, has initiated a collaborative project to develop a Framework for Therapeutic OOHC in NSW. This Framework was informed by consultations with residential care providers, AbSec, CREATE, the NSW Ombudsman, NSW Office of the Children's Guardian, Department of Education and Communities, NSW Health, Juvenile Justice and the SPRC, (UNSW).*

*The Framework is now available in draft form, supported by a research consultation with residential care service providers and literature review. The following responses are largely based on ACWA's research and involvement in this project.*

ACWA agrees that there is currently no coherent framework to support Therapeutic Care that is consistently adopted across the OOHC sector. Some of our individual member agencies in NSW have applied Therapeutic Care programs to meeting the needs of children and young people who have experienced sexual abuse and complex trauma, and/or display sexually harmful behaviours.

However, we believe the absence of a shared definition for Therapeutic Care matters because it means there is no common understanding of how to implement it, or what constitutes best practice. Further, there is a gap in how to connect the needs of an individual child with the appropriate level of Therapeutic Care.

The sector currently has a limited capacity to measure the outcomes of different Therapeutic Care programs and interventions, or to compare these approaches with other interventions. Current funding models do not enable sufficient flexibility for children and young people who have been sexually abused to move across different modes of care seamlessly.

ACWA therefore believes that the key challenge is to create a sustainable framework for Therapeutic Care that will underpin the provision of services and ultimately improve the outcomes for children and young people who have been sexually abused in NSW. ACWA would be keen to share the learning from developing a State-level shared definition and framework that may be applied nationally.

**Recommendation 4: A sustainable framework for Therapeutic Care is developed to underpin the provision of OOHC services in all care settings whether they are residential, foster or kin care and according to the needs of the child.**

### **3.5 Leaving care and aftercare – Transition to Independence**

*ACWA acknowledges and uses the term Transition to Independence wherever possible in preference to leaving care as recommended by young people in our sector. ACWA contends that successful transition to independence by young people who have been in care is a crucial circuit breaker to cyclical family involvement with the care system and should incorporate a strong focus on promoting resilience and self worth as continuing motivators to ensure safety and wellbeing.*

#### **3.5.1 NSW responses to current care leavers disclosing CSA**

Disclosures of abuse in many cases happen years, if not decades, after the abuse is said to have occurred. Therefore it is vital to have adequate and appropriately resourced services to ensure young people are supported when, and as, they are ready to disclose. Agencies with OOHC casework delegation have a legal obligation in NSW to follow up support for young people that have been in their care until they reach 25 years of age.

Currently there is no funding attached to this requirement (post 18) and even getting funding for a young person in care until they have finished high school, if the young person turns 18 early, can be resource intensive. Agencies that provide good quality ongoing support rely on bequests or other self funded mechanisms. This makes the service system very uneven.

There are some specialist aftercare agencies funded to provide intensive case management for young people with complex needs in NSW. Accessing these services is on a voluntary basis. Such services are under resourced and there are large geographical gaps in service provision. For example the Aboriginal Aftercare Support Service has 2 caseworkers to cover NSW. ACWA is currently undertaking service mapping to get a fuller picture of the gaps in service provision.

*It was reported by a former caseworker in an aftercare service that 100% of the male clients disclosed sexual abuse in their interactions with their caseworker.*

Funding for those transitioning from care and over the age of 25 is virtually non-existent. Due to the nature of sexual abuse disclosure it may not be until well after a person turns 25 that a person tells anyone. Some agencies have counsellors and support services to ensure disclosures after 25 years of age are dealt with effectively, but these are generally self-funded and not all agencies have the capacity to do this effectively.

In addition services funded in response to the *Bringing them home* Report<sup>18</sup> (specifically referring to the impact of Aboriginal and Torres Strait Islander removals) and Forgotten Australians (referring to Australians in institutional care from the 1930 – 1975<sup>19</sup>). There is some capacity and expertise to offer support however these services tend to be oriented toward mature clients who have experienced historical CSA.

### **3.5.2 Supported access to case files**

ACWA acknowledges improvements to ensure that the language used in documentation in files is non-judgmental and respectful of all parties but is also aware that many children and young people do not know the full details of their involvement in the care system. Accessing files can involve reading details about mental health episodes, substance abuse, domestic violence, sexual violence, criminal history and significant neglect resulting in feelings of anger, hopelessness, frustration and betrayal and potential trauma related triggers.

### **3.5.3 Broader impacts on those transitioning to independence**

Broader structural problems can contribute to and compound successful transitions from care affecting the ability to deal effectively with sexual abuse disclosures. Agencies working with young people who have been in care often need to focus on practical day to day issues such as accommodation and income support with few opportunities to work through deeper issues around abuse.

Further, social norms have changed and young people usually receive support from parents and carers until well into their twenties and even thirties. 18-25 is a critical time in young people's lives and for those transitioning from care as well as leaving school and experiencing other significant life stressors can find this compounds sexual abuse trauma.

The age in which young people can stay in 'care' is a matter of current discussion. ACWA's policy position is that this needs to be raised to at least 21 years of age and possibly 25 years. Where the young person has significant trauma – such as that having been caused by CSA - there is an even greater argument for extending this age. This is in line with contemporary social norms where children stay at home longer, and it also enables agencies to shift from crisis driven models of service provision to holistic integrated services that can adequately address sexual abuse disclosures

Young people transitioning from care need priority access to housing, health, education and other services with additional funding allocated to address service gaps. NSW Housing and Community Housing providers should have targets to meet in relation to vulnerable young people.

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<sup>18</sup> <https://www.humanrights.gov.au/publications/bringing-them-home-report-1997>

<sup>19</sup> [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Completed\\_inquiries/2004-07/inst\\_care/report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/inst_care/report/index)

The current system has approximately 3% of its client base being young people, whereas young people make up about 30-40% of the homeless population.<sup>20</sup> Further, to meet the increasing need of affordable housing here should be quotes for developers to adhere of a minimum 30% affordable housing.

Vulnerable young people frequently have additional barriers to other young people in terms of educational disruption, difficulty in finding and staying in stable employment, disability, long-term health issues and lack of positive social supports. Housing support needs to involve case management support as well to assist the young person to address these issues, to enable them to move towards maturity and resilience.

#### **3.5.4 Care leaver focussed**

Young people should be increasingly encouraged and supported to develop skills in relation to planning and providing comment. Being involved in processes across all levels of the organisation, from the board to the recruitment, recruitment of staff and carers will help the organisation be child focused and also assist the young person in development skills and confidence for adulthood.

Young people need to have direct involvement in the decision making about their own lives. There is a rights-based argument that relates to this, but on a practical level it also equips them for making good decisions as adults. Young people need to practice, developing options and planning for their future. Hopefully this will be recorded in their leaving care plan, and assist with their transition from care.

While increasing the leaving care age is a vital step in a developmentally appropriate supported transition from care, there is still need for specialist aftercare services for young people that, for example, have totally disengaged from their service provider and/or carer. There is also a need to address issues throughout care and provide specialised ongoing support for those who have experienced significant trauma including CSA (creating vulnerability to further sexual abuse). Training for carers and workers around sexual abuse (and more broadly trauma) should be integrated into all facets of training.

Ideally, young people will leave care with interpersonal skills and knowledge that will equip them for making good decisions in relation to the development of intimate relationships – ensuring that they are not exploitative or abusive. These are touchstones to assist in maintaining and monitoring their own wellbeing as well as having the confidence and determination to articulate and seek appropriate support when needed.

Regular connection and touching base be offered to all young people transitioning to independence, as it would for other young people leaving home.

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<sup>20</sup> [http://yfoundations.gfcomms.com.au/docs/ghsh/Fact\\_sheet\\_General\\_020414\\_FINAL.pdf](http://yfoundations.gfcomms.com.au/docs/ghsh/Fact_sheet_General_020414_FINAL.pdf)

### 3.5.5 Legal issues

ACWA's policy position is that when Victim's Compensation is awarded as a result of sexual or other abuse, it needs to be managed well, in consultation with the young person, to assist young people to invest this with a view to long-term benefit and independence. ACWA is aware that such pay outs as one off payments are difficult for young people to manage, and while they are paid with a view to compensation over a life time, these payments are frequently spent within a short time with no residual benefit. Any changes to legislation developed to protect children and young people in relation to the management of these payments, should consider unintended consequences.

Life long disadvantage can be set in train as a result of early engagement with the criminal justice system. It is important that vulnerable groups are not inadvertently negatively affected by the laws that are meant to protect them. Feedback from members suggests this is already occurring with children and young people who have allegedly acted in a violent way, such as punching a hole in a wall, with police issuing an AVO against the young person or other criminal charge. This may result in criminal charges if the AVO is breached which can have numerous impacts.

