Out of sight

Systemic inquiry into children and young people who are absent or missing from residential care

COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

The Commission respectfully acknowledges and celebrates the Traditional Owners of the lands throughout Victoria and pays its respects to their Elders, children and young people of past, current and future generations.

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COMMISSION FOR CHILDREN AND YOUNG PEOPLE

CCYPD/21/8025

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Dear Mr Young and Ms Noonan

Out of sight: Systemic inquiry into children and young people who are absent or missing from residential care

I hereby request that *Out of sight: Systemic inquiry into children and young people who are absent or missing from residential care* be tabled in accordance with section 50 of the *Commission for Children and Young People Act 2012*.

I would be grateful if you could arrange for the report to be tabled in the Legislative Council and the Legislative Assembly on 24 June 2021.

Yours sincerely

Liana Buchanan
Principal Commissioner

9 June 2021

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Acknowledgements

The Commission would like to thank the many people who have assisted with the preparation of this inquiry report. First and foremost, we thank the young people who spoke to us about their experiences of leaving residential care and provided us with feedback on the recommendations in this inquiry – we are grateful for your honesty and insights, as well as your time. The expertise you shared with us was invaluable.

This inquiry is the latest in a series of Commission inquiries highlighting the challenges facing the out-of-home care system. In each inquiry, we have been struck by the commitment and generosity of those working directly with children, often in contexts of high workload and inadequate resourcing. This inquiry has been no different and we extend our thanks to the many people who work daily with young people in residential care who were interviewed for this inquiry: staff from Child Protection, Aboriginal Community-Controlled Organisations, Centres Against Sexual Assault, Victoria Police, the Children's Court and funded agencies, including residential care unit staff. Your commitment to children and young people was evident and the perspective and insights you provided assisted enormously.

Message from the Commissioners

Every week in Victoria, children and young people go missing from their homes. In most cases, families work desperately with authorities to find their loved ones and bring them home to safety.

Sadly, when children and young people are absent or missing from residential care, they are often not met with the same urgent response. Children and young people often enter care having endured some of the worst experiences imaginable: sexual and physical assault, neglect, emotional and psychological abuse, transience and displacement.

Without proper support within the care system, children and young people can go to dangerous lengths to try and find connection and belonging outside care. Sometimes, decisions to go missing from care are made because young people feel unsafe or threatened in their placement. Despite young people in care often being more vulnerable to harm in the community, the risks associated with their absence are too often downplayed. They are seen as 'street smart' and able to fend for themselves.

We initiated this inquiry because we continue to see reports of children as young as 10 going missing for days, weeks or months at a time. We see the devastating harms many experience while missing: drug use, rape and sexual exploitation, assaults, dangerous accidents and involvement in criminal activity. We see how differently young people in care are treated when they are missing or absent compared to other children. They are often met with apathy and criminalisation, rather than empathy and concern. Complacency, fatigue and stigma all work together to create a sense that the harms that occur while they are absent from care are inevitable and, in some cases, the fault of the young people themselves.

In 2015, the former Commissioner for Children and Young People, Bernie Geary OAM, tabled an inquiry outlining horrifying levels of sexual abuse and exploitation of children in residential care. This led to

some improvements to the quality of care, including a coordinated multi-agency approach to addressing child sexual exploitation. This has since largely fallen away. Our 2019 report into the out-of-home care system, *In our own words*, showed that, despite some modest gains, major and urgent reform is needed to make residential care a safe, therapeutic and trauma-informed place for young people to heal, stabilise and thrive.

This inquiry details some of the worst consequences of a system that is not designed or funded to offer the level of care and compassion that children and young people deserve in residential care. It shows there is no consistent approach to reporting or recording children who are absent or missing from care, and the unsatisfactory and highly variable responses when they are. The limited initiatives designed to address many of the known harms that occur when children are missing have been patchy, or simply abandoned

due to lack of funding or collective will. Many workers recognise that the current system drives a dispiriting and damaging cycle of absence, harm and brief return for many high-risk young people, yet there is a sense of resignation and powerlessness in the face of these systemic failures. In the meantime, children and young people continue to suffer.

This report demonstrates the need for a cultural shift away from historically punitive approaches of policing 'absconding', towards a system that properly recognises the symptoms and impacts of trauma and how this increases the likelihood of high-risk behaviours in young people and their exploitation by others. We must hold those who abuse, harm and exploit children accountable for their actions and recognise the profound damage they cause to their young victims. We need a child-centred system that recognises the complex factors that may drive young people away from their placement and the ways in which care, safety and support can encourage them to return, and stay home.

This isn't about uncaring individuals, but a chaotic, pressured and uncaring system. Children and young people in residential care need to feel safe and loved in state care. They deserve to feel missed when they are gone and welcomed with open arms and comfort when they return home. This requires a fundamental shift in how we value, support and treat children and young people when they are absent or missing. After many years of acknowledged failure, there is no time to waste.

Contents

Abbreviations and acronyms

ACCO	Aboriginal community controlled organisation
Action Plan 2020	Department of Health and Human Services (2019) *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*, Residential Care Action Plan Working Group, State of Victoria, Melbourne
AIC	Australian Institute of Criminology
APPG	All-Party Parliamentary Group (UK)
CASA	Centres Against Sexual Assault
CIMS	Client Incident Management System
CIU	Criminal Investigation Unit
CRIS	Client Relationship Information System
CSO	community sector organisation (non-Aboriginal)
CVRI	Client Vulnerability and Risk Indicator
CYFA	*Children, Youth and Families Act 2005* (Vic)
department	Department of Families, Fairness and Housing (prior to 1 February 2021, the department was the Department of Health and Human Services)
DHHS	Department of Health and Human Services
Framework	Department of Health and Human Services (2020) *Framework to reduce criminalisation of young people in residential care*, State of Victoria, Melbourne
inquiry	Commission for Children and Young People (2021) *Out of sight: systemic inquiry into children and young people who are absent or missing from residential care*, Commission for Children and Young People, Melbourne
KEYS	Keep Embracing Your Success
LAC	Looking After Children
POI	person of interest
Roadmap	Department of Health and Human Services (2016) *Roadmap for reform: strong families, safe children – the first steps*, State of Victoria, Melbourne
SEPL	Sexual Exploitation Practice Leader
SOCIT	Sexual Offences and Child Abuse Investigation Team

Definitions

Aboriginal people

The term 'Aboriginal people' in this report refers to Aboriginal and Torres Strait Islander peoples. The term 'Indigenous' is retained when it is part of the title of a program, report or quotation. The term 'Koori' refers to Aboriginal people from south-east Australia.

