



The Salvation Army

Australia

The Salvation Army Australia

Submission made on behalf of The Salvation Army Southern Territory

Response to the

Royal Commission into
Institutional Responses to Child Sexual Abuse
Consultation Paper on
Out-of-Home Care

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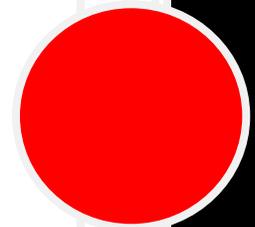
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Addressing the Terms of Reference

The Salvation Army Australia Southern Territory welcomes the opportunity to comment on the consultation paper that addresses child sexual abuse and exploitation in Out-Of-Home Care (OOHC) settings and to offer its perspective and recommendations regarding improved prevention, reporting and responses to better support vulnerable children and young people who require OOHC.

In response to the terms of reference, The Salvation Army will provide comment relating to sections:

- A. *Child sexual exploitation and abuse*
- B. *Data collection/limitations*
- C. *Regulation and oversight*
- D. *Information sharing*
- E. *Child Safe Organisations*
- F. *Prevention of child sexual abuse in OOHC*
- G. *Supportive and quality care environment*

This submission is informed by The Salvation Army's collective experience, knowledge and expertise about the causes, impacts and experiences of children and young people in OOHC.

About The Salvation Army

The Salvation Army is an international movement, recognised as part of the Christian Church, and one of the world's largest Christian social welfare organisations. Operating in Australia since 1880, The Salvation Army is one of Australia's largest providers of social services and programs for the most marginalised and socially excluded individuals in our community.

The Salvation Army has a national annual operating budget in excess of \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Key services include:

- Material aid and emergency relief
- Financial counselling and assistance
- Accommodation and homelessness services
- Family and domestic violence support services
- Drug and alcohol support and treatment services
- Out-of-home care
- Child, youth and family services
- Emergency disaster responses
- Education, training and employment support services
- Personal counselling and support
- Migrant and refugee services, and
- Aged care services.

The Salvation Army is a significant provider of OOHC services, both home based and residential care services for children and young people in need. It expends more than \$36 million annually and operates 45 OOHC services and activities nationally.

The Salvation Army's OOHC services recognise that the children and young people engaged with its services have experienced significant levels of trauma, neglect and abuse, and that these experiences significantly impact on their social, intellectual and psychological development and wellbeing. As a result, The Salvation Army provides a continuum of care and therapeutic services for children and young people in care arrangements and those on protection orders. These include kith

and kinship care, foster care, and adolescent home based and residential care options, and transitional services (Lead Tenant). Placement based services are complemented by a range of intensive and innovative support programs such as intensive case management, leaving care and post-care case management services. In addition, alternative education support and recreational programs are provided for young people who are excluded from the mainstream education system.

The Salvation Army makes the following comments in relation to the Terms of Reference provided for this consultation paper.

Child sexual exploitation and abuse

Young people in OOHC have a pattern of disrupted attachments and are disconnected from familial relationships. The vast majority of young people in residential care have a range of concerning and high risk-taking behaviours that increase their exposure to sexual exploitation. Unfortunately, The Salvation Army's experience confirms that there are many people in the community who are likely to target and take advantage of these vulnerabilities for their own sexual gratification.

Protocols

As part of funding and contractual obligations, auditing and accreditation processes, and due to good practice, there are established protocols and systems in place for service providers to minimise the risk of child sexual exploitation and abuse. Salvation Army OOHC services adhere to Critical Incident Reporting Guidelines and use this to collect and analyse the data generated by Incident Reports to identify themes, service gaps and opportunities to improve practice. This is also an opportunity to examine the context behind incidents, explore interventions and formulate recommendations to mitigate risks. Information is collated periodically to ensure that data is reviewed in its entirety and appropriate planning is in place for the most vulnerable and at risk children and young people.

Nonetheless, despite these systems in place and pathways to report incidents to Police and Child Protection Agencies, responses to these reports are not always consistent. There have been examples where young people have received poor responses from statutory services and law enforcement, particularly on disclosure of sexual abuse or exploitation. This may be linked to perceptions of young people in residential care or to the wider service system's capacity to respond. The development of a standardised and consistent response to disclosures of sexual abuse and/or exploitation would improve outcomes for all children, young people, and for service providers.

