The Salvation Army Australia

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Response to the

Royal Commission into Institutional Responses to Child Sexual Abuse

Issues Paper 4 – Preventing Sexual Abuse of Children in Out of Home Care

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INTRODUCTION

The Salvation Army Australia welcomes the opportunity to respond to the fourth issues paper on Preventing Sexual Abuse of Children in Out of Home Care released by the Royal Commission into Institutional Responses to Child Sexual Abuse.

The Salvation Army Australia is a national organisation providing services and programs to children and youth at risk and with high level and multiple complex needs. In addition, The Salvation Army provides a range of support, recreational, music and family supports through its network of social support services, community centres and churches across the country to meet the diverse and varied needs of communities.

The Salvation Army has, since very early in its history, provided support and institutional care for thousands of children and young people. Today, The Salvation Army Australia provides Out of Home Care (OOHC) for the most disadvantaged children and young people, many of whom have complex needs. Whilst the majority of these services are located in Victoria, the breadth of The Salvation Army's engagement in this sector across Australia demonstrates the organisation's capacity and solid reputation for the delivery of these services to the most complex of children and young people.

The underpinning foundations of The Salvation Army OOHC services is that it is a child safe organisation and recognises that the children and young people placed or engaging in its services have experienced significant levels of trauma, neglect and abuse, and that these experiences significantly impact on individual social, intellectual and psychological development of individuals. The Salvation Army's reputation in this sector is built on the considerable operational and practice experience and knowledge of a dedicated and highly competent workforce, both paid and volunteer.

The Salvation Army Australia's response to this Issues Paper draws on this expertise and practice knowledge. The Salvation Army strongly advocates that no one agency or professional group has the responsibility for ensuring children's' safety and protection from harm. This responsibility lies with federal and state governments, community service organisations and the community. However, similar to other issues raised by the Royal Commission, the OOHC sector is represented by both state and federal legislation and funding guidelines, each with its own policy and governance frameworks and regulating systems. Likewise, the community service organisations (CSO) providing these services operate under their own governance systems and practice models. Whilst there are similarities and common elements, there is a significant diversity in focus, range and maturity of frameworks, policy structures, standards and practice processes. In addition, a variety of different models of intervention and practice guide how organisations organise, provide and manage services. Much of The Salvation Army's work in the OOHC sector is guided by the Sanctuary Model (described by Sandra Bloom, 2000), CARE (Children and Residential Experiences, Martha Holden 2008) and Mirror Families (Claire Brunner and Cas O'Neil, 2008).

In addition, as an organisation committed to the accreditation process and as a recipient of state and government funding, The Salvation Army is required to meet and evidence compliance with a range of standards that address the risk management, staff recruitment and training

processes, safe environments and program monitoring, evaluation and review processes essential to building the capacity of organisations.

With this in mind, The Salvation Army strongly endorses moves to streamline key aspects of OOHC provision across Australia and advocates for continued support to investigate best practice models of care for complex and high need individuals and family groups. The Salvation Army endorses and supports the *National Standards for Out of Home Care*[1] as a mechanism for driving improvements in the quality of practices, processes and the outcomes of OOHC services and a framework that proactively supports organisations to align with defined national standards, policy, procedure and best practice principles whilst encouraging innovation in care.

[1] Commonwealth of Australia (2011) *An outline of National Standards for out of home care: A priority Project under the National Framework for Protecting Australia's Children 2009 -2020.* Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group.

RESPONSE TO ISSUES PAPER 4

Preventing Sexual Abuse of Children in Out of Home Care

Question 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?

The Salvation Army Australia believes that there are two critical elements that should underpin all OOHC services:

Firstly, a national approach to the standardisation of a set of core principles on which service provision is grounded, providing consistency of process and governance requirements, practice standards and reporting requirements. A national approach however should not restrict innovation and exploration of models of care and progression of enhancements to and change in practice and process standards.