Aboriginal Children in Aboriginal Care

The Aboriginal Children in Aboriginal Care program was established to bring about the gradual transfer of Aboriginal children involved with Child Protection to the care and case management of ACCOs pursuant to section 18 of the *Children, Youth and Families Act 2005* (Vic) (CYFA). Section 18 of the CYFA permits the Secretary to authorise Aboriginal community controlled organisations (ACCOs) to undertake specified functions and powers for Aboriginal children and young people subject to a Children's Court protection order.

After Hours Child Protection Emergency Service

The After Hours Child Protection Emergency Service is provided by the Department of Families, Fairness and Housing (the department). It operates statewide, after business hours. It responds to situations where a child or young person may need a child protection response and the matter cannot safely be left until the next working day. The service provides direct intervention or coordinates a response from other organisations, such as residential care service providers, Victoria Police and the Children's Court, or by individuals.

Some larger residential care service providers operate their own after-hours, on-call service that can provide advice and act as a liaison with the department's After Hours Child Protection Emergency Service.

Behaviour support plan

A behaviour support plan specifies a range of strategies to support a child or young person to engage in positive behaviour, including building on their strengths and increasing their life skills. Strategies include responding to and addressing behaviours of concern, recognising the need for environmental changes, relationship development, skills building and targeted strategies to overcome the impact of trauma. Development of a behaviour support plan should align with the child or young person's care plan.

Care plan

A care plan records the day-to-day arrangements for the care of the child or young person. It identifies how their long-term and short-term needs will be met and sets out the strategies in place for who must do what and by when in order for the child or young person's needs to be met while in placement. For children aged 0 to 14 years, a care plan is called a 'LAC care and placement plan'. For children aged 15 to 18 years, a care plan is called a '15+ care and transition plan.'

Care team

A care team is a group of people who jointly care for a child or young person while they are in out-of-home care. The team manages the day-to-day care of the child or young person in accordance with the overall case plan. The composition of a care team will vary depending on the specific issues and needs of the child and family. It may include the care manager from a community sector organisation (CSO) or ACCO, the case manager (the child protection worker or a CSO or ACCO worker if the case is case managed by a CSO or ACCO), the child's primary carers, parents (unless there is a good reason not to include them), and any other adults who play a significant role in caring for the child. While children and young people are not members of the care team, care teams are

expected to involve the child in an age-appropriate way in the processes they use for making decisions about their care.[1]

Case plan

A case plan is the formal plan endorsed during a statutory case plan meeting. The requirements for case plans are set out in section 166 of the CYFA. Case planning is founded on the Best Interests Case Practice Model. Case plans are high-level plans that include a permanency objective (such as family reunification or permanent care) and cover significant decisions about the child or young person including placement. Case plans for Aboriginal children and young people should include planning for cultural support. Case plans are accompanied by an actions table which addresses protective concerns and implementation of significant decisions.

Child Protection

The Victorian statutory Child Protection service is delivered by the department. It is specifically targeted to those children and young people at risk of harm where their parents are unable or unwilling to protect them.

Cultural support plan

The CYFA requires a cultural support plan to be developed and reviewed for all Aboriginal children and young people placed in out-of-home care, whether placed with Aboriginal carers or non-Aboriginal carers, to ensure the maintenance of the child or young person's connection to their family, community and culture.

Development

In accordance with section 162 of the CYFA, development means physical, emotional, intellectual, cultural and spiritual development.

Disability

In accordance with section 3 of the *Disability Act 2006* (Vic), disability means:

a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof which:
   i) is, or is likely to be, permanent; and
   ii) causes substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; and
   iii) requires significant ongoing or long-term episodic support; and
   iv) is not related to ageing; or

b) an intellectual disability; or

c) a developmental delay.

Enhanced Response Model

The Child Sexual Exploitation Enhanced Response Model was a joint pilot between the department and Victoria Police. It operated from mid-2016 to 2017 in 5 Victoria Police Sexual Offences and Child Abuse Investigation Team (SOCIT) locations. It aimed to provide 'a coordinated and effective response to children who are at risk, or may be experiencing child sexual exploitation'.[2] The model established interventions and processes focused on governance, intelligence, investigation and disruption of offenders engaged in child sexual exploitation. It was designed to enhance relationships and information sharing between the department, Victoria Police, and CSOs (particularly residential care service providers).

1 Department of Health and Human Services (DHHS), 'Care teams – advice', *Child Protection Manual*, Document ID number 2110, version 4, 20 June 2019, State of Victoria, Melbourne.

2 Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, Deloitte Access Economics, Melbourne, 2017, p ii.

Harbouring notice

A harbouring notice is served on a person to direct them not to:

- harbour or conceal a child or young person who is absent without lawful authority or excuse from a place in which the child or young person had been placed under an interim accommodation order or by the Secretary of the department under section 173 of the CYFA or from the lawful custody of a police officer or other person, or
- to prevent the child or young person from returning to that place

in accordance with section 495 of the CYFA.

Harm

In accordance with section 162 of the CYFA, harm encompasses physical abuse, sexual abuse, and damage to emotional or psychological development, physical development and health. It may result from a single act, omission or circumstances, or accumulate through a series of acts, omissions or circumstances.

High-risk youth schedules and panels

High-risk youth schedules and panels support case planning and monitor practice for child protection clients who are 'assessed at elevated risk of adverse outcomes where intervention to ameliorate the risk factors has not yet been achieved'.[3] Each departmental area maintains a schedule of children and young people assessed to be at the highest risk. The purpose is to ensure that each child or young person on the schedule has an effective multiservice case plan and care team.

High-risk youth panels consist of representatives from a range of services. Their role is 'to support rigorous multi-disciplinary case review, planning and decision-making, service integration and collaborative problem-solving and to provide support and direction to case management and other direct service staff, in respect of those clients on the high-risk schedule'.[4]

Intellectual disability

In accordance with section 3 of the Disability Act 2006, intellectual disability, in relation to a person over the age of five years, means the concurrent existence of:

a. significant sub-average general intellectual functioning; and

b. significant deficits in adaptive behaviour

each of which become manifest before the age of 18 years.