Technology and social media

Advances in technology, improved online access and social media have created a hazardous and perilous technological platform for many children and young people, especially for those in care. Social media has become a fast growing area of concern for service providers, as it is frequently used as a tool or mechanism by sex offenders and predators to groom, lure and exploit vulnerable and at risk children and young people. Over the last few years, The Salvation Army has observed a change in patterns in the ways young people are exposed to the risk of exploitation. Several years ago, sexual exploitation was observed through young people engaging in street-work, working in brothels, and through general social media and dating sites, most notably "Facebook". More recently, the target group for sexual exploitation is a younger cohort and are typically recruited by boyfriends, by other clients (for money) and through free chat sites (not Facebook).

Education and awareness campaigns are also important for young people in OOHC. Young people need access to information and educational materials to better inform them about their safety and the risks regarding the dangers they may face via online activities. A number of young people in

OOHC are not in mainstream school or education settings. Alternative learning platforms are crucial in providing young people with alternative education and awareness programs, particularly for vulnerable cohorts.

Policy development has not matched the advances and progress in mobile and online technology. The expansion and implementation of consistent social media and online policies, to protect vulnerable young people, is an essential area of further policy development.

Innovative responses

As a response to these concerns, The Salvation Army's Westcare network has developed a Persons of Interest Database, and established protocols with local Sexual Offences and Child Investigations Teams (SOCIT), Child Protection and other OOHC services. These measures provide an interagency perspective and local response to protect children and young people in OOHC. The database has proved a valuable tool to record, track and alert service providers concerning potential and known sexual offenders and risk related behaviours. It automatically raises alerts to the administrator; information is then forwarded to Child Protection and the Office of Professional Practice (OPP) for collation, review and action. Further development of reciprocal information sharing strategies would be welcomed by OOHC providers. Nonetheless, strong relationships with Sexual Offences Teams and Child Protection currently prove invaluable as a prevention system and a warning mechanism to those attempting to exploit children and young people in care.

In Victoria last year, a Sexual Health advisory group was formed and led by the Department of Health and Human Services (DHHS) to promote interdepartmental and interagency collaboration to keep children and young people safe from sexual exploitation. This resulted in the development of the *Keeping Children Safe from Sexual Exploitation Strategy* and is an example of a coordinated response to address policy and practice gaps in protecting at risk children and young people. This strategy could be replicated across multiple sectors, with consistent principles and a common framework to assist service providers, staff and carers/volunteers with practical responses to protect children and young people from the risk of sexual exploitation. The Salvation Army supports more coordinated, integrated and multi-sector approaches to improve the identification and responses to abuse and exploitation in OOHC.

Placement shortages

Targeted training and education is critical to support awareness raising and ongoing skill development for service providers, staff and carers in order to be highly skilled and deliver optimal and quality care to children and young people in OOHC.

The current shortage of placements in foster and residential care, and limited therapeutic responses for children with sexually harmful behaviours, places children at further risk. The Salvation Army strongly advocates for increased financial investment to adequately support kith and kin and home-based care options for children. Home-based care is considered a preferred model of care, as it provides a family type setting and is cost effective, although it receives the least funding to operate. This is an opportunity to build the capacity of carers through training, and establish information sharing arrangements and nationally consistent and adequate reimbursement rates.

Therapeutic approach

Other OOHC models, delivered through therapeutic foster and residential settings are crucial to provide access and specialist skills to effectively support children and young people with complex trauma presentations. Therapeutic placements deliver:

- Increased stability and fewer unplanned exits compared to standard foster care

- Significant developmental gains – reversal of developmental delay and improvement in emotional; maturity, participation rates, cultural identity and family relationships
- Continuity of care
- Successful reunification, and
- Improved carer satisfaction and retention.¹

However, not all services operate the same way; nor do all staff have the same skill set and capacity to deliver specialist services. This creates a lack of treatment options for children and young people who display sexually harmful behaviours. Geographic location and access to specialist services may impact on the capacity to provide services required by a child, young person or carer. The Salvation Army strongly supports the development of a national set of overarching principles to guide and inform a consistent therapeutic approach to address violent and sexually harmful behaviour within a therapeutic context.

