The Royal Australian & New Zealand College of Psychiatrists

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

11 April 2016

maximising opportunities for recovery

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About the RANZCP

Psychiatrists are medical doctors who are specialists in the treatment of mental illness, substance abuse and addiction. Psychiatrists play a crucial role in the provision of evidence-based mental healthcare in the community using a range of therapies, including medication and psychotherapy. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation responsible for training, educating and representing psychiatrists in Australia and New Zealand. Psychiatrists must be accredited by the RANZCP before they can practise.

The RANZCP has over 5,500 members including 4,000 fully qualified psychiatrists and 1,400 doctors who are training to qualify as psychiatrists. The RANZCP is guided on policy issues by a range of expert committees whose membership is made up of leading psychiatrists with relevant expertise, and consumer, carer and community representatives.

In developing this submission, the RANZCP worked closely with its expert members and representatives, to ensure that the recommendations made reflect clinical excellence, community experience and insight. This included consultation with the Faculty of Child and Adolescent Psychiatry, Faculty of Forensic Psychiatry, Section of Child and Adolescent Forensic Psychiatry, Section of Psychotherapy, Section of Private Practitioners and the State and Territory Branch Committees.

Key messages and recommendations

- The RANZCP strongly supports the implementation of multidisciplinary, specialised and trauma-informed mental health services for children and adolescents in OOHC across all states and territories.
- Children in OOHC should be routinely and comprehensively assessed for mental and developmental issues using tailored assessment tools.
- A trauma-informed, stepped approach to supporting children and adolescents who have experienced sexual abuse in OOHC is recommended.
- Aboriginal and Torres Strait Islander children and adolescents who have been sexually abused in OOHC should have access to culturally appropriate and safe services, delivered by an Aboriginal and Torres Strait Islander mental health worker wherever possible.
- Services should be accessible and appropriate to the individual child's needs. Multidisciplinary, collaborative services are best placed to deliver this type of care, and should be resourced appropriately.
- Ongoing training and supervision for carers and practitioners in the OOHC sector is essential, and should incorporate information on the potential mental health impacts of removal from primary caregivers, and how this can be addressed.
- The RANZCP is currently developing a resource for private sector psychiatrists that will address, among other things, issues to do with recordkeeping. When these are closer to completion we would welcome the opportunity to work with the Royal Commission to identify how this resource could be used to ensure care leaver records are stored appropriate and available when required.

Background

The RANZCP is strongly committed to addressing the needs of children at risk of abuse, and those who have experienced trauma early in life, and has developed a substantial body of policy work in this area. We recommend reference to these resources for more details on specific issues to do with child abuse, out of home care (OOHC) and child protection:

- The mental health care needs of children in out-of-home care (position statement 59, 2015)

- Child sex abuse (position statement 51, 2016 forthcoming)
- Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse Issues Paper 4: Preventing sexual abuse of children in out of home care (November 2013)
- Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse Issues Paper 10: Advocacy and support and therapeutic treatment services (December 2015)
- Submission to the Senate Standing Committees on Community Affairs inquiry into out of home care (October 2014)
- Child Protection Legislative Reform discussion paper (March 2013)
- The mental health care needs of children in out-of-home care: A report from the expert working committee of the Faculty of Child and Adolescent Psychiatry (June 2008)

Children are frequently placed in OOHC to protect them from abuse, including sexual abuse. Suffering subsequent abuse in an environment intended to offer protection can have devastating effects for the victim, and including increased vulnerability to psychiatric disturbance and impaired development.

In addition to the substantial costs to the individual and community, the broad-reaching social and economic costs of child sexual abuse are substantial. Investment is urgently required into more effective preventative measures, as well as more targeted and better-resourced programs for early intervention and ongoing support for victims and survivors.

Psychiatrists have a critical role in identification, reporting, assessment and treatment of victims of child sexual abuse. In many instances, children and adolescents are initially referred to psychiatrists by general practitioners (GPs) after self-harm, behavioural disturbances, alcohol and drug abuse, depression or posttraumatic stress disorder (PTSD) are detected. It may only be after the clinicians has developed a relationship of trust with the young person that a disclosure of sexual abuse will occur.

Establish a nationally consistent therapeutic framework for OOHC service delivery

Develop a sector-wide and nationally agreed therapeutic care framework that defines therapeutic care, and outlines the essential elements required.

