



UNITING CHURCH IN AUSTRALIA

**Royal Commission into Institutional Responses to
Child Sexual Abuse**

**Consultation paper: Institutional Responses to Child Sexual
Abuse in Out-of-Home Care**

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Uniting Church in Australia submission

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Statement of Values

The Uniting Church believes that God has given us the gift of the Spirit to “constantly correct that which is erroneous” in our life (*Basis of Union*, para 18). Therefore we will not hide from the truth, however painful that may be, and we will seek, with compassion and humility, to address whatever issues and challenges may emerge for us. We will say “sorry” to anyone who was sexually abused when in our care and, in consultation with those so affected, actively seek ways to make amends for what happened in the past and identify how we can best offer support into the future.

Introduction

The Uniting Church in Australia (UCA) is the third largest Christian denomination in Australia and the first church to be created in and of Australia. Uniting Church congregations throughout the country strive to be caring communities to which all people can belong. There are around 2,500 congregations with 243,000 members and adherents; around 1.3 million Australians claim an association with the church. The Uniting Church is governed by a series of inter-related councils, each of which has its tasks and responsibilities in relation to both the Church and the world.

UCA submits this response to the Royal Commission into Institutional Responses to Child Sexual Abuse’s ‘Consultation Paper: Institutional Responses to Child Sexual Abuse in Out-of-Home Care’, which was released in March 2016.

The UCA provides this submission based on its wide and long experience gained through our extensive network of UnitingCare agencies providing child and family services.

UnitingCare agencies are major providers of out-of-home care (OOHC) programs across most states and territories, spanning foster care, residential care and kinship or relative care. This means that we are well-placed to observe the strengths and weaknesses of differing regulatory and funding systems for OOHC that are in place across the jurisdictions.

Note: The Consultation Paper calls for input on the key areas set out below, and on related issues outlined in the body of the Paper. This submission addresses the issues in the order presented.

Background

Submission to Royal Commission on Issues Paper 4, Preventing Sexual Abuse of Children in Out-of-Home Care

This submission builds upon and complements our submission to the Royal Commission Issues Paper 4, *Preventing Sexual Abuse of Children in Out-of-Home Care* (Issues Paper 4). In that Submission, we noted:

- The OOHC system is under stress and overstretched in all jurisdictions, and struggling with extremely tight budgetary resources
- Children and young people are presenting with high levels of need
- Regulatory systems vary across the nation
- The evidence base for best practice prevention and regulatory regimes is not strong
- The need for greater awareness of the risks of child-to-child sexual abuse and for the development of appropriate strategies to prevent and respond to this form of sexual abuse, including the need for effective supports for children with sexually harmful behaviours
- There is a need for additional funding to support children to access therapeutic interventions, including tailored sexual abuse counselling programs such as the HOPES program run by the UnitingCare Community in Queensland and the TRC model operating in Victoria.

We identified the following strategies as core to keeping children in OOHC safe from sexual abuse:

- An appropriate and proactive child safe organisational culture
- Mandatory reporting
- Rigorous staff and carer recruitment and screen processes
- Strengthening child and young people's protective factors, including educating and empowering children to know their rights and responsibilities, be aware of signs of sexual grooming and inappropriate behaviour and feel safe and encouraged to speak up about abuse or inappropriate behaviour
- Thorough risk assessment and placement processes
- Ensuring stable and safe placements
- Appropriate staff-to-young person ratios in residential care
- Cooperation between agencies
- Appropriate processes for the handling of allegations of abuse
- Robust regulation and oversight

We emphasised that national standards and guidelines are useful in keeping children safe in OOHC and that a priority should be placed on their implementation. We noted, however, that the existing standards are very broad, and that more detailed regulation processes would achieve better outcomes. Our submission also strongly emphasised the need for a clear separation between the roles of funder, service provider and regulator.

We urged that consideration be given to the needs of Aboriginal and Torres Strait Islander children and children with a disability, as both groups are over-represented in OOHC and have specific needs and vulnerabilities.

In relation to kinship care, we noted that appropriately supported kinship care can be a safe option for children with positive outcomes including maintaining family, cultural community connections but that it is essential that kinships placements are not assumed to be safe because of family connections. UCA believes the screening of kinship carers needs greater rigour, and noted that only Western Australia, at the time, required statutory kinship carers to be fully assessed and trained in the same way as foster carers. UCA endorses the key elements of an effective kinship care program as identified in the final report by the University of NSW Social Policy Research Centre for the Benevolent Society on the *Framework of Practice for Implementing a Kinship Care Program*¹

Finally, our submission recommended that a register of carers should be established in all states and territories, covering both foster and kinship carers. This should be underpinned by clear information sharing processes.

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A Framework of Practice for Implementing a Kinship Care Program, Final Report, University of New South Wales Social Policy Research Centre, 2009

This Submission

Consultation Paper on Institutional Responses to Child Sexual Abuse in Out-of-Home Care

UCA notes with deep concern the finding of the Royal Commission Chief Executive Officer, Philip Reed, that OOHC constituted more than 40 per cent of all reports of child sexual abuse. We consider sexual abuse in OOHC to be doubly tragic as the very aim of OOHC is to keep children safe, and children entering OOHC do so already traumatised and vulnerable.

Chapter 2. Child sexual exploitation and child-to-child sexual abuse

We have heard people's experiences of being sexually abused by their carers when they were a child living in OOHC. We seek your views on how government agencies, regulators, oversight bodies and service providers can improve, and provide adequate screening checks, assessments and re-assessments of children's placements, carers and other household members.

Child sexual exploitation

The sexual exploitation of children in care, particularly in residential care, is a serious issue in OOHC in Australia and internationally. We are considering the need for integrated, state and territory-wide responses from the relevant government agencies, service providers and police, such as those that continue to be developed in Victoria. Carers and professionals could be educated about this problem and how to respond.

1. *We have heard that current responses to the sexual exploitation of children in OOHC around Australia are inadequate. We are specifically considering:*
 - *jurisdictions' poor identification of, and reporting of, child sexual exploitation in OOHC*
 - *the lack of coordinated and cross-sectorial protocols, procedures and responses particularly among OOHC service providers, child protection and the police*
 - *the lack of preventative measures – for example, strategies when children are missing from placement – and the enforcement of social media policies and education by OOHC, the police and child protection*
 - *the absence of recording this form of child sexual abuse and the consequential lack of available data to show the incidence and prevalence*
 - *the need to address the barriers to children disclosing sexual exploitation in OOHC.*

We seek submissions from the Commonwealth, all state and territory governments, all OOHC service providers and other interested stakeholders on these issues, including details of any action or strategies in place to respond to child sexual exploitation in OOHC.