Data collection/limitations

The Salvation Army supports a consistent national approach to data collection to better understand and track sexual abuse and exploitation of children and young people in OOHC. In particular, the use of a standardised data set with key parameters to capture information, provide for consistent counting rules, and use agreed and consistent definitional terms across multiple sectors and jurisdictions.

Without consistent data recording and collection processes, information is not accessible. It is difficult to accurately track, monitor and understand the extent and circumstances of sexual abuse in OOHC and to review and improve the systems to prevent and respond to children and young people.

The Salvation Army supports the proposed data model outlined in the consultation paper. Other points to consider may include recording:

- The location of the perpetrator/s and their accessibility and contact with the victim
- The response, follow up action, review details and outcome for the child or young person
- Any accountability measures for perpetrator, and
- Outcomes for children and young people.

Regulation and oversight

The Salvation Army supports improved consistency, regulation and oversight to prevent and enhance responses to sexual abuse in OOHC. This is particularly relevant on a national platform to support a more standardised process to regulation and oversight. However, The Salvation Army acknowledges the complexities this poses across multiple jurisdictions, with different legislative, regulatory and compliance requirements.

The Salvation Army supports the same accreditation processes or standards that apply to both government and non-government OOHC providers. It seems impractical, inefficient and financially imprudent to undertake multiple accreditation processes. The Salvation Army supports a single rigorous, streamlined and nationally consistent process.

This approach may also inform the development of consistent and minimum standards in therapeutic treatment and mechanisms for carer assessments and authorisation. Carer assessments and the process of reassessment provide a protection mechanism and tool to ensure the safety of

¹ Centre for Excellence in Child and Family Welfare (2014). Election Statements. Melbourne: CECFW.

children and young people in care. Consequently, it is essential that a nationally uniform process, with a focus on quality, consistency and safety that is not dependent on geography, be developed. Similarly to Working with Children (WWC) Check or police checks, updated carers assessments should be common practice and undertaken annually at a minimum. The Salvation Army's OOHC services undertake reviews and carer assessments for quality assurance and improvement purposes. Part of this review process actively seeks feedback from children and young people about their care arrangements and needs. This is an opportunity for young people to have an active voice and be empowered to contribute to and inform decisions about the quality of their care.

The Salvation Army fully supports an external independent body to oversee the central handling and management of complaints of sexual abuse against children and young people in care. This would provide a central and consistent mechanism to record, track and respond to complaints. There would also be an opportunity to capture data and share learnings with the wider sector to make service and system improvements on a state-wide or national level.

Information sharing

There are a number of barriers that impinge on collaborative and effective information sharing arrangements. These may be related to legislative constraints, policy or practice or arise from confusion about abilities and obligations to share information across service providers, and statutory/emergency services.

Increased demand, capacity and system pressures within Child Protection and placement units impacts on decision making processes and can result in a lack of information provided to OOHC services resulting in unsatisfactory placement options for children and young people. Information is not always provided in a timely fashion when screening, assessing and matching children and young people to placements. Information and detailed client histories are critical to safely assess and determine the most suitable and best matched placements. The investment of time at the pre-commencement of care helps to avoid unnecessary placement breakdown, determine the most appropriate care arrangements available for the individual, and understand potential risk factors that may impact on placement selection and decision making.

To deliver the most effective care and support for children and young people in OOHC, carers require information about the child or young person's needs, and how to effectively respond to and support them. This is especially critical when a child or young person has a history of sexual abuse or presents with sexually harmful behaviours. Given this presents a potential risk to others, appropriate information sharing with carers helps ensure the safety and wellbeing of all children in OOHC.

The Salvation Army has a number of positive examples of strong interagency relationships with clear protocols to facilitate effective information sharing. These include:

- Positive relationships built with specialist practitioners and key personnel in Child Protection, Police and other OOHC service providers
- Use of co-location or out-posted roles within Child Protection, Police, and Courts
- Access to and collaborative work with specialist support services, and
- Established networks with other OOHC and specialist providers.