Looking After Children framework

In Victoria, the Looking After Children framework provides the practice framework for considering how each child's needs will be met while that child is in out-of-home care. It is used for managing out-of-home care in accordance with the 'Best interests case practice model' cycle of information gathering, assessment, planning, implementation and review.[5]

Mental illness

In accordance with section 4 of the *Mental Health Act 2014* (Vic), mental illness refers to a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

Missing person report

Missing person reports are made to Victoria Police when a person is missing. According to Victoria Police policy, a person is considered to be 'missing' when they are reported to the police and their whereabouts are unknown, and there are fears for their safety and welfare.[6] A missing person report is recorded in the Victoria Police system as a case, which is assigned to a local officer. Depending on the level of risk, the case may be escalated to a detective in a specialist police unit.

3 Department of Health and Human Services (DHHS), 'High-risk youth panels and schedules – advice', *Child Protection Manual*, Document ID number 2404, version 5, 17 July 2020, State of Victoria, Melbourne, 2020.

4 DHHS, 'High-risk youth panels and schedules – advice'.

5 Department of Health and Human Services (DHHS), 'Looking After Children framework', *Children, Youth and Families,* DHHS website, 2017, accessed 23 October 2020.

6 Victoria Police, 'Missing person investigations', *Victorian Police Manual – Procedures and guidelines*, State of Victoria, Melbourne, 2015, p 1.

No contact letter

A no contact letter is served on a person to direct them not to have contact with a child or young person who has been placed under an interim accommodation order or by the Secretary of the department under section 173 of the CYFA, in accordance with section 497 of the CYFA.

Out-of-home care

Out-of-home care is a temporary, medium-term or long-term living arrangement for children and young people who cannot live in their family home. This most commonly refers to statutory out-of-home care, where a child or young person cannot live with their family at home and a legal order is in place to support the arrangement. Statutory out-of-home care includes kinship care, foster care, residential care and lead tenant arrangements. In Victoria, the department has oversight of these arrangements.

Repeat Missing Template

A Repeat Missing Template is an optional tool to guide practitioners' analysis and risk assessment of repeat missing behaviour, which may inform the development or review of a child or young person's safety plan. A Repeat Missing Template may be shared with police to communicate the assessment of risk and any other relevant information when a child or young person is missing.

Residential care

Residential care is a form of statutory out-of-home care placement. It provides accommodation and support for children and young people who are usually 12 years or older.[7] Up to 4 children or young people are placed in a residential building and cared for by paid staff. Residential care accommodation is provided by residential care service providers.

Residential care service provider

Residential care service providers are non-government agencies funded by the department to provide residential care accommodation, including staffing and some programs. The agencies may be CSOs or ACCOs.

Safety plan

Safety plans (sometimes referred to as crisis management plans or crisis plans) identify risks specific to a child or young person and the proposed response to reduce those risks at the point of crisis. Safety plans may include strategies for prevention and directions on how to respond when a child or young person is absent or missing, such as when to lodge a missing person report, when to seek a warrant, key persons to contact such as family and friends, and locations to conduct outreach. Safety plans may form part of a behaviour support plan.

7 Children may be younger if they are part of a sibling group or in circumstances where foster or kinship care arrangements are not available. In the *In our own words* inquiry, the Commission recommended that that the department should prohibit placing children under 12 years with older children or young people unless the older child is a sibling and it is in the best interests of the child. See: Commission for Children and Young People, *'In our own words': systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system*, Commission for Children and Young People, Melbourne, 2019, recommendation 11.

Section 598 warrant

A section 598 warrant (sometimes referred to as a safe custody warrant or emergency care search warrant) is issued by the Children's Court pursuant to section 598 of the CYFA. It may be granted if a child or young person is absent without lawful authority or excuse from the place in which he or she was placed under an interim accommodation order or by the Secretary under section 173 of the CYFA, or from the lawful custody of a police officer or other person.[8] The warrant authorises police to enter and search any place where the child or young person named in the warrant is suspected to be, to place the child in emergency care, and to take the child to the place specified in the warrant or nominated by Child Protection. A warrant may direct police to hold a young person pending assessment by Child Protection. Section 598 warrants are referred to as 'warrants' throughout this report.

Secure welfare service

The secure welfare service (secure welfare) provides a secure short-term placement option for children or young people aged 10 to 17 years who are at substantial and immediate risk of harm. It aims to keep them safe while plans are developed or revised to reduce their risk of harm and return them to the community as soon as possible.

Sexual Exploitation Information Template

A Sexual Exploitation Information Template contains all relevant information about a child or young person who is believed to be at risk of or confirmed to be subject to sexual exploitation. It includes information about the child or young person's history and specific vulnerabilities, such as disability, substance use, youth justice involvement, their history of going absent or missing from care, any details known about perpetrators or persons of interest and information about previous incidents of sexual exploitation or assault. The child or young person's case manager is responsible for completing the template. The template must be provided to a Victoria Police SOCIT within 5 business days of completion.

Streetwork outreach service

The Streetwork outreach service is provided by the department. It operates between 4 pm and 1 am in the inner-city and St Kilda for children and young people who are homeless and at risk. Streetwork practitioners are 'protective interveners' who may exercise their statutory responsibility to protect young people if they assess them to be in need of protection, and the matter cannot be left until the next working day.

Therapeutic residential care

Therapeutic residential care is the term used by the department and agencies for a form of residential care under current funding models that involves:

- a part-time therapeutic specialist per residential unit
- two additional residential staff as part of the therapeutic residential care team
- the provision of stand-up night staff.

8 CYFA, s 598(1)(b).

Executive summary

Children and young people are absent or missing from residential care at an alarming rate. When a child or young person is absent or missing, they often suffer a range of significant harms, many of which have lifelong, traumatic consequences. These children and young people are among the most vulnerable in the state. They are often targeted by predators seeking to exploit them sexually, criminally or both. They may be injured physically or emotionally and, in some cases, tragically lose their lives.

The state has an obligation to act as a good parent and protect these vulnerable children and young people. The findings of this inquiry demonstrate that more needs to be done to keep them safe.

We found that the current model of residential care is not meeting children and young people's fundamental need for human connection or, in many cases, safety. Consequently, many children and young people leave residential care to find connection elsewhere, with family, friends or through sexually or criminally exploitative relationships. The lack of connection they experience within the current system highlights the need for a stronger relationship-based model of care. This approach is essential to supporting children and young people to remain in care, to safeguard them when they are absent or missing, and to support them when they return.

The recommendations in this report build on those made in the Commission's earlier systemic inquiries *In our own words* and *Keep caring*.[9] This report reinforces the recommendations in those inquiries, which called for major reform to the model of out-of-home care in Victoria. In addition, this report recommends specific changes needed to prevent children and young people leaving residential care, and to meet their needs.