The RANZCP supports the development of a sector-wide and nationally agreed therapeutic care framework. We recommend that this framework should incorporate a number of elements, as follows:

Understanding and addressing contributing factors

Key to preventing sexual abuse is developing an understanding of contributing factors, so that targeted and evidence-based prevention strategies can be implemented. Investment into monitoring, evaluation and research into the provision of care and protection to children in OOHC is required, with an emphasis on identifying safe, accessible, relevant, culturally appropriate and cost effective approaches.

Evidence shows that mental health problems can be reduced by ensuring comprehensive assessment and, when necessary treatment, is delivered to children and adolescents when they enter into OOHC (NSPCC, 2016). The New Orleans Intervention Model has demonstrated effectiveness in supporting children in OOHC and their parents (Minnis et al., 2010).

Screening of OOHC providers

OOHC service providers and foster carers need to be comprehensively screened so that any risk factors are identified. Ongoing monitoring should also occur to identify any occurrence or risk of sexual exploitation as early as possible. Working with Children Checks are important aspects of this, and will identify previously detected sexually exploitative behaviours. However these will not identify undetected behaviours, or people who are at risk of commencing such behaviour. The needs to carefully screen and

monitor OOHC service providers and foster carers needs to be balanced with the need to avoid creating disincentives to involvement.

Increased access to mental health services

The aetiology of mental disorders related to childhood trauma requires more research, however it has been shown that infants who experience insecure attachment with primary caregivers or who experience cumulative trauma are at heightened risk of mental illness across their lifetime. Children and adolescents entering OOHC will likely have experienced both insecure attachment and trauma during their formative years, and so require priority access to specialised mental healthcare. Enhanced access to services would enable early intervention which is essential for optimal treatment outcomes. Furthermore, providing mental health support to young people in OOHC can enhance their capacity to identify inappropriate sexual behaviour in those around them and give them the confidence to seek out assistance.

Mental health services should be targeted to the specific needs of children and adolescents in OOHC. They should take a multidisciplinary approach, incorporate multimodal and targeted mental health assessment, be trauma informed, and follow a treatment plan that is holistic and incorporates the major areas of the young person's life including school, caregivers and peers.

Children and adolescents in OOHC will often have multiple and complex mental health needs, and the mental healthcare services working with them will need to be able to responsive to this. The RANZCP supports Professor Michael Tarren-Sweeney's ten principles for child welfare work as follows:

The mental health workforce requires:	1. specialised knowledge and skills 2. a shift from traditional clinical practice to a clinical psychosocial-developmental scope of practice 3. a strong advocacy role.
Service design should be guided by:	4. a primary-specialist care nexus that includes universal, comprehensive assessments 5. a shift from acute care to preventative, long-term engagement and monitoring 6. integration within the social care milieu 7. a shift from exclusion to active ownership of these client groups 8. normalisation strategies 9. alignment of services for these client groups.
Mental health policy should promote:	10. whole of government accountability for their mental health needs.

(adapted from Tarren-Sweeney, 2010)

The RANZCP also supports the adaptation Professor Tarren-Sweeney's Brief Assessment Checklists for Children (BAC-C) and Adolescents (BAC-A) for use in Australian OOHC environments. These assessment tools are designed to screen for a range of attachment- and trauma-related mental health difficulties which children and adolescents in OOHC are particularly vulnerable to. It is important to use targeted and tailored assessment tools, because mainstream approaches can lead to significant issues being missed (Tarren-Sweeny, 2013).

An example of a multidisciplinary service which has been effective in responding to the needs of children and adolescents in OOHC is the Evolve Interagency Service (Evolve) in Queensland. Evolve commenced in 2005 as an outcome of the Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry). One of the recommendations of the Forde Inquiry was that specialist services for children in OOHC should be progressively rolled out across the state, and this has largely been implemented via Evolve.

Evolve provides therapeutic and behaviour support services for children and young people under an interim or finalised child protection order, and to those in OOHC who have severe and complex behavioural and psychological issues or disability behaviour support needs. Evolve works with children in OOHC to improve their functioning and provide opportunities to achieve stability with their OOHC placement, increase involvement in schooling, and improve community engagement. As part of the service, each child receives an initial, comprehensive assessment of biological, psychosocial, and cultural factors. Key people in the child's life are incorporated into implementing their Evolve plan, including child safety officers, carers, family, Recognised Entity, nongovernmental organisations and school officers.