UCA Response

UCA agrees that the issues of child exploitation and child-to-child sexual abuse have not received sufficient attention, and that children remain vulnerable to both forms of harm due to the lack of proven prevention strategies. UCA is also deeply concerned at the critical lack of suitably qualified therapists and treatment responses for both children harmed by sexual abuse or exploitation and children who exhibit sexually harmful behaviours.

As indicated in our submission to Issues Paper 4, UCA and UnitingCare agencies have broadly consistent approaches to preventing and responding to child sexual abuse across services. To further strengthen our approach, we are currently implementing our National Safe Child Framework.

UCA understands the importance of government and non-government agencies working together to ensure greater protection for children in OOHC and would support the development of a national action plan as set out on page 36 of the consultation paper, to raise awareness and improve identification of child sexual abuse (not limited to exploitation), improve statutory responses, improve evidence and improve prosecution procedures.

While UCA considers all the core strategies it identified in its submission to Issues Paper 4 to be key to preventing child abuse in OOHC, there are those that we identify as particularly important for reducing the risks of child exploitation: rigorous risk assessment and placement processes; training of staff and carers to be aware of and able to identify the signs of sexual exploitation; and robust regulation and training children in self-protective behaviours

Specific training should be provided to staff working in residential care services and for foster and kinship carers regarding sexual exploitation, including definition, why and how children in care are at risk of sexual exploitation, how to minimise the risk of sexual exploitation and how to respond to suspected or actual sexual exploitation. For foster and kinship carers, this training should be provided before children are placed in their care, to empower them to best respond to and support young people who may have been or are at risk of child sexual exploitation.

Governments should also fund and enable increased supports for children and young people in care to understand risk and raise their self-awareness of what are deemed grooming behaviours and sexual exploitation and how to seek support to avoid the potential for harm. Some of those high-risk environments for sexual abuse against children and young people in OOHC may include unsupervised visits to family and community. Education specific to child exploitation for children and young people should be made available in a format that meets the needs of children and young people in out of home care, who often experience an interrupted education and who as a result often experience learning difficulties.

Based on UCA's analysis of its own data, where that data is available, regarding risks to children in care of sexual exploitation, there is also a need to be able to support families at a more intensive level when reunification is the goal of the OOHC placement, so that children are returned to safe home environments.

In response to the specific issues under consideration by the Royal Commission:

- UCA agrees that child exploitation is poorly identified by OOHC providers and regulators, and that a primary reason for this is lack of awareness and knowledge of child exploitation issues (prevalence, predator behaviour and techniques, vulnerabilities etc.) and the need for training and education to better understand the issues and identify the signs of child exploitation. UCA considers that poor reporting is related to the same issue. Further, without a nationally accepted definition and understanding of what constitutes child sexual exploitation in Australia's OOHC state systems, there will continue to be a lack of available data to show the incidence and prevalence of this form of harm. We consider the establishment of a nationally accepted definition should be addressed as part of a national action plan before negotiations regarding national data capture. This absence reduces the capacity of the OOHC system to formulate prevention, intervention and treatment opportunities for young people at risk of harm and who have been harmed through means of child sexual exploitation.
- UCA agrees there is a clear lack of coordinated and cross-sectoral protocols and procedures amongst providers and that leadership on this issue should be guided nationally with the support of state and territory governments. The Victorian Child Sexual Exploitation Prevention Project model should be considered as a reasonable starting point from which to develop a nationally consistent approach.
- UCA accepts there is a lack of prevention measures, and again considers a nationally consistent approach should be developed, building on the Victorian model. Improvements need to be made within the OOHC system to ensure that children who are "missing" from their placement are safe, which requires funding for outreach support workers to stay in touch with children who are self-placing. There is also need for support for IT solutions that can assist services and foster and kinship carers to stay connected to those children who may be in risky situations in the community. UCA also supports the need for work to assist out of home care providers to better understand and manage the use of social media forums. Children and young people need access to material that will assist them to manage their privacy and understand the risks associated with the use of social media (particularly grooming behaviours).
- UCA considers all forms of abuse should be recorded and that the resulting data could be used over the long term to assess the effectiveness of prevention measures.
- UCA agrees there is a need to both identify and address the barriers to children disclosing sexual exploitation and risks (for example potential grooming behaviours), and that appropriate therapeutic interventions may be needed. As a service provider, UCA recommends the use of multiple communication channels for children and young people to access, including those that are anonymous. Some of these already exist through Kids Helpline and our own Lifeline Counselling services but could be better targeted specifically for children in care. It is important to note that many children will disclose information about themselves only when they have been able to establish a strong attachment and trusted relationship.

Child-to-child sexual abuse

We have heard evidence in public hearings that child-to-child sexual abuse is a serious and common problem in contemporary OOHC. In this paper, 'sexually harmful behaviours' refers to children who have harmed other children, or may be at risk of doing so. This term is non-stigmatising to the child while recognizing the harm these behaviours can cause to others. We seek your views on this terminology.

We have heard more needs to be done to better protect children from, and respond to issues of, child-to-child sexual abuse in OOHC. We are specifically considering:

- the shortage of home-based care for children with sexually harmful behaviours and the inappropriate matching of these children with other vulnerable children in residential and home-based care*
- the lack of nationally consistent identification and terminology in relation to child-to-child sexual abuse in OOHC and the resulting impacts on data collection and knowledge*
- the lack of adequate and sufficient treatment responses for children across Australia who display sexually harmful behaviours*
- the lack of policies, procedures and/or best practice guidance for preventing and responding to child-to-child sexual abuse in OOHC*
- the lack of adequate nationally consistent accreditation and professional development training for counsellors working in this field*
- the lack of expert advice and assistance for foster carers and kinship/relative carers*
- carers being given insufficient information about the child's background.*

We seek submissions from the Commonwealth, all state and territory governments, OOHC service providers, carers and other interested stakeholders on these issues, including details of any action or strategies in place to respond to child-to-child sexual abuse in OOHC.

UCA Response

UCA considers child-on-child sexual abuse to be a particularly troubling issue as both the victim and the offender are harmed and in need of support. Our submission to Issues Paper 4 highlighted the need to be aware of the risk of sexual abuse by other children, particularly in residential care, and cautioned against inappropriate placements. Suggested strategies included appropriately identifying the risks from other children who have been sexually abused or who use violence, undertaking assessments of children being placed together, assessing the physical living environment and training carers to be aware of risks and early warning signs. Other strategies such as funding for 'awake' night shifts may also be required.