How we conducted this inquiry

The findings of this inquiry are based on:

- consultations with children and young people currently placed in residential care who are frequently reported 'absent', in addition to consultations with young people as part of the *In our own words* inquiry
- consultations with other out-of-home care stakeholders through 55 individual and group consultations, in which we engaged with 89 people
- review of files of children and young people in residential care who are frequently reported 'absent'
- qualitative review of the Department of Families, Fairness and Housing's (the department's) absent client and sexual exploitation incident reports concerning children and young people placed in residential care
- quantitative analysis of the department's incident reports, whole-of-population out-of-home care data and section 598 warrants data.

In developing the recommendations, we also consulted with key stakeholders, including the department, Victoria Police and children and young people with current or recent experience in residential care.

9 Commission for Children and Young People, *In our own words*; Commission for Children and Young People, *Keep caring: systemic inquiry into services for young people transitioning from out-of-home care,* Commission for Children and Young People, Melbourne, 2020.

The influence of history

Historical misconceptions about children and young people in the care system continue to shape responses to children and young people who are absent or missing from residential care. This creates a barrier to children and young people receiving the care response they need.

Stakeholders often characterise the act of going absent or missing from residential care as 'absconding'. This label is derived from nineteenth-century laws that conflated neglect with criminality. The 'best interests' principle that underpins the current legislative framework replaced this approach, yet terms such as 'absconding' and the conflation of neglect with criminality continue to influence practice.

As a result, some stakeholders perceive these children and young people as 'rotten kids', 'troublemakers' or 'streetwise' who are blamed for their actions. They are perceived to be less deserving, the risks they face may be underestimated, and they are sometimes subject to a punitive, rather than a caring, response. The high rate of children and young people who are absent or missing from residential care, combined with a sense that current interventions are ineffective, also leads to frustration and a sense of fatigue, particularly among staff in frontline care and policing roles.

There are signs that attitudes, perceptions and responses are shifting slightly, with some children and young people reporting a more positive and supportive response. In some parts of the system, there is evidence that responses are informed by an understanding that a child or young person who is absent or missing from residential care is not 'rotten' nor able to look after themselves, but is highly vulnerable and often suffering the impact of significant childhood trauma.

Data collection, reporting and oversight

Current systems for data collection, reporting and oversight do not provide adequate statewide information to effectively understand and address the issue of children and young people who are absent or missing from out-of-home care.

Inconsistent and incomplete reporting and data collection means the exact number of children and young people who go absent or missing from residential care, the length of time they are away, and what happens to them during their absence is not fully known. At an individual level, this impacts the care and protection the department is able to provide. At a systemic level, this lack of information means that patterns and drivers of risk and harm across the state cannot be reliably identified.

Although the department, police, courts and residential care service providers collect a wide range of information through the department's incident monitoring system, warrants data, case notes, planning documents and various tracking mechanisms, data collection systems are inconsistent and incomplete across departmental areas, divisions and residential care service providers.

The department's Client Incident Management System (CIMS) is the primary source of systemic information regarding children and young people being absent or missing from residential care. However, it does not and is not intended to record every incident. It is designed to be an impact-based reporting system, recording only incidents that have had a harmful impact on a child or young person receiving child protection services.

Unfortunately, the interpretation and application of guidance on CIMS reporting varies significantly. This means that children and young people who are absent or missing from residential care are frequently not recorded in CIMS, even when it appears likely that they have suffered harm or have been absent or missing for extended periods, for example, for up to 10 days at a time.

Other sources of information do not provide systemic oversight of the extent to which children and young people are absent or missing from care. For example, area-based missing person trackers are designed to provide localised monitoring and their use varies across divisions. Warrants data only captures a limited cohort of children and young people who are absent or missing. Case notes and planning documents do not inform systemic monitoring and, as found in this inquiry, often appear to be in draft form or incomplete, or are not updated regularly.

The move from an events-based reporting system to an impact-based reporting system in CIMS has resulted in a drop in incident reports compared to the previous incident reporting system, as intended by the department. However, the Commission is concerned that changes to incident reporting have reduced the scope of systemic and external oversight, particularly for sexual exploitation and 'absent client' incidents. A lack of consistent and comprehensive systemic reporting impedes effective systemic oversight, review and responses.

The size of the problem and those at greatest risk

While reliable data is limited, it is clear that the actual rate of children and young people who go absent or missing from residential care is greater than current sources report, and is significantly higher than that of children and young people in the general population.

In the 18 months to 31 March 2020, 388 warrants were granted each month on average authorising police to take children and young people who were absent or missing from residential care into 'safe custody'.[10] This equates to nearly one warrant per child or young person in residential care each month, which is approximately 75 times the rate of missing person reports for children and young people aged 13 to 17 reported in a 2016 Australian Institute of Criminology (AIC) study of missing person reports across Australia.[11]

Patterns of children and young people who are missing or absent from residential care

Research on patterns of children and young people being absent or missing from residential care is limited.[12] However, the inquiry found that some children and young people are absent or missing from residential care more frequently than others. A group of 12 children and young people who were among those most frequently reported as absent or missing in the 18 months to 31 March 2020 account for 33% of all primary 'absent client' CIMS reports (775 reports), with almost half of these reports concerning 3 young people.[13]

The length of time children are absent or missing varies from frequent short absences of less than an hour to lengthy periods of up to months away from care at a time.

Characteristics of children and young people reported absent or missing

The rate of children and young people going absent or missing varies depending on gender, age and Aboriginal status.

Girls and young women are significantly more likely to be reported absent from residential care and subject to reports of sexual exploitation than boys and young men. In the 18 months to 31 March 2020, girls and young women were reported in CIMS as 'absent clients' at 2.5 times the rate of reports for boys and young men.[14] Similarly, section 598 warrants are issued at twice the rate for girls and young women compared to boys and young men.[15] However, consultations suggest it is likely that boys and young men are under-represented in incident reporting and warrants data.

Children and young people aged 15 to 17 and those aged 12 to 14 are reported absent or missing from residential care at the same rate, when adjusted for population in residential care.[16] The rate of warrants issued for children and young people aged 15 to 17 is slightly lower than the rate for those aged 12 to 14.[17]

10 Appendix A: Table 11.

11 S Bricknell and L Renshaw, *Missing persons in Australia, 2008–2015*, Statistical Bulletin no. 1, Australian Institute of Criminology, Canberra, 2016, Table 2, p 5. This information is sourced from state and territory police data, excluding South Australia and excluding missing person reports where age or date of birth information was not recorded. It is based on the total number of missing person reports, which may exceed the number of individual persons reported missing.