Queensland Health, via district Children and Adolescent Mental Health Services (CAMHS), delivered Evolve Therapeutic Services (ETS), the therapeutic component of Evolve. ETS targets the 17% of children in OOHC with the most severe and complex difficulties (RANZCP, 2012). ETS has had positive outcomes in terms of improving the mental health and psychological wellbeing of the children and adolescents they work with. This has led to improved stability in placements and schools, and decreased externalising behaviours (DCCSDS, 2015).

Evolve is an example of an effective approach to delivering a multidisciplinary, specialised and trauma-informed service to vulnerable children and adolescents in OOHC, incorporating many of the principles outlined by Professor Tarren-Sweeney. The RANZCP would support the expansion of the Evolve model to all states and territories, with specific consideration on how the programs could meet the clinical needs of children in OOHC who exhibit problem sexual behaviour. This should include children and adolescents in OOHC who have themselves sexually abused other children.

Better support for foster and kinship care families

Foster carers should be appropriately remunerated, and recognised for the valuable role they play in the OOHC system. This requires a shift in approaches to funding, and in community attitudes. Potential foster carers with relevant experience should receive improved incentives for their involvement, and adequate ongoing remuneration. This would contribute towards ensuring that children in OOHC are placed with carers who are able to protect them from experience of sexual abuse, rather than expose them to it.

Recommendations

- Investment into monitoring, evaluation and research into factors contributing to risk of child sexual abuse in OOHC, and conversely the elements enabling safe and supportive care in OOHC is required.
- Universal, comprehensive assessment, and treatment where necessary, should be implemented for all children and adolescents entering OOHC. The RANZCP recommends reference to the New Orleans Model which has demonstrated effectiveness internationally.
- OOHC providers and foster carers should be carefully screening, and monitored on an ongoing basis. Screening should include investigation into past instances where sexually exploitative behaviours have been detected, but also risk factors for future, or as yet undetected, issues.

- Children and adolescents in OOHC require priority access to specialised mental healthcare services.
- Mental health workforce, services and policy design should incorporate Professor Tarren-Sweeney's ten principles for child welfare work.
- Professor Tarren-Sweeney's BAC-C and BAC-A assessment tools should be adapted for use in OOHC environments in Australia.
- There should be consideration of how the Evolve Interagency Services in Queensland could be adapted for all Australian states and territories.

Embed consistent evaluation of child outcomes and longitudinal research, to inform the development of therapeutic residential care.

The RANZCP strongly supports the embedding of consistent evaluation of child outcomes and longitudinal research into the development of a framework for therapeutic residential care.

Expand trauma-informed therapeutic treatment and advocacy and support services

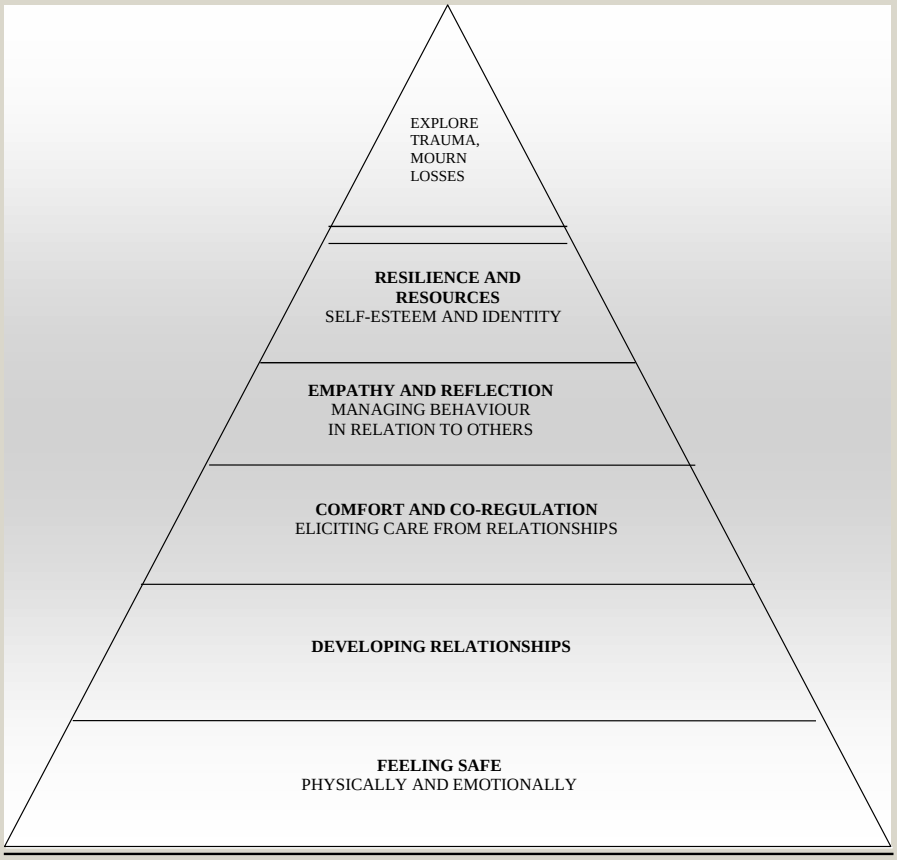
Ensure that children can access trauma-informed advocacy and support services.

