



## **ISSUES PAPER 4**

RELEASED 11 SEPTEMBER 2013

### **PREVENTING SEXUAL ABUSE OF CHILDREN IN OUT OF HOME CARE**

#### **ISSUE**

All states and territories have a system whereby children can be cared for outside of their family home. Out of home care (OOHC) is overnight care for children aged 0-17 years, where the state or territory makes a financial payment, or where a financial payment has been offered but has been declined by the carer. OOHC includes foster care, relative or kinship care, family group homes, residential care and independent living arrangements.

In many cases, children will be in OOHC as a result of orders being made by a Children's Court, where parental responsibility for the child has been transferred to the Minister or department head. In other cases, the parents of a child may arrange OOHC on a voluntary basis.

Government and non-government organisations are involved in the provision of OOHC, through providing residential care and managing placements with foster carers and relative or kinship carers.

A number of individuals and organisations have raised with the Royal Commission whether the regulation of out of home care protects children in OOHC from sexual abuse.

#### **SUBMISSIONS**

Submissions are sought from interested individuals and government and non-government organisations on this issue. Submissions relating to Working with Children Checks have been sought in response to Issues Paper 1 and that issue is not raised again here.

Of particular interest to the Royal Commission is:

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

- Investigate immediately
- Thorough assessment process of the Institution and Foster Carers, including raising the issue of sexual abuse with carers and ascertaining their responses.

Regular monitoring of staff working with the children. This includes an *independent* and *child-focused* worker who establishes an *ongoing relationship* with the child to whom child feels comfortable to talk. This person will visit the child on a regular basis (e.g., monthly) and takes the child *out of the care situation* and spends significant time with that child asking him or her about her experiences and perceptions of his/her care situation as their level of perceived safety through a structured interview. This worker will then report back and follow up on any concerns or wishes expressed by the child.

- Experienced staff that are specifically trained in interviewing children as well as identifying abuse.
  - All children undergo a protective behaviours program.
  - Children need to know what to do and who to talk to if they believe they have been subject to inappropriate behaviour or abuse
  - organisations need to have very clear procedures and training to assist employees/volunteers in identifying suspected abuse and neglect
  - Management, employees and volunteers must also be trained to be aware of their duty to report suspected abuse and neglect. If appropriate action is not followed by management, other courses of action are available to that worker.
2. Is there evidence for having different strategies to keep children in OOHC safe from sexual abuse depending upon whether a child is in relative or kinship care, foster care or one of the forms of residential care?
- No matter what cultural background the safety of the child should come first. If all family members are Police checked and there are issues then the child should not be placed in their care.  
If children have been sexually abused within a family system placing them with relatives within the same extended family system under the OOHC structure seems to be a dichotomy. 'Family placements' require even more thorough assessment processes.
  - Vulnerable children should not be put in residential care environments where there are children who are perpetrators. Currently there are no protections in regards to this.

- Foster carers who are deemed unsuitable should not be used simply because there are not enough carers. There is evidence to support that due to the fact that carers are scarce we are accepting unsuitable people. Some Foster Carers have too many children in their care.
  - Organisations that do not establish clear policies and protocols for children and workers and management to provide a child focused and safe environment will face significant fines. This includes Government Institutions.
3. What are the strengths and weaknesses of models that check OOHC practices by an audit approach, a regular supervisory visit or an irregular visit by someone like a community visitor?
- Currently there are no Independent bodies that visit Foster Carers and Institutions. The Agencies involved with this are often paid by the Institution.
  - When a child in care receives a visit there is notice given about when they are visiting. The process should be ad hoc drop in visits where the visitor drops in and talks to the child. This model is currently being practiced in mental health with the Mental Health Visitors Board.
  - Community visits should involve training or people who have worked in the area of sexual abuse.
  - Audits are scheduled and by nature regular in occurrence. Audits need to include meeting with the child and observing the interactions of the carer with the child; Audits need to be done spontaneously and without warning. An 'audit' approach needs to include more than visiting the home or institution and speaking to the child – indicators of abuse are frequently observed in other spheres of the child's life, for example – school grades declining, relationships with friends and family members changing, withdrawal from activities, low self- esteem, avoidance of the perpetrator or spending more time with the perpetrator etc.
  - Weaknesses – are streamlined with a 'check box' approach to meet certain governance requirements. Will most likely be done by different personnel who are unfamiliar with the child / carer / family / history of abuse. Are frequently postponed due to other 'urgent' matters to be dealt with. Are labour intensive and therefore deemed costly – this needs to be compared to the 'social cost' of children being subsequently abused.
4. What are the strengths and weaknesses of having OOHC providers regulated by the child protection department, or regulated by a body separate from the child protection department?
- Currently not enough staff/high staff turnover and high caseloads leads to regulations not being monitored adequately.

- There should be an independent agency monitoring
  - The child protection departments have vested in interest in reporting positively about the OOHC providers due to the scarcity of foster carers and keeping the OOHC provider 'on side'. If an OOHC provider has 'unsafe' carers then it falls to the child protection staff to locate another suitable carer or agency.
5. What are the core components of the training needs of those working with children who might be sexually abused including carers, caseworkers and staff of regulatory bodies? What priority should be given to training in relation to sexual abuse compared to other training needs?