The development of such information sharing protocols on a larger scale platform would need to ensure professional responsibilities and obligations are met, understood and embraced. This requires education and training for professionals as part of an awareness campaign to clarify information sharing obligations, and roles and responsibilities to enhance the exchange of information across multiple jurisdictions. This initiative would develop and promote an information-

sharing culture with up to date information sharing principles, protocols and MOUs across multiple sectors and enhance the safety, wellbeing and protection of children and young people in OOHC.

Child Safe Organisations

The Salvation Army is currently developing and implementing national organisational child safe structures, based on and in response to Victoria's Child Safe Standards. These will ensure Child Safe policies are embedded within all broader organisational processes, such as operational procedures, training and education, policy development, implementation and monitoring across all sites and programs.

As stated in its response to Issues Paper 3 – Child Safe Institutions, The Salvation Army reiterates its support for a nationally endorsed framework for child safe principles, standards and accreditation processes that are legislatively mandated and non-negotiable for any organisation working with children. Furthermore, this would align state/territory legislative approaches to operate in a consistent and standardised method to child safety in all sectors and across all jurisdictions.

The Salvation Army recognises that while most state/territory based child protection authorities have established child safe guidelines and processes, these frameworks lack the continuity, consistency and a mandate for compliance that could be achieved within a national framework.

While the preferred approach is the establishment of a set of nationally legislated standards and a national oversight body, The Salvation Army acknowledges the challenges and complexities this would present. A national framework requires states/territories to “harmonise” standards and related processes to ensure more efficient and timely compliance responses for organisations. In addition, this would ensure alignment and consistency for national organisations, promoting continuity of understanding, reporting and compliance across jurisdictions.

National framework

A national framework needs to encompass, rather than replace, the core requirements currently present in state based legislation. It should require states/territories to align their standards framework against a national framework, including the establishment of a legislative oversight body and reportable conduct scheme.

The Salvation Army considers the following issues essential to the delivery and oversight of a national framework through child safe organisations:

- OOHC services need to operate within organisations that are child safe, where child safe standards are mandated under legislation, linked to formal accreditation, with review and monitoring performed by an independent legislative body
- The application of standards should be binding to the whole structure of any organisation, including OOHC services where they exist
- All forms of OOHC should comply with all binding child safe standards. The Salvation Army recognises that kinship based care is a significant form of OOHC, and that it is currently less regulated and subject to less assessment rigour and oversight. It is essential that kinship based care be subject to these standards and oversight. Where placement in kinship based care falls outside of statutory authorities, organisations must ensure a baseline compliance with selection and screening processes to ensure minimum standards are met. Support and care, including information provision and basic training, should be available to kinship carers to ensure their capacity to provide best possible care to individual children, and

- OOHC services with children in kinship care arrangements should be supported by a regulated oversight body in terms of standardised training and support mechanisms.

Regulatory, oversight and monitoring

In terms of a regulatory, oversight, monitoring and implementation support mechanism that might be required to support the implementation of child safe standards in OOHC, The Salvation Army supports:

- The development of state/territory based oversight bodies based on and currently enacted by the NSW Ombudsman. Such a body would be responsible for oversight of relevant government and non-government agencies investigations and responses to child abuse allegations, including scrutinising the child safe systems that organisations have in place to prevent and respond to allegations of child abuse. Within a national framework, the functions and processes would be common across jurisdictions and answerable to a national body (i.e. COAG). The function of the oversight body would include:
 - Receiving and assessing notifications concerning reportable allegations or convictions against an employee/carer
 - Scrutinising agency systems for preventing reportable conduct by employees/carers, and for handling and responding to allegations of reportable conduct and convictions
 - Monitoring and having oversight of organisational investigations of reportable conduct
 - Responding to complaints about inappropriate handling of any reportable allegation or conviction against employees/carers
 - Conducting audits and education and training activities (train-the-trainer modules for organisations) and to improve organisations' understanding of, and responses to, reportable allegations, and
 - Reporting on trends and issues in connection with reportable conduct matters.