Our submission also included an outline of a therapeutic approach which is being run by Uniting Children Young People and Families in Western Sydney, which involves detailed assessments at intake and the development of tailored management plans to address identified risks, including risks of engaging in sexually harmful behaviours. The approach allows us to move away from damaging labels and instead focus on the behaviour in light of the young person's history.

In relation to terminology, UCA considers that current definitions of what is healthy and appropriate sexual behaviour, sexually reactive behaviour and sexually harmful behaviour are unclear and inconsistent. UCA agrees that nationally accepted definitions of child sexual behaviours are required. Whilst appreciating the intent of the proposal in relation to the use of the term 'sexually harmful behaviour', UCA believes further consideration is required on this matter due to the potential for the label to have a long term damaging effect on a child or young person who may be struggling with the long term impacts of past trauma. Terminology could be reflective of current guidelines developed by organisations such as Family Planning Queensland's *Traffic Light Model for Sexual Behaviour* and law enforcement services and used as common language between out of home care services, their employees, clients and foster and kinship carers, police and child safety officers.

In examining the issue of child-on-child sexual abuse, or sexually harmful behaviours, UCA considers it useful to consider the views of Emeritus Professor Freda Briggs AO, who has researched the issue extensively. In a recent submission to the Senate Environment and Communications Committee on the harm being done to Australian children through access to pornography on the internet, Associate Professor Briggs made a number of pertinent points, including that:

There are only three explanations for children sexually abusing younger children:

(a) They have been traumatized/influenced by exposure to pornography and repeat what they have seen. In the writer's interviews with more than 700 children for the ARC, some boys aged 6-8 years revealed that "fun" activities with their fathers included watching pornography on the internet because "that's what guys do"

(b) They have been traumatized by sexual abuse and are repeating what they have experienced

(c) They have inappropriately witnessed sexual activity in the home environment. (p5)

Associate Professor Briggs goes on to say:

All of the above constitute child abuse and should be reported, investigated and therapy provided (by specialists) for perpetrators and victims as well as counselling for the parents of both victims and offenders. The problem is that neither teachers, police nor social workers appear to be trained to take these behaviours seriously and respond appropriately. (p5)

Failure to handle child-on-child abuse satisfactorily usually means that the problem increases as victims become copy-cats. The behaviour increases and can become habitual when they enjoy the power that accompanies it. (p5)

Associate Professor Briggs highlights the lack of professional training for staff to appropriately identify and respond to sexually harmful behaviour, the lack of data on prevalence and the lack of government policies and resources allocated to supporting young people with sexually harmful behaviours and their families. She cites a case of extreme behaviour in a child care setting, claiming it was not appropriately handled and this is 'typical of what is happening elsewhere'. Finally, she recommends that the child protection school curriculum be compulsory in all states and that 'comprehensive, practical and relevant child-abuse training be provided to all human service TAFE and university graduates whose work could involve children', and that the training should involve recognising and handling child-on-child sexual abuse and identifying and responding to problem sexual behaviours.

In relation to the issues specifically addressed by the Royal Commission:

- UCA believes there is an urgent need to address the shortage of home-based and residential care for children displaying sexually harmful behaviours, and that care needs to be taken to avoid the inappropriate matching of these children with other vulnerable children. In our submission to Issues Paper 4 we highlighted the increased demand faced for OOHC and the stress this places on an already thinly stretched OOHC sector. We also noted the frequent problem of OOHC services being compelled by funding agencies to accept high risk placements, despite raising concerns about the risks to others in care. These situations arise due to a lack of suitable placement options. UCA believes more funding and training is required to address these and other issues relating to harmful sexual behaviours in OOHC. UCA considers a key area for the proposed national plan to examine is best practice in placement decision-making, risk assessments and mandatory information sharing required for both residential care and foster and kinship care settings.
- UCA agrees that nationally consistent identification, terminology and reporting requirements would assist in determining prevalence and evaluating treatment options. Terminology needs to be negotiated before implementation of any national data collection system.
- UCA believes there is an urgent need to provide best practice treatment responses for children who display harmful sexual behaviours and that there are a number of models, including that operating in Uniting Children Young People and Families, which could be assessed for national rollout. In particular, UnitingCare Queensland (UCQ) has initiated a roll out of mandatory therapeutic training for staff working in residential care services that includes The Three Pillars of Transforming Care, Therapeutic Crisis Interventions and Children and Residential Experiences (CARE) to build the repertoire of practical intervention tools to support young people who display sexually harmful behaviours. UCQ is also seeking support from Griffith University's Youth Forensic Service team to understand the drivers of sexual offending, improve risk assessments and develop situational prevention strategies.
- UCA submits that nationally consistent and evidence based policies and procedures should be developed and adopted across all jurisdictions.
- The lack of adequate nationally consistent accreditation and professional development training for counsellors and case workers working in this field is of deep concern to UCA and will require resourcing to address. UCA supports the need for counsellors and case workers in this field to access ongoing professional development opportunities and expertise in best practice.
- UCA strongly agrees there is an unmet need for expert advice and support for foster carers and kinship/relative carers, and that this should be addressed as a matter of urgency. UCA recommends the Royal Commission examine the appropriateness of professionalisation of foster and kinship carers according to their skill level.
- As indicated in our submission to Issues Paper 4, UCA believes it is essential for the protection of all children in care that carers be given full case and family histories of children entering care, including those who have suffered sexual abuse or are at risk of engaging in sexually harmful behaviours. The failure to provide background information often reflects pressures placed on the various state child safety departments to find placements (often on short notice) within a stretched system.

Chapter 3. Data limitations

One of the key issues first brought to our attention was the poor state of knowledge in relation to the current incidence of child sexual abuse in OOHC. This consultation paper considers:

- *the lack of consistency in definitions and thresholds across states and territories*
- *the limitations as to what information is recorded in data systems*
- *the lack of capacity for the information to be aggregated and monitored nationally.*

We seek your views on whether there should be a nationally consistent approach to the collection of data, including agreement on key terms and definitions across jurisdictions, in relation to child sexual abuse in OOHC.

Following what we have been told, we are considering that the data model proposed below would improve the understanding of the extent and nature of child sexual abuse in OOHC. The proposed data model would enable an informed analysis to develop an evidence base about the safety of children from sexual abuse and the performance of the system in responding to abuse.