#### High priority

- Staff need specialized training and they need to pick experienced staff not new graduates.
  - Minimum of two years' experience in child protection before doing this work
  - Need to have completed core investigation/interviewing training and gathering of evidence training with capacity to critically analyse and interpret information.
  - Regular supervision by experienced supervisor in this field of expertise.
6. Is there adequate and effective training and information available to carers who are caring for children who have sexually abused other children?
- Currently such training may be offered by not necessarily compulsory
  - No monitoring of this
  - Child Perpetrators need to have education around this as often they are not aware they are abusers due to their own abuse being normalized in their lives.
  - Information between Case Workers and Residential care workers is not shared adequately.
7. How should the rate of sexual abuse of children in OOHC be determined, noting that the *National Standards for Out-of-Home Care* require reporting of substantiated claims of all types of abuse? Would a form of exit interview assist in capturing information? What should be introduced to ascertain whether information on child sexual abuse in OOHC is resulting in changed OOHC practices?
- The biggest problem in W.A is that too much evidence is required by Child Protection staff to substantiate abuse. If evidence is not supplied by the reporter the case is not

followed up. Questions that are often asked by Duty Case workers are when/where/how/with whom/date/time/names/addresses etc. Sometimes the child or the observer does not have this information and when they don't they are told there is not enough evidence to investigate. The onus to provide evidence should not be placed on the child or the reporter. In addition Children with disabilities often are unable to particularize.

- Regardless if an investigation occurs and the Agency agrees to implement all recommendations i.e. Ombudsman Investigation 2006 into Residential Care, there is no monitoring in regards to whether these have been implemented.
  - The 'rate' of sexual abuse is difficult to quantify in that sexual assault within the broader community is underreported and of those that are reported a very low percentage result in criminal charges and even a lesser percentage result in convictions. The criminal court process itself is not conducive to children disclosing sexual abuse and / or following through in providing evidence to the courts.
  - The nature of sexual abuse frequently goes unreported for years if not decades and therefore it would seem an 'exit interview' whilst providing the opportunity is unlikely to result in significant levels of self-reporting – by which time it would be too late.
8. What is the usefulness and validity of different ways to address allegations of sexual abuse brought against carers? In particular, which approaches enhance participation by the child particularly approaches best suited to seeking possible disclosures of abuse (including disclosures that might be inferred from behavioural changes) from children? Are the current processes fair? What appeal processes should be available for carers?
- Listen to the child
  - Get the story
  - Find out facts
  - Speak to the carer without notice
  - Remove the child while the investigation is occurring
  - Assist the child with Psychological services.
  - Appeal process needs to be independent from the Institution.
  - Any process for carers should be separate to the response to the child.
  - As per point 3 - An 'audit' approach needs to include more than visiting the home or institution and speaking to the child – indicators of abuse are frequently observed in other spheres of the child's life, for example – school grades declining, relationships with friends and family members changing, withdrawal from activities, low self-esteem, avoidance of the perpetrator or spending more time with the perpetrator etc.
  - The current processes frequently involve the 'investigative' process being dealt with by police (or ex-police in various 'Integrity Units') whose methods of engagement,

interviewing and evidence gathering of information are more suited to criminals than child victims, staff or carers. This does not encourage a participatory process and is counterproductive in many instances.

9. What measures could be used to assess whether the safety of children from sexual abuse in OOHC is enhanced by independent oversight of the handling of allegations of sexual abuse?
  - Evaluation process
  - Interview the children - feedback
10. What are the strengths and weaknesses of different oversight mechanisms in keeping children safe from sexual abuse in OOHC?
  - Strengths are that the child is validated
  - The abuse is investigated
  - The perpetrator is dealt with.
  - The child is supported
  - The child is aware that they are represented by an Independent body which is there to advocate for them.
11. What implications exist for record keeping and access to records, from delayed reporting of child sexual abuse?
  - Records are not shared with relevant care givers
  - Disclosure of third party information requires consent of that party so if you are an offender you can say you don't consent.
  - Lack of time workers have to do thorough comprehensive notes
  - Often guided by Computer data base programs that are complex and limited.
  - Lots of double handling in regards to initial information.
  - There may be legal implications or consequences for staff who record negative observations about carers or other concerns they may have when these cannot be supported by any other material evidence. Yet over time such observations may contribute to a broader picture of the existence of sexual abuse.

Submissions will be made public unless the person making the submission requests that it not be made public or the Royal Commission considers it should not be made public. That will usually only occur for reasons associated with fairness.

The Royal Commission intends to hold a public forum in the first quarter of 2014 into the matters raised in this Issues Paper. The submissions received will assist to determine the agenda of that public forum.

Submissions should be made by **8 November 2013**, preferably electronically, to [solicitor@childabuseroyalcommission.gov.au](mailto:solicitor@childabuseroyalcommission.gov.au), otherwise in writing to GPO Box 5283, Sydney NSW 2001

# Royal Commission Support Service

In January 2013, the Federal Government appointed a Royal Commission to investigate institutional responses to child sexual abuse. This Royal Commission will enquire into how institutions (private, public or non-government) failed to protect children from sexual abuse. It will make recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in the future.

Relationships Australia WA has been selected to support persons who are thinking about or wishing to give evidence at the Royal Commission.

## Who is this service for?

If you have experienced sexual abuse as a child up to 18 years in any institution or group i.e., school, sporting clubs, orphanages, foster care and religious organisations, group home or club and are thinking or wish to give evidence to the Royal Commission about your experience we are here to help.

Support is available to anyone including aboriginal persons, those from a cultural background and those with a disability.

## How will we help?

Relationships Australia WA will provide support and assistance to persons throughout their engagement in the Royal Commission process, including:

- Individual and family counselling face-to-face or by phone;
- Referral to other support services;
- Accompanying and making telephone calls on your behalf to the Royal Commission and other services;
- Giving you all the information you need on the Royal Commission process;
- Offering you and your family members de-briefing and counselling immediately after giving evidence.

## How to access this service?

If you want to discuss how we can support you, or wish to refer someone to our service please, contact us on 9489 6390 or email us at

[rcsupport@wa.relationships.com.au](mailto:rcsupport@wa.relationships.com.au)