Child safe standards

The Salvation Army endorses the implementation of child safe standards into existing regulatory standards; not an additional monitoring and compliance regime. It is imperative to ensure that reporting, monitoring and review requirements between relevant child protection authorities, oversight bodies (such as the NSW Ombudsman; Victorian Commissioner for Children and Young People) and funded service providers are streamlined to reduce duplication. Further concerns for consideration include:

- Monitoring and support provided by the oversight body that is remedial in approach rather than solely regulatory
- Monitoring and review of organisations against standards should be embedded into current statutory requirements with reporting up to the oversight body. An organisation requiring remedial action would be supported by the oversight body, with the corporation and knowledge of the statutory funding body, and
- Improved information sharing protocols between organisations, child protection authorities, other relevant statutory authorities to ensure timely and accurate exchange of information to ensure safe placement of children, persons of risk etc.

Continued practice improvement in child safety among relevant organisations within the OOHC sector could be driven through:

- A national framework and legislated child safe standards that set a benchmark against which organisations must operate, but which also allows for innovation and exploration of better child safe practice methodologies and processes, and
- National promotion of organisation/OOHC services performance benchmarks against standards, including practices and approaches that represent above threshold status.

Prevention of child sexual abuse in OOHC

The Salvation Army fully endorses a national child sexual abuse prevention and education strategy for children and young people in OOHC that is embedded within the existing National Framework. This is a positive step and aims for national consistency in policy, practice, and standards to better prevent sexual abuse of children and young people in OOHC.

A multifaceted education prevention program would be a welcome strategy to cater to children and young people, carers and practitioners. This is an opportunity to promote the rights, safety and wellbeing of children and young people in OOHC. Furthermore, it builds capacity and knowledge of children and young people, carers and staff members to foster a supportive culture to more effectively respond to disclosures of abuse or exploitation.

One option to consider is the use of a delegated Child Wise contact officer situated in each OOHC provider. This would ensure a nominated person is responsible and available to receive and respond to disclosures of sexual abuse and/or exploitation of children and young while in OOHC. In addition, would enable children, young people and staff to access specialist support and ensure a quality and consistent response.

The Salvation Army endorses the ongoing development and training for all carers, residential staff and practitioners. This is an essential component to continually inform staff about how best to respond to children and young people. Designing an education and training framework will provide a consistent platform across multiple carer groups, geographical locations and jurisdictions. Key topics such as: personal safety and care, healthy and respectful relationships, sexuality education, online safety and Social media, bullying, and mental health are difficult yet crucial topics to discuss with young people. A formalised training process creates a mechanism to further develop the skills and confidence of carers and staff to have these conversations with young people.

Supportive and quality care environment

The Salvation Army strongly advocates for the development and implementation of a national therapeutic framework. Furthermore, The Salvation Army also supports the expansion of trauma informed therapeutic treatment and support services. Currently, there is significant difference in how providers operate, address capacity issues to meet increasing demand and accessibility issues for geographically isolated or children and young people in remote areas.

Trauma informed therapeutic treatment support services

The Salvation Army uses a trauma informed therapeutic and risk assessment framework and supports its utilisation across the sector. Children and young people should be able to access and receive quality service delivery in a timely manner that is not dependent on what state or regional locality they live in, or their cultural background. Expanding trauma informed therapeutic treatment support services will provide improved capacity, offer a consistent approach to all children and young people, standardise practice approaches and further develop skills of services to offer specialist treatment to children and young people who require it. Such an approach may require more flexible funding and contractual agreements to allow appropriately tailored service delivery responses.

The Salvation Army has developed a number of structures to assist in the prevention, management and response to child sexual abuse and exploitation in OOHC. For example, in 2014, Westcare introduced a High Risk Practice Panel (HRPP) which consists of all management roles to ensure consistent and quality service delivery within the agreed trauma and attachment informed practice framework. The panel also:

- Provides initial risk assessment for all children and young people deemed at risk
- Undertakes joint risk management and planning for young people in care
- Reviews cases and monitors risk when risk thresholds change
- Convenes monthly meetings with Child Protection to assess and monitor risk, collaboratively plan and problem solve within the parameters of the child protection care plan and care team plan
- Encourages rigorous, reflective and solution focused discussions and decision making processes, to identify creative risk minimisation and proactive responses, and
- Supports organisational risk management and ensure early advice is provided to the Child Protection and Salvation Army management.

