

Response to the Royal Commission
Into Institutional Responses to Child Sexual Abuse
Issues Paper 4 – Out of Home Care for Children
By
Lutheran Church of Australia

Background

The Lutheran Church of Australia has a presence in all states and territories. The church is divided into five 'districts': Western Australia, South Australia/Northern Territory, Victoria/Tasmania, New South Wales/Australian Capital Territory and Queensland. There is a Bishop of the Church and a Bishop in each District.

Introduction

The Lutheran Church is actively involved in serving vulnerable people through Lutheran Community Care in Queensland and South Australia/Northern Territory. Out of home care is only provided in South Australia which includes a foster care program. This response was prepared in consultation with a senior member of the foster care team, the Deputy Director of Lutheran Community Care who is a long term foster carer and is currently a relative carer and members of the Lutheran Church of Australia committee formed to respond to the Royal Commission. The Project Manager for the recent South Australian Guardian for Children and Young People's Inquiry Report into the impact and experience of moving while in care¹ coordinated the response.

This response is based broadly on South Australian practice, and unless otherwise stated, comments in this paper refer to home-based care of children.

In the past the Lutheran Church has provided out of home care in South Australia, Victoria and Queensland.

The Lutheran Church ran a children's home at the Koonibba Aboriginal Mission on the west coast of South Australia from 1913 – 1963. This children's home was mentioned in the South Australian Children in State Care Commission of Inquiry report of 2008 (pp117 – 118).

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 strategies that can be implemented for children to be safe and secure are included in the standards under which out of home care services are provided. These are informed by research and by experience.

It is important that the incidence of abuse in care is not ignored at any stage in out of home care. All parties should be aware that abuse is not tolerated and that should one suspect that a child is being abused in care, that it is essential to talk to someone about it. It is also worth noting that when one looks at the reasons for children coming into care, that the most frequent

¹ Office of the Guardian for Children and Young People, 2013 *Inquiry Report: The impact and experience of moving while in care* Government of South Australia. The report can be found at <http://www.gcyp.sa.gov.au>

listed cause is emotional abuse i.e. that neglect and other forms of abuse also result in children entering the out of home care system.

Incidence of sexual abuse within the community

The rate of women who have been sexually abused within the community is stated as 1 in every 5. There is ongoing debate about the accuracy of this figure, but the principle remains that a significant number of people in our community have experienced sexual abuse and one could argue that significant resources need to be allocated to address past abuse and to prevent such occurrences in the future both in the community, in families at risk, and with foster parents or other members of the family and with staff employed in out of home care.

Recruitment of carers

Given the increasing number and difficult behaviors exhibited by children coming into care, it is important that people providing out of home care are recruited from all walks of life.

Standards have been developed to assist with assessing risks and to determine what factors cannot be overlooked. These specifically include whether foster carers or other members of the family have experienced child sexual abuse. The recruitment phase which is in fact the initial stage of the assessment is when this needs to be explored.

Screening

If one were to exclude those who have experienced abuse from providing care for children who have been abused, a large and valuable cohort of the community would not be eligible to assist. The important criteria here is that potential carers who have experienced abuse need to demonstrate that they have addressed the abuse and have come to a resolution of what has occurred to them. This will usually have been through a therapeutic process and evidence of this must be produced.

Where out of home care is being provided through home-based care, all members of the household (and pets) must be involved in the screening and assessment process.

Assessment

The assessment process is critical. It needs to be thorough and to be undertaken by a professional who has been trained and who is well supervised. Part of the skill in assessing is having a solid grounding in human development and also being able to discern the behavioral evidence that is provided during the process.

Training for carers

The content of training is addressed in Question 5.

It is not unknown for children to be placed with carers before the carers have completed all of the training or the assessment process. This is as a result of the shortage of placements and is also a mark of the level of pressure that workers are experiencing. This practice should be discontinued as it can lead to placements that are not stable or an unnecessary move for a child or young person should their carers be deemed not suitable.

Here in South Australia we have experienced a significant number of children and young people who have been placed in motels and bed and breakfast accommodation as an emergency measure. The length of stay can vary from one or two nights to more than a year. These children are cared for by agency staff on a rotating basis. This is far from ideal for many reasons, and it is important that consideration be given to addressing the situation.

We strongly support the recommendation made by the Guardian for Children and Young People in recent report:

(The Department for Education and Child Development), in collaboration with the non-government organisations providing out-of-home care, develop models for projecting future demands for types of out-of-home care that attempt to ensure demand is met though planned capacity increases.²

Adequate resourcing of the out of home care system would mitigate the need for such poor practice.