12 Department of Health and Human Services, *Missing from care: a literature review*, State of Victoria, Melbourne, 2017, p 4.

13 Appendix A: Table 4.

14 Appendix A: Table 9.

15 Appendix A: Table 11.

16 Appendix A: Table 9.

17 An average of 0.8 warrants per child or young person aged 15 to 17 years per month compared to 1.1 per child or young person aged 12 to 14 per month: Appendix A: Table 11.

However, the actual rate of children and young people aged 15 to 17 who are absent or missing from residential care is likely to be higher because consultations suggested older teenagers are generally considered to be less vulnerable than younger teenagers and therefore reported absent less frequently.

Aboriginal children and young people are significantly over-represented in out-of-home care overall.[18] However, the rate at which they are reported as absent clients from residential care is lower than the rate for non-Aboriginal children and young people.[19] The rate of warrants per child or young person is the same.[20]

CIMS incident reports and warrants data do not clearly identify other demographic factors, such as whether a child or young person has a disability. However, file reviews and consultations indicated that children and young people who are frequently reported absent or missing from residential care are often subject to a range of disadvantages and vulnerabilities, including disability and mental ill-health.

Differences between service providers, departmental areas and divisions

There are significant differences in rates of absent client incident reports and section 598 warrants across residential care service providers. For example, the rate of absent client incident reports filed by the 3 largest service providers was 5 times that of other residential care service providers in the 18 months to 31 March 2020.[21] Similarly, the rate of section 598 warrants granted for children and young people placed with the 3 largest service providers was more than twice the rate of other service providers.[22]

Inconsistency in reporting absent clients in CIMS mean it is not possible to determine whether a higher incident rate reflects a genuinely higher rate of incidents. Consultations suggest the disparity may be driven by different approaches to reporting or, possibly, be the result of clients with more complex needs being placed with the 3 largest service providers. The inquiry was not able to interrogate these theories.

Similar disparities in absent client incident reports apply across departmental divisions. In the 18 months to 31 March 2020, the rate of absent client reports per child or young person in the West Division was 5 times that in the East Division.[23] In contrast, the rate of section 598 warrants granted was similar across divisions.[24] Disparity in divisional absent client reporting rates continued throughout 2020, despite the centralisation of the department's CIMS guidance function in March 2020.[25]

Classification of incidents and case reviews

CIMS incident reports may be classified as 'major' or 'non-major' depending on the level of harm to the child or young person. When an incident is classified as major, it must be subject to an investigation and/or review process, such as a root cause analysis or case review.

In the 18 months to 31 March 2020, a lower proportion of absent client incidents were classified as major (7%) compared to other incident types (28%).[26] During that period, 32 children and young people were the subject of more than 10 absent client incident reports each, none of which were classified as major.[27]

The reasons a lower proportion of absent client incidents are classified as major is not known.[28] However, the result is that, compared to other incidents, a lower proportion of absent client incidents are subject to scrutiny through the formal investigation and review processes required when an incident is classified as major in CIMS.

18 Table S5.10: Children in out-of-home care, by Indigenous status and state or territory, 30 June 2019 in Australian Institute of Health and Welfare (AIHW), *Child Protection Australia 2018-19*, AIHW, Canberra, 2020. In the 18 months to 31 March 2020, Aboriginal children and young people comprised approximately 23% of Victoria's residential care population: Appendix A: Table 14.
19 Appendix A: Table 9.
20 Appendix A: Table 11.
21 Appendix A: Table 9.
22 Appendix A: Table 11.
23 Appendix A: Table 9.
24 Appendix A: Table 11.
25 Appendix A: Table 5.
26 Appendix A: Table 1.
27 Appendix A: Table 13.
28 Some incident types, such as 'sexual exploitation' are automatically classified as 'major', which may increase the proportion of other incident types classified as 'major'.

The impact of the COVID-19 pandemic

Administrative data suggests there may be a correlation between the impacts of the COVID-19 pandemic and the number of children and young people who were reported absent or missing from residential care in 2020.

While state of emergency restrictions were in place in Victoria in 2020 to manage the spread of COVID-19, there was a significant increase in absent client incident reports.[29] The number of section 598 warrants also increased compared to the same period in 2019.[30]

It is unclear how much of the increase in absent client reports in 2020 was due to a genuine increase in incidents of children and young people going absent or missing from residential care compared to other factors. For example, it may have been due to an increased awareness of the issue in 2020, including following announcement of this inquiry. Alternatively, agencies making a subjective assessment of impact may have considered that children and young people were at greater risk when absent or missing during pandemic-related lockdowns.

Why children and young people are absent or missing from residential care

Safety, stability and connection with other people and place are fundamental human needs. There are a wide range of reasons why children and young people leave care. However, a key driver is a lack of connection to carers, fellow residents and the residential care home.

Poor connection: flaws in the model of care

The Commission's 2019 *In our own words* inquiry identified significant flaws in the current out-of-home care system, and in particular, in the model of residential care in Victoria. These shortcomings mean many children and young people struggle to make meaningful connections or feel safe with their carers, homes and fellow residents. This lack of connection is one of the primary reasons why children and young people are absent or missing from residential care.

This inquiry confirmed that the following flaws in the model of residential care continue to impede the development of genuine connection:

- placement instability with multiple placement changes often at short notice, resulting in an inconsistent and destabilising care experience
- poor matching of children and young people with complex needs, leading to risks co-residents may trigger or influence each other through behaviours associated with trauma, mental health conditions, disability or substance use
- a model of care that provides inadequate therapeutic support to address complex histories of trauma and other needs
- limited relationship building due to low levels of staff training and experience (due to high staff turnover and reliance on casual or agency staff), combined with a rostered workforce model meaning staff are often ill-equipped to respond to the complex needs of children and young people with a history of trauma
- residential houses not feeling homely or safe
- limited involvement of the child or young person in care decisions, leading to a sense of lack of control, voice and autonomy
- complex or slow-moving approval processes to see family and friends or engage in activities
- limited activities to engage children and young people and address their needs in the home
- inadequate cultural support and connection for Aboriginal children and young people.

29 The number of primary absent client incident reports endorsed between 1 March and 31 August 2020 was 36% higher than for the equivalent period in 2019: Appendix A: Table 16.

30 The number of section 598 warrants granted for children and young people in residential care between 1 March and 31 August 2020 (2,736) was 8.6% higher than for the equivalent period in 2019 (2,520): Appendix A: Figure 3.

