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Royal Commission  
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Dear Sir/Madam,

**Royal Commission into institutional responses to Child Sexual Abuse, issues paper 4: Preventing Sexual Abuse of Children in Out of Home Care (OOHC).**

In response to your request seeking input from interested parties, government and non-government in relation to institutional responses to Child Sexual Abuse of Children in OOHC, Western NSW Local Health District (LHD) would like to provide this response.

Western NSW has a population of over 2812 children and young people in OOHC, as per September 2013 Regional Interagency Group Data, from Family and Community Services. The Western NSW LHD provides a broad range of Health Services to these children and young people, through both public health service access and the structured OOHC Health Pathway. There is a significant level of these services that are provided in collaboration with other government and non-government providers to support this target group to live outside of their family home through foster care, relative or kinship care, family group homes, residential care and independent living.

Western NSW LHD would like to emphasise the importance of meaningful, trusted and safe relationships with key partners in the industry to ensure the health and wellbeing children and young people in OOHC whilst also enhancing the ability to protect children and young people in OOHC. This requires robust mechanisms of service standards and accountability for service providers, and the carers.

Should you require further information please do not hesitate to contact Ms Julie Cooper on ph (02) 6841 2270 or email [julie.cooper@gwahs.health.nsw.gov.au](mailto:julie.cooper@gwahs.health.nsw.gov.au).

Yours sincerely

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**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?**

National mandatory reporting of child sexual abuse by all persons working with children or persons supervising those working with children (as stated in the NSW legislation) is a critical component of enhancing safety of children in OOHC. This strategy facilitates a culture of safety for children across all organisations providing services to children, and recognises the priority of child safety through legislation whilst providing a legal framework for responses to concerns of sexual abuse and protection for those who report abuse. Mandatory reports provide valuable contributions to child protection (Mathews & Scott, 2013). Current difficulties exist within Australia due to differences in legislative requirements and definitions between states and territories, both in child protection and criminal justice legislation. These difficulties could be partly addressed through more standardised definitions and inclusion of the known range of behaviours involved in the sexual abuse of children for example grooming behaviours by the perpetrator. An integral part of such legislation is accompanying training for staff.

Independent investigation of allegations of abuse by specialists has been shown to increase appropriate response and support for victims of abuse through transparency, removing conflict of interest, having a process informed by best practice benchmarks and tasks are performed by those with appropriate knowledge and skills in the specialist field of child sexual assault (Calvert, Ford & Parkinson, 1992). The NSW Joint Investigative Response Team model has demonstrated how this may work to provide both welfare support and criminal justice response however these services often face inadequate resourcing. The NSW Ombudsman role in investigating 'reportable conduct' of employees is also a positive element in the protection of children in OOHC through legal requirement of supervisors to report certain conduct by employees, support for agencies implementing this obligation and again independent and transparent investigation of allegations that follow principles of natural justice.

Compliance to internationally benchmarked standards regarding placement of children that are linked to an organisation's accreditation is an essential element in keeping children in OOHC safe. The development of National Standards for OOHC in Australia is a positive step.

Strategies need to be culturally informed, for example 'Responding to Child Sexual Assault in Aboriginal Communities: A report under Part 6A of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*' (NSW Ombudsman, December 2012) demonstrates that there are particular barriers for children and carers in Aboriginal communities to report child sexual assault, requiring responses that address such barriers in culturally informed ways which require involvement of the community and highlight the importance of relationships.

The placement of a child or young person with a carer should occur only after that person and other adults residing in the home have undergone relevant criminal record and working with children checks and received a home visit and assessment by the organisation accrediting that person as a carer.

Regular review of each individual child's placement including discussion with the child by an allocated caseworker who is known to the child and has had the opportunity to build a relationship with that child provides children and young people with another relationship with a safe and trusted adult which enhances accurate assessment of placement and opportunity for the child or young person to raise concerns. This may include regular reviews of placements independent of the agency

providing the placement but the importance of a child or young person to be given opportunities to build trusting relationships with a number of adults increases the likelihood of raising issues of concern or complaints (CREATE, 2013; Jobe & Gorrin, 2012).

Particular attention needs to be given to placement policy regarding the placement of children exhibiting sexualised behaviours. Such policy should consider behaviours as being on a continuum, ensure that placement is with carers who are informed about the child or young person's behaviour, have received training in this area, have access to ongoing supervision/support; placement should not be with younger or otherwise more vulnerable children; intervention and safety plan should accompany each child and young person to support them and their carers in addressing sexualised behaviours (Cavanagh-Johnson, 2011). Whilst the NSW DOCS 2008 *Guidelines for Responding to a Report About a child or Young Person who has Displayed Sexually Abusive Behaviour Towards Another Child or Young Person* provides some guidelines, it is not uncommon for a child exhibiting sexualised behaviours to be placed with younger or otherwise more vulnerable children. Guidelines for workers are needed not just for behaviours defined as 'sexually abusive' but for the range of sexual behaviours that are problematic for children in OOHC which, whilst they may not meet the definition of 'sexually abusive' as per the 2008 DOCS document mentioned above, the behaviours may still have a detrimental impact on the wellbeing and safety of others.