Secondly, this national approach should be grounded within organisational culture that reflects child safe practices. Underlying the capacity of an organisation to provide a safe and secure OOHC placement is for the whole organisation to be a child safe organisation and to adopt and promote governance and practice standards and processes that align with child safety principles and processes. Where organisations provide a diverse range of services and programs to individuals and the community, the focus on organisational child safe culture is critical and reflects the need for a broader emphasis on vulnerable cohorts within both the service and the organisation.

It is suggested that the development of the above two elements needs to be grounded in the following:

- A learning culture that continually promotes and supports education and professional development for all employees and volunteers
- Policy and procedures that protect children and young people from abuse, including the initial screening, assessment and training of volunteers; annual volunteer review; clear and transparent practice and risk governance frameworks
- Nationally developed minimum requirements for placement support and monitoring and annual carer review
- Risk governance frameworks, including investigation and review, are clearly documented and communicated, transparent, timely and informed by evidence base
- Therapeutic models of care that are evidence informed and which include components such as active care team meetings, high levels of therapeutic support to workers and carers, initial and ongoing education on the impact of abuse related trauma and related issues
- Stable, experienced and highly skilled workforce (both employees and volunteers) who are provided with regular supervision and support, and opportunities for professional development
- Giving children and young people in care an active voice. This includes having regular and ongoing mechanisms for feedback from children and young people on their experiences in OOHC. It is the experience of The Salvation Army that this can be effectively achieved within an organisation with a clear child safe mandate and within an organisation with a stable employee contingent. Longer term employees have an enhanced capacity to establish stronger and more trusting relationships that encourage openness. Mechanisms that support longer term placements and engagement with carers to manage issues within placement also enhance trust and transparency in processes that encourage children and young people to voice issues, concerns and disclosures.

For the above to be achieved, a number of key areas requiring review and improvement include the following:

Carer issues

The preferred OOHC placement for the majority of children and young people is a home based care option, and such a placement requires volunteer carers. Recent research by the Australian Institute of Family Studies[2] (based on the most recent statistics from the Australian Institute of Health and Welfare) showed that 93 per cent of all children living in OOHC are in home based care placements, of which 47 per cent were in relative/kinship care and 44 per cent in foster care. The same report shows that a third (34%) of all indigenous children are in OOHC, and although variable across the states and territories, nearly 69 per cent of Indigenous children were placed with relatives or kinship groups. Carers are of vital importance to the ongoing feasibility and sustainability of these placement types.

Current competency based assessment for volunteer carers needs to be further addressed. Whilst the current model of competency based assessment provides a sound commencement point, it could be much stronger. The inclusion of a formal psycho-social assessment should be considered to determine the suitability of a volunteer to a caring role. The introduction of psycho-social assessments would be welcomed as a validated tool to further inform and complement an assessor's evaluation and judgment and the formal interview process.

It is the experience of The Salvation Army that states and organisations need to review how they attract, retain and support carers, without the over-professionalisation or under-valuing the carer sector but still meeting recruitment, risk management and governance requirements.

Two key aspects that need consideration are:

- Increase in and standardisation of carer reimbursements, with current subsidies inadequate to meet the 'real' costs associated with caring for children, especially those with complex needs
- Standardisation of mechanisms for the registering of carers within the sector, processes for pre- and in-placement support and skill development, annual carer review and registration update, management of issues and allegations.

Workforce issues

- Development of a workforce strategy focusing on capacity, training and development. In addition and further to the above point, the sector requires a highly skilled workforce capable of undertaking in-depth carer assessment based on a range of tools including standardised interview, psycho-social measures and drawing on individual worker experience, knowledge and expertise to better inform decisions based on the outcomes of interviews and standardised measures to guide recruitment decisions
- Development of nationally consistent guidelines for the recruitment and management of key workers, including training and development, supervision and case review, case load control.