Seeking connection elsewhere

The lack of connection to carers, fellow residents and the residential care home drives some children and young people to seek connection elsewhere – with family, community, culture and friends. Our inquiry identified that more needs to be done for:

- children and young people to maintain a safe connection with their family
- Aboriginal children and young people to maintain connection to family, community, culture and country
- children and young people to engage safely with their friends without overly burdensome administrative processes.

Substance use

For some children and young people, the desire for, or addiction to, alcohol and other substances contributes to them going absent or missing from residential care.

Use of alcohol and substances may be entrenched prior to a child or young person entering residential care. Alternatively, it may develop while a child or young person is in care, in response to a lack of adequate support to address trauma and the desire for acceptance or shared experiences with peers. In some instances, older residents introduce children and young people to drugs and alcohol. Residents sometimes encourage others to go absent or missing so they can use drugs and alcohol together.

Initially, using alcohol and substances may not be the primary reason a child or young person goes absent or missing from residential care. However, where an addiction develops, the need to use may become the reason they leave.

The Commission found that use of alcohol or other substances can be linked to sexual and criminal exploitation of children who are absent or missing from residential care. For example, a sexual or criminal predator may offer drugs or alcohol to a child or young person as an enticement or exchange to engage in sexual or criminal activities, to negate their capacity to consent and/or to create an addiction to ensure the child or young person returns to the predator. In some instances, predators require children and young people to engage in sexual or criminal activities to pay off a drug debt, which may be linked to an addiction encouraged or fed by the predator.

Harm suffered by children and young people who are absent or missing

Children and young people who are absent or missing from residential care suffer a range of serious harms, many of which have devastating and long-term consequences on their lives.

In this inquiry, the Commission found evidence of children and young people being sexually, criminally and financially exploited, raped and assaulted, sustaining physical injuries, engaging in self-harm, and extensive and damaging use of substances and alcohol.

Often the harm a child or young person suffers is not known to others unless the child or young person discloses what has happened while they have been absent or missing. The same factors that lead to them leaving care, namely a lack of safety in or connection to carers or the home, also prevent disclosures.

Sexual exploitation, abuse and assault

An alarmingly high number of children and young people who are absent or missing from residential care are sexually exploited, abused and assaulted, often by adult men. These experiences are under-represented in CIMS, as discussed in Chapter 3.

It is well established that going absent or missing from care is linked to sexual exploitation of children and young people.[31] The Commission's review of incident reports and child protection files confirmed this link. In the 18 months to 31 March 2020, 37% of absent client incident reports (870) referred to 'sexual exploitation'.[32] In the file review of 12 children and young people frequently reported absent, 10 out of 12 had a Sexual Exploitation Information Template on file, indicating they were at risk of sexual exploitation.

31 See Appendix B for an overview of literature on child sexual exploitation.

32 DHHS, CIMS data, 1 October 2018 to 31 March 2020. This data relates to incidents in placements classified as both 'residential care' and 'therapeutic care'. The word count was extracted from the incident description provided on CIMS report for the term 'sexual exploitation'.

Children and young people in residential care may be introduced to sexual predators through existing connections with friends, peers and fellow residents. This inquiry heard about a range of scenarios, including organised paedophile rings actively targeting children and young people in residential care, through to 'the odd guy and his mates' who opportunistically exploit and assault vulnerable children and young people when they are away from residential care.

What may appear to be consensual to the child or young person is in fact not genuine consent, as it is based on manipulation, coercion, and deceit. Depending on the age of the parties, consent will not be relevant, as any sexual activity will constitute an offence. In other cases, children and young people are clear there was no consent (genuine or otherwise), and report experiences of assault and rape.

Overall, most stakeholders consulted for this inquiry cited sexual exploitation and assault as one of their greatest concerns associated with children and young people going absent or missing from residential care.

Criminalisation and child criminal exploitation

Children and young people who are absent or missing from residential care are at high risk of criminalisation through exposure to and engagement in criminal activity. In some instances, this is linked to criminal exploitation.

Criminal activity can range from less serious crimes (such as shoplifting) to serious motor-vehicle theft, drug dealing, assault and sexual offences. Some children and young people engage in criminal activities to find belonging or connection with peers through a shared, high-risk activity. They may also be seeking to reconnect with family who are involved in criminal activities. In other instances, children and young people are exploited by older people (which may include family) to commit more serious crimes. In each case, the desire or pressure to engage in these activities may prompt children or young people to be absent or missing from care.

Research on child criminal exploitation is more developed internationally, particularly in the UK.[33] However, recent Australian research and consultations for this inquiry confirmed an increasing awareness and concern about the vulnerability of children in care to criminal exploitation and the link to being absent or missing from care. A number of stakeholders also emphasised that sexual and criminal exploitation can be linked.

Like child sexual exploitation, in some instances, child criminal exploitation is opportunistic and, in other instances, it is through organised networks who may use young people to recruit other children and young people from residential care.

Engaging in criminal activities while absent or missing from residential care, whether through exploitation or otherwise, leads to criminalisation of children and young people in residential care. For those facing charges at a young age, this can escalate into a cycle of involvement in the criminal justice system. Incident reports include examples of children and young people picked up on section 598 warrants who were then arrested for alleged crimes committed while they were away from care, or remanded on outstanding charges.

Many children and young people experience the processes designed to find and return them to care as criminalising. They described being 'arrested', transported in police cars and held in police stations when they have not engaged in criminal conduct and, indeed, even when they have been victimised during their absence from care. The terminology used, such as 'warrant' can be conflated with criminal justice processes. In a few instances, stakeholders said children and young people had been 'remanded' on a section 598 warrant and brought before the court. Police intervention to locate, transport and hold a child in custody may also lead to criminal charges if a child or young person is distressed or substance affected and consequently resists or assaults police or other emergency workers.

33 See Appendix B for an overview of literature on child criminal exploitation.

Other forms of harm

This inquiry found that when absent or missing from residential care, children and young people also experience harm due to:

- the use of alcohol and other substances – this can place children and young people at significant risk of harm directly through overdose or indirectly through injury and exploitation and, in some cases, it is fatal
- injury or other adverse health consequences – incident reports we reviewed involved children and young people who contracted sexually transmitted illnesses, had unwanted pregnancies, missed medication, were injured in car and train accidents, engaged in self-harm and attempted suicide, and suffered from neglect of basic needs of food, water and shelter.

