

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?

Listening to children. "I don't want to go" means

"I don't want to go"

Retroactively responding to signs of abuse the next day – disconnectedness, withdrawal, notable and serious bruising.

Respecting a child's choice e.g. "I want to stay with Grandma"

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?

This is going to vary. Are there safe and supportive members of a child's extended family?

Foster Care has been largely discredited with the level of disclosures of abuse though others have had positive experiences

One negative aspect of Foster Care are children who have been moved from one Foster Care household to another. Children need a sense of

belonging, a sense of permanency not a perception as having a place in a home as long as it is convenient and / or conditional upon the child being "a perfect child".

Apart from older teens the dynamics of a group home concerns me. A group home would need external supervision.

A child should have his or her own bedroom, where no adult has the

right to enter. If any adult or fellow resident enters a child's room

the door should be left open and there should be CCTV on doorways to record who enters and who leaves in the case of group homes or institutional care in what used to be called orphanages.

The unilateral closure of orphanages has been a matter of concern for me. Personally I think that such institutional care has advantages and whilst some needed to be closed, others were not given credit where it is due. I would have preferred reforms and changes in building design and would recommend that this care be re introduced with Child Protection Policies and safeguards.

I would suggest re opening places which did not have disclosures of abuse and building new ones with guidelines, checks balances etc.:

access to external support

access to Kids Line

official visitors

each child to have own room with privacy baths and showers in private cubicles spot checks video surveillance on outside of bedroom doors to record who enters and

leaves – video of the corridor it being a shared area

door to be left open if a member of staff needs to check on say a sick child institutions to be in

suburbia not in isolated areas all staff, visitors, management and board members to undergo Child

Protection and Working with Children organisational culture based on taking responsibility not

passing the blame reunions of past residents.

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?

It is the absence of adequate clearance, training, internal and external supervision that has caused so many children to be abused in care.

No one has a right to work with children – it is a responsibility.

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?

An independent body would be preferable – it's independence. The regulating independent body should have a board that includes a survivors representative and a representative of a child advocate organisation such as Bravehearts.

All members of the independent body would need a Working With Children Check and to do annual Child Protection Courses – at least one day.

Forster Carers should be required to attend training courses.

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?

A clear understanding of rules such as no touching a child's genitals.

A side on hug to comfort a child is not sexual abuse - subject to the good touch / bad touch criteria.

Listening to children.

All these staff to have Working with Children Check

6. What priority should be given to training in relation to sexual abuse compared to other training needs?

Training in Child Protection and Care of abused children should be a core component of any training course.

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

Training and information ought to be more readily available as should on line support for carers and caseworkers.

All material, policies etc should acknowledge sources both to not breach copyright and to facilitate further reading.

8. 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.

All notifications, child complaints should be recorded and categorised. Statistics should be kept and collated by a supervising body and published. As should corrective action.

The key is pro activity and responsiveness.

9. 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?

When a child makes a disclosure, he or she should be separated from the adult who makes the child feel uncomfortable.

The first concern should be if the child feels unsafe then, depending on the circumstances either the adult removed to render the place safe, or the child taken to a safe placement. This

does not mean an adult has abused the child, it means that there is a mis fit. Children are placed in care and therefore subject to feeling vulnerable.

Children disclosing sexual abuse should be taken seriously. Where it is found, or where a child subsequently states he or she made it up, the child ought to be given counselling to ascertain why the child made the allegation. Was a child's memory of a previous abuse triggered? Who was the previous abuser. Forensic testing is also more readily available than in previous generations.

10. 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?

It is imperative that there be independent oversight of the handling of allegations of sexual abuse, subject to it not negating the importance of the continuance of the activation of internal procedures to protect children from further abuse.

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

The man who invented the steering wheel lock took it into a prison and, with permission of the authorities, handed his lock to convicted thieves. The response – the thieves could break into the lock but it took too long and so they would not attempt to steal a car with that steering wheel lock. He promoted his lock along these lines.

No policy or procedure is fool proof. It is a matter of maximising the barriers to abuse and increasing the layers of protection., and responding to breaches as they are disclosed or detected.

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

Reporting Child Abuse should be immediate – weather on line or by phone. Modern means of communication.

It is a matter of concern to me that the option of adoption has been diminished. Where a child needs long term care, where there are no relatives offering to provide care where a child requests or agreed to being adopted that option ought to be facilitated.

Children should be seen and heard.

Children should be asked their needs in any court case or hearing.

Children in care should not be abandoned upon turning 18.  
Young adults need a base, place to return to for support for post care

options:

Group homes

drop in centres

option of staying with Foster parents

re unions

Case workers for 18 – 25 year olds.

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