The RANZCP strongly supports a trauma-informed approached to advocacy and support services for children and adolescents in OOHC who have experienced sexual abuse. Young people in OOHC may have experienced abuse from multiple sources, over a period of time. The sequelae of this protracted experience of trauma is distinct from that of a victim of a single traumatic episode, and this should be reflected in treatment modalities. Trauma-focused cognitive behavioural therapy (CBT) has a strong evidence base for treating children as young as three years of age who have experienced abuse (Scheeringa et al., 2011).

A stepped approach to supporting children and adolescents who have experienced sexual abuse is recommended as follows:

1. The child's safety, both physical and emotional, must be established. Until external risks are addressed it will not be realistic to work on internal sources of danger, such as unmanageable impulses, fear and maladjusted defense mechanisms.
2. The child needs to be supported to strengthen relational connections with people who can nurture them, and establish a safe and appropriate attachment relationship.
3. Support may be required around socialisation skills, developmental milestones and learning goals. Specialist services may be required to address specific areas of difficulty. At this stage of treatment, strategies that promote a return to normal development and engagement with age-appropriate activities may be required.
4. Finally, once the child or adolescent has been supported to rebuild a sense of stability and safety, treatment can begin to address traumatic memories. It is crucial that the young person has first had the opportunity to build effective regulatory systems before treatment incorporates a direct focus on the trauma itself. If this has not occurred there is the risk that the trauma memory will be reinforced, rather than processed (ACF, 2013).

This stepped approach to addressing the needs of children and adolescents who have experienced sexual abuse is illustrated in the following diagram:



(Golding, 2007)

Evidence-based, trauma-informed interventions, such as those described above, can be applied across the range of presentations, from early intervention with asymptomatic children exposed to recent abuse, through to more complex interventions in children with high levels of traumatic symptoms and dysfunctions in complex parts of their life. It is important to note that younger children may not yet understand the implications of their experience and so may appear less distressed than older children (WHO, 2003).

Recommendations

- The RANZCP strongly supports a trauma-informed approach to children and adolescents who have experienced sexual abuse in OOHC.
- Trauma-informed CBT has evidence for efficacy in treating children as young as three years of age.
- A stepped approach to working with children and adolescents who have experienced sexual abuse is recommended, from establishing physical and emotional safety through to processing traumatic memories.

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.

The RANZCP welcomes the specific identification of the need to meet the needs of Aboriginal and Torres Strait Islander young people who have been sexually abused in OOHC. The experiences of Aboriginal and Torres Strait Islander peoples within the OOHC system needs to be understood in the context of the historical trauma experienced by this population, including the Stolen Generations.

Evidence shows that the Stolen Generations policies have led to higher rates of ill health, incarceration, substance misuse, mental health issues, self-harm, suicide and mortality in Aboriginal and Torres Strait Islander communities (HREOC, 1997). Many Aboriginal and Torres Strait Islander children who were removed from their families experienced severe and protracted trauma, including deprivation of attachment figures and culture, confinement, physical abuse, exploitation, and sexual abuse. The impacts of these experiences have spanned generations, and continues to have effects. Removal of Aboriginal and Torres Strait Islander children continues at unacceptably high rates (RANZCP, 2015). Nationwide, Aboriginal and Torres Strait Islander children are ten time more likely to be in OOHC than non-Indigenous children, and up to 16 times more likely in some states (SCRGSP, 2014).

The cultural needs of Aboriginal and Torres Strait Islander children and adolescents in OOHC should be addressed, and assessments and care arrangements should take into account different approaches to child rearing, family composition and care responsibilities. Understanding and expression of mental illness can also differ, and care must be taken to avoid misdiagnosis.