Children and young people are also at risk of developmental harm, cultural harm and financial exploitation when they are absent or missing from residential care. The Commission found that:

- efforts to build connection, support recovery, engage children and young people in education and meet their developmental needs are interrupted when they are absent or missing from residential care
- for Aboriginal children and young people, being absent or missing may also interrupt efforts within the child protection system to support their connection to, and understanding of, their culture
- for some children and young people, receiving government benefits makes them a target for fellow residents, family or others in the community seeking to obtain access to the money. For others without funds, their lack of funds may prompt them to engage in exploitative activities to obtain money. Children and young people with intellectual or learning disabilities are particularly vulnerable to financial loss and exploitation.

The care response: current practice and strategies

Strategies under the current care response are not effectively preventing children and young people from going absent or missing from residential care, or responding when they are absent or missing.

Over recent years, the department, Victoria Police and residential care service providers have developed various strategies to address children and young people being absent or missing from residential care, and to target the associated risks of sexual exploitation. These initiatives sit within the broader Victorian Government commitment to reforming the out-of-home care system outlined in *Roadmap for reform: strong families, safe children – the first steps* (Roadmap).[34] Unfortunately, the degree of ongoing commitment to, and expansion of, these initiatives by agencies has varied over time, and in some key areas has lost momentum.

Recent initiatives broadly fall in 2 categories: the care response and the safety response. The care response is primarily concerned with establishing relationships and providing therapeutic support to children and young people to help them to remain in care. The safety response is about intervening to safeguard children and young people while they are absent or missing from care and returning them to their placement.

A relationship-based model of care is fundamental to the care response. This approach is necessary to build genuine connection with children and young people in residential care to support them to remain in placement. Three key areas of connection building are:

- the role of care teams and planning
- the response to child sexual exploitation and criminal exploitation
- therapeutic interventions.

34 Department of Health and Human Services (DHHS), *Roadmap for reform: strong families, safe children – the first steps*, State of Victoria, Melbourne, 2016.

This inquiry found that:

- current care team functioning and planning is inconsistent and in many cases inadequate, departmental planning tools are not used to their potential, and evidence of well-planned and timely support for children and young people moving into and between residential care houses was limited
- strategies to tackle child sexual exploitation have demonstrated positive results but key, multi-agency strategies have not been sustained
- responses to criminal exploitation are limited and not well coordinated
- effective and consistent therapeutic support is not available to most children and young people in residential care.

The role of care teams and planning

Well-functioning and proactive care teams are critical to encouraging children and young people to remain in care and safeguard them in the community. However, the level of care team functioning and effective planning varies considerably across residential care.

In many other instances, children and young people do not receive adequate support due to poorly functioning care teams, disjointed relationships with other agencies and poor planning. In contrast, some children and young people who frequently go absent or missing from residential care are managed by a well-functioning care team. These teams seek the child or young person's views, are in regular contact with key agencies such as police, and regularly review and individualise planning for the child or young person.

Care team functioning and effective planning is also affected by the quality and alignment of tools available. In many instances, these tools are under-utilised, not used well, or not regularly updated. For example, the file review conducted for 12 children and young people who were frequently reported absent from residential care in the 18 months to 31 March 2020 found that:[35]

- while all 12 had a case plan, only 7 of those plans addressed the risk of the child or young person being absent or missing
- 9 out of 12 appeared not to have a current care plan
- 5 out of 12 appeared not to have a safety plan
- 4 out of 12 appeared not to have a behaviour support plan
- 10 out of 12 appeared not to have a Repeat Missing Template
- 10 out of 12 had a Sexual Exploitation Information Template.

The Commission also found that, in some instances, it is unclear how these tools integrate with other planning documents. For example, the Repeat Missing Template requires information contained in other documents, such as the Sexual Exploitation Information Template, leading to duplication and a lack of clear purpose.

Planning to support children and young people to move into their first residential care placement or to move between residential care placements is frequently inadequate. There are some examples of emerging transitional planning and support. For example, some stakeholders introduce a child or young person to one or 2 key carers prior to placement, to familiarise them with the house, discuss house routines, potentially meet co-residents, show them their bedroom and give them the opportunity to choose items to personalise their space. However, evidence of well-planned, timely support was limited.

Poor planning prior to placement in residential care, and when moving between residential care houses, contributes to placement instability, which, in turn, undermines connection to placement.

Responses to child sexual exploitation

Following the Commission's 2015 *"… as a good parent would …"* inquiry,[36] the department and other agencies proactively attempted to address sexual exploitation of children and young people in out-of-home care and the link to children and young people being absent or missing. While some of these efforts

35 These figures are based on a 6-month review period to 31 December 2019.

36 Commission for Children and Young People, *"… as a good parent would …": inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care,* Commission for Children and Young People, Melbourne, 2015.

have been sustained, other initiatives have not. This has resulted in a loss of momentum and focus on this issue.

A core component of the department's response to sexual exploitation of children and young people in out-of-home care is the role of the department's Sexual Exploitation Practice Leaders (SEPLs). SEPLs play a critical role in increasing stakeholders' awareness of child sexual exploitation and its link to young people going absent or missing from care.

They develop and promote proactive care and safety responses, assisting in planning and development of planning tools, such as draft connection planning.

From mid-2016 to 2017, the department and Victoria Police implemented the Child Sexual Exploitation Enhanced Response Model pilot, as part of the 2015 whole-of-government *Keeping Children Safe from Sexual Exploitation Strategy*. The pilot operated in 5 Victoria Police Sexual Offences and Child Abuse Investigation Team (SOCIT) locations. It aimed to provide 'a coordinated and effective response to children who are at risk, or may be experiencing child sexual exploitation'.[37] An independent evaluation of the pilot found that it was a promising initiative, in reducing harm to children at risk of child sexual exploitation and disrupting offenders, and delivering an estimated $3.20 return on every dollar invested.[38] It also found the model resulted in significant changes to stakeholders' understanding of, and response to, sexual exploitation of children and young people in care.

However, the model was discontinued at the conclusion of the pilot because Victoria Police determined that it was not feasible to implement the model more broadly without an additional investment of resources.[39] Some elements of the pilot continue in local areas, where stakeholders reported active coordination of responses and regular information sharing. However, other areas reported poor levels of cooperation. At the same time, various measures coordinated by the department, including centralised, cross-agency reporting on children at risk of sexual exploitation and a high level interdepartmental committee, were also allowed to stop.