*A member agency reported that a very vulnerable young man with cognitive disabilities had displayed challenging behaviours resulting in criminal charges while he was still in care. These charges later forced him to leave his carers home despite the fact they were willing to allow him to stay because he could not pass the Working with Children check and his carers were accepting other children.*

**Recommendation 5: ACWA supports policy change enabling young people to stay in care until at least 21 years of age and 25 years of age in circumstances where significant trauma has occurred, such as CSA.**

**Recommendation 6: ACWA recommends the principle of limiting unintended adverse impacts on children and young people as a result of interactions with the criminal justice system and through any legislative or regulatory changes arising from the findings of the Royal Commission.**

## 4. CARERS: RECRUITMENT, ASSESSMENT & SUPPORT

*ACWA considers that to offer genuinely child centred care there needs to be corresponding person-focused attention given to carers. This work requires high levels of skill, experience and commitment by agencies and particularly caseworkers.*

*Skilled assessments are a crucial component in preventative screening of those posing potential risk to children and young people. Some agencies have reported engaging specialist consultants while others focus on building this capacity within their workforce.*

*Increasing the number of carers enables better placement matching and alleviate the pressure for competent carers to consider stretching their capacity to include unacceptably high numbers of children in their care. Providing comprehensive support including ongoing accessible training assists in both retaining and improving the experiences of carers and their ability to respond to the needs of the children and young people in their care.*

#### **4.1 Developing carer assessment resources**

Robust tools and processes for the assessment of foster carers is an essential component of building child safe organisations. ACWA has been pro-active in developing and updating tools to assist with assessing the suitability of foster carer and relative kinship applicants. This assessment includes careful scrutiny of safety issues, including the applicant's capacity to provide a safe physical and emotional environment, including safety from sexual abuse.

ACWA has a track record in regularly reviewing and revising its assessment tools in the light of research, legislative and practice developments. Material has been developed to address issues relevant to the safety and well-being of particularly vulnerable groups with the OOHC population, including Aboriginal children and other children who have specific cultural needs.

Originally developed in 2003 as a tool to assess general foster carers, subsequent editions of *Step by Step* have expanded its coverage.

The 2016 edition includes:

- General Carer Assessment Tool
- Relative and Kinship Assessment Tool
- Guardianship Assessment Tool
- Child-Carer Matching Tool
- Carer Review Tool.

These tools complement the training material "Shared Stories, Shared Lives" developed by ACWA for prospective carers.

Each tool is comprehensive and currently includes:

- Resources for eight different background checks, many of which are required under NSW legislation
- Guides to in-depth conversations and activities with applicants covering the required competencies of caring for children in out-of-home care (up to 10 hours of face to face sessions with applicants)
- Resources to verify information provided by applicants
- Assessment report templates to document and analyse information gathered in the assessment process

- Assessment must include consideration of 32 domains, which include:
  - Criminal record history
  - Health checks (emotional and physical)
  - Community services checks covering prior contact with child protection agencies
  - Applicant's motivation to be a carer
  - Identification of people in applicant's network
  - Cultural respect and understanding of applicant
  - Applicant's own history of abuse and trauma
  - Applicant's history of dealing with stress
  - Applicants ability to demonstrate capacity to provide nurturing care
  - Applicant's capacity to promote a child's identity, including their sexual identity, appropriately
  - Applicant's demonstrated capacity to manage behaviour in a non violent or coercive manner

These resources enable agencies to put in place robust processes to screen and select carers. ACWA supports the use of robust standard assessment tools and processes to assess and support foster carers.

#### **4.2 Developing assessment skills in the OOHC sector**

ACWA recognises that screening and selection tools must be administered by skilled assessors to be effective. Consultation with the sector in 2015 identified widespread concern about skill deficits related to the conduct of robust carer assessments and reviews. Therefore a particular focus of ACWA's work in the past 18 months has been to develop the assessment skills of OOHC assessors.

A registration process has been established where OOHC staff have to demonstrate their assessment skills before being authorised to use the *Step by Step 2016* resources.

To enable less experienced assessors to develop their skills to meet the registration standard, a range of training options have been put in place by ACWA. ACWA believes that these measures will significantly improve capacity in the sector to make valid and reliable assessments of the capacity of a potential carer to provide a safe environment for children.

#### **4.3 Assessment relevant to relative and kinship carers**

ACWA has undertaken significant work in identifying issues specific to the assessment of relative and kinship carers who make up an increasing proportion of carers in NSW. The safety risks for children who are placed with other family members require special attention in assessments. Relative and kin carers may face additional challenges in needing to manage contact between children and family members. This can lead to tensions within the family and conflict in the family due to conflicting loyalties.

Carers need to be able to demonstrate the ability to place the child's safety, welfare and wellbeing above the wishes of the parent, regardless of negative consequences in family relationships.

This is one reason that a separate tool has been developed to assess relative and kinship carers. This tool requires assessors to explore safety issues including impact of alcohol and drug use in household, patterns of violence and safety strategies for children including specific questions on how the relative or kinship carer can keep the child free from sexual abuse.

**Recommendation 7: ACWA recommends national standards are established in the carer assessment process and the training for those who are accredited to undertake the assessment.**

#### **4.4 ACWA Foster Care Recruitment and Retention Project**

*This project is made up of three components designed to complement each other:*

- *a public awareness campaign, run under the banner of Fostering NSW;*
- *sector development to support agency recruitment and retention practices; and*
- *a state-wide information and enquiry service incorporating the Fostering NSW website and the 1800 2 FOSTER number.*

The project's role includes providing strong messaging about what care is and to promote positive norms about foster care in the community. This includes providing information to potential carers about the level of support and supervision they will receive and what the application process involved – that includes proberty checks and assessment. One of the goals from the outset is describe foster carer as team work and to communicate that caseworkers, as well as the potential foster carer, will also have a relationship with the child. Hopefully this will result in people selecting themselves out if they are seeking opportunities to abuse or exploit children.

##### **4.4.1 Fostering NSW Campaign**

This ongoing, state-wide public awareness campaign is designed to support the recruitment efforts of OOHC agencies by raising general awareness of foster care, encouraging people to 'Open Your Heart' and find out more about becoming a foster carer by visiting the Fostering NSW website or calling the 1800 number.

Other sources of information and influence for the Fostering NSW Project include:

- Carer Support roundtable: FACS are developing a Carer Strategy and Fostering NSW was invited join their round table discussion and expect to have a role in steering this project;
- FNSW State-Wide Reference Group: provides sector input to the FNSW project and recruitment campaign so that we can respond to identified needs and shape recruitment campaign accordingly; and

- Statewide Forums: generally focused on enabling agencies to share best practice information which enhances the sector’s capacity to retain good carers and respond quickly and appropriately to concerns including training priorities.

Further information on the Fostering NSW project can be found in Appendix 2.

#### **4.4.2 Campaign Target Groups**

Specific groups are being targeted as part of the public awareness campaign. The primary target group is women aged between 30 and 50, because this group remains the main decision makers about foster care. Secondary targets include “empty nesters” (especially for short-term and respite care), same sex couples and caring professionals.

Carers from Aboriginal communities are also being sought through targeted media outreach, resource development, advertising and grassroots activities. A targeted Aboriginal Foster Carer Recruitment Manual is available on the campaign microsite<sup>21</sup> Fostering NSW worked with Settlement Services International (SSI) to recruit more carers from Pacific communities and help strengthen the values of fostering and caring that already exist in these communities. A range of brochures has been created to reach these communities in their own language and can be downloaded under ‘Pacific Communities Campaign’<sup>22</sup>.

#### **4.4.3 Responding to enquiries**

A robust state-wide recruitment campaign keeps new carers coming into the system - a bigger pool of suitable carers that have undergone rigorous assessment and work more closely with agencies as part of a team should increase safety for vulnerable children coming into the system. The challenge for the FNSW project in achieving these goals is its restriction to a marketing focus.

The Fostering NSW telephone line and Facebook page occasionally receive complaints regarding their experience with agencies. Through feedback to our enquiry line, forum and Facebook, we can see that there may be a need for agency workers and managers to develop skills in the area of having difficult conversations and demonstrating honest, upfront communication when there are concerns about a person’s capacity to become a foster carer.

#### **4.4.4 Resources for carer support**

Fostering NSW has also developed a resource for carer support workers, ‘Supporting Carers: A Guide for Out-of-Home Care Agencies’. This resource is particularly valuable for new sector workers as an introduction to many of the ways in which carers can be supported from simple recognition of milestones to supporting them through critical incidents such as placement breakdown or the investigation of an allegation.

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<sup>21</sup> <http://www.acwa.asn.au/FCRC/Downloads/AboriginalFosterCarerRecruitmentGuide.pdf>

<sup>22</sup> [http://www.acwa.asn.au/FCRC/fcrc\\_resources.html](http://www.acwa.asn.au/FCRC/fcrc_resources.html)

The Guide outlines the importance of good support from the very first moment of contact with a potential carer, through the training and assessment process to authorisation and beyond. Carers who receive an effective induction to their new caring role are much less likely to give up when things become challenging and more likely to feel confident about when, how and with whom to raise issues of concern.

#### 4.4.5 High-risk issues for carers

Concerns have been raised by some agencies that paperwork for children being transitioned from FACS to NGOs may be incomplete. Lack of knowledge of a child's background may also unnecessarily place biological children of carers at risk of child-to-child sexually harmful behaviours.

Conversely carers, family members, friends and workers may not abuse their own children, however may abuse vulnerable children in their care. Therefore, work practice needs to ensure regular supervision and feedback from other people involved in the child or young person's life such as teachers, counsellors, health professionals and mentors. In general, a lack of carer support may create opportunities for unscrupulous people to take advantage of stretched carers who are under stress and need a break from caring for children.