Aboriginal and Torres Strait Islander mental health workers have substantial value and skills to bring to these scenarios. These practitioners are particularly skilled at providing direct, holistic care to children and communities, as well as engaging and educating non-Indigenous mental health workers where necessary.

Aboriginal and Torres Strait Islander mental health workers should be incorporated into all aspects of the mental healthcare supports delivered to Aboriginal and Torres Strait Islander children in OOHC. This includes in the development of programs, policy and services; consultation on cultural safety; and direct service delivery. Aboriginal and Torres Strait Islander mental health workers should be supported to apply for appropriate positions, and should be remunerated for their work at a level at least commensurate with non-Indigenous healthcare providers (RANZCP, 2016).

Professional interpreters should be used if there is any doubt around the person's English skills, particularly capacity to describe complex or sensitive information about health and other issues. Family or friends should not be used as interpreters as this can lead to misunderstandings and breaches of privacy.

Recommendations

- An awareness of historical, intergenerational trauma should inform the therapeutic treatment, advocacy and support services delivered to Aboriginal and Torres Strait Islander children and adolescents in OOHC.
- Treatment, advocacy and support services for Aboriginal and Torres Strait Islander children who have been sexually abused in OOHC should be culturally sensitive and safe, and delivered by an Aboriginal and Torres Strait Islander mental health worker wherever possible and appropriate.
- Aboriginal and Torres Strait Islander mental health workers engaged in these programs should be well-supported and remunerated properly for their skills and expertise.
- Professional interpreters should always be used if there are any language barriers.

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.

For all survivors and victims of child sexual abuse, but in particular for young people who are culturally and linguistically diverse (CALD) or who have a disability, it is important that programs and services are accessible and coordinated. Services that are multidisciplinary, collaborative and medium to long term are best placed to provide individually tailored responses to the needs of children and adolescents in OOHC who have experienced sexual abuse.

Services should have the capacity to collaborate and liaise across all the major aspects of the child's life, such as mental health services, schools and care givers. In order to ensure this is feasible, CAMHS need to be resourced at a level that allows them to work flexibly and collaboratively, to share information, liaise with caregivers and school staff, and assist in making necessary adjustments at home, school or elsewhere as required.

Communication between schools and CAMHS is also provides opportunities for professionals in both sectors to share their expertise. For child and adolescent psychiatrists, this may include providing training, support and consultation to school professionals, to assist them meeting the mental health needs of their students.

An example of an effective mechanism for enabling services to effectively wrap around the child is Evolve Interagency Services in Queensland, as discussed in our response to question one. A major goal of Evolve is to improve the way services communicate and collaborate. This has been facilitated by legislative change that allows for information sharing by 'prescribed entities', including all professionals involved in the care of the child. Sharing of information has been a crucial factor in the success of Evolve and has allowed for early identification of at-risk children by making it easier to connect relevant information, such as school absences and the onset of mental health issues.

Recommendations

- Tailored, accessible and coordinated services are essential for children and adolescents in OOHC who have been sexually abused. This is particularly the case for children who are CALD or who have a disability.
- CAMHS need to be resourced at a level that allows them to work flexibly with the other parts of the child's life, in particular their care placement and school.
- Queensland's Evolve Interagency Services provides a good model for services that are able to wrap around the child, and therefore tailor the approach to the child's specific needs.

Ensure adequate access to therapeutic treatment and advocacy and support for children who live in rural and remote areas within Australia.

The Commonwealth Government-funded Specialist Training Program (STP) provides crucial funding for additional trainee positions to address areas of need and subspecialities with workforce shortages. STP plays a crucial, long term role in addressing geographical maldistribution of mental health professionals by supporting trainee positions in rural and remote areas. Funding for the STP is however only guaranteed until February 2017. The RANZCP supports continued STP funding for rural and remote trainee positions so as to ensure that vulnerable children who live in these areas have access to specialist supports and treatment.

Research indicates that in areas where there is a shortage of appropriately trained practitioners, telehealth can offer an effective alternative to face-to-face interventions. The RANZCP has developed a guide for the public on telepsychiatry, which can be accessed via our website.

Recommendations

- The RANZCP supports ongoing funding for STP given its role in ensuring that children and adolescents in rural and remote areas who have experienced sexual abuse in OOHC can access the specialist support they require now and into the future.

- Telepsychiatry should be considered as an effective mechanism for delivering support to children and adolescents when face to face services are not available.

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.

The RANZCP would welcome the provision of systematic training for carers and practitioners in addition to regular, ongoing supervision. Training should be delivered from point of entry into the residential care sector, and continue periodically. It should incorporate information on the particular vulnerabilities of children in OOHC, and especially those who have previously experienced sexual abuse. Further, training should be mandatory and tested for retention of knowledge and be delivered by experienced facilitators.

Core components of training should include:

- information on healthy developmental stages
- attachment theory and practice
- background to the psychopathology experienced by children in OOHC
- an overview of the compounding effects of neurological, psychological, emotional, behavioural and relational sequelae and how this relates to the provision of care
- the reparative parenting training model
- empowerment to set developmentally appropriate limits on the movement and affiliations of young people in OOHC
- information on problem sexual behaviour.

Of key importance in addressing and preventing child sexual abuse in OOHC is for carers to be trained in identifying and managing problem sexual behaviour (PSB). 35-50% of children with PSB have experienced sexual abuse, and around the same proportion have experienced physical or emotional abuse or neglect or have witnessed family violence. It is essential that carers are trained to be able to identify and respond to PSB, and that evidence-based and targeted interventions are developed and implemented when necessary.

For carers and youth workers, PSB in children can cause high levels of anxiety and confusion. Children with these behaviours, can often be supported to return to a healthy developmental track, however early intervention and an informed and therapeutic approach to these behaviours is crucial. Child and adolescent psychiatrists have an essential contribution to make in addressing these particularly complex behaviours, including providing knowledge about the aetiology and manifestation of mental disorders associated with child maltreatment and disrupted attachment so that the issues are addressed appropriately.

The Victorian Department of Health and Human Services has developed an effective resource for specialist clinicians titled *Children with problem sexual behaviour and their families: Best interests case practice model Specialist practice resource* (Evertsz and Miller, 2012). We recommend reference to the principles in this resource as a starting point for developing a guide for carers and practitioners.

Recommendations

- Ongoing training and supervision for carers and practitioners in the OOHC system is essential, and should incorporate information on the mental health implications for children and adolescents in OOHC, and how these can be addressed.

- Carers and practitioners in the OOHC system should be trained to identify and respond appropriately to PSB.

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

Develop professional foster care models, in-home care models, and therapeutic family group home models of care.

The RANZCP strongly supports the development of therapeutic models of care. The home environment offered by OOHC and foster carers has the potential to offer healing and therapeutic influences when implemented appropriately. The RANZCP acknowledges that the task for carers can be difficult, as the child's behaviour may appear contradictory, apprehensive or frankly rejecting or avoidant (Smyke and Breidenstine, 2009). Depending on the child's age and prior experiences, considerable time, effort and expertise may be required for the child to have the experience of comfort and protection with an available caregiver. Professional, therapeutic models of care are essential for supporting the work of caregivers, and ensuring minimum standards are met.

Recommendations

- The RANZCP supports the development of professional, therapeutic models of care.

Expand residential therapeutic treatment options for children.

The RANZCP supports the expansion of residential therapeutic treatment options for children in OOHC, however it is essential that the OOHC space is safe and nurturing for the child in order for therapeutic engagement to be effective in their place of residence.

Create nationally consistent system for home-based care reimbursements, to address allowances differing greatly across jurisdictions.

As discussed above, the RANZCP supports foster carers being appropriately remunerated, and recognised for the valuable role they play in the OOHC system. We would support a nationally consistent system for reimbursements in order to ensure more consistency.

Provide better workforce planning and development for residential care staff

Have jurisdictions agree on a strategy to professionalise and build the capacity of the residential carer workforce.

The RANZCP would support a coordinated approach to professionalise and build the capacity of the residential carer workforce. This would enable a more consistent approach to up-skilling this group.

Have jurisdictions establish agreed targets for reducing the use of casual staff in residential care facilities.

The RANZCP supports mechanisms for reducing the number of adults who are engaging with children who are in OOHC.

Establish nationally consistent standards for training and supervising externally accredited residential carers.

The RANZCP strongly supports the establishment of nationally consistent standards for training and supervising carers.

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

Develop a 'kin-specific' approach to a culturally safe and appropriate kinship/relative carer assessment and recruitment that is differentiated from foster care approaches.

The RANZCP has no response to this question.

Increase the casework support and oversight for children in kinship/relative care.

The RANZCP has no response to this question.

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.

The RANZCP supports approaches that would promote the preservation of ties between Aboriginal and Torres Strait Islander children and their community and culture, including via strengthening the capacity of Aboriginal and Torres Strait Islander community controlled organisations.

Increase the implementation of the Aboriginal and Torres Strait Islander Child Placement Principles, 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 kindship/relative carers.

The RANZCP would welcome the increased implementation of Aboriginal and Torre Strait Islander Child Placement Principles (the Principles). In order to build on the work that has already been done in this area, some of the underlying barriers to implementation will need to be addressed. These include the relative shortage of Aboriginal and Torres Strait Islander carers in relation to the number of children in care, inconsistent involvement of Aboriginal and Torres Strait Islander peoples and organisations in decision-making, and inconsistent quantification and monitoring of implementation.

In order to address these issues a renewed commitment is required to supporting and developing Aboriginal and Torres Strait Islander leadership, participation an decision-making, enhancing the recruitment of Aboriginal and Torres Strait Islander carers, and supporting their skills development. Additionally, improved linkages between communities and government, an enhanced understanding of the intent of the Principles, and streamlining the connection between legislation, policy and practice is required (Arney et al., 2015).

Recommendations

- In order for increased implementation of the Principles to occur, there needs to be additional investment in developing Aboriginal and Torres Strait Islander leadership and recruitment into caring roles.
- There needs to be improved communication and education regarding the intent of the Principles amongst communities and governments, and improved communication between the various stakeholders.

Conduct more research to investigate the long-term outcomes for children of kinship/relative care.

The RANZCP strongly encourages more research into the long-term outcomes for children of kinship or relative care so as to enable continually improved and targeted responses and supports.

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

Government and non-government OOHC 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:

a) are educated and supported in undertaking any victims compensation claims for sexual abuse and/or other abuse suffered while they were in care

b) know the process involved in making complaints, including referring matters to the police for criminal investigation

c) have access to supportive environments where they can disclose abuse, both at the time of leaving care and after they have left care.

Young people aged 16 years and over in OOHC are particularly vulnerable, as they face having services cut back ahead of their transition into independent, adult life. However this group may be emotionally disadvantaged and ill-prepared. They require ongoing supports to assist them to bridge the gap between the OOHC environment and adulthood. Just as young people leaving the family home will often continue to receive support and care from their parents, there need to be safeguards to ensure that young people leaving OOHC are not suddenly left without supports.

This is particularly important for young people who may have experienced sexual abuse in OOHC. This group will have higher mental health needs, requiring ongoing access to therapeutic and supportive services. Additionally, evidence shows that disclosures may not occur until the young person has left the environment in which the abuse occurred, and they feel safe. It is therefore essential that opportunities for disclosure and support are maintained long after the young person is no longer in care.

Best practice in eliciting histories from young people should be applied when supporting young people at the time of leaving care. This should include evidence-based interviewing techniques delivered by appropriately trained staff.

Recommendations

- The RANZCP recommends reference to the New Zealand Ministry of Health's *Transition Planning and Guidelines for Infant, Child and Adolescent Mental Health/Alcohol and Other Drug Services* for an example of an effective framework for transition planning (2014).
- Best practice in eliciting histories from young people should always be applied.

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.

While early intervention and prevention is always preferable, anecdotally, the majority of children who have suffered sexual abuse in OOHC do not disclose until well after the placement has broken down, and they have a perception of safety. In the context of this, the RANZCP would support the use of information technology to enable young people to communicate their experiences in OOHC after they have left.

Recommendations

- Internet and mobile applications offer an effective way to ensure young people leaving care have access to opportunities for disclosure of sexual abuse while in OOHC.

Improve recordkeeping and access to care leaver records.

Of particular relevance to psychiatrists is the length of time psychiatrists are required to retain health records. For those in public practice this is mandated by the service. For those in private practice, this should be for at least as long as the statute of limitations.

In practice, this may create a burden on private practitioners who must coordinate the logistics of storing files for many years and even decades. The RANZCP is currently developing resources for private practice psychiatrists which will address requirements such as these. The RANZCP would welcome the opportunity to share these with the Royal Commission once they are more developed, and explore how they could be used to support private practitioners to improve their recordkeeping and access to care leaver records.

Recommendations

- The RANZCP would welcome the opportunity to share its resources for private practitioners on recordkeeping with the Royal Commission so as to identify how these could be used to ensure access to care leaver records are available when required.

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