Operational issues

- Key performance indicators should focus on achievements in 'quality of care' in additional to those for 'quantity of care', recognising that this may represent a significant shift in state government and organisational systems and culture, and shifts how indicators are measured

[2] Australian Institute of Family Studies (2013) Children in Care, sourced at http://www.aifs.gov.au/cfca/pubs/factsheets/a142092/

- With respect to the safety of children and young people in care, there is a limited systematic approach to ensure that they have access to a range of comprehensive specialist health and behavioural assessment and intervention.

Key outcomes of the development of these core and nationally standardised processes would be:

- More effective and efficient recruitment of workers and carers leading to more effective and efficient placement matching, resulting in longer term placement and stability for children and young people
- OOHC services being provided within the context of child safe organisations, supported by child safe practices and principles underpinned by national standards for care.

Question 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?

The Salvation Army does not support differing approaches and strategies to the safety and care of children depending on the type of OOHC placement, nor does it believe that differences in the processes are justified. Indeed, whilst recognising that there are inherent differences in each model of care, The Salvation Army strongly supports a comprehensive whole of organisation response, underpinned by national standards and principles.

The Salvation Army supports standardised and robust assessment, induction, training and support processes, supported by consistent codes of practice and behaviour across the organisation, and endorsed and supported by policies, procedures and practice. OOHC organisations need a strong focus and commitment to the wellbeing and safety of employees and carers to ensure best practice and standards of care for children and young people. Such a focus ensures services manage and regulate case loads and maintain the standards of care in order to promote consistency in practice, which in turn reduces disruption for the child or young person in care.

As detailed in previous submissions to the Royal Commission, The Salvation Army believes that inconsistencies and differences in processes can lead to gaps and irregularities that may impact on the safety and care of vulnerable children and young people.

Nationally consistent standards specific to OOHC rather than specific to the OOHC placement type would be the preferred approach.

Relative or kinship based care

Nationally, the number of children in statutory based kinship care is greater than those in foster care, with many more children in informal kinship care arrangements. However, whilst such care provides greater stability and normality for children and greater contact with families, such placements also have higher levels of vulnerability. Therefore, the need for careful assessment and support of these placements is essential to avoid risk to safety and wellbeing of the child and the caregivers and their families.

Current policy and process allows for less rigorous assessment of kinship care placement, with assessments often taking place well after the care arrangement has commenced. In addition there appears to be a higher level of scrutiny and oversight of children and young people in foster care and residential care than in kinship care, and this reflects the strong conflict between formalised care provided by paid and trained employees and carers in comparison to family members volunteering to support children and young people from within their own or extended family group. However, given a family member is more likely to be a perpetrator of child sexual

abuse, the differing processes and levels of oversight afforded to kinship care is highly questionable.

Kinship care may have disadvantages in that there may be tensions and hostilities within the family network that pose ongoing or new risks for the child. To the fullest extent possible and in line with standard OOHC processes, parents and child (if age appropriate) should be actively involved in identifying and selecting an appropriate kinship carer unless the choice would place the child at further risk. If there has been significant substantiated abuse, the wishes of the parents regarding placement of the child with an extended family member should not take precedence over what is considered to be in the best interests of the child. However in the absence of standardised and rigorous assessment and review practices and processes, placement of children in kinship care may not be the best option.

There are a number of key differences in how kinship care is provided, and it is surmised that these differences reflect the tension between minimising the level of intrusion and intervention on what is a family unit and the apparent minimal level of oversight, supervision and support offered. These differences are at odds with a system that has responsibility to act in the best interests of vulnerable children and young people.

As a result of this tension,

- Not all kinship carers are supervised or supported by services
- Screening and assessment of kinship carers is not as rigorous and detailed as foster care
- Kinship carers are not offered the same level of training or access to information as foster carers or residential carers.

Foster care

Although there are generally organisational and/or state based standards for recruitment and induction practices and process in the foster care sector, there are similar deficits in supervision, support and education and training opportunities as identified for kinship care.