*A grandmother in kinship care with reading and writing difficulties was receiving support from a gentleman in the community to manage multiple appointments with health providers due to not receiving casework support. Police checks completed after concerns were raised by a family member revealed that the gentleman had a police history of concern and should not be involved with any children.*

#### 4.4.6 Role of placement breakdown

Every placement breakdown potentially increases a child's level of vulnerability. It also means the child is less likely to have a relationship with someone whom they feel they can trust. Contributing factors to placement breakdowns include:

- Lack of knowledge about the child's history and behaviours, and
- Difficulties in matching the best carer to the child, due to carer or placement shortages.

Carers are often asked to take children into their homes with little information about the circumstances that have brought them into care. Of course, full information is not always available immediately but it does mean that the risk of child-to-child abuse, for example, is higher as some children are placed with unknown harmful sexual behaviours – and if there are other children in the placement then they can be at risk. Some agencies have policies in place that prohibit non related children being placed together – which goes some way to managing other children being harmed. It does not deal with situations where a sibling group may be involved in on going sexual behaviour.

Moreover, a shortage of suitable carers means that sometimes children are placed inappropriately rather than not being placed at all. This is unfair on carer families as they may not understand fully the support that is needed and this, in turn, can put extra pressure on them. Placement 'matching' is clearly best practice but we hear from agencies that, in reality, this is a luxury rather than the norm. In order for placement matching to be a reality, the sector needs to have 'pools' of carers from which suitable families are drawn to match the needs of the child or sibling group.

## **5. PREVENTION EDUCATION, ENVIRONMENT & SUPPORT**

*All staff working with children need a minimum level of up-to-date training in preventing, identifying and responding to child sexual abuse. Ideally, this training should be extended to carers in addition to a national prevention education strategy provided as part of a public health approach for the whole community, and for children and young people in particular in a non-stigmatising way.*

### **5.1 National Prevention Education**

ACWA believes that, with adequate resourcing, the national prevention education strategy proposed in the Consultation Paper could become an objective that the National Framework could implement, monitor and evaluate. A well-resourced national education strategy would enable unique opportunities to provide education about preventative measures that all Australians can access and use to help in preventing CSA.

### **5.2 Sexual abuse education**

CCWT provides training to workers in the broad community welfare sector. These courses include both core introductory and intermediary skills and knowledge:

- Identify and Respond to Children and Young People at Risk, aimed at Mandatory Reporters.
- Staying Current in Child Protection
- Safety Centred Practice in Child Protection – An Introduction.
- Child Sexual Assault – Helping Non-Offending Parents Support their Child, which includes content on tactics of offenders and disclosure processes
- Further Work in Child Protection
- Protective Behaviours

Further information about the course content is provided in the Appendix 4.

As a minimum level, staff working with children need to be able to demonstrate a value for children's rights and voice, understand the fundamentals of child development, articulate unacceptable behaviour, identify concerning behaviour, and responding to a disclosure.

In previous years there has been a standard 3-day Child Sexual Abuse Prevention course developed by the Child Protection Council, offered by many organisations. After the Report of the Special Commission of Inquiry into Child Protection Services in NSW<sup>23</sup>, the emphasis changed to standardised training on reporting and the use of the mandatory reporters guide. There is certainly space for more training on child sexual abuse.

This includes child-to-child sexually harmful behaviours and child sexual exploitation. Generic courses are offered to pre-schools and schools up to Year 8 through Kids Matter and Protective Behaviours Australia.

However when a child has already experienced harm, care needs to be taken around potential re-traumatisation and triggering, and facilitators, carers and caseworkers need to be aware of the need for children to receive care and support around these sessions.

### **5.2.1 Preventative education program - LOVE BITES**

LOVE BITES Program developed by NAPCAN (National Association for Prevention of Child Abuse and Neglect) is a school-based Domestic and Family Violence and Sexual Assault prevention program.

It is based on best practice standards for education programs as recommended by the Federal Government; funded Australian Domestic and Family Violence Clearing House and other leading academics in the area of violence against women and children. More information regarding this program are included Appendix 5.

### **5.3 An organisational approach to prevention**

*Providing information to staff, carers and children about expectations and boundaries very early on is important. Staff should be able to model acceptable behaviour to colleagues and carers and both staff and carers should be able to model this behaviour to the child.*

ACWA acknowledges the limitations in setting a minimum level of training and education without a joint focus on culture and values. Although these programmes can provide knowledge and skills, agencies describe the preventive measures an organisation must take holistically when working with children, carers and staff.

Clear expectations need to be embedded within an organisation and driven from a governance level through to management to empower staff, carers and children to challenge and report concerning behaviour and to raise the child's voice to the forefront of organisational policy, practice and process.

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<sup>23</sup> Hon. James Wood, 2008, Report of the Special Commission of Inquiry into Child Protection Services in NSW.

*One NGO has developed a policy for staff stating, “we all share the responsibility for child safety”. The policy clearly states the expectations on staff to take positive action to keep children safe, describes unacceptable behaviour and behaviour that causes concern, and openly acknowledges that child sexual abuse is a risk in the organisation, as with others.*

#### **5.4 The child’s experience and expectations of a placement**

*Children should be assisted in making their transition to new environments and experience the orientation of a service system that is child focused. They need to be provided with information about the way their new environment works.*

*They will be assessing who they can trust – and perhaps talk to if they feel unsafe or want to talk about past or present abuse. They may also need to be provided with information about keeping themselves safe from future abuse.*

ACWA members provided a range of examples that demonstrate how agencies can assist the child or young person in making the transition to a new home – some are included below. ACWA members provided a range of examples that demonstrate how agencies can assist the child or young person in making the transition to a new home – some are included below.

*Agencies use a range of strategies to educate children and young people about boundaries, consent and what abuse is when they enter OOHC. In ACWA’s member consultation on 11 April 2016, agencies explained that it is important that this information is given to the child early on in a placement, bearing in mind that with an emergency placement there is no opportunity for an NGO worker to meet a child before a placement commences. One agency described how they ensure a staff member meets the child at the carer’s home as they first arrive to have these early conversations and build rapport.*

Many adults struggle with this discussion-for some who have themselves been abused it can bring up traumatic memories-for others who have not experienced abuse it can be unthinkable that someone could behave in such a way towards a child.

*When a pre-placement meeting is possible, the carer and child may be invited to an agency office first to meet and discuss what to expect. The caseworker will talk to the child about expectations on simple things and explain why they are important explained. There is also some information that children need to be provided with under the Children and Young Persons (Care and Protection) Act 1998, including information concerning the proposed carer before placement and the Charter of Rights.<sup>24</sup>*

<sup>24</sup> Children and Young Persons (Care and Protection) Act 1998; s145 and s162.

*Many agencies provide packs with photos, information about the carer and their home, contacts, complaints postcards etc. There are also a number of resources that are available to assist workers, parents and carers in teaching children and young people about protective behaviours.<sup>25</sup>*

All children and carers have a right to be educated about ensuring child safety. This education can be part of childcare, pre-school, and school education. This does not make the child responsible if they are unable to prevent abuse, however teaches them that they can identify safe and unsafe feelings, they can do some things such as walking in a group and with people they know, they can say “No” and they can tell a trusted adult if something is happening that they don’t feel good about.

### **5.5 Staff recruitment and supervision**

*Agency culture and values cannot be captured by a code of conduct but are crucial to setting expectations with staff, as well as carers.*

Through the recruitment process, honest and transparent references are critical as well as clarity about the referee’s relationship to the person. High staff turnover is a difficulty for agencies in developing a strong culture, particularly when casual staff are used.

*One agency described how they invite a young person to form part of the interview panel (leading a section of the interview) for staff to assess how the applicant communicates with young people and to hear the young person’s view on the applicant along with the other panellist/s. The agency reported that this young person view has been extremely informative as part of the interview process. Another agency uses values-based interviewing as part of the recruitment process, asking questions like ‘Why do you want to work with children?’.*

High staff turnover is also an issue for service providers in preventing, identifying and responding to child sexual abuse. At ACWA’s member consultation on child sexual abuse, agencies identified two impacts of high staff turnover.<sup>26</sup>

Firstly, caseworker changes impact on a child’s ability to build a trusting relationship with a professional outside of the home environment whom they may feel more comfortable to disclose information about sexual abuse or feeling unsafe. Secondly, a consistent caseworker can meet with the child separately to the carer and make observations over time to identify signs of abuse that may otherwise not be noted. Also, changes in caseworker may increase the possibilities of responses to a disclosure or concern not being followed up.

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<sup>25</sup> These resources include: *My Underpants Rule* by Kate and Rod Power; ‘Tea Consent’ video available via YouTube; and resources developed by Bravehearts.

<sup>26</sup> ACWA, Royal Commission ‘Institutional Responses to Child Sexual Abuse in Out-of-Home Care’ Sector Forum held in Sydney on 11 April 2016.

Feedback to the NSW Ombudsman's Reportable Conduct Forum (February 2016) noted that high caseworker turnover is particularly an issue in rural and remote areas.<sup>27</sup> It is also a concern raised by residential care agencies through ACWA's Residential Care Providers Network.