Placement of children

We are aware that in some circumstances carers are not given information about the child(ren) who is being placed in their care. Sometimes it appears that a worker believes that should the carer know more about the child, that they would not accept the placement.

Carers struggle with this and lose confidence in the system when this occurs. It is also important that carers are aware of a child's needs and also the risks that a child presents to themselves, to the carer and the household in which the child is placed.

Support of carers

The role of the carers' support worker is self-explanatory. Support means checking that the family are OK, that they have the resources (including physical and emotional) that they need to keep the child in their care safe and secure, and that they know that they are not alone. Regular contact by a support worker means that a relationship is built with the carer, and if concerns arise, they can be discussed appropriately and confidentially, and a plan developed to address such concerns if that is needed.

Such visits should occur at least every 8 weeks if all is going well. In the initial stages of a placement, more frequent visits are required in order to ensure that the placement is appropriate and that the carers and the child are feeling safe and secure.

Visits by a support worker allow the carer to discuss any verbal or non-verbal signals that they may be concerned about. Regular visits can also ensure that the worker is able to continue to assess that the carer is acting appropriately with the child.

The relationship between the carer and the worker should at all times be professional so that if there should be a concern, it can be addressed competently and professionally.

Support for children

Children need to have adults that they can trust to tell if things are not right. In South Australia, the standard is that each child under the Guardianship of the Minister should be visited at least every 4 weeks.³ Sadly this does not always happen.

If the worker visits on a regular basis as required, and develops an open and professional relationship with the child, then the child can feel safe enough to share concerns should they arise. It is of concern when workers visit children, but do not take the time or make the effort to see the child on his/her own so that they can hear what is actually happening for the child.

We believe that should the worker be visiting the child regularly and developing a relationship with the child, that a scheme such as community visitors seeing children in care is not needed – and indeed that expecting a child who has experienced abuse and/or neglect to be able to articulate concerns about their status to a relative stranger, is not realistic.

The role of the Children's Guardian is critical in this. As an advocate for children, the Guardian can ensure that the voice of the child is not lost when services are being developed. The

² *ibid* p92

³ Department of Families and Communities (DFC) 2008 *Standards of alternative care in South Australia* DFC: Adelaide

Guardian can also ensure that children know about their rights and that their experiences are authenticated.

There are many ways that children's voices can be heard, and the right for this must be upheld. We refer again to the SA Guardian's Inquiry and endorse the recommendation that it is

... a requirement that a child be present or the child's views be presented at any meeting where a placement move is being decided and at annual reviews of the child's circumstances.⁴

And further

At meetings where placement moves are being decided as part of the documentation of decisions and action, decisions that can be made by the child or young person about the move are identified, recorded and communicated to the child, and, if required, the child assisted to make and implement the decisions.⁵

It is important that the adults who are involved in the life of the child who is in out of home care form a team and work together for the good of the child. Such a team would comprise the child's worker, the carer's worker, a representative of the school and other key agencies who are engaged with the child. And of course the child's voice must speak into that team.

Review of carers

Those providing out of home care for children are required to undertake a regular review process. This allows for placements to be reviewed, plans to be made and training requirements to be discussed. Again, this is another opportunity to ensure that the child in care is safe and secure and for all to be aware that this is not an ordinary family, but an extraordinary one that requires care and maintenance.

Ongoing training for workers

It is important that social workers who are working with families and with children maintain current knowledge. As the behavior exhibited by children in care becomes more challenging, workers must be resourced to meet those challenges and to ensure that carers can provide the best care possible.

Ongoing training for carers

One way of ensuring that carers are not isolated is to engage them in ongoing training. Experienced carers can offer help to less experienced carers, and this is another way of providing support and safety in placements.

In all of the work that is undertaken to keep children safe and secure in out of home care, it is important that we do not become overwhelmed by the challenges and that time is taken to hear the good news stories of successful placement outcomes.

Recommendation 1.1 *That accredited training in assessment of foster carers be available including in identifying and responding to indications of child sexual abuse in the children that they foster.*

Recommendation 1.2 *That relevant departments, in collaboration with the non-government organisations providing out-of-home care, develop models for projecting future demands for types of out-of-home care that attempt to ensure demand is met though planned capacity increases.*

Recommendation 1.3 *That the right of carers to receive information about a child who is placed with them is upheld.*

Recommendation 1.4 *That it is a requirement that a child be present or the child's views be presented at any meeting where a placement move is being decided and at annual reviews of the child's circumstances.*

Recommendation 1.5 *That at meetings where placement moves are being decided as part of the*

⁴ Office of the Guardian p 93

⁵ ibid p 96

documentation of decisions and action, decisions that can be made by the child or young person about the move are identified, recorded and communicated to the child, and, if required, the child assisted to make and implement the decisions.