Proposed data model

- 1. All allegations of sexual abuse concerning children in all forms of OOHC should be extractable as a unit record data file with a unique identifier for each child.*
- 2. For each allegation of sexual abuse, data should be recorded in fixed-response fields that describe:*
 - *the date of the incident the date of the report*
 - *the location where the incident took place the relationship of the perpetrator to the victim.*
- 3. Each allegation should include demographic descriptors for the child and the perpetrator, including:*
 - *disability (including the type of impairment)*
 - *mental health*
 - *Aboriginal or Torres Strait Islander background*
 - *culturally and linguistically diverse background.*
- 4. Data should be disaggregated by placement type.*
- 5. Data should be used to monitor treatment and support provided, and life outcomes.*
- 6. Data should include police reports, and outcomes of criminal and civil justice responses.*

We seek submissions from the Commonwealth, all state and territory governments, OOHC providers and other interested stakeholders on the proposed data model above.

UCA Response

In its submission to Issues Paper 4, UCA indicated its support for a national system for capturing information and data about child sexual abuse in OOHC. UCA notes the data inadequacies highlighted in the Consultation Paper and the need to carefully balance the time practitioners spend recording data with the time spent on casework. UCA agrees that accurate and timely data is essential not just for learning from past experiences but also to guide the development of prevention programs and to assess their effectiveness over time.

UCA supports the proposed data model reflected in the Consultation Paper, and commits to fully support its development and ongoing operation. However, UCA notes the need for agreement to nationally accepted definitions and thresholds for reporting child sexual abuse and exploitation to support the collection of all allegations of sexual abuse of children in OOHC. Further, where available, UCA supports the inclusion of demographic descriptors for the child and the perpetrator for each allegation of child sexual abuse reported. This may not be readily achievable as information about disability, mental health, Aboriginal or Torres Strait Islander background and culturally and linguistically diverse background is not always known, particularly if the abuse has occurred outside of the OOHC setting.

UCA considers that the model may evolve over time to capture other information relating to child abuse, including non-sexual abuse.

Chapter 4. Regulation and oversight

The regulation and oversight of each Australian jurisdiction's OOHC system differs, although there are some common features. Uniform OOHC regulation and oversight across all jurisdictions may not be achievable, or necessarily appropriate, at this time. However, we are considering whether the safety of children in OOHC would be advanced by greater consistency in some areas of regulation and oversight. Regulation and oversight of OOHC in each jurisdiction could include:

1. *accreditation of OOHC service providers, whereby:*
 - *all OOHC providers – both government and non-government – are required to be accredited to a minimum, nationally consistent standard (for example, the National Standards for Out-of-Home Care or equivalent)*
 - *in each jurisdiction, a body independent of the relevant jurisdiction's lead department has responsibility for assessing and granting applications for accreditation*
 - *the accreditation body retains ongoing responsibility for monitoring accredited providers' continued compliance with conditions and standards of accreditation*
2. *authorisation of carers, whereby:*
 - *all carers are assessed and authorised according to minimum, nationally consistent standards (including satisfactory probity checks for carers and household members over the age of 16 years, and comprehensive criminal background checks and WWCC)*
 - *all carers are reassessed on a regular basis. This reassessment process would include an opportunity for the child/children in care to provide feedback about their placement.*
3. *oversight of the OOHC system, with:*
 - *core oversight functions conducted by a body external to, and independent of, the relevant jurisdiction's lead department and all service providers.*

We are also considering whether the following regulatory and oversight mechanisms may enhance the protection of children in OOHC:

4. *Independent oversight of complaints handling conducted by a body independent of the lead department and all service providers. That is, a 'reportable conduct scheme' in each jurisdiction.*
5. *A carers register in each jurisdiction, containing relevant information about all applicant and authorised carers, accessible by all jurisdictions' accredited OOHC service providers and appropriate regulatory and oversight bodies.*

We seek submissions from all interested parties, in particular OOHC service providers and regulatory and oversight bodies, on these issues.

UCA Response

As indicated in our submission to Issues Paper 4, UCA considers it essential that there is a clear separation of the roles of funder, service provider and regulator, to ensure that there is no conflict of interest in regard to these roles.

Accordingly, we agree that there should be an independent regulator in each state/territory, which is adequately resourced to play a comprehensive regulatory role including assessing applications for accreditation and monitoring continued compliance. The role of this body should also include promoting continuous improvement.

UCA does not consider that the implementation of a national official visitors scheme would significantly enhance child safety, noting the Royal Commission has not received compelling evidence that children are more likely to disclose sexual abuse to an official visitor than to their case worker. UCA recommends more investment in case workers and carer support, including more frequent case worker contact. UCA does see value in a national independent contact for children and young people in OOHC, which is well resourced and promoted.

UCA also notes that in some jurisdictions, permanent care programs generally operate in silos from the broader out of home care sector. Permanent care programs are also not mandated to comply with state/territory out of home care accreditation standards. This silo also excludes permanent care programs from having adequate access to vital information that could assist agencies to keep children safe. Permanent care programs do not have access to the home based care register, the quality of care register, disqualified carers register, and child protection checks of carers. This systemic barrier has the potential to place children in permanent care at significant risk, and has been the focus of continued advocacy.

Moreover, in some jurisdictions, regulation and oversight of adoption programs is not robust enough. UCA believes that consideration should be given to the requirements for children being placed in adoptive families being aligned with requirements for children in other parts of the out of home care sector. This would need to consider the specific nuances of the adoption program, including consideration of privacy requirements, but the broad requirements for children in care (including requirements for caring for children in care and agency supervision of placements) should uniformly relate to all children in order to promote safety and wellbeing.

In relation to the issues on which feedback is specifically sought:

- UCA supports the accreditation of all OOHC providers, including government providers, to a national minimum standard, and believes it is critical that the bar not be set too low in terms of minimum standards (noting that the National Standards for OOHC are quite broad). We agree that the assessment and granting of accreditation should be conducted independently of the lead or funding department and that the accreditation body should have ongoing responsibility for monitoring compliance, noting that this model operates successfully in NSW.
- We support the assessment and authorisation of carers to nationally consistent standards and the re-assessment of carers on a regular basis with the inclusion of child input.