Carers and caseworkers (both within non- government agencies and within government services) require training by an accredited training organisation in child sexual abuse and sexualised behaviours to fully understand the dynamics of sexual abuse, their obligations to report, what and how to report. Ongoing support through supervision, training and other professional development activities are required. Even where this exists a standardised electronic tool for decision making in child abuse concerns, the significance of skill and knowledge of the worker must be adequate otherwise a false faith in systems may result in risk being obscured (Pithouse et al, 2011).

Appropriate sharing of information across states and territories as well as across agencies facilitates the safety and wellbeing of those in OOHC. Given the dynamics of child sexual abuse, transparent and co-ordinated services provide protective factors for children and young people in OOHC. The introduction of sharing of information under Ch 16A of the NSW Children's (Care & Protection) Act 1998 has been a positive step in this area.

**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?**

Relative or kinship carers require differential support due to the different dynamics of relationships and potentially conflicting roles and obligations and individual emotions. Cultural aspects are of particular significance in developing supports and safeguards for children in care in kinship or relative placements, for example the role/status of the alleged abuser and the power they may hold within a community, the impact of factions within a community on the child, the child's family and carers in relation to healing from trauma, safety, and access to support and resources within a community.

Some international and local research has found that young people placed with relatives display fewer at risk behaviours than those in non relative foster care, and that young people in residential care exhibit higher rates of risk taking behaviours than those in both kinship or non relative foster

care, indicating higher need for protective factors such as positive supportive relationships with caring adults and positive peer group interactions for some groups of young people (Chambers, Saunders, New, Williams & Stachurska, 2010; Kinsey et al 2012) however there is a need for more Australian research in this area.

Strategies need to be culturally informed, for example given the 'Responding to Child Sexual Assault in Aboriginal Communities: A report under Part 6A of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*' (NSW Ombudsman, December 2012) demonstrates that there are particular barriers for children and carers in Aboriginal communities to report child sexual assault, in the context of NSW placement principles for indigenous children and young people particular strategies within kinship placement need due consideration.

### **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?**

A regular supervisory visit to a child or young person in OOHC provides the opportunity for the allocation of a consistent caseworker who has appropriate skill and knowledge base for the needs of the child, and enables a relationship to be established with the child and the carer. The difficulty of such a model under the current systems within New South Wales is that many children in care do not have an allocated caseworker, and those who do have an allocated caseworker may not have met that worker and the caseworker may know very little about the child and the placement. Clinical supervision to caseworkers in this model is important to enable reflective practice and maximising the objective assessment of the placement and concern should there be sexual abuse. In addition to the impact of individual worker responses to concerns that a trusted adult in a role of carer or worker has abused a child, it is also known the degree to which perpetrators manipulate information and perceptions and as such supervision is a critical part of working in this field (Calvert et al, 1992).

Irregular visits may provide an objective assessment of a placement however there is no opportunity to build trusting relationships. The importance of building trust and safety within a relationship is a core part of work with children in out of home care and this is achieved through frequent contact with a consistent person, which has been shown to increase the likelihood of children and young people raising concerns (Chambers et al, 2010; CREATE, 2013; Kinsey & Schlosser, 2012).

Given the dynamics of child sexual abuse, any person conducting an audit must have received a minimal level of training in child sexual abuse in order to understand the dynamics and impact. Privacy and confidentiality issues must be carefully considered also in terms of children in out of home care understanding confidentiality and the limits of this, and a system that safeguards their information from unnecessary disclosure to others within existing privacy constraints.

Given the known dynamics of secrecy in child sexual abuse, it is important to aim for a balance between transparency and the supervision of placements and privacy and building supportive, trusting and respectful relationships with both the children in care and their carers. This may necessitate separate workers for the child and the carers.

**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?**

The current arrangements in NSW where the Children's Guardian provides accreditation to OOHC providers has been a positive move as it provides objective external regulation. This model also provides for independent investigation of allegations of sexual abuse by the state statutory child protection and criminal justice systems through FACS-CS and the NSW Police, thus investigation of allegations into sexual abuse are conducted by an objective third party specialised in that particular field and (where appropriate in accordance with the age of those involved) part of the criminal justice system). Past difficulties experienced by the NSW statutory child protection department both providing and regulating OOHC has found such a model to be inadequate in adequately meeting the needs of children and young people in care (Usher, 1992; West, 1996).