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?

One of the challenges facing workers in the area of child protection is the need to find a home for a child, and the need to find it **now**. In considering the child's best interests, it would appear that it is best to look for a placement within the extended family. If there is dysfunction in one part of the family, it is sometimes difficult to know whether there is a part of the family that would be safe for the child. So the dilemma for the worker is whether to place the child with relative caregivers who are known to the child but who may or may not be appropriate carers or to find a placement from within the system which will in all probability remove the child from family, friends and neighbourhood.

Wherever a child is placed, it is important that carers are assessed and also that they are trained. It can be more difficult to engage with relative carers as they may not have had the opportunity to consider a career in caregiving prior to the arrival of the child/young person. They may also resist the idea of training and support.

All carers need to undergo a screening and assessment process and to have a support person within the out-of-home care system, and all need to be engaged in training.

There are complexities in relative/kinship care given that there are obviously challenges within that family that have resulted in the child coming into care.

Grandparents are often caregivers. There can be challenges in these placements given the age difference between the grandparents and their grandchildren. We have seen people in their 70's and 80's caring for adolescents and teenagers. This can work well if the carers are fit and active. If they are not, then the child/young person may need to move again to a more suitable placement or may end up couch surfing or moving to independence at an early age without family support.

Care workers in residential facilities need to be highly trained so that they are able to ensure that the facility is providing a high standard of appropriate care and also to address the disadvantages and attachment issues that are a corollary of a child being cared for by carers who rotate through on a rostered basis. A child who is in a residential facility needs to have regular contact with a worker to ensure that there is a consistent person outside of the facility who is speaking to the child to ensure that the child is safe and is being well treated. There are no agency support workers for facilities, but a care team approach mentioned above can still work for children.

The Corporate Care Strategy that has been developed in the London borough of Lambeth has some interesting concepts with a common vision and set of standards and responsibilities to continually improve the life chances of looked after children. This has occurred with significant input from the Children's Council – the voice of children in care.⁶

In all situations, children's voices should be heard and heeded. This can be achieved using today's technologies and software such as Viewpoint should be explored and made available.⁷

⁶ This is described in the Good Practice Resource: Developing effective corporate parenting on the Ofsted (Office for Standards in Education, Children's Services and Skills) website: www.ofsted.gov.uk/resources/

⁷ See www.vptorg.com.au/ for information about Viewpoint interactive which can be used as a consultation tool for looked after children.

Some of the greatest challenges in finding appropriate placements and keeping children safe in culturally appropriate situations occur when Aboriginal and Torres Strait Islander children enter the care system. The disproportionate number of Aboriginal and Torres Strait Islander children in the care system is of concern to their elders as it is to all who work in the area of child protection.

Recommendation 2.1 *That children's voices be heard in making decisions and that best practice examples from around the world be explored to determine culturally appropriate and technologically current methods of engaging with children and young people who are in out of home care.*

Recommendation 2.2 *That agencies responsible for the assessment and training of relative carers ensure that this is undertaken to a high standard and in a timely manner, at equivalent levels to those required of foster carers.*

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?

Organisations providing services to vulnerable people are increasingly required to conform to standards and to be accredited and are regularly audited for quality assurance purposes. It is important to ensure that the need for accountability does not detract from the resources available for the actual work of providing care for children.

If there is a true spirit of co-operation and a commitment to working together as a care team, a regular supervisory visit would allow for there to be a discussion about current trends and concerns and the opportunity to work together to improve services for vulnerable children and young people. When organisations are isolated and there is no transparency in their processes and practices, it is more difficult to ensure that children are safe and secure.

In South Australia we have seen the strength that developed within a sector where government and non-government worked together, focusing on meeting the needs of children and learning from and with each other. Sadly the introduction of the Funder Purchaser Provider model and competitive tendering led to a breakdown in these trusting relationships.

Recommendation 3.1 *That all agencies providing out of home care for children are supervised to ensure that the services that they provide are child focused and providing a safe and secure place for children to live.*

Recommendation 3.2 *That funding models are developed using a partnership approach which focuses on the best interests of children and builds on the strengths within organisations providing out of home care.*

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?