Strong supervision practices are needed and managers trained to have difficult conversations with staff and challenge low level behaviour that is not in line with the agency's values and not child centred.

*In ACWA's member consultation on 11 April 2016, agencies explained the importance of the first 6 months of employment to ensure that appropriate boundaries and expectations are met. Some agencies describe the need to be proactive during a staff member's 6-month probation period to make sure they are a cultural fit to the organisation and their practices are child safe. One agency has an internal committee that supervises the staff probation period if an issue is raised regarding the staff member.*

ACWA believes that best practice principles would include OOHC agencies considering ongoing review of their internal processes and how to incorporate children's perspectives. For example children and young people may be part of employment processes within their organisations.

**Recommendation 8: ACWA encourages service providers consider the feasibility of the involvement of children, or application of their views, in aspects of the organisation's service planning and review. Agencies should also consider whether it is feasible and beneficial to involve children and young people in the employment of staff.**

## 5.6 Carers training and support

### 5.6.1 General support

While many agencies provide a range of supports for carers, including access to respite care, there is a challenge in ensuring that carers feel able to access the support they need without feeling that they will be judged as being unable to cope. Carers fear that children will be removed from their care if they appear to need too much support or if they 'complain' about things that might be happening within the placement.

Carers who advocate strongly for the children in their care, or disagree with caseworker's recommendations, are often regarded as being 'difficult' and can be made to feel that they are causing too much trouble.

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<sup>27</sup> NSW Ombudsman, '16 Years of Reportable Conduct' Forum held in Sydney on 26 February 2016, slide 15. Slides can be accessed here:  
[http://ombo.nsw.gov.au/\\_data/assets/pdf\\_file/0010/31699/Forum-OOHC-slides-1April.pdf](http://ombo.nsw.gov.au/_data/assets/pdf_file/0010/31699/Forum-OOHC-slides-1April.pdf)

*One agency ensures that all foster carers have access to regular respite care with the same carer. This helps build a circle of support and enhances the feeling of stability and belonging for a child as they are able to develop a number of trusting relationships. It also reassures carers who may be nervous about accessing respite care as it is built in to the placement from early on.*

Member agencies have also identified concerns that respite care is generally not taken up because of a fear the child will then be taken away from the carer permanently. Potentially this might be a gap to address from a child abuse risk as sometimes carers would prefer to pick a non-authorised carer in their own network to look after the child.

This lack of understanding between caseworker and carer could be addressed through measures like more access to combined training such as the new course, 'Partners in Care - Carers and Caseworkers Stronger Together' developed by CCWT and Fostering NSW (see Appendix 3 for course outline details).

While this particular course focuses on working with adolescents and was developed in response to an identified need to provide more intensive support for carers of adolescents to prevent placement breakdown at this crucial stage of a child's development, the same principle of combined training could be applied across any number of areas to promote greater understanding between carers and caseworkers. This support could be of real benefit in assisting carers feel more valued as part of the care team and assisting caseworkers in understanding some of the day-to-day challenges faced by carers.

*Having upfront conversations about boundaries and potential obstacles during a placement with a carer can prepare them for changes they may need to make. For example, some agencies talk to carers about the 'dressing gown rule' and also provide a dressing gown to the child when they enter the home and explain this rule. One agency requires their foster carers to write a statement about how they will protect the child and themselves during the placement. This is written with the caseworker and includes current behaviour that the carer may need to change when welcoming a child into their home.*

#### *Support when a child has sexually harmful behaviour*

When a child with sexually harmful behaviours is placed with a foster carer, these measures are even more important. Safety measures such as not being behind a closed door with a child or young person, having an additional person and being in sight and having play occur in open, supervised spaces, not in bedrooms can assist. Keeping computers in supervised areas such as the lounge room area, and having mobile phones charging in a supervised area after a pre-determined bedtime can also assist in ensuring supervision.

*Education around online grooming is one area that our agencies identified as needing development. Some carers have limited understanding of the impact of posting information and images online. Some carers are aware of online risks but do not have the technical skills to monitor and prevent children engaging in online activity that may put them at risk.*

Children and young people need to be aware of the dangers of posting personal information about themselves on public sites, and also on the appropriate use of mobile phones. They also need to know that taking explicit photographs of themselves or asking others to do so is not only a safety issue, but could lead to criminal consequences as well as potential embarrassment and humiliation.

*Within a residential care context, agencies describe the measures staff put in place to keep young people safe online, including the installation of Internet Protection software that has parental controls, internet filtering, computer cleaning etc. However, there are often ways for young people to work around these safety measures.*

There are a number of websites with scenarios that support young people to work through these situations and make it clear that once they share an image, they lose control of who sees it and where it may be sent. Carers need to be aware of these possibilities and ensure safety around the use of mobile phones.

*One approach suggested at ACWA's member consultation on 11 April 2016 was to educate carers and children about internet safety and the safe use of social media by supporting them to create a personal profile. During this time, caseworkers can ask questions and provide information about the information that is being shared, who it is being shared with, and decision-making about who to connect with. This approach can open communication channels between the caseworker, carer and child about online safety and social networks.*

Best practice in supporting carers should include providing ongoing respite, training and support and access to knowledge and expertise in managing CSA and sexualised behaviours. Guidelines should also be provided in regard to social media to assist carers to manage the emerging risks in this area.

*One agency emphasised the need for education and training that draws on collaborative interagency partnerships with community representatives who have relationships with diverse communities where language, ethnicity and religion impacts on attitudes, knowledge and behaviours.*

#### **Recommendation 9:**

**A prevention approach to child sexual abuse should be embedded in the organisational culture of OOHC agencies including prevention education for management and governance bodies as well as frontline staff.**

**Recommendation 10: ACWA supports a multi-layered approach to prevention education. This recognises and utilises the network of support around a child and builds on the idea that protecting children is everyone’s business. The specific content of education programmes also needs to acknowledge the different roles played in the service system - some individuals have more unsupervised contact with children while others have responsibilities as Mandatory Reporters. Such a campaign would include broad public awareness as well as specialist education for: staff working with children, staff working with children who have previously experienced abuse, and clinical specialists.**

## **6. TRAINING (staff, carers and other sectors)**

ACWA established the Centre for Community Welfare Training (CCWT) as its learning and development arm in 1987. *The Centre for Community Welfare Training (CCWT) is a Registered Training Organisation providing cost effective and accessible training opportunities for people working across the community welfare sector in NSW, in particular those working with vulnerable children, young people and families. CCWT provides both calendar and in-house training as well as specialised programs, coaching and supervision.*

*ACWA believes that having a prepared and capable workforce is imperative to ensure that there is both knowledge and skill embedded to respond professionally to the needs of the children and young people and to provide robust systems and processes. ACWA, through CCWT is providing pathways to further education and training to the NGO workforce.*

### **6.1 Barriers to training**

Throughout the Consultation Paper reference is made to the need for training or education in various topics, including child sexual abuse, child-to-child sexual abuse and residential care. There are some substantial barriers to training that need to be considered in any discussions around this topic:

- Funding models emphasise service delivery and do not explicitly provide resources for accessing education options.
- Turnover of staff, particularly in residential care and the use of temporary or casual staff, make it difficult for agencies to ensure that any minimum expected standards are achieved and maintained.
- Foster carers find it difficult to attend face-to face training and there are inadequate resources for child-care.
- For respite or short term carers the skills that they require change as the children in their care change, and they need access to suitable training resources quickly.
- Qualifications that are currently available provide broad skills that are not necessarily relevant to the sector, and there are no qualifications or even skills sets for foster carers

## **6.2 Professionalisation of residential care and workforce capacity**

Workforce capacity in the residential care space varies greatly. An informal survey of residential care providers at an ACWA forum identified some providers who have formal qualification requirements of their staff, and another who requires a degree and 2 years experience. Most are somewhere in between.

There is growing interest in the qualifications at Certificate IV and Diploma levels in Child, Youth and Family Intervention. These qualifications are quite suitable for residential care workers and provide a specialisation in residential care.

ACWA offers this qualification both as a learning pathway and a recognition of prior learning pathway and staff in ACWA's training arm CCWT have received an increase in the number of students applying and undertaking these qualifications.

## **6.3 Capability Framework**

ACWA has developed a Capability Framework and associated workforce development tools for the out of home care workforce in New South Wales. Stage 1 of this project has included the development of assessment tools for foster care caseworkers and residential care support workers. The number of roles covered by assessment tools will rise during subsequent stages.

These tools can be used by organisations or ACWA can administer the tool for organisations. ACWA is piloting the tools with a small number of agencies. Tools will be available to all OOHC agencies in NSW. If the Capability Framework is accepted and implemented by organisations it will set a benchmark for workers in the sector.

## **6.4 Trauma informed training**

Trauma informed training does not necessarily focus specifically on the cause of the trauma (eg child sexual abuse) but focuses instead on how to work with people who have experienced trauma. ACWA offers a number of workshops and distance packages that focus specifically on this subject.