**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?**

See comments in points 1. and 3. Given the known dynamics, impact and statistics regarding child sexual abuse, such training should be given high priority.

A systemic review by Kinsey & Schlosser (2012) of training for foster and kinship carers found that wrap around services (interventions targeting different areas of the system) and relational interventions (eg: Attachment and Biobehavioural Catch-up, Parent Child Interaction Therapy) were well supported as effective whereas interventions focusing individually on either the child or the carer were not. Clark (1997) in a review of the OOHC system in NSW also supported investment in wrap around supports for children and young people in OOHC .Given the importance of relationship in increasing the likelihood of a child disclosing abuse and of a carer being attuned to risk and responding protectively privileging the child's needs, this research has implications for policy and practice in the training and ongoing support of carers and children in OOHC.

This confers with the importance of attachment, carer self regulation of affect, and the importance of carer responses to children in care (Blaustein & Kinniburgh, 2010; Dozier, Grasso, Lindhiem & Lewis, 2010) training in these areas is also of critical importance so that carers can manage their own responses which have the potential to either encourage a child to disclose or to keep secret. Such training also develops self care for carers, which provides an important support for carers who may often be in stressful or otherwise challenging situations.

Carer training programs delivered in the Western NSW Local Health District by Child Protection Counsellors such as Reparative Parenting (Westmead Children's Hospital, NSW), Bringing up Great Kids (Australian Childhood Foundation) and Circle of Security Parenting DVD (Hoffman, Cooper, Powell, 2009) have received positive evaluations from carers and facilitators in providing psycho-education about trauma and/or support in developing healing relationships with children. It is believed that routine protective behaviours training for all OOHC carers to enable them to incorporate this into their daily care and interactions with children and young people would also be of benefit.

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

Many carers anecdotally report having minimal to no general knowledge about sexualised behaviours, such as the spectrum of behaviours, the implications and impacts on others, appropriate management and support.

Again, whilst the NSW DOCS 2008 *Guidelines for Responding to a Report About a Child or Young Person who has Displayed Sexually Abusive Behaviour Towards Another Child or Young Person* provides some guidelines, it does not appear to be adequate in protecting children in OOHC from the impact from a range of problematic sexual behaviours of other children or young people in OOCH (see comments to question 1.). Provision of clear guidelines in addition to education would assist carers and workers alike.

Anecdotally, numerous carers' responses to children who have been sexually abused indicate inadequate understanding of the dynamics of child sexual abuse, the impact on the child and ways that carers may either support or further traumatise a child through their own responses to the child or the child's family. Many carers are seeking further information and understanding of these issues and how to support children however this does not appear to be provided when they are trained or assessed to become carers. Risks of these situations include further unnecessary stress on carers and children, risk to safety of children in the home, risk to placement stability and longevity and subsequent risk to emotional and psychological wellbeing.

Training providers such as NSW Health Education Centre Against Violence and the Australian Childhood Foundation provide specialist training for professionals in this field. There is a lack of trained clinicians and supervisory networks in rural NSW for carers and children to access for support and intervention.

**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?**

A form of exit interview for young people and children exiting care provides a direct account of children and young people's experiences which is essential in any evaluation of the system. However such an interview must be conducted in such a way, and by appropriate persons, to safeguard the psychological and emotional well being of the child or young person. Factors to consider include, that an appropriately skilled person conduct the interview, careful consideration given to whether this person is part of the agency providing the OOHC or from the Children's Guardian, consideration to issues of privacy and confidentiality and the child or young person having an active role in whether or not the interview takes place and that there is informed consent and provision of appropriate post-interview support.

It is acknowledged that there is a lack of research and reliable data in this field which impairs the evaluation and ongoing quality improvement. Funding for research and partnerships with relevant industry, professional, social policy and tertiary organisations should be developed by state, territory and federal governments to address this lack of research and adequate data.

**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?**

See answers to questions 1 and 4 regarding mandatory reporting, independent investigation and cultural competence.

**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?**

State, federal and territory government's commitment to funding research into this field would be required to address this concern. Partnerships and adequate funding to provide research as discussed in question 6 would be a positive move. An interdisciplinary approach that involves those working in research, policy and practice has been found to be of benefit in research and evaluation in the field of sexual violence (Johnson, 2013).

Ongoing evaluation and review processes to be included in the remit of the independent overseer.

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

See answers to questions 1 and 4.

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

Mandatory reporting requirements, coupled with agency policy and procedures in NSW support the timely reporting and documentation of such reports.

Legal and compensatory implications need to be considered in the development of any policy and procedure related to timely and accurate record keeping.