It is important that roles are clearly defined. The core business for the child protection department is the protection of children. The provision of out of home care services for children is a different process.

If both are under the same department, dealing with such things as abuse of children in the out of home care system, or managing the provision of out of home care services such as residential care becomes confusing. One of the advantages of the funder, purchaser provider model is that these roles have been clearly defined and separated.

The activity within the child protection system needs to be separated from the ongoing support that children and young people require when they are placed in out of home care and the focus

of contact with them becomes ensuring that they are safe and secure and growing to fulfill their potential.

Providing care for children and the best interests of the children are and should remain the foci of services. We question the role of for profit providers entering the sector as has happened overseas, and suggest that it is important that this does not happen here.

Recommendation 4.1 *That licensing, regulating, quality assurance and standards in out of home care should be separate from child protection activities.*

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?

Before training is undertaken regarding sexual abuse and responding to it, carers and staff need to have a sound working knowledge of normal child development and normal child behavior (including sexual development and normal exploratory behavior). This knowledge forms a benchmark from which an understanding of the challenges that children are facing can be judged.

Children enter out of home care as a result of all forms of abuse including emotional abuse, physical abuse, sexual abuse and also because of neglect. The parents of many of the children in the out of home care system have used and abused drugs, and many have mental health problems. Children who are in out of home care have often experienced significant trauma and this can have a permanent effect on them. Training in recognizing abuse and behaviors associated with it is necessary for all working with children in out of home care. The effects of trauma on children is another topic to be covered as well as the associated topic of vicarious trauma and its effects on children and on staff. All of these are important and it is impossible to differentiate the importance of one over against another.

Other areas of training that are required include:

- Neuro/biological impacts of abuse
- Child safe environments (to be undertaken on a regular basis e.g. every 3 years)
- Attachment and loss
- Behavior management
- Managing difficult relationships
- Identifying strategies for working with children
- The use and abuse of power
- Children as victims and perpetrators and how to address
- Home safety
- Maintaining effective boundaries
- Drugs – effects of and how to help children affected
- Safe care of infants (every 2 years)
- First Aid – this needs to remain current

Carers, caseworkers and staff of regulatory bodies need to be fully equipped to undertake this work. Some training will need to be undertaken on a regular basis so that currency is maintained.

It is difficult to designate any one element of training as more important than any other element. What is important, is that those working in this field continue to attend training so that they have current knowledge about providing care for children and responding to their needs.

All members of the household that is providing out of home care for children should have access to training. It is important that relative and kinship carers also participate in training.

Recommendation 5.1 *That all who work with children in out of home care are required to participate in training so that they have a sound working knowledge of what is normal and also about child abuse and neglect and its effects and ways to mitigate those.*

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

This is a particularly challenging topic. Families and others who are caring for children who have sexually abused other children need to learn and practice protective behaviors. This also reinforces the need for understanding of what is normal – particularly what is age appropriate exploratory behavior and how to respond to behavior that is inappropriate.

Recommendation 6.1 *That all who are involved in working with children who have been sexually abused undertake training in protective behaviors and have an awareness of how to relate to children who have been abused in a way that is affirming.*

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?

The reporting of abuse by children who are in care is complex and difficult. The child or young person who is reporting the abuse needs to be able to articulate what has happened. They need to have a person that they can trust to go to in the first instance. The process of substantiating an allegation of abuse is complex and can take a long time – sometimes this is because the young person is ambivalent, and other times it is because the process is drawn out.

Some young people are not able to report the abuse that they have experienced until time has passed and they have the maturity to take the required steps. If the matter is investigated by the police, there can be repercussions within the caregivers' family which can impact negatively on the young person. If this family has been an important part of the young person's life, it takes enormous courage to go through with making a complaint and all that entails. There can be significant losses of relationships involved for the young person. And it is not unknown for a matter to go to trial, the young person(s) to give evidence, be subjected to cross examination and the complaint is not upheld. One can only begin to imagine the anger and frustration that is experienced by the victims.

The Inquiries that have been undertaken in our states and territories have uncovered incidents of abuse of children that are cause for grave concern and that highlight how children have suffered and remained silent.

Preventative strategies such as screening processes, supervision and support of workers and carers must have some impact. Hearing the voices of children is another means of ensuring that children are empowered and given opportunities to speak out about their situation.

Viewpoint, referred to in Question 2 above, provides children and young people with a tool that uses the kind of media with which they are familiar, and may give them confidence to report situations where they are being abused.