These activities support a culture of open and transparent discussion, best practice approaches, and are based on the best interest outcomes for children and young people in OOHC.

Demand and capacity

At present, a number of states are transitioning from traditional residential placements to therapeutic approaches. The Salvation Army is concerned about addressing future demand pressures on OOHC and is concerned that the number of available therapeutic placements will not adequately meet the future demand to support complex and traumatised children and young people in care. The Salvation Army fully supports the expansion of therapeutic treatment models for children and young people. To ensure the ongoing success of therapeutic residential models and continue to enhance the outcomes of children and young people in out of home care, a strong government commitment to adequate funding models to match demand will be critical. Long term cost benefits of investing in therapeutic residential care models will reduce future demand on other tertiary support services, such as health, justice and homelessness sectors.²

The Salvation Army supports further investment into research and evaluation processes aimed at the development of best practice therapeutic care models.

Placement stability

Kinship care, although the preferred model of care for children and young people attracts the smallest financial investment and time allocation, jeopardising the long term sustainability and viability of placements. There is no regulation and supervision of the majority of kith and kin placements, as these tend to be informal arrangements. Additional investment at the early stages in a child's OOHC trajectory would result in overall financial benefits, avoiding more expensive residential care models and costs from specialist service provision. The Salvation Army supports opportunities to increase investment in early intervention programs to mitigate issues before children and young people enter a long term OOHC journey.

Training and development of carers

The role of carers needs to be increasingly professionalised, which will require increased subsidies, benefits or carer payments or beneficial tax arrangements to adequately resource carers and provide quality therapeutic placement options to children and young people. These issues need

² Evaluation of the therapeutic residential care pilot programs (2011). Verso Consulting. Melbourne.

careful consideration in order to create incentives to stabilise and encourage longer term commitment from carers.

To support carers, The Salvation Army's Westcare network delivers ongoing training programs and education to provide specialist assistance and improve the skills and professional capabilities of carers to manage the complexities and trauma related behaviours of the children they support. This service gap in training is an activity that The Salvation Army funds directly. This has been an effective investment of time; carers and staff have been upskilled to more effectively respond to children with trauma related and sexually harmful behaviours, and placement breakdowns have been minimised. This is in addition to formal and informal supervision processes, reflective practice and critical incident debriefing that is available for all staff.

Workforce development

The Salvation Army supports the strategy to enhance workforce planning, training and performance development for residential staff. This would further professionalise and build the capacity of the workforce to support residential staff to work more effectively with young people who display high risk and trauma related behaviours. This would also be an opportunity to establish a target to reduce the proportion of casual staff used in residential care settings. The Salvation Army maintains there should be a consistent approach to professional development, standardised skill base, core competencies and a minimum qualification standard for all residential staff.

Leaving care

Leaving care is a critical time when young people need additional support and detailed transitional plans to effectively exit care. The Salvation Army fully supports the premise that all OOHC providers should develop a leaving care plan for **all** care leavers. Exit plans should include current risk issues, relevant information, and already established linkages with relevant therapeutic and support services. This includes identifying a point of contact, if the young person requires additional assistance after they have left OOHC.

Young people who have resided in OOHC still require tailored support and assistance from specialist OOHC service providers during the phase of leaving care and their eligibility for support should not be determined on their chronological age. The Salvation Army's CrossRoads West network has had success when commencing exit planning for young people from the age of 15. This has been a positive and supportive measure to assist with transitional planning leaving OOHC, to improve planning and effective transitioning to adulthood, connection to services, and improve preparedness for young people into independent living and divert them away from other tertiary response services. The Salvation Army advocates for additional attention and emphasis to further develop a continuum of care options, step down programs, and recommends adequate financial assistance and more sustained support for young people leaving care.