A significant issue for the sector, however, is the dearth of foster carers to support home based care options. This is an issue of attracting, recruiting and maintaining carers as much as it is about improving the pre-placement and post-placement training to assist in ongoing skill and knowledge development, and financial support. The lack of foster carers being recruited and retained has seen an increase in kinship care.

Residential care

Residential care, which is staffed by paid employees, is more commonly offered to young people and often results in a number of young people living within one unit. A common issue for residential care employees is the management of challenging and risk behaviours displayed by young residents. Depending on the mix of young people, staffing ratios become very important to managing a residential unit. Services need staffing and funding flexibility to respond to this need, and this is being demonstrated in some regions through well developed collaborative partnerships between CSOs and child protection agencies.

Training and development of core competencies in intervention and practice models and key topics should be provided for all staff. Training, as minimum, should include behaviour management and trauma based responses. Training should also include refresher and up-skilling training as well as support through case review, supervision and mentoring for all staff.

Question 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?

All the models for checking OOHC practices and processes have strengths and weaknesses, but The Salvation Army supports a combination of methods adopted at the individual organisational level (i.e. audit and supervisory visits), i.e. state based processes such as community visitor endorsed programs providing specific, direct and independent feedback to services and collation of state based data to funding bodies; and audits and benchmarking across the *National Standards for OOHC* providing data or evidence base for the broader sector. These models and processes should be underpinned and guided by nationally consistent principles and service standards.

Audit approaches

At a national and state/territorial level the *National Standards for OOHC* provide 13 standards with a range of data measures based on data held at state and territory level. In addition, it is proposed that benchmarks will be developed to assess outcomes for children in OOHC. The Salvation Army is encouraged by the ongoing work on this issue at a national level.

The strength of audits is that they provide benchmarked and continuous quality improvement approach to organisational review.

Whilst The Salvation Army supports a move to consistency in auditing and data collection processes for organisations, it also recognises the weaknesses of such processes. A primary concern is that the audits are generally planned processes allowing organisations and workers to prepare specifically for review rather than standards being embedded in organisational culture and practice. Secondly, increasing audit responsibilities requires increasing workloads for services. The concern within the sector is that this work takes away from client focus.

Supervisory visits

Service models and practice that incorporate regular, planned or unplanned supervisory visits from senior staff members into OOHC placements are seen as positive methods for review and evaluation. Such reviews promote evidence of an organisational approach to OOHC, provides opportunities for supervision and support to the placement, and opportunities to meet with children, young people and their carers in a less authoritarian manner.

Supervisory reviews undertaken by organisational staff tend to be less intimidating than visits from unknown external organisations. Carers and clients may know the supervisor conducting a visit and this is often a positive aspect of this model.

The purpose and rationale of visits should, however, be open and transparent to both the carer and the child/young person. The purpose of such visits will be to touch base with carer and clients on a more regular and less formal basis than that described by audits or community visitors. Supervisory visits generally focus on organisational policy and procedure, but also have the capacity to evaluate client and carer satisfaction and input of areas for change and improvement. Depending on the frequency and regularity of such reviews, supervisory visits can be more efficient in identifying or eliciting issues, concerns or gaps in process and practices and can result in more immediate action to address concerns.

A weakness of supervisory visits is the potential for carers and clients not to provide feedback on issues or concerns due to the differential status represented by an organisational supervisor. Carers and clients may feel unduly pressured not to disclose issues or concerns, i.e. for fear that to do so may put the placement in jeopardy or indicate that the carer may not be coping.

In addition whilst organisations strive for consistency in regular team meetings, employee supervision and support, regular and frequent supervision visits into OOHC placements to support and review needs and issues of carers and clients are often relegated due to work load pressures and other organisational commitments.