Advocates such as the Guardian for Children and Young People, *Create* and Children's Commissioners have a role in monitoring what is happening to children in care and how children view their interactions with practitioners. They are able to bring children's voices to the fore. *Create* provide a score card each year, and they are measuring the effectiveness of the

services that are available to children and young people. Their voice must be heard and taken seriously.

In order to be successful in establishing the prevalence of abuse in out of home care, exit interviews would need to be undertaken by a person or organization that is trusted by the young people concerned so that they can share such sensitive and what could be quite shameful information.

Recommendation 7.1 *That the use of Viewpoint be explored with the possibility of introducing it nationally to assist young people in reporting abuse in a timely manner and that the structures that are necessary to support it are implemented.*

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 behavioral changes) from children? Are the current processes fair? What appeal processes should be available for carers?

Allegations of abuse that are of a criminal nature must be handled by the police. However, our justice system needs to be responsive to young people and ensure that they are not put through further trauma as an allegation is investigated. A key part in this is the relationship that the child has with his/her caseworker. If this is not a relationship that is built on trust and has developed over time, the child is vulnerable to experiencing further trauma as the investigation process unfolds.

Investigations must be timely. In the current system, allegations can take many months to be resolved. It is difficult to strike a balance between due process which ensures that the rights of all parties are observed and respecting the young person's need for a more immediate resolution. Once again, a team approach ensures that all parties are receiving support and being heard. Children need to be supported by their worker, and carers need to have support in a way that is protective of everyone, but also allows for the possibility that the abuse has taken place. It is an example of caring for the person but not tolerating inappropriate behavior.

Carers need to have their own independent advocate to ensure that they are given a fair hearing and that they are not wrongfully accused. None of this is easy! An appeal process must have integrity and authority and so should be referred to the Ombudsman to investigate.

Recommendation 8.1 *That allegations of abuse against carers are undertaken in a timely and transparent manner.*

Recommendation 8.2 *Children who make allegations of abuse against carers are provided with support through investigation processes.*

Recommendation 8.3 *That there is an external appeal system, such as the state Ombudsman, that carers and children can access should they believe that they have been wrongly treated in an investigation process.*

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 body that is undertaking the investigation of allegations of sexual abuse in out of home care must maintain records and analyse the occurrence of such allegations. This allows for trends to be monitored and for feedback to be provided to the sector.

Recommendations have been made by the various state inquiries and if the outcomes of the inquiries are taken seriously, recommendations will be implemented.

The success of these recommendations would be shown by a reduction in the number of allegations that are subsequently made.

Recommendation 9.1 *That the recommendations from state Inquiries be implemented.*

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

Annual review processes for care givers and children provide an opportunity to consolidate feedback and to plan training for caregivers. These in turn ensure that there is regular contact with caregivers and reflection on their role. It is one way of ensuring that children are seen regularly and that they are aware that there are other adults in their life who care for them and are interested in their progress. One of the discussion points in the carers' review should be how they keep the child safe and how they are dealing with behaviors that are a result of the abuse or neglect the child has experienced.

Children's annual reviews should include the child and allow for the child to reflect on what has happened for them during the last twelve months. If the child is too young to contribute to the review, an adult can help to bring the child's voice to the table.

Regular supervision of workers monitors the contacts that the child is having with his/her worker. It is important that standards are being met, and that each child is having contact with a worker according to the relevant standard. The establishment of professional relationships which have clear and well understood roles and boundaries allows the child to develop trust and confidence to share concerns that he/she might have.

Organisations such as *Create* and the Guardian of Children and Young People (or the equivalent) have contact with children and helps them to understand their rights and the responsibilities of adults within the out of home care system.

Recommendation 10.1 *That regular supervision and reviews of children provide opportunities for ensuring that children are being seen and that they are safe.*

Recommendation 10.2 *That the voices of children in care are heard in their review process.*

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

There are many challenges when reporting of child abuse in out of home care is delayed.

It is a matter of some concern that funding contracts for out of home care programs do not include guidelines about records and their retention and storage. This means that it is up to each organization to determine how and where and in fact if they maintain their records. In South Australia, State Records has instructed that where a non-government organization carries out the work of a government agency, those records should be maintained and retained as per the State Records Act 1997 guidelines. However, organizations have not been informed of this and these guidelines have not been enforced.