- As previously indicated, we strongly agree that oversight functions should be conducted by a body external to and independent of the lead department and service providers to prevent conflicts of interest, including those that can arise where a funding body is reluctant to take appropriate regulatory action due to concerns about reducing the already short supply of placements.
- UCA supports in principle the establishment of the independent oversight of complaints handling by a body independent of the lead department and all service providers, or a 'reportable conduct scheme' in each jurisdiction. This aligns with our position in relation to the need for separation of roles of funder, service provider and regulator, and would effectively deal with the range of risks associated with service providers investigating serious and potentially criminal allegations relating to their own services and staff (potential conflicts of interest, lack of investigatory skills, lack of resources, etc.).
- UCA supports the establishment of a carers' register in each jurisdiction, containing relevant information about all applicants and authorised carers similar to the NSW scheme which appears to be the most comprehensive approach. It is vital that the information in the registers can be shared with OOHC providers in other jurisdictions, to help prevent applicants and authorised carers who pose risks to children moving between jurisdictions.

Chapter 5. Information sharing

We have been informed that information about a carer's background or a child's previous sexual trauma needs to be more easily shared within jurisdictions and across jurisdictional borders. This would enable the prevention of some child sexual abuse in OOHC and would also allow service providers and carers to make more informed decisions about placements.

Information sharing in OOHC contexts may be improved as outlined below:

- 1. Institutions' sharing of information related to child sexual abuse with children in OOHC could be strengthened to:*
 - better inform children about child sexual abuse, especially where they have been or may be directly affected by such abuse*
 - better promote children's participation in decision making that affects them.*
- 2. Institutions' information sharing of information related to child sexual abuse with carers could be strengthened to better assist carers in:*
 - making informed decisions to accept placements*
 - supporting placement stability*
 - providing appropriate care for children who have been sexually abused and for children with sexually harmful behaviours*
 - managing risks to children placed in their care and risks to other children in their household.*
- 3. All jurisdictions could have in place nationally consistent arrangements for intra-jurisdictional and inter-jurisdictional exchange of information related to the safety and wellbeing of children, including information related to child sexual abuse in OOHC contexts.*

These arrangements could be modelled on Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW) to enable information sharing for purposes related to identifying, preventing and responding to child sexual abuse in OOHC contexts.

In particular, these arrangements could:

- enable direct exchange of relevant information between a wide range of prescribed bodies, including service providers, government and non-government agencies, law enforcement agencies and regulator/oversight bodies, involved in the lives of children in care*
- enable prescribed bodies to provide relevant information to other prescribed bodies without a request, for purposes related to identifying, preventing and responding to child sexual abuse in OOHC contexts*
- compel prescribed bodies to share relevant information on request from other prescribed bodies, for purposes related to identifying, preventing and responding to child sexual abuse in OOHC contexts, unless limited exceptions apply*
- explicitly prioritise safety and wellbeing of children over confidentiality and privacy.*

4. *All jurisdictions and prescribed bodies subject to information sharing arrangements, as proposed at 3 above, could work together to ensure implementation is supported with adequate education and training of those responsible for sharing information. Education and training should promote understanding of, and confidence in, appropriate information sharing to better identify, prevent and respond to child sexual abuse in OOHC contexts.*

We seek submissions on these issues, and on the changes to legislation, policy and practice that may be required to give effect to such improvements. In relation to 3 above, we also seek submissions on the appropriate range of prescribed bodies that should be subject to such arrangements, the appropriate range of exceptions to information sharing obligations, and the challenges jurisdictions may face in implementing these arrangements.

UCA Response

UCA believes it is critical that information sharing arrangements be improved, both within and across jurisdictions, to improve the capacity of government and service providers to prevent and respond to child sexual abuse in OOHC. UCA supports the principle that the safety and wellbeing of children must override privacy and confidentiality, and notes the need for appropriate protections for those sharing information in good faith. UCA recognises the need for sensitivity in relation to the exchange of information in the kinship care context.

As the Commission notes, with the transfer of many OOHC services from the government to the NGO sector, additional challenges for information sharing will be created. The current transition process in NSW has increased the need for open, transparent and timely exchange of information. To ensure the safety and wellbeing of children in UCA's care, we require access to their full child protection history and carer background information. However, in NSW (and possibly other jurisdictions) we and other OOHC providers have often been informed that we are unable to access the full case files of children who have been transferred to us from the department for 'legal reasons'. It is not clear what these legal reasons might be, especially given the existence of Chapter 16A (discussed below). Without access to full case files, it is much more difficult for NGOs to identify and manage risks to the children in our care.

In relation to the matters on which feedback is specifically sought:

- UCA strongly supports the development of nationally consistent arrangements for intra-jurisdictional and inter-jurisdictional exchange of information related to the safety and wellbeing of children, including information related to child sexual abuse in OOHC contexts. At a minimum, we believe there should be arrangements in place to support information sharing in relation to case management of children in care, to reportable conduct investigations, and to working with children checks and associated employment decisions. UCA agrees on the need to strengthen information sharing to better inform children about sexual abuse and better promote their participation in decision making that affects them. UCA notes the need for qualified therapeutic involvement when sharing information with children who may have been sexually abused.

- UCA agrees that Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (NSW), which provides for information sharing at a lower threshold (related to safety, welfare and wellbeing) than some other jurisdictions where sharing of information is on the basis of serious or imminent threat, could serve as a useful model for information sharing. However, in NSW, UCA has experienced considerable delays (several months) in receiving information after we have requested it from the department under Chapter 16A. Such issues need to be addressed, and time requirements incorporated in any national rollout of an information sharing program. A robust system is also essential to monitor how information is shared and the circumstances where requests are declined.
- As the Commission notes, the findings of a recent Social Policy Research Centre report suggest that, even where information sharing laws explicitly prioritise children's safety over privacy laws, confusion about legal constraints and anxiety can still limit information sharing. We strongly recommend better education and training in this area for both government officials and service providers to ensure that lack of knowledge does not present a barrier to accessing information.

Chapter 6. Child safe organisations

OOHC can be a high risk environment for child sexual abuse. These risks can be reduced by creating a culture of safety where child safe organisational principles are consistently practised and the behaviour of staff is monitored.

We seek your views on the opportunities to improve the approach to child safety in OOHC, including opportunities to ensure that the nine key elements outlined in this chapter are embedded in OOHC organisations. To assist in our consideration of these issues, we welcome submissions in relation to:

- 1. the roles, accountabilities and interdependencies of different parts of the OOHC system (such as government agencies, non-government organisations and carers) in delivering and overseeing the key elements of a child safe organisation*
- 2. the application of these elements in the OOHC system, including whether they should be binding or non-binding*
- 3. whether all forms of OOHC should be required to comply with all of the child safe standards and principles*
- 4. the regulatory, oversight, monitoring and implementation support mechanisms that might be required to support the implementation of child safe standards in OOHC*
- 5. whether there are specific challenges/considerations for the OOHC sector and/or particularly vulnerable groups within the OOHC setting when it comes to implementing child safe standards*
- 6. resources and support mechanisms that might be required for OOHC organisations to comply with child safe standards*
- 7. the best ways to drive continued practice improvement in child safety among relevant organisations within the OOHC sector*
- 8. any other relevant matters.*

We seek submissions from the Commonwealth, all states and territories, OOHC service providers and other interested stakeholders regarding the application of the nine child safe organisational elements as articulated above.