Community visitor models

Community visitor programs are well known in the disability and mental health sectors and most states have such programs usually managed through public advocates. The brief for community visitors in these jurisdictions is to monitor and report on the adequacy of services provided and liaise with organisational management and staff to resolve issues. Activities undertaken by community visitors within this context include, for example:

- Enquiring into the quality of services and care provided to patients/residents
- Talking with residents/patients and staff to identify problems
- Ensuring that the treatment and service given to residents/patients maintains their dignity and respect
- Assessing the opportunities available to residents/patients to participate in recreational and educational activities
- Assessing whether residents/patients are at risk from their living environment
- Following up on complaints and concerns raised by residents/patients[3].

Community visiting programs are well known by clients, carers and workers within the mental health and disability sector and their presence at sites is known, accepted and respected, but this recognition has been developed over a considerable period of time. These models provide a level of independent review as they sit outside mental health and disability authorities.

In terms of the OOHS sector, community visitors have the capacity to provide independent review of an organisation against set standards and, if they follow similar guidelines to current models, may engage carers and clients in relation to identification of issues and concerns with capacity to address these directly with the organisation.

A concern about this model is while OOHC is about building relationships, evidence shows that children and young people who frequently exhibit pain based behaviour are reluctant to trust adults. The Salvation Army would support consideration of a community visitor model auspiced by state/territory based independent authorities with nationally consistent objectives and governing principles. Currently, The Salvation Army's Westcare services (Melbourne) are developing an internal community visitor program model with trusted persons who are known to and have experience with the services client group.

Question 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?

As stated and referenced in the *National Standards for OOHC*, state and territory governments have a duty of care to provide optimal opportunities for the development of wellbeing and safety for children and young people. States and territories are responsible for statutory child protection and for the regulation of funded services. As stated previously in this submission, although there are commonalities between different jurisdictions, there are differences in

- [3] Office of the Public Advocate Victoria – Community Visitors sourced at http://www.publicadvocate.vic.gov.au/services/107/)

governance processes, standards and policy and measures against which services must report. Currently, accountability mechanisms and review and investigation processes are differentially managed through state child protection agencies, Ombudsman and Child Commissioners. The system is inconsistent and disparate across the different jurisdictions.

The Salvation Army strongly endorses the requirement for the development of a more consistent over-arching approach to national standards for regulation based on the *National Standards*. Regulation standards must be flexible to the needs of the differing jurisdictions and models of practice used by community service organisations (CSO). Ongoing monitoring, review and regulation of the OOHC sector should look to how such processes are working in other sectors (i.e. health and disability) with a view to incorporating independent regulators for both CSO and departmental case work practice and processes against nationally agreed standards and measures but also incorporating input from children, young people and their carers.

The Salvation Army believes that current regulation of OOHC by the funding and regulatory body lacks independence and there is concern within the sector that departments are strongly influenced by political and economic drivers such as a strong risk aversion framework and moves to generalise the skill base of departmental workers diffusing rather than building expertise.

The Salvation Army supports the inclusion of an independent body, such as state based Child Safety Commissioners (or their equivalent) to undertake key aspects of OOHC regulation, particularly with reference to service models and practice, efficiencies and effectiveness of service provision. This information needs to feed into both state based and national data, with information on practice and process issues (particularly where patterns exist across services) and examples of good practice made available to the sector.

Question 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?

The Salvation Army strongly supports nationally accredited mandatory minimum training requirements for all employees within the OOHC sector and whilst it recognises the difficulty of mandating training for volunteer carers (i.e. kinship care), a minimum requirement would be strongly recommended for all carers.

Training in relation to working with children and young people who may have been sexually abused is critical and should be considered a mandatory pre service training requirement for all and given a high priority.

It is suggested that other key priority training topics include:

- Intervention and care models
- Trauma informed care
- Identification and management of problematic sexualised behaviours
- Age appropriate sexual development
- Building protective factors and resilience in the children
- Grooming behaviours and indicators of grooming at an organisational level and individual child and carer level.