In the past, records were not necessarily kept, particularly when a facility was closed down. The records that were kept in the past were less detailed than current requirements. The records that are available may not have been properly indexed and boxed as once again, this was not seen as necessary in the past.

Where records are fragmented or indecipherable (due to poor handwriting or deterioration over time) the search for records can be unrewarding. Paper records need to be searched manually, and may only contain records about the people involved, but not necessarily about the systems that were in place at the time – eg training and assessment processes for carers.

A further challenge that arises from delayed reporting of child sexual abuse within an out of home care program is the need to discern whether other children who have been in the same placement have also been affected. Long term caregivers may have fostered hundreds of children. Records that are held by the out of home care provider will give names and birth dates of the children who have been with the carers, but tracing these children after time has passed is very difficult. The management of such contacts if they are made, is even more complex.

Records of staff who have worked in these programs also should be retained however when reporting is delayed, locating staff also becomes a challenge.

Recommendation 11.1 *That funding contracts for Out of Home Care for children contain guidelines for records retention and secure storage.*

Recommendation 11.2 *That funding contracts include an amount to cover retention and storage of records.*

Recommendation 11.3 *That guidelines and systems are developed for the retaining and storing of electronic records.*

Recommendation 11.4 *That consideration be given to the process for retention and storage of records when a facility or program is closed.*

Recommendation 11.5 *That State Records (in each state) offer to provide perpetual storage for hard copy records from out of home care services.*

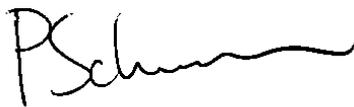
Conclusion

Abuse of any kind of children in out of home care is a complex and difficult issue. It is much better to build relationships and safeguards to minimise risks for children than to have to deal with the heartache that results from children being abused in a system which has been established to keep them safe.

Once again, thank you for the opportunity to contribute to this discussion.

Should you require further information from us, please contact the Executive Officer, Peter Schirmer by email on peter.schirmer@lca.org.au or by phone on 0409 156 346

Submitted on behalf of the Lutheran Church of Australia



Peter Schirmer
Executive Officer of the Church

Recommendations

Recommendation 1.1 That accredited training in assessment of foster carers be available including in identifying and responding to indications of child sexual abuse in the children that they foster.

Recommendation 1.2 That relevant departments, in collaboration with the non-government organisations providing out-of-home care, develop models for projecting future demands for types of out-of-home care that attempt to ensure demand is met though planned capacity increases.

Recommendation 1.3 That the right of carers to receive information about a child who is placed with them is upheld.

Recommendation 1.4 That it is a requirement that a child be present or the child's views be presented at any meeting where a placement move is being decided and at annual reviews of the child's circumstances.

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Recommendation 3.2 That funding models are developed using a partnership approach which focuses on the best interests of children and builds on the strengths within organisations providing out of home care.

Recommendation 4.1 That licensing, regulating, quality assurance and standards in out of home care should be separate from child protection activities.

Recommendation 5.1 That all who work with children in out of home care are required to participate in training so that they have a sound working knowledge of what is normal and also about child abuse and neglect and its effects and ways to mitigate those.

Recommendation 6.1 That all who are involved in working with children who have been sexually abused undertake training in protective behaviors and have an awareness of how to relate to children who have been abused in a way that is affirming.

Recommendation 7.1 That the use of Viewpoint be explored with the possibility of introducing it nationally to assist young people in reporting abuse in a timely manner and that the structures that are necessary to support it are implemented.

Recommendation 8.1 That allegations of abuse against carers are undertaken in a timely and transparent manner.

Recommendation 8.2 Children who make allegations of abuse against carers are provided with support through investigation processes.

Recommendation 8.3 That there is an external appeal system, such as the state Ombudsman, that carers and children can access should they believe that they have been wrongly treated in an investigation process.

Recommendation 9.1 That the recommendations from state Inquiries be implemented.

Recommendation 10.1 That regular supervision and reviews of children provide opportunities for ensuring that children are being seen and that they are safe.

Recommendation 10.2 That the voices of children in care are heard in their review process.

Recommendation 11.1 That funding contracts for Out of Home Care for children contain guidelines for records retention and secure storage.

Recommendation 11.2 That funding contracts include an amount to cover retention and storage of records.

Recommendation 11.3 That guidelines and systems are developed for the retaining and storing of electronic records.

Recommendation 11.4 That consideration be given to the process for retention and storage of records when a facility or program is closed.

Recommendation 11.5 That State Records (in each state) offer to provide perpetual storage for hard copy records from out of home care services.