UCA Response

As indicated in our submission to Issues Paper 4, and elsewhere in this response, UCA and the UnitingCare network of service providers are strongly committed to ensuring all services are child safe. Our submission to Issues Paper 4 outlined the strategies we consider fundamental to ensuring child safety, and we are currently taking steps to implement our National Safe Child Framework.

Further, UnitingCare Victoria and Tasmania (UCVT) recently undertook a major project to foster consistency and coordination across OOHC programs in the network and ultimately improve child safety within the Network. This project involved a thorough assessment of all UCVT policies and procedures and resulted in the development of: a UCVT Common Approach to Keeping Children Safe in OOHC Framework Manual; audit/work plan tool to support ongoing improvements and information sharing; practice table tool to support agency care team meetings; and user guide. The project also: identified best practice mitigation strategies; emphasized the importance of the Keeping Children Safe Policy; outlined improvement in reporting and management of child abuse; and identified strategies to mitigate sexual abuse relating to care givers. In addition, the project findings acknowledged that in order to truly promote a safe child organization, genuine engagement and 'buy in' from organisations at both a governance and practice level is essential.

UCA believes the National Standards for OOHC are too broad and that insufficient work has been done to review or enhance them. UCA also believes that the combination of broad national standards and variations across states and territories in legislation, standards and regulation has contributed to the evolution of systems which have not adequately protected children in care.

In relation to the matters on which feedback is specifically sought:

- As indicated in this response and our submission to Issues Paper 4, UCA considers it essential there is a clear separation of the roles of funder, service provider and regulator to avoid real or potential conflicts of interest. This should also involve clear role delineation and clear statements of accountability in relation to delivering and overseeing the key elements of a child safe organisation.
- UCA supports the application of the nine key elements identified by the Royal Commission (organisational leadership, governance and culture, human resource management, child safe policies and procedures, child focused complaints processes, education and training, children's participation and empowerment, family and community involvement, physical and online environment and review and continuous improvement) noting their alignment with elements identified by UCA. We consider their application should be binding.
- To maximise child safety, UCA considers it essential that all forms of OOHC be required to comply with all child safe standards and principles, noting the risks associated with kinship care and that kinship carers will require considerable support and education in achieving those standards.
- UCA believes that existing regulatory and oversight mechanisms must be strengthened and better resourced in order to effectively support the implementation of child safe standards.
- As noted, a specific challenge for implementing child safe elements within different parts of the OOHC sector will be the application, assessment and support processes for kinship carers. Kinship carers in some jurisdictions are not required to complete the same mandatory training obligations as general foster carers, which minimises the opportunity for these individuals to understand the expectations and functions of the child protection sector. Kinship carers also need access to higher levels of support so that they can appropriately care for a traumatised child who may have experienced sexual abuse within a complex family context.
- All OOHC providers will require some level of support to comply with child safe standards, with levels of support ranging from education to physical or financial support to make adjustments to physical environments or staffing and supervision regimes.

- Continuous improvement is best supported by internal and external review, through learning from experience and well-designed mentoring, from encouraging research and education and from information sharing on best practice and innovation.

Chapter 7. Prevention of child sexual abuse in OOHC

We have been informed that there are variable approaches to the prevention of child sexual abuse in OOHC. There are limited evidence-informed strategies for educating children and carers about sexuality, sexual health, perpetrator behaviours and sexual abuse. We consider that specialised training programs for children, carers and staff within OOHC may be required and seek your views on this. We are also considering how to address the barriers children in OOHC face when making complaints and when disclosing sexual abuse when it occurs.

We seek your views on whether a national strategy on child sexual abuse prevention education for children in OOHC is required and should be embedded in the existing National Framework. Such a strategy would aim to create nationally consistent policy and practice expectations, to prevent child sexual abuse in OOHC in Australia and to encourage disclosures at the earliest possible time. This strategy requires the development and evaluation of resources and program implementation.

A consistent, national education strategy may include:

- 1. raising awareness about children in OOHC being vulnerable to sexual victimisation and revictimisation, among carers, children in OOHC, practitioners and OOHC service providers*
- 2. an education prevention program targeted to children, carers and practitioners in OOHC, which:*
 - identifies the necessary elements, drawing on those covered in school based programs identified in this chapter*
 - covers how children can make a disclosure*
 - covers how to support young people when a friend discloses sexual abuse to them*
 - covers all forms of child sexual abuse by different perpetrator groups*
 - is flexible and tailored to meet the individual needs of a child and their history*
 - is delivered in a variety of formats, such as supportive group formats or on an individual basis*
- 3. development and distribution of resources that are culturally sensitive and suitable for young people with a range of special needs including learning problems and/or disability*
- 4. development and distribution of resources that include material for same sex attracted and gender questioning young people*
- 5. development of an education and training framework for all foster, kinship/relative and residential carers and practitioners based on:*
 - role clarity, processes and recording practices as set out in OOHC policies and procedures*
 - understanding the importance of enabling a culture of openness, and creating an environment where a child feels safe to disclose abuse*
 - developing skills and knowledge about how to talk to children about healthy relationships and sexuality education*
 - understanding social media policies, with specific reference to pornography and the transmission of sexualised images (sexting)*
 - awareness about the added risk of bullying, exploitation, depression and risk taking for same sex attracted and gender questioning young people*

- *ongoing coaching and supervision of staff and carers, building on their initial education and training as outlined above, to develop their knowledge of and skills in using the resources*

6. mechanisms for implementing, reviewing, evaluating and improving prevention strategies and their components.

We seek submissions from young people, carers, peak bodies, advocacy groups, practitioners, the Commonwealth, all states and territories, OOHC service providers and staff, and other interested stakeholders on the issues raised above.

UCA Response

UCA strongly supports the development of a national strategy on child sexual abuse prevention education for children in OOHC and suggest that this could be developed and implemented under the 3rd Action Plan for the National Framework. Some UCA OOHC services have found it difficult to source sufficient evidence based training and support materials that provide practical application of theoretical knowledge and learnings about child sexual abuse for young people in OOHC and UCA recommends that this work be a priority for any national action plan or strategy to prevent child sexual abuse in OOHC.