Many are tailored to specific context eg Trauma, Attachment and Resilience in Out of Home care Case Management and Service Delivery, Trauma and Addiction and Therapeutics of Trauma Informed Care (see Appendix 5 Relevant training options).

## **6.5 Increasing the resilience of young people in transition from OOHC**

Training for services and young people in increasing the resilience of young people in OOHC. This training would focus on practical applicable strategies for young people to use to build their resilience, support and confidence in the transition to independence.

## 6.6 Sexuality and gender training

Sexuality and gender training is need for services coming into contact with children and young people to:

- Appropriately respond to and engage in conversations about sexuality, healthy self esteem, sexual identity, discrimination and bullying in relation to gender and sexuality;
- Increase worker skills and knowledge in responding to issues relating specifically to sexuality and gender including increased risks of homelessness, self harm, suicide and mental health issues;
- Improve OOHC services in planning for child safe placements regarding their sexuality and gender;
- Create safe and inclusive environments for young people and children that acknowledge sexuality and gender as another part of their identity;
- Barriers to LGBTIQ children and young people in accessing support services- and particular challenges faith based services face in this area where personal beliefs and attitudes based on interpretations of religious texts may have an impact on staff or carers being able to support the child or young person who is questioning gender and/or sexuality.

ACWA supports the principle that best practice in OOHC is informed in relation to LBGTIQ issues and believes the provision of training, policy and practice review is required in this area.

**Recommendation 11: That a national approach be developed for building a stronger workforce for the OOHC sector to: counter the negative impact of a casualised workforce with a high turn over, use ongoing Vocational Education and Training (VET) and post-graduate studies to lift the workforce capacity, and develop culture and skills.**

## 7. INFORMATION, DATA & OVERSIGHT

*Data collection must be accompanied by mechanisms to share learning from allegations and investigations within the sector where there are system issues identified.*

### 7.1 Data collection and information sharing

The Commission raises concern about the lack of capacity for information about children in OOHC to be monitored in a nationally consistent manner, citing the lack of consistency in definitions and thresholds of child sexual abuse.

In addition to different counting rules for the OOHC population in each state and territory (pp. 43-44). ACWA notes that a proportion of its OOHC members are national organisations who are required to report to a number of systems with differing definitions and thresholds.

In NSW, the Part A and B Notification Form – provided to the NSW Ombudsman as part of the Reportable Conduct Scheme – details information stated in the Commission’s proposed data model (p. 46): data of incident, type of allegation, demographic descriptors etc. The Reportable Conduct Scheme does capture the outcomes of investigations in relation to the perpetrator but not the outcomes for the child. ACWA would like to raise the current limitation in NSW in sharing system learning following allegations and investigations.

With a more disparate sector following the transition of OOHC to NGOs, it is important that there are mechanisms within the sector to share learning from allegations and investigations where there are system issues identified. We are also aware, from a statewide view, that there are inconsistencies in the processes between the 15 local FACS district areas in NSW. Strong data collection should be accompanied by improved information sharing. ACWA is well placed to bring stakeholders together to share this type of information within NSW and will be holding a Critical Incidents Forum in July 2016.

ACWA recognises the value of agencies with a systemic overview of data and trends. Providing opportunities for both oversight bodies and service providers to share system learning can lead to reviews of internal agency policies and improvements to sector wide systems to prevent and respond to child sexual abuse. There is strength in the NSW system in so far as there are independent regulators who also contribute to sector development through training and information sharing.

One of the recommendations from the OOHC panel at the NSW Ombudsman’s Reportable Conduct Forum (February 2016) was for joint research and review initiatives in the sector.<sup>28</sup> ACWA, as the peak body, facilitates forums for members and stakeholder. Responding to critical incidents is one of the areas we have prioritised in 2016 by planning an information-sharing forum (to be held in June).

Feedback from the NSW Ombudsman’s Reportable Conduct Forum (February 2016) identified the improvements needed to information sharing from FACS and Police, highlighting a lack of consistency in the response to information requests.<sup>29</sup>

OOHC transition has also raised challenges in information sharing about placement history and carers prior to transfer – information about previous reportable conduct allegations for government foster carers was not been routinely provided to NGOs on placement transfer, and accessing this information once known (generally when another allegation is made) is often very difficult.

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<sup>28</sup> NSW Ombudsman, ‘16 Years of Reportable Conduct’ Forum held in Sydney on 26 February 2016, slide 10. Slides can be accessed here:

[http://ombo.nsw.gov.au/\\_data/assets/pdf\\_file/0010/31699/Forum-OOHC-slides-1April.pdf](http://ombo.nsw.gov.au/_data/assets/pdf_file/0010/31699/Forum-OOHC-slides-1April.pdf)

<sup>29</sup> NSW Ombudsman, ‘16 Years of Reportable Conduct’ Forum held in Sydney on 26 February 2016, slide 13. Slides can be accessed here:

[http://ombo.nsw.gov.au/\\_data/assets/pdf\\_file/0010/31699/Forum-OOHC-slides-1April.pdf](http://ombo.nsw.gov.au/_data/assets/pdf_file/0010/31699/Forum-OOHC-slides-1April.pdf)

Carers are also treated differently to parents and carers when allegations are made. Where a concern is raised about both a child in care and the carer's biological child, there can be two systems that apply.

*In one case where the child in care was selectively mute, however made a disclosure about physical discipline of both herself and the biological child in the placement, investigation was hampered by the two different systems. Advice was received that the biological child could not be interviewed without the parent's permission. As the child in care refused to answer questions in the formal interview, the matter could not be substantiated.*

Another area that presents challenges is proof of psychological harm - where carers consistently speak in a negative way about the child or young person and their family in front of them and in front of other caseworkers.

**Recommendation 12: ACWA supports the development of mechanisms for sharing systemic trends and key learning within the OOHC sector.**

**Recommendation 13: ACWA supports a pilot project be conducted to test the collection of data in the sector in regard to CSA prevalence and outcomes for children with an aim to facilitate data collection nationally. This will require a capacity building approach to understand how organisations can best collect and provide this information.**

## 7.2 Oversight

A number of oversight mechanisms exist in NSW to safeguard children and young people in OOHC. This is one of the strengths of our child protection system, that we have statutory responsibilities to safeguard children across the NSW Ombudsman, the FACS and the Office of the Children's Guardian. Responsibilities for reporting were established in NSW for OOHC providers before the transition of foster care to the non-government sector. The transfer of case management responsibility to NGOs has, however, led to a need to redefine and clarify roles and responsibilities within the sector.

Currently there are over 60 OOHC providers in NSW and over 50% of the 19,000 children in statutory OOHC are placed with NGOs. For example, the FACS Reportable Conduct Unit has responsibility for coordinating FACS' response to allegations of reportable conduct made about its own employees and foster carers in the placements they supervise. With well over half of the Statutory Care population placed with NGOs, the reduced number of allegations within FACS provides an opportunity for the Unit to scale down, remembering that the majority of children in NSW OOHC are in foster care, more than half of the children have now transitioned to NGO foster care, and NGOs are responsible for investigating their own reportable conduct allegations made against their employees and foster carers.

Responsibilities are also brought into question when a report involving an NGO foster carer is reported to the Child Protection Helpline. When FACS has received the report the NGO may not even know about it straight away particularly if it is assessed as non-ROSH, and yet the NGO under the Ombudsman Act has reportable conduct obligations to investigate the allegation. In the past, this was clearly a role for FACS because most foster care was supervised by the Department however this is now a more complex communication exercise.

OOHC service providers (as with all organisations covered by the NSW Ombudsman Act) must notify the Ombudsman of reportable allegations or convictions within 30 days, and are on paper subject to audits. Reportable Conduct Scheme in NSW provides clear timeframes for notifying the NSW Ombudsman of reportable allegation in relation to staff, carers, volunteers and contractors.

In addition to the NSW Ombudsman's oversight and records, if the reportable allegation concerns a carer, agencies must also update the Carers Register that is maintained by the Office of the Children's Guardian and also accessible to the NSW Ombudsman. FACS and NSW Police Force may also receive a report of the same allegation and may decide to investigate.

This creates a complex reporting environment, however, for NGO service providers who are accountable to these different government bodies in relation to child abuse and reportable conduct. The Carers Register is one way in which the Office of the Children's Guardian have brought together a decentralised service system with an online database that also serves as a tool for decision-making concerning a carer and provides prompts about the follow up actions a worker may need to take.

Nevertheless, when alleged abuse occurs, the OOHC service provider is responsible for reporting through the following systems (depending on the allegation): Carers Register, Working With Children Check, Mandatory Reporting, Reportable Conduct Notification Form Part A and B, reporting conditions as part of accreditation, as well as any reports or notification to the NSW Police Force.

This is a complex system for workers to navigate, particularly as they will be using multiple oversight mechanisms to report the incident while concurrently responding to the child's needs. We note that the Commission has recognised the balance needed between time spend recording information and carrying out casework in the Consultation Paper (p. 43).

The Commission also notes Winkworth and McArthur's (2016) paper on the principles of child centred practice and the risks posed to the individual child's experience in a complex, procedurally driven care and protection system.<sup>30</sup>

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<sup>30</sup> G Winkworth and M McArthur, 'Being "child centred" in child protection: What does it mean?', *Children Australia*, vol 31, no 4, 2006, p 14.