It is suggested that the Certificate IV in *Child, Youth and Family Intervention (residential and home based care)* should be a mandatory minimum level qualification for all residential workers, and potentially also for voluntary carers. Although we recognise the difficulty of making

mandatory requirements for voluntary carers, The Salvation Army would strongly recommend this training to all carers.

In addition, mandatory training for all employees should include informational training on internal organisational and state based processes for the investigation of allegations of abuse or quality of care concerns, appeals processes and support options.

As discussed earlier, the training needs of volunteer carers, both kinship and foster carers must be considered in the context of their voluntary status. Many home based carers are in paid employment outside of the home and provide care often in addition to their own children. CSOs need to be mindful that kinship and foster carers and placements are not employees or workplaces, and as such different pathways for accessible and flexible models of training and support need to be considered. Discussions and decisions about mandating training for carers must also be mindful of the increasing demands made of volunteers without reimbursements or subsidisation, mentoring or supports. At a minimum, every carer should receive regular reflective practice supervision, training and support outlined in a training plan, with 24hour on call support. All of these discussions need to consider whether the sector should move to professionalising the role of foster carers.

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

There is a substantial range and availability of training and information for carers.However, access to and cost of training can be inhibitory factors to both the organisation and the individual. Training and information to carers needs to include practice skills base as well as core knowledge relevant to the organisation client group.

Training and support to employees and carers in regional and rural settings is problematic due to availability of local options, accessibility and cost.

The culture of an organisation is essential to promote staff and workers to take up training and development opportunities. Employees and carers also need to be supported and encouraged to engage in education and training through both line and organisational management.

As stated in the previous section, The Salvation Army is aware that it is a very fine balance between providing information, skills and knowledge to support carers in what is often a difficult and challenging role without professionalising their role or requiring them to be 'therapists'. This role sits with case workers and child protection workers. Carers do need knowledge and skills but this needs to be targeted to their role and needs. The Salvation Army strongly supports the requirement of mentoring and support as an essential tool for carers in addition to training and development. Indeed, the ability to review and discuss knowledge and practical application of skills embeds and enhances learning opportunities.

The Salvation Army would support the need for specific training to be a mandatory requirement for carers but this has a number of inherent implications not the least of which is cost to the organisation and the capacity of the sector to mandate training for volunteer carers, particularly those who are employed or in rural regions where access, time and cost may impede capacity to take up training.

Question 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?

Unfortunately with everything the sector knows about screening of workers and carers, monitoring and review, abuse of children and young people in care still occurs. What we also know is that unless detected early and prevented, disclosures of abuse will not occur until a child is older and usually well out of the system.

Governance structures including clearly communicated and transparent risk management processes that support disclosure, investigation and timely intervention are paramount within organisations. Mindful that most children will not disclose abuse until later in adult life, The Salvation Army firmly believes that an essential and core element to support disclosure is to build an organisational culture that actively supports and endorses the voice and presence of children.

Services need to be intentional in supporting the active voice of children and provide age and developmentally appropriate means of doing this both internally within organisations and/or through an independent source i.e. community visitor, Children's Commissioner.

Exit interviews are useful in adding to the repository of information about the experience of children and young people in OOHC placements that provides data and indicators supporting process and service improvements. Although unlikely to elicit disclosures of abuse, exit interviews do provide value service and broader governance information.

Accreditation processes that regularly review governance and proactive standards have required organisations to be more consistent in their development, monitoring and review of underlying principles and governing policy, procedure and practice.

Similar to the accreditation process, where there is evidence that failures or gaps in systems and/or processes have resulted in abuse of a child in OOHC, organisations should be provided with a 'grace' period to change/improve processes/systems/practices at which time they should provide evidence of these changes to the regulation body.

Investigations of failures or gaps in systems and/or processes and recommended actions should be available within the sector as organisational learning tools. Organisations and the broader sector should be able to view and use this data as a valuable tool and resource to inform service improvements.

Question 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?