Skill development and relationship building: sexual safety

Supporting children and young people to develop protective skills to help them to identify and manage risk when they are absent or missing from residential care is essential. Initiatives that successfully nurture these skills are demonstrating positive outcomes that help to prevent children and young people going absent or missing from care.

Building capacity to assess and manage risks in the community forms part of the child protection system's broader responsibility to assist children and young to develop independent living skills, as outlined in the Commission's *Keep caring* inquiry.[40]

In response to the heightened risk of sexual harm faced by children and young people living in out-of-home care, MacKillop Family Services developed the *Power to kids: respecting sexual safety* project, which includes educational elements and emphasised a partnership approach between carers and children and young people. An evaluation of the project found that improved relationships between carers and young people during the program supported skill development and contributed to a reduction in children and young people going missing.[41]

Responses to child criminal exploitation

As outlined above, there is emerging awareness of child criminal exploitation and its link to children and young people going absent or missing from residential care. However, there is little evidence of a coordinated or specialist response to identify, support and safeguard children and young people who are being criminally exploited or who are at risk of child criminal exploitation.

37 *Evaluation of Child Sexual Exploitation – Enhanced Response Model Pilot*, Victoria Police, February 2017, referred to in Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, p ii.

38 Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, p iv–v.

39 Victoria Police, *Response to further questions on Victoria Police submission*, State of Victoria, Melbourne, 2020, p 4.

40 Commission for Children and Young People, *Keep caring*, chapter 6.

41 G McKibbin et al., *Power to kids: respecting sexual safety evaluation report*, MacKillop Family Services, Melbourne, 2020, p 4.

Therapeutic initiatives

Effective and consistent therapeutic care is not available at the scale required to meet the needs of all children and young people in residential care.

Approximately 30% of residential care houses are provided with additional funding and support as therapeutic residential care units. However, the Commission's *In our own words* inquiry found that there was no evidence that these units were meeting the standards required of the program, nor was there a noticeable difference in the quality of care compared to standard residential care settings.[42]

There are a number of promising models of therapeutic care operating in some residential care homes, such as the KEYS model, developed and funded by the department and operated by Anglicare, and unfunded approaches taken by specific providers such as Berry Street's Teaching Families Model and MacKillop Family Services' Sanctuary model. However, these initiatives are operating at a relatively small scale and most children and young people in residential care do not have access to a fully funded, effective and consistent therapeutic response.

The safety response: current practice and strategies

The current safety response to children and young people who are absent or missing from residential care is not working effectively to safeguard children and young people while they are absent or missing and safely return them home.

Current safety response interventions include active outreach, missing person reports and investigations, section 598 warrants, strategies to interrupt harmful and exploitative relationships, and short-term containment, such as the secure welfare service (secure welfare).

42 Commission for Children and Young People, *In our own words*, finding 45.

This inquiry identified areas requiring attention across the span of the safety response, including:

- preventative measures before a child or young person goes absent or missing
- responses when a child or young person goes absent or missing
- approaches when a child or young person returns to care.

Before a child or young person goes absent or missing from residential care

An effective safety response starts before a young person goes absent or missing from care. A key element is information collection and sharing. Some local information collection and sharing initiatives show promise, but the key components of the initiatives' success are not embedded across the system.

Information collection and sharing

Unwieldy and inconsistent data collection systems and practices, combined with frequent changes in placements and turnover in child protection workers and residential carers, leads to the loss of knowledge about children and young people's lives, care needs and the risks they face, particularly when they are absent or missing from care. This compromises efforts to support and safeguard children and young people who go absent or missing from residential care. Consequently, children and young people face greater risk and potentially suffer greater harm.

Collection of consistent, concise and current information about children and young people in residential care, which is easily accessible, searchable and shareable with key stakeholders, is critical to safeguarding and returning children and young people to placement when they are absent or missing. This information also informs planning to support them to remain in care and provides an evidence base for systemic reform.

The department, residential care service providers and Victoria Police collect large amounts of information about children and young people in residential care across a wide range of databases. However, the information is often recorded in formats that are not easily accessible, searchable or shareable.

The Commission found evidence of promising local initiatives, such as the Community Around the Child initiative piloted between 2016 and 2019 in the inner-eastern metropolitan region of Melbourne. It was designed to improve information sharing and promote a more trauma-informed response. However, initiatives like Community Around the Child are limited to certain local areas and are not embedded through overarching governance processes. They often rely on key relationships between agencies, which can be undermined by staff turnover and changes in local priorities.

When a child or young person is missing from residential care

Current strategies for responding when a child or young person is absent or missing from residential care are not consistently implemented. Many responses do not achieve positive outcomes and, instead, directly contribute to the criminalisation of children and young people in out-of-home care.

When a child or young person goes absent or missing from residential care, care staff are required to initiate a safety response to attempt to locate the child or young person and encourage them to return to care. This approach may be supported by a police response using tools such as missing person reports, warrants and media alerts.

In practice, the level of preparedness and responsiveness varies. In many instances, the response of residential care service providers and Child Protection is not proactive, consistent or timely, nor is it guided by a clear and up-to-date safety plan or crisis management plan.

Risk assessment

Decisions about when to respond, when to escalate and what tools to use when a child or young person is absent or missing from residential care are generally informed by an assessment of risk. While planning tools and manuals include guidance and examples of risk assessment, there is currently no clear risk assessment framework. This lack of clarity leads to inconsistent approaches in practice across departmental divisions, residential care service providers and Victoria Police.

The Commission found that the quality of risk assessment is frequently undermined or influenced by:

- information about the child or young person that may be incomplete, challenging to access, out of date and/or poorly communicated to other agencies
- inadequate and inconsistent guidance on how to identify and assess vulnerability and risk
- a perception that the child or young person is not genuinely missing, is streetwise and/or may be less deserving than other children and young people of intensive efforts to find and return them to care.

The perception that a child or young person is 'absent' (because their whereabouts is known or suspected) rather than 'genuinely missing' can lead to a less urgent response. However, a 2016 inquiry in the UK found that a policing approach that only required a proactive response when a child or young person was 'missing' rather than 'absent' 'turned out to be a blunt, crude assessment tool that leaves children at risk'.[43]

First response

Care-based responses are not routinely used across the system to encourage a child or young person to return home without police intervention, and are undermined by poor relationships between key staff and children and young people.

In consultations, some children and young people commented on the limited attempts by carers to find them and encourage them to return when they were absent or missing, which some children and young people perceived as a lack of genuine care for their safety and wellbeing. In other instances, carers gather information, try to follow the child or young person, call and text them and their family and friends, conduct outreach and seek assