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Issues Paper 10: Advocacy and Support and Therapeutic Services

Submission to Royal Commission into
Institutional Responses to Child Sexual
Abuse

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www.anglicare.asn.au

Anglicare Australia

Anglicare Australia is a network of over 40 independent local, state, national and international organisations that are linked to the Anglican Church, and are joined by values of service, innovation, leadership and the faith that every individual has intrinsic value. Our services are delivered to one in 40 Australians, in partnership with them, the communities in which they live, and other like-minded organisations in those areas. In all, almost 13,000 staff and more than 7,500 volunteers work with over 600,000 vulnerable Australians every year delivering diverse services, in every region of Australia.

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Response

Anglicare members are independent organisations that provide social services in their respective communities. They choose to come together as part of the Anglicare Network to strengthen their effort in responding to the multiple and complex needs of people and families across Australia, to match local presence to national strength and ultimately to bring positive change to Australia.

Anglicare Australia agencies work in close co-operation with government and other community organisations, and some receive funding from federal, state and local governments to provide a wide range of services. These include:

- Foster care, Out-of-Home Care, residential care, adoption and childcare
- Support programs for vulnerable families and children
- Support for people with disabilities
- Financial counseling and low/no interest loans
- Family and relationship counseling
- Alcohol and other drug treatment and support programs
- Family violence programs
- Youth programs
- Residential and community aged care
- Emergency relief
- Employment services
- Community housing and emergency accommodation services
- Community development through building communities of hope
- Working with Aboriginal and Islander Australians
- Programs for refugee and migrant communities
- Social research and advocacy.

Topic A: Victim and survivor needs and unmet needs

First and foremost, we should state that the same support will not work for every person. Survivors are each different, as is the situation of their abuse. Therefore, it is important that a variety of services and responses are available, and that, where possible, a person seeking support should have a choice of those service providers.

It is also important to note that different responses and services can be appropriate to the same person at different times in their recovery. This may be because of an individual's maturity and capacity increasing as they age, as well as responses changing depending on the amount of time passed since the abuse.

We need trauma-informed practices that honour the person's story and experience. In order to be responsive to an individual's needs and circumstances, services need well-trained and empathetic professionals who understand and can respond to the impact of trauma. Our network understands that recovery is relational, and that building healthy, safe relationships with trauma survivors creates a space that allows people to experience being heard, being seen and being understood.

In terms of unmet needs, our network has identified an important gap in services for young perpetrators. If a young person is the abuser, funding for specialised counselling may not be available in all jurisdictions until a conviction is recorded. This often means that the opportunity is lost to address a young person's needs, as well as losing the opportunity to break the cycle of abuse. It is unfortunately relatively common in an Out of Home Care (OOHC) setting for a young person who has been abused themselves to sexually abuse another young person in care. We recommend that a case of sexual abuse need only be substantiated to trigger the requirement for funding for specialised counselling and intervention, rather than support being available only to those who have received a conviction.

Another service gap is that of personal advocacy for the young person reporting abuse and, where appropriate, their family. Once abuse has been disclosed, there is a complex and multi-faceted system that falls into place. How well a survivor recovers can be greatly affected by their experience of the journey through that system. Victims and survivors often need assistance navigating this system; however, this support is not always on offer.

For example, in WA there is only one Child Advocate and they are based in the Department of Child Protection. This means that they are not entirely independent from the system itself. If we look to the UK for promising practice in this area, CAFCASS (Children and Family Court Advisory and Support Services) is an independent agency that performs this advocacy role to ensure that the child's voice is heard throughout the process. Parkerville Children and Youth Care (a member of Anglicare Australia) runs a Child Advocacy Centre in Armadale that serves this personal advocacy role (amongst other roles), but this is only available to children and families in the South Eastern region of metropolitan Perth.

Once again differences between jurisdictions add complexity and potential inequality for survivors.

Topic B: Diverse victims and survivors

While there are other voices that can speak more authoritatively on catering to the specific needs of particular populations, we have some high-level comments about meeting the needs of diverse victim and survivor groups.

We would also encourage the Royal Commission to seek out the perspectives of groups that may have particular needs, such as Aboriginal and Torres Strait Islander people, people with disability, people who have lived experience of institutionalisation, people with mental health concerns, and people living in disadvantaged communities, in order to hear directly from them about how best to cater to the specific needs of diverse victim and survivor groups.

It is important to reiterate our first point above in Topic A - that different people need different therapeutic and support services, and that the one individual may need different types of support across time. Similarly, not all members of a specific community will react to abuse in the same way.

Advocacy and support services must be delivered in ways that are culturally appropriate for communities and groups. While providing information in multiple languages can reduce some barriers to access to services, Anglicare members that work extensively with Aboriginal people for example note that simply translating information into the local language is not sufficient. The information itself needs to be formed in a culturally appropriate and meaningful way, with the individual or community at the centre of the process.

Where child abuse and neglect may have become entrenched between generations, communities need particular information and support to break this pattern, and responses which target only the child and/or the abuser may not get to the root of the problem. Reporting abuse in this situation can be difficult for children, or adult survivors. Due to the close knit nature of the some communities, the authorities may have links to those families and not believe the child, or be unwilling to act. Finally children from these communities may be faced with the possibility that disclosure may mean isolation, both socially and geographically, from their community.

Topic C: Geographic considerations

Delivering any service outside a metropolitan centre is more expensive than city-based services. While funding formulas are adjusted, allowing for up to 2.5 times the weighting of the funding for metropolitan areas, this does not adequately recognise the quantum of the difference. The number of people requiring these specialist services can be very small in small communities. However, this can in turn further elevate the cost.

There are further difficulties for people living in small communities in that they may not wish to access support from local service provider, which may be staffed by their relatives or neighbours. Providing services by phone or videoconferencing may suit some people and assure clients of their privacy. However, IT-based delivery mechanisms require adequate infrastructure and may further disadvantage people by removing their choice for a face to face service.

IT-based delivery mechanisms should not be seen as a substitute for building relationships with people accessing services. One of our members remarked that “we seem to have forgotten relationship” with young people in the care system in WA, when young people are asked to fill in surveys about their well-being via a computer. This may be an efficient way of collecting data but it should not replace building relationships with children, or working with them to identify how they are feeling and how they wish to undertake their journey.

Topic D: Service system issues

Our members drew on their experience of supporting young people in OOHC when considering how to respond to the prompt about service system issues. When considering how to ensure that practitioners and workers are sufficiently skilled to provide appropriate services, it is useful to remember that training and professional support for staff and volunteers differs significantly from jurisdiction to jurisdiction, depending on local funding arrangements. Some of our members can operate with multi-disciplinary teams, including psychologists, occupational therapists, paediatricians and education specialists, and therefore approach working with children and young people through a range of professional practices. Others are restricted by their funding arrangements (and therefore the pay and conditions that they can offer) to employing workers with Certificate level qualifications. In order to have the best possible services, we need a strong, professional workforce, and a commitment to ongoing professional development for individuals, as well as deliberate workforce development measures.

The different approaches in staffing, supervision and training has been highlighted by a recent internal secondment set up by Anglicare Australia to consider some differing models across our network.

Our members note that employment conditions and the risk of vicarious trauma and burnout can lead to significant staff turnover within their teams that work with survivors and their families. This is a concerning trend because it can cause disruption to the support and treatment of ongoing clients, as well as undermining the professional skills across an entire workforce.

Topic E: Evidence and promising practices

As in many areas of human service we do not entirely know what works and what doesn't. The absence of quantitative studies and the ethical difficulties in randomly controlled research mean that we do not have easy access to research to help us know how to best reach the outcomes we desire.

Parkerville's Child Advocacy Centre is an innovative service wrapping the disparate professionals that follow the disclosure of child sexual abuse around the child in a child friendly place. The [weblink](#) below explains the service's program logic and its successes.

<http://www.parkerville.org.au/Child-Advocacy-Centre>

Conclusion

We thank the Royal Commission for the opportunity to provide input to your consideration of advocacy and support and therapeutic treatment services for those who have experienced child sexual abuse. Above all, survivors should have access to services at the time and place at which they are needed, and the services should be professional, and be appropriate to meet the psycho-social and advocacy needs of individuals and their families.