As the Commission proposes, the strategy should include the development of a national education and training framework for all foster, kinship and residential carers and practitioners on issues relating to sexual abuse and creating an environment where a child feels safe to disclose. It is important to note that currently training for kinship carers in most state and territories is limited and ad hoc. Consequently, mechanisms will need to be established to ensure that all kinship carers participate in this training.

In relation to the areas on which feedback is specifically sought, UCA supports the inclusion of the six elements identified by the Royal Commission.

Chapter 8. A supportive and quality care environment

Therapeutic care and treatment services provided to children who have been sexually abused in OOHC vary in quality and scope across states and territories. We have been told that existing programs are not tailored to support children from Aboriginal and Torres Strait Islander backgrounds, children with disability and children from culturally and linguistically diverse backgrounds. Access to trauma-informed care is limited, and services do not always effectively meet individuals' needs. Improving support for young people after they leave care, including better access to care leaver records and information, are other key areas under consideration.

We are considering improvements that may be required to better support children who have been sexually abused in OOHC and their carers and families. We welcome submissions with respect to our considerations as outlined below:

Establish a nationally consistent therapeutic framework for OOHC service delivery

- 1. Develop a sector-wide and nationally agreed therapeutic care framework that defines therapeutic care, and outlines the essential elements required.*
- 2. Embed consistent evaluation of child outcomes and longitudinal research, to inform the development of therapeutic residential care.*

Expand trauma-informed therapeutic treatment and advocacy and support services

- 3. Ensure that children can access trauma-informed advocacy and support services.*
- 4. Address the cultural needs of children from Aboriginal and Torres Strait Islander backgrounds and young people who have been sexually abused in care, through appropriate therapeutic treatment, advocacy and support services that, where possible, be provided by Aboriginal and Torres Strait Islander practitioners.*
- 5. Ensure adequate access to therapeutic treatment and advocacy and support that is tailored to a child's individual needs, culture, age and abilities, with particular consideration for children with disability and children from culturally and linguistically diverse backgrounds.*
- 6. Ensure adequate access to therapeutic treatment and advocacy and support for children who live in rural and remote areas within Australia.*
- 7. Provide systematic training for carers and practitioners, especially in the areas of therapeutic care, responding to trauma and the impact of sexual abuse. Regular supervision and support is integral to good outcomes, and training should not be a one-off event; rather, it must be part of an overall strategy and therapeutic approach to OOHC.*

Enhance placement stability and reduce the number of 'strangers' in a child's life by increasing the availability of placement options – including professional carer models

8. *Develop professional foster care models, in-home care models, and therapeutic family group home models of care.*
9. *Expand residential therapeutic treatment options for children.*
10. *Create nationally consistent system for home-based care reimbursements, to address allowances differing greatly across jurisdictions.*

Provide better workforce planning and development for residential care staff

11. *Have jurisdictions agree on a strategy to professionalise and build the capacity of the residential carer workforce.*
12. *Have jurisdictions establish agreed targets for reducing the use of casual staff in residential care facilities.*
13. *Establish nationally consistent standards for training and supervising externally accredited residential carers.*

Improve protections against child sexual abuse for children in kinship/relative care

14. *Develop a 'kin-specific' approach to a culturally safe and appropriate kinship/relative carer assessment and recruitment that is differentiated from foster care approaches.*
15. *Increase the casework support and oversight for children in kinship/relative care.*
16. *Promote the engagement of Aboriginal and Torres Strait Islander children with their culture and strengthen the capacity of Aboriginal and Torres Strait Islander community controlled organisations to place and support children in care.*
17. *Increase the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle, promoting culturally appropriate assessment; implementation of cultural care plans; monitoring and accountability for implementation; and holistic and community-based solutions to the support needs of Aboriginal and Torres Strait Islander kinship/relative carers.*
18. *Conduct more research to investigate the long-term outcomes for children of kinship/relative care.*

Increase support when leaving care, and in the care leaver's post-care life

19. *Government and non-government OOH service providers develop leaving care plans for all care leavers, and address any current risks to children when they leave care. Arrange access to therapeutic supports and ensure that young people:*
 - *are educated and supported in undertaking any victims compensation claims for sexual abuse and/or other abuse suffered while they were in*

- care
- *know the processes involved in making complaints, including referring matters to the police for criminal investigation*
- *have access to supportive environments where they can disclose abuse, both at the time of leaving care and after they have left care.*

20. *Consider innovative ways to communicate with young care leavers, such as the internet and mobile applications, so that the leaving care process can be part of the disclosure process for a young person who has been abused in care.*

UCA Response

UCA strongly agrees it is essential that all children who experience sexual abuse, whether in OOHC or elsewhere, receive supportive and quality care, including: appropriate and timely therapeutic treatment and support; appropriately matched and stable placements with appropriately trained and supported carers; and adequate support and preparation for exiting OOHC with ongoing access to support and records. UCA is particularly concerned at the nation-wide lack of qualified and experienced specialists able to provide appropriate therapeutic support and acknowledge the often difficult position that clinicians/therapists can be placed in within the child care system and in regard to their relationship with state child protection and care providers. We believe this is an area that requires urgent attention and better resourcing.

Further, as indicated earlier in this response and in our submission to Issues Paper 4, UCA considers that OOHC providers are often pressured to accept inappropriate or inadequately supported placements by departments under pressure to find any placement in an overly stretched system.

In terms of placements, as previously indicated, UCA believes that kinship placements should not be assumed to be safe, and that particular attention is needed in assessing placements and supporting children and carers.

In terms of the areas in which feedback is specifically sought:

Establish a nationally consistent therapeutic framework for OOHC service delivery

- We support the development of a sector-wide and nationally consistent therapeutic care framework which includes an agreed definition and essential principles of therapeutic care, but recognise implementation would require additional investment in clinical resources, environment, training and support for up skilling care workers, which includes foster and kinship carers. We suggest that ongoing evaluation and research to inform the development of therapeutic residential care should be supported and resourced as a priority under the 3rd Action Plan for the National Framework for Protecting Australia's Children. This is also consistent with the recommendations of the Senate Inquiry on OOHC. UCA further considers it important to ensure the proposed nationally consistent framework not duplicate existing state arrangements.
- Prior to developing the national framework, UCA believes consideration should be given to requiring services and stakeholders to demonstrate that they are complying with key areas of therapeutic practice.