A worker is presented with difficult decisions about whether to remove the child from their placement, when to interview the child, and may be fearful of contaminating evidence if other agencies are involved in the investigation.

Having this number of oversight and investigation agencies involved provides important checks in the system and the ability to provide a multi-agencies response to the child if this is well coordinated. There is, however, a potential for gaps in processes and follow up actions by particular agencies to be lost or not communicated.

An awareness of the complexity of the system and the need for responses that are sensitive to the particular incident has lead ACWA to invite the oversight bodies to present the system trends they have observed with the sector through a statewide forum as a follow on from the Managing Critical Incidents Forum held in April 2015 by FACS along with government and non-government partners, including ACWA.

One area for improvement in NSW is to clarify the roles and responsibilities for NGO OOHC providers and FACS. This is particularly pertinent when a reportable conduct matter meets the statutory ROSH reporting threshold. Improved information sharing and communication across agencies at the time of a critical incident is also a development area.

### **7.3 Child Safe Organisations**

In addition to statutory reporting obligations, best practice determines that agencies must have a focus on continuous improvement. Internal quality controls are critical for agencies to meet their external requirements and also set up necessary preventative measures.

The Royal Commission has drawn out the importance of not only having the right mechanisms in place but also the cultures in the workplace and in the sector. The focus on child safe organisations encourages agencies to assess environmental risks and employ a range of responses to manage these, in addition to their reporting requirements.

ACWA supports commitment to child safe OOHC agencies as well as ensuring child safe principles and practices are also embedded into related service providers and government agencies. As noted previously, the nature of OOHC is high risk in regard to child safety and requires comprehensive strategies and cooperative, integrated working relationships with other agencies to create the best possible conditions to ensure children are safely cared for. OOHC agencies cannot do this in isolation or without the necessary resources and supports.

It is ACWA's view that a combination of regulatory adherence and cultural change in the sector is needed for the optimal realization of child safe OOHC agencies.

ACWA's views in regard to cultural change have been stated in Section 2 which aims to capture the ethical and relational aspects of child safe organisations that are extremely difficult to develop compliance measures around. ACWA acknowledges the National Standards as a good basis for a national approach to child safe organisations but are not surprised by the Commission finding they have not proved adequate for the protection of children.

Given that compliance mechanisms and accountability measures overwhelmingly fall within the powers of state and territory jurisdictions ACWA feels that the most efficient and effective way to ensure compliance is through each jurisdiction ensuring they require adherence to meet the National Standards at as a minimum requirement.

The NSW Office of the Children's Guardian (OCG) introduced new merged Child Safe Standards (NSW Standards) last November which include consideration of adoption and guardianship as well as foster, kinship and relative care and residential care. ACWA is pleased to note that the first of these standards is based on Child Rights and believes this is a crucial underpinning and needs to be explicit in any standards relating to child safe organisations. This focus is missing in the National Standards.

The NSW Standards offer a strong and comprehensive framework for child safe organisations. Meeting the compliance measures in the NSW Standards is an essential component of the OCG's accreditation process for OOHC agencies in NSW. The OCG has also worked with ACWA and our members to provide capacity building and resources to support the implementation of the NSW Standards.

In addition the OCG has used its accreditation processes to identify and raise concerns regarding systemic and other external barriers for agencies in meeting the NSW Standards. The independence of the OCG and its status as a statutory body enables the provision of uncompromised advice, especially to other government agencies in regard to systemic issues as well as to OOHC agencies.

ACWA also plays a key role in identifying and addressing barriers to compliance such as delays in information sharing regarding placements by FACS and funding to resource additional supports needed for children and young people in care. To enable ACWA members to fully realise all measures of the NSW Standards requires functioning systems that are at times beyond our members' influence and control. It is essential that these issues and barriers can be captured in a systemic way and that resources are dedicated to addressing them.

It is hoped that the new high-level interagency Safety and Permanency Advisory Group convened by FACS will provide a proactive and responsive central decision making body that can facilitate this work. The Second Action Plan of the National Framework provided funding for the 'Child Aware Approaches' initiative as an early intervention and prevention program utilising a public health model.

## APPENDICES

### APPENDIX 1 Additionally vulnerable OOHC cohorts

#### **Aboriginal and Torres Strait Islander children and young people**

With respect Aboriginal and Torres Strait Islander peoples will be referred to as Aboriginal peoples in this submission in recognition of the fact that they comprise the overwhelming majority and are traditional peoples of NSW. ACWA recognises that the Aboriginal peak body in the sector, the Aboriginal Child, Family and Community Care State Secretariat (NSW), or AbSec, is best placed to respond to the concerns raised in the Consultation Paper in regard to Aboriginal children and young people.

ACWA and the majority, if not all, of its member agencies respect the principles of self determination and recognise that Absec and its member agencies (some of whom are also ACWA members) should be empowered to lead initiatives for their communities. This does not indicate however, any abdication of the responsibility of non-Indigenous organisations to better manage and contribute to assisting to address the overwhelming issues faced by Aboriginal communities, families and their children and young people.

Approximately 31% of Australia's Aboriginal population live in NSW. This percentage represents the largest population of Aboriginal peoples in Australia, if not per head of population. Like other states and territories Aboriginal children and young people are significantly overrepresented in OOHC, alongside many other adverse indicators including health, education and the justice system. In addition, the number of Aboriginal children and young people in care is increasing rather than stabilising as is the overall OOHC population in NSW. This is especially pertinent given that many Aboriginal children and young people in OOHC in NSW are assigned to non-Indigenous agencies often due to capacity issues faced by Aboriginal NGOs. A number of initiatives have been trialled over the last few years in an attempt to address these capacity issues.

As part of the transition of OOHC case management to NGO's in NSW, targeted efforts have been made to build the capacity of Aboriginal organisations to accept transition referrals. Non-Indigenous NGOs have been encouraged to form partnerships with potential Aboriginal OOHC NGO providers to assist them in building their OOHC capacity. These arrangements were encouraged to include sunset clauses that required non-Indigenous agencies to withdraw from any governance role once the Aboriginal NGO was properly established.

Anecdotally this strategy has met with varying success with indications that starting an Aboriginal OOHC agency from scratch has been an extremely ambitious enterprise. Established services offering other programs are reportedly more successful in building the capacity to incorporate OOHC services.

With the focus of the Safe Home for Life reforms on restoring children and young people to their families, as well as the Aboriginal Placement Principle, Aboriginal NGO's are better positioned to do this work when able to offer services across a continuum of support for vulnerable children and their families.

Programs such as the Intensive Family Based Support (IFBS) introduced under Keep Them Safe<sup>31</sup> can provide for some of these needs but at present there is not geographical coverage of Aboriginal OOHC agencies across NSW so the capacity to offer specialised support programs like this is not consistent.

The adversities facing Aboriginal families are well documented, if still not deeply, or even widely, understood by the broader community. It is worth noting however that racism, including ongoing institutional and systemic racism, has a particularly negative impact in the OOHC sector.

It is also crucial to note that some Aboriginal families are now revealing that they have endured multiple generations of removal from family. ACWA has been told that in some instances there have been up to 6 or 7 generations of consecutive removal from family in NSW.

The intergenerational impacts of this alone are unparalleled in the OOHC sector as are many of the issues faced by Aboriginal communities. ACWA is aware that it is therefore incumbent on the NGO sector, along with all relevant institutions to ensure that all future work is competently responsive the needs of Aboriginal children and young people and their families.

Commitment to addressing these issues must be embedded across OOHC sector policy and practice, and consideration of this should be included in any relevant recommendations made by the Commission. This should include understanding of, and responses to, differing local circumstances and needs of diverse Aboriginal communities in NSW.

### **Children and young people from culturally and linguistically diverse (CALD) families**

ACWA concurs with the comments made in the consultation paper that too little is known about the number and circumstances of children and young people from CALD backgrounds in OOHC. ACWA supports better data collection and research efforts to address this. ACWA members include several multicultural agencies with specialised expertise in working with children and young people from CALD families.

ACWA acknowledges that these agencies are better placed to provide detailed information and feedback to the Commission in regard to working with these children, families and communities.

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<sup>31</sup> <http://www.absec.org.au/services/oohc-early-intervention/intensive-family-based-services-ifbs.html>

ACWA has been told that there is wide variance regarding different CALD communities' engagement with the OOHC sector, including the recruitment of foster carers. Newly arrived cultural groups, including refugees, and those with culturally specific views on family issues can reportedly face significant barriers to interacting with child protection authorities, the justice system and accessing appropriate support services. In addition, some CALD communities and their children and young people have experienced severe and extended trauma and require comprehensive support services to address this, as well as the range of issues faced by all vulnerable families.

In our consultation with member agencies ACWA was informed that children and young people from CALD backgrounds had particular difficulties accessing information about safe and protective behaviours, normally provided through the education system, due to regular or prolonged absences from school.

ACWA recognises the need for well-resourced specialist services for CALD communities, especially in regard to highly sensitive issues such as CSA and the need to extend the reach of preventative education beyond normal delivery methods. ACWA commends the work of our specialist CALD agencies and recommends that any strategies to address CSA be sufficiently flexible to enable these agencies to adapt them to suit culturally diverse needs. We also note that this has implications for recruitment of bi-cultural staff, community engagement in the recruitment of carers from different cultures.