The Salvation Army has observed positive outcomes for children, young people and their families using therapeutic out of home care models that support and promote long term sustained outcomes for children and young people. More gradual and flexible transition from existing care and specialist after care support are key areas to consider, in order to improve longer terms outcomes for children and young people leaving care.³ However, this also requires continued and sustained investment

³ Mendes, P., Johnson, G., and Moslehuddin, B (2011). Effectively preparing young people to transition from out-of-home care: An examination of three recent Australian studies. Family Matters, no 89. Canberra: Australian Institute of Family Studies. Accessed on 2 April 2016, at <http://www.aifs.gov.au/institute/pubs/fm2011/fm89/fm89g.html>

from government to undertake further research and development and promote a consistent, evidence based practice model for service delivery across the OOHC sector.

Conclusion

The consultation paper is a comprehensive document that outlines the challenges and complexities of the OOHC system. Furthermore, it identifies many options for service enhancement, shifts towards more nationally consistent responses in regulation and oversight, data collection and information sharing, policy, therapeutic practices and quality service delivery. It promotes the rights, safety and wellbeing of children and young people in OOHC. These improvements and enhancements are welcomed and supported by our services. It is envisaged that the final recommendations will be a blueprint for change and further reform in the OOHC system.

With such large reform processes and service enhancements, adequate financial investment is essential to equip and support the implementation of changes to the OOHC sector. These will require a significant commitment from governments to inform policy direction, standards, consistency of practice, support therapeutic practice models and ensure quality program and service delivery responses support improved outcomes for children and young people in care.

The Salvation Army remains dedicated to supporting at risk and vulnerable children and young people in out of home care services.

Recommendations

The Salvation Army makes the following recommendations to assist with future planning, regarding suggested improvements to the OOHC system, upholding the rights of children, and preventing and responding to child sexual abuse and sexual exploitation in OOHC.

1. The Salvation Army would welcome strong government commitment to utilise strategic policy directions to support a national roll out of therapeutic residential and home based care options and consistent system improvements, to achieve better outcomes for children and young people in OOHC.
2. The Salvation Army strongly advocates for the development and implementation of a national therapeutic framework. Furthermore, The Salvation Army also supports the expansion of trauma informed therapeutic treatment and support services.
3. The Salvation Army strongly supports the development of a national set of overarching principles to guide and inform a consistent therapeutic approach to respond to managing violent and sexually harmful behaviour within a therapeutic context.
4. The Salvation Army supports further investment into research and evaluation processes to support the further development of best practice therapeutic care models.
5. The Salvation Army advocates for additional attention and emphasis, to further develop continuum of care options, step down programs, adequate financial assistance and more sustained support for young people leaving care.
6. The Salvation Army supports a consistent national approach to data collection to understand and track sexual abuse and exploitation of children and young people in OOHC. Especially, in relation to the use of a standardised data set with key parameters to capture information, consistent counting rules, and use of agreed and consistent definitional terms across multiple sectors and jurisdictions.
7. The Salvation Army supports improved consistency, regulation and oversight to prevent and enhance responses to sexual abuse and exploitation in OOHC. This is particularly relevant on a national platform to support a more standardised process to regulation and oversight.
8. The Salvation Army supports improved information sharing arrangements to enable more collaborative and effective processes across service providers, and statutory/emergency services to ensure intelligence, practice wisdom and local knowledge is shared in a timely manner. This collaboration must extend to the young people in residential care themselves. This is particularly relevant in relation to information that will better inform screening, assessment and matching of placements to better support and plan and manage risk, in order to protect children and young people from further harm.
9. The Salvation Army fully endorses a national child sexual abuse prevention and education strategy for children and young people in OOHC that it is embedded in the existing National Framework.
10. The Salvation Army supports a strategy to enhance workforce planning and development for residential staff. This would further professionalise and build the capacity of the workforce to support residential staff to work more effectively with young people who display high risk and trauma related behaviours.

11. The Salvation Army supports a consistent approach and standardised practice to register carers, processes for pre and post placement training, and skill development and retention strategies to provide support to both kinship and foster carers.
12. The Salvation Army endorses ongoing training programs and education for carers and staff, to provide specialist assistance and improve the skills and professional capabilities of carers to manage with the complexities and trauma related behaviours of the children they support.
13. The Salvation Army supports further investment in prevention, early intervention and diversionary programs to reduce the number the children and young people entering out of home care.