Expand trauma-informed support services

- UCA strongly supports the proposals to expand trauma-informed therapeutic treatment and support services. This aligns with the recommendations of the Senate Inquiry on OOHC, that states and territories increase resources for therapeutic models of care, based on evidence-based evaluations of existing and proposed models. We also note the need to improve access to mental health assessment and treatment services and that the shortage of qualified staff presents a barrier to access.
- Further, UCA agrees young people should be empowered by OOHC service providers to access advocacy and support resources without fear of repercussions by OOHC service providers. It is evident there needs to be an improvement in accessibility and knowledge of available support mechanisms for young people in OOHC who have experienced abuse.
- UCA recognises the importance of addressing the cultural needs of children from Aboriginal and Torres Strait Islander backgrounds. Ideally, appropriate therapeutic treatment, advocacy and support services should be provided by Aboriginal and Torres Strait Islander practitioners. A lack of resources and professionals in regional and remote locations reduces opportunity for these support mechanisms both to Aboriginal and Torres Strait Islander communities and other remote communities. In the absence of appropriately qualified Aboriginal and Torres Strait Islander practitioners, care by non-indigenous practitioners can be appropriate provided there is strong connection with local elders and communities and appropriate cultural awareness training provided.
- Mandatory foster carer training could be evolved to include areas of therapeutic care, responding to trauma and the impact of sexual abuse. UCA supports an increase in practical sessions, reflective of the theoretical, evidence based therapeutic knowledge available to the OOHC sector. This training should be nationally consistent in the design principles of a therapeutic model, but would need to be tailored to individual needs and demographics of individual jurisdictions. The training would fit in well with a professional foster carer model.

Enhance placement stability and reduce the number of 'strangers' in a child's life by increasing the availability of placement options – including professional carer models

- To address the difficulties in recruiting and retaining foster cares and to better meet the complex needs of children in care, UCA supports the development of professional foster care models. Numerous reports, including the recent OOHC Senate Inquiry, have highlighted the tension between what foster carers are expected to do to achieve good outcomes for children in their care and the level of government support provided to do so. See discussion in the earlier UCA submission (p.33) re the UK example of professional foster care.
- UCA supports the ACT Government's new five-year strategy for OOHC, *A Step Up for Our Kids – One Step Can Make a Lifetime of Difference*, through which it plans to introduce a small pool of salaried foster carers for children and young people with very complex needs and challenging behaviours.²

² 'A Step Up for Our Kids – One Step Can Make a Lifetime of Difference,' ACT Government Community Services, http://www.communityservices.act.gov.au/__data/assets/pdf_file/0009/682623/CSD_OHCS_Strategy_web_FINAL.pdf

- We also support greater consideration of in-home care and therapeutic family group home models of care. In the United Kingdom and United States this approach is sometimes known as ‘shared-care’ or ‘whole family foster homes’. This approach can be especially beneficial for young women who have become pregnant whilst in care, or who have previously been in contact with the OOHC sector, and are at risk of having their babies removed.³ Shared care “fills a critical service gap between traditional family preservation and out-of-home care...for those who are ready to make a change and capable of caring for themselves and their children with some guidance, support and structure”.⁴ It is a voluntary program where the parent/s of a child live in the home of a trained mentor and caseworker, or in a specialised facility, with the host caregivers and the parents simultaneously sharing the care of the children. At the same time, parents are able to access support, programs and mentoring to improve parenting capacity and the family unit is able to remain together. Key elements of this model include:
 - mentor families who are carefully screened and who receive extensive training in child safety and welfare issues
 - careful matching between mentor and participant families
 - an individualised service plan developed jointly by the participant and mentor families, the case manager and anyone else involved with the participant family.
- Lastly, UCA supports fair and equitable allowances for foster and kinship carers. The current Queensland process of extra financial reimbursement, dependent on the needs of the child who resides in home-based care, is beneficial.

Provide better workforce planning and development for residential care staff

- We support the Royal Commission’s proposal to develop a national strategy to professionalise and build the capacity of the residential carer workforce, including agreed targets for reducing the use of casual staff in residential care facilities and potentially through the introduction of base level qualifications. The national strategy should also ensure that there are sufficient staff to provide adequate supervision and therapeutic support. This will require close consideration of funding models, because where residential services are not funded at an appropriate level the risk of abuse may increase.
- Some providers within the UCA network consider there is a need for more clinical roles in the workforce, particularly in relation to residential care where children often enter care traumatised by both their family experiences and also multiple placement breakdowns with foster carers
- UCA considers it important that residential care not be regarded as a ‘placement of last resort’.

³ Clovis, C. Price, A. & Wichterman, L. 2002, *Annual Report on Shared Family Care: Progress and Lessons Learned (June 2001 to May 2002)*, National Abandoned Infants Assistance Resource Centre, University of California, Berkeley.

⁴ Clovis, C. Price, A. & Wichterman, L. 2002, *Annual Report on Shared Family Care: Progress and Lessons Learned (June 2001 to May 2002)*, National Abandoned Infants Assistance Resource Centre, University of California, Berkeley, p 13.

Improve protections against child abuse for children in kinship/relative care

- As indicated, UCA strongly believes there is a need for better assessment and support for kinship care. While supporting the benefits of maintaining family and community contact, UCA agrees that there are a number of challenges in protecting children in kinship care, including those associated with less rigorous screening, less training and support for carers, less rigorous monitoring and risks associated with disclosing abuse by relatives.
- UCA supports the proposals put forward by the Royal Commission, provided they are supported by more rigour in the areas discussed above.
- UCA supports the formation of specific kinship teams within foster and kinship care agencies to offer more consistent support.
- UCA also notes the need for culturally appropriate responses to families from culturally and linguistically diverse backgrounds.

Increase support when leaving care, and in the care leaver's post-care life

- UCA supports the proposals for increasing support to all young people leaving care, and notes that preparation for leaving care should generally commence earlier than is often the case.
- A number of OOHC providers in the UCA network have identified a significant service delivery gap for young people leaving care and there is a need to develop and maintain strong linkages to a range of support services and agencies to provide ongoing and holistic care.
- UCA believes the Royal Commission should consider extending the upper age limit for exiting care (on a voluntary basis) as a means of providing continuity of care and support to vulnerable young people as support is often required for young people in the 18-21 age bracket.
- UCA considers an independent organisation, separate from OOHC service providers and government organisations, may be a more desirable choice for young people to disclose sexual abuse. UCA supports programs such as 'After Care' as an innovative way for young people who leave care to access information and support.
- UCA agrees a young person leaving OOHC should have immediate and simple access to their personal records and recognises this as an integral support mechanism. UCA acknowledges young people should be informed about how to access their records during service induction, but this may not be sufficient in its application.