### **Children and young people with disabilities**

As noted by the Commission there is a concerning lack of data regarding children and young people with disabilities in OOHC. ACWA members have indicated that the numbers are quite high across the sector in NSW but do not have the coordinated resources to quantify this nor the range of disabilities. This limits the sector's ability to plan and respond to their needs effectively.

In our consultations with our members we have been told that some of the oversight regulations, such as Working with Children Checks have worked disadvantageously for children and young people with disabilities. In particular challenging behaviours such as destruction of property can result in police responses that later disqualify a young person in care from remaining with their foster family.

ACWA is particularly aware of the issues for those with cognitive impairment as a result of our involvement in the Disability Justice Project. This project aims to build the capacity of disability service providers to support people with cognitive disabilities at risk of, or in contact with the justice system whether as victims, witnesses or alleged offenders. The need for this project is an indicator that even within disability services there is need to build capacity to provide specialised services for those with cognitive disabilities.

ACWA acknowledges that one of our partners in the Disability Justice Project, the Intellectual Disability Rights Service (IDRS), is far better positioned to provide detailed feedback regarding the risk of CSA for those with cognitive impairment although this is likely to be more broad than focussing solely on children and young people in care.

ACWA also notes with interest the Northern Sydney Sexual Assault Service's submission regarding expanding the 'Working with Children Check' to 'Working with Vulnerable Persons Check'<sup>32</sup> For children and young people with disabilities in care the care experience often extends into their adult life. In this sense the term 'After Care', or the preferred term for ACWA members; 'Transition to Independence', is not applicable in the same way and their vulnerability to sexual assault continues.

The National Disability insurance Scheme (NDIS) presents opportunity and risk for children and young people with disabilities in care. It is likely that there will be an expansion of privately operated services, both not-for-profit agencies and commercial enterprises. In this environment children and young people with disabilities in care could be highly vulnerable and will need all NDIS service providers to adhere to child safe principles and have sufficient oversight and ongoing monitoring to ensure safety for children and young people with disabilities using these services.

Transport Services for vulnerable children and young people, whether to school, activities or to birth family contact presents an area of vulnerability. A number of cases have been reported where a transport worker has abused a child with a disability, and consideration needs to be given to ensuring safety in this area.

### **Children and young people in residential care**

NSW has a relatively low residential care population group (2.8% of total NSW OOHC population<sup>33</sup>) compared to other jurisdictions in Australia. Despite this it seems unlikely that this form of care will diminish completely in NSW as other jurisdictions have indicated would be preferred. Current thinking in NSW is generally supportive of providing flexible options for children and young people in care including residential care.

ACWA also recognises that often residential care is used a last resort form of OOHC and therefore often accommodates young people, and occasionally children, with very complex needs and vulnerabilities. This grouping of mainly young people with highly complex needs and often challenging behaviours requires highly skilled and experienced staff. Our member agencies providing residential care report difficulties in recruiting appropriate staff and staff turnover is also an issue. Training challenges for residential care staff have been outlined in Section 6 on Training.

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<sup>32</sup> <https://www.childabuseroyalcommission.gov.au/getattachment/67f6ff39-9fea-4f49-bc37-d15b00d0f2a8/16-Northern-Sydney-Sexual-Assault-Service>

<sup>33</sup> Australian Institute of Health and Welfare 2016. Child protection Australia 2014–15. Child welfare series no. 63. Cat. no. CWS 57. Canberra: AIHW.

Difficulties occur when a child or young person with lesser behavioural issues are placed with children or young people with significant behavioural issues due to a lack of safe alternative placements.

There is a risk of vicarious traumatization for children and young people exposed to these behaviours, a difficulty for some children and young people in feeling safe in an environment with changing staff, residents and dynamics, and learning of more extreme behaviours.

Additionally there are restrictions on staff being able to contain children and young people who are being destructive, self harming or out-of-control, which, whilst being in some ways a protection for children and young people, may also make safety a challenge.

In Juvenile Justice there is a provision for children and young people who are out-of-control to be safely restrained or placed in their room or a holding room until they are calm and can be safely brought out of that space. This is with measures in place to ensure that the provision cannot lead to abuse.

Staff in residential care and carers are able to use certain restrictive practices, including psychotropic medication, however may hesitate to do this, because of the procedures that need to be followed. Difficulties also frequently occur with education, especially where there is a need to change schools due to geographical distance or due to potential adverse consequences for the child of remaining at their previous school.

Frequently it takes significant time to transfer enrolment from one school setting to another. Young people in high school frequently face challenges in changing schools and needing to interact with a new peer group who may not be accepting of new students. Some schools are reluctant to accept students who are in residential care as they are seen as a potential problem, therefore it might not be possible to match the student with the best school, instead needing to enrol in the local school which may not be welcoming or accepting of the additional load.

This then leads to educational disruption and additional vulnerability as students fall behind in work and then may have little meaningful activity with which to fill the school hours. This may then lead to a reliance on mobile and internet interaction with peers and additional vulnerability.

Feedback from member agencies suggest that there is some work on developing residential care models for younger children who may have such complex and challenging needs that they are extremely difficult to place in foster care arrangements. This topic is addressed in the section on training in the main body of the submission.

FACS in NSW is currently looking at funding options for residential care ahead of recontracting for these services expected to take place later this year. ACWA has been involved in consultations regarding the recontracting process and understands there will be an 'outcomes' focus embedded in funding arrangements.

ACWA is currently working on a research project regarding therapeutic care that includes consideration of therapeutic care in residential care settings that will be discussed further in this submission. There is also consideration of training for residential care workers in the training section of this submission.

### **LGBTIQ children and young people**

We are aware that there are numerous impacts for children and young people with differing gender identities that are sometimes apparent from birth, especially if there are physiological differences. Regardless of how and when differing gender identities emerge for a child or young person ACWA is concerned about the impacts this may have on them in regard to being marginalised and the way this may heighten their vulnerability to CSA.

The following observations from the American Academy of Paediatrics provide a sense of the concerns for this cohort of young people:

*"Typically, a young person's sexual orientation emerges before or early in adolescence. Although most lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are quite resilient and emerge from adolescence as healthy adults, the effects of homophobia and heterosexism can contribute to health disparities in mental health with higher rates of depression and suicidal ideation, higher rates of substance abuse, and more sexually transmitted and HIV infections. Challenges faced by such youth and the potential of family and societal disapproval increase the risk that transgender adolescents will experience mental health issues, substance abuse, and sexual risk-taking behaviours"<sup>34</sup>.*

We also note the high representation of LGBTIQ young people in homelessness in Australia<sup>35</sup>. ACWA is concerned about the increased vulnerability for this group of young people to CSA and notes there is very little information in regard to this. There is little acknowledgement of the issues faced by LGBTIQ youth in OOHC or that this could be an added area of vulnerability requiring specific and sensitive responses.

ACWA is aware that a small number of agencies do not accept same sex foster carers and are concerned about the corresponding impacts this lack of acceptance may have on LGBTIQ youth in their care and their ability to have difficult conversations or make disclosures.

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<sup>34</sup> <http://pediatrics.aappublications.org/content/pediatrics/132/1/198.full.pdf>

<sup>35</sup> <http://www.abc.net.au/news/2016-03-31/push-to-support-growing-number-of-lgbti-homeless-youth/7286354>

## APPENDIX 2 Fostering NSW Campaign

The main Campaign elements include:

- Public Relations
- Social Media
  - Fostering NSW Facebook <https://www.facebook.com/ACWAFosteringNSW>
  - YouTube <http://www.youtube.com/user/FosteringNSW>
  - Twitter [@FosteringNSW](#) or [#openyourheart](#)
- An interactive Foster Forum
- Advertising (digital and limited printed)
- Fostering NSW website <http://www.fosteringnsw.com.au> and 1800 number
- Supporting agency and regional activities

### Publicity Material and Resources

Publicity material and resources can be downloaded directly by agencies from ACWA's Fostering NSW Campaign microsite. ACWA has produced a Foster Care Recruitment Manual, including template letters and press releases, and has also developed a number of digital assets for agency websites. These are available on the microsite, along with the Trend Paper, links to various media stories, the disability vignettes, and Step by Step videos: <http://www.acwa.asn.au/FCRC/index.php>

### Working Together

Below are just a few suggestions for agencies to make the most of Fostering NSW:

- **Share** your media stories or events with Fostering NSW to promote via our social media channels, as well as with other agencies
- **Promote** Fostering NSW through your carers and staff as well as your inter-agency networks
- **Help us promote** foster carer case studies and the work of your agency - we love to showcase the great work that carers do but need recommendations on who is suitable. Call or email the Fostering NSW team to discuss.
- **Follow us** – like the Fostering NSW Facebook page, and follow us on Twitter [@FosteringNSW](#).
- **Plan locally** – continue to develop local strategies with other agencies in your area about how you can reach the carers you need
- **Check** the Fostering NSW website and make sure *your agency details are up to date*
- **Respond promptly** to carer enquiries that are forwarded to you from Fostering NSW and let us know the outcome.