As per previous sections, the different jurisdictions have different, but essentially common, approaches to addressing allegations of abuse against carers. Different jurisdictions give advice to CSOs about what and how to respond to allegations. The New South Wales Ombudsman's Office provides a useful model for base line expectations of CSOs for defining and considering what is reportable conduct and how to conduct investigations.

Generally principles underlying responses to quality of care concerns include:

- The best interests of the child will be paramount
- Children will be listened to and heard
- Carers will be treated fairly, honestly and with respect
- Parents will be informed about the welfare of their child

- Child protection and CSOs will work together in the spirit of partnership and collaboration
- Decision making, investigation and formal care review processes will be well informed, clearly communicated, timely and represent best practice.

Interviews of children in relation to allegations of sexual abuse need to be conducted by skilled staff who have appropriate training and experience in interviewing children. Again, where the organisational culture encourages and supports the active voice of its clients, participation of children is seen as a given rather than exception. It is acknowledged that these interviews are sensitive and need to be conducted in a way that minimises stress on the child or young person. Consideration needs to be given to who is the appropriate person/s to conduct and record these interviews.

Unfortunately current policies and practices do not work well where there are concerns about wrongful allegations. In such situations the system appears to be unfair to carers. Employees and carers can be put in incredibly difficult positions within their personal relationships and with their own children if allegations are unsubstantiated. The investigative process through regulatory bodies, maybe with police involvement, is slow and may not provide timely or clear feedback. The system appears to work from the premise that the worker or carer is guilty until proven innocent reflecting the focus on the safety of the child.

Independence and consistency of practice and process are important for all involved in such allegations. Whilst children should be consulted and supported through the process, carers and employees should be provided with the same resources and information.

Question 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?

The Salvation Army believes that state based Children's Commissioners (and equivalents) are well positioned to provide independent oversight of the safety of children and young people from sexual abuse in OOHC. However, this should not be considered the single solution or response, but rather should be considered a whole of sector and organisation response. On its own, an independent body will make little difference. Most states already require service accreditation against defined standards, and as such work is already being undertaken at a local service level.

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

Issues of strengths and weaknesses of oversight mechanisms have been variously addressed in previous sections.

In summary:

- A whole of organisation commitment to child safety and adoption of a national framework that proactively supports organisations to align with and produce child safe policy, procedure and best practice principles
- Oversight needs to be independent from both child protection agencies and CSOs but working in collaboration with both to improve responses to issues and inform practice and process change.

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

The issues relating to delayed reporting of child abuse and the implications for record keeping and access to records should include the following considerations:

- The accuracy and verification of any claims would be compromised as the records that would likely be relevant to and used for corroboration may well no longer exist, never existed or have been unwittingly destroyed
- Historic records were not necessarily seen as important and, without any knowledge of any actual or alleged child sexual abuse at the time, they would not have been kept in the first instance
- There has been a lack of legislation, historically, giving guidance as to what should be documented and the length of time it should be retained
    - Current and future legislation needs to be prescriptive and unambiguous around what is to be documented, the length of time it is to be stored and the required principles and policies around the same
    - Current and future legislation needs to be compatible federally and state-wide
- There needs to be a definitive process identifying the requirements for access to records, record keeping and what definitions they are using for things such as child sexual abuse
- The definition of what is meant by "reporting" is important as it informs the implications (i.e. whether it is reporting to police or authorities vs. reporting to an organisation)
- Any policy, practice or procedures would need to outline the manner in which record keeping is to be complied with (i.e. documentary hard copy, transfer to electronic form, retention or destruction of originals copied to digital formats etc)
- Another helpful process would be for there to be standardisation of process for which records are filed and accessed (i.e. by surname) so as to be uniform in and across jurisdictions and to simplify searching and/or recovery of these documents
- What compliance issues and/or penalties need to be considered when people and/or organisations in the event do not follow the guidelines or policy.

The relevance of retaining records cannot be underestimated in relation to learnings from past matters and failures, the remedying of which may prevent reoccurrence in future.