## APPENDIX 3: Partners in Care - Carers and Case Workers Stronger Together; Working with Adolescents

Pitch: [Introductory](#)

Who should attend?

Foster carers and caseworkers working with adolescents in the 12-18 year age group

Description

The challenges of working with adolescents in Out of Home care are complex; caseworkers and carers alike may be unprepared for the demands and changing needs of 12 – 18 years olds and this can lead to relationship breakdowns between carers, caseworkers and the children and young people they care for.

In these critical years, young people face fear and uncertainty as they transition to adulthood, independence and ultimately leaving care. They are confronted with a changing identity and perhaps mixed feelings about being in care and contact with biological family. There may be confusion about what their future holds whilst the caseworker and carer debate decisions on behalf of 'what's in the best interests of the child'.

'Partners in Care' takes a collaborative peer approach where case workers and carers share power and knowledge, pool their skills and redefine roles to negotiate a consistent approach in working with adolescents. Together you will develop a common shared language and discover a new way of connecting.

At this two day workshop you can expect to:

- Explore the strengths and limitations of the caseworker and carer roles
- Negotiate shared understandings and agreements to achieve consistency of approach
- Learn about and apply tools and techniques to support opening up conversations with adolescents
- Learn new skills and utilise tools that will equip you to help young people find their own voice and articulate meaningful goals
- Assess where young people are at with their thinking and their goals
- Be able to use the SMART goal framework (it is harder than it seems)
- Engage and assess a young person's motivation
- Take away practical tools and resources to strengthen and enhance your practice

Cost to Members: \$430

Cost to Case Workers accompanied by a Carer : \$390

If you would like us to run this training again please send us an [expression of interest](#).

To enquire about this workshop being delivered in-house for your staff [submit an enquiry](#).

## APPENDIX 4 – Prevention Education: LOVE BITES

The LOVE BITES Program is delivered in high schools across NSW promotes an integrated partnership approach to prevention and generates local ownership of the program. Local service providers facilitate the LOVE BITES program. Professionals such as sexual assault workers, domestic violence workers, youth workers and police can facilitate the program.

LOVE BITES is a community led, pro active education workshop promoting gender equality, respectful relationships, consent, healthy relationships, information about sexual assault, family and domestic violence.

LOVE BITES is delivered to young people from 14-16yr olds and incorporates a student led community led campaign to tackle what they have learnt around Family and domestic violence, sexual assault and then create community campaigns to promote the key messages and learning. This approach has a ripple on effect from students to families and into communities to educate everyone about preventing and recognising abuse and violence in the community.

LOVE BITES is:

- a program that promotes a clear, consistent community approach to the issues of Domestic and Family Violence and Sexual Assault from workers and teachers in local communities.
- run by male and female facilitators working together.
- a program that where appropriate does not segregate male and female students. All sessions aim to be conducted with an equal number of male and female students.
- designed to actively involve young people, including youth-led small group activities; peer-to-peer learning, and art, music and drama workshops.
- creating local community campaigns developed and led by young people to prevent Violence against Women.
- generating local ownership of the program as communities adapt the model to fit with their communities. The program uses local scenarios and local service providers to discuss the issues from the local perspective.
- promoting an integrated partnership approach to prevention for services working in the areas of Domestic and Family Violence; Sexual Assault, Youth and Child Protection; bringing together the Police, Women's Refuges, Sexual Assault Services, Child Protection Services, Youth Services, Family Support Services and Aboriginal Services.
- Unleashing the potential to improve working relationships between service providers through the co-facilitation of this positive prevention program.

The aims of the program are:

- To provide a safe environment in which young people can talk about Domestic and Family Violence and Sexual Assault.
- To promote and model respectful relationships for young people.
- To raise awareness about Domestic and Family Violence and Sexual Assault – its prevalence and forms.
- To bring about attitudinal change in relation to Domestic and Family Violence and Sexual Assault.
- To engage young people, male and female, on the issues of Domestic and Family Violence and Sexual Assault in a non-sex-segregated environment with male and female facilitators.
- To challenge gender stereotypes, attitudes, values and social institutions that perpetuate male violence against women.
- To deconstruct the myths that exist in local communities and society generally on domestic and family violence and sexual assault.
- To encourage and educate young people to support their friends.
- To educate young people through a creative and relevant process that builds on their existing knowledge base.
- To introduce young people to local service providers in an informal environment.
- To develop youth-led community campaigns on the issues of Domestic and Family Violence and Sexual Assault.

Some of the outcomes witnessed in facilitating a series of LOVE BITES workshops in high schools in NSW were that the young people who participated:

- Spoke to counsellors during and after the workshops to report incidences where they or someone they knew had or was experiencing sexual assault/abuse and or Family and domestic violence
- Self reported increased confidence in understanding the signs and impacts of sexual assault and family and domestic violence.
- Educated their peers and family members about what they had learnt promoting the material and the messages across their networks
- developed a language in describing and articulating components of healthy relationships, consent, family and domestic violence and sexual assault
- Produced community campaigns through a variety of creative mediums such as radio ads, posters and drama performances that were promoted and published into the community for the white Ribbon campaign
- Developed relationships with facilitators and services such as the NSW Police, Counselling services, youth work agencies, Aboriginal Medical Services, women's and men's refuges, family support services, child protection services and sexual assault services etc.
- Developed strategies for how to respond to incidents of family and domestic violence and sexual assault.

## APPENDIX 5 Relevant Training Options

Course offered by CCWT that are relevant to the training needs raised in the Consultation paper, in addition to *Step by Step* and related assessment training mentioned previously, include:

### Child Protection

- **Identify and Respond to Children and Young People at Risk**  
This introductory course was introduced to CCWT's training calendar in 2006 for mandatory reporters and their managers. Total number of delivered Calendar courses is and we had 431 attendees. In the last five years (2010 - 2015), 19 workshops have been delivered to 227 participants. There have been a total of 39 workshops delivered since 2006 to 431 participants.
- **Staying Current in Child Protection**  
This new intermediate course is scheduled to run from September 2016 for staff who have previously completed Identify and Respond training (above) and those who are new to NSW child protection legislation.
- **Safety Centred Practice in Child Protection – An Introduction**  
This new introductory course is scheduled to run from November 2016 for case managers and support workers with child protection service delivery responsibilities.
- **Child Sexual Assault – Helping Non-Offending Parents Support their Child**  
This intermediate course was added to was introduced to CCWT's training calendar in 2014 and currently experiences a low number of registrations.
- **Further Work in Child Protection**  
This intermediate course was introduced to CCWT's training calendar in 2015 for workers who have completed core training in child protection. It has run once with 9 participants and is scheduled to run again in 2016.
- **Protective Behaviours**  
This intermediate course has been delivered in various forms since 2006 to a total of 40 participants.

### Other courses include:

- Working with Child Abuse and Neglect
- Parental Health and Child Wellbeing
- Responding to Child Protection Allegations Against Employees
- Being Here: Mindful Approaches in the Work with Children and Young People who have been Abused
- Child Sexual Assault – Helping Non-Offending Parents to Support their Child
- Interviewing Children in the Context of Allegations of Reportable Conduct or Professional Misconduct against Employees
- Child Protection Frameworks (Distance Learning)

- Child Protection Theory and Reflection (Distance Learning)
- Out-of-Home Care Fundamentals
- Casework and Case Management in OOHC
- Herding Cats: A Users Guide to Collaborative Practice in Out-of-Home Care
- Facilitating Conversations with Purpose in OOHC
- Working with Young people in Residential Care, Foster Care and other care settings
- Skills and Strategies for Residential Workers
- Developing Life Skills in Young People
- The Neurobiology of Childhood Trauma
- Trauma, Attachment and Resilience in Out-of-Home Care Case Management and Service Delivery
- Working with Young People Who Have Experienced Trauma
- Trauma Informed Behaviour Support for Kids
- Therapeutic Parenting: Developing Safe and Nurturing Carer-Child Relationships
- Working with Birth Parents and Families
- Beyond Developmental Trauma – What We Know about Changing Brains, and Changing Outcomes for Children and Young Adults
- ‘The Gordian Knot’: Unraveling Complex Trauma and Mental Health in Out-of-Home Care
- Working with Children under 12 with Sexual Behaviour Problems
- Adolescent Risk Taking
- Self-Harm and Suicidal Behaviours: Responding to Young People

#### Working with Carers and Families:

- Growing Carer Capacity and Building on Strengths
- Partners in Care – Carers and Caseworkers Stronger Together; Working with Adolescents
- Family Group Conferencing
- Relative Care
- Safety Planning with Parents of Children at Risk
- Working with Parents with an Intellectual or Learning Disability
- Relative Care

Course outlines for each of these courses can be found on the CCWT website: <http://www.acwa.asn.au/ccwt/home>

ACWA also offers a broad range of interrelated course topics such as those focused on Management, Leadership and Governance; Disability, Drug and Alcohol, Mental Health, Family Violence, Counselling and Therapy, Worker Wellbeing and Youth Work. CCWT is also able to develop specific training including ‘in house’ training and distance learning on some topics. Please note all statistics provided above are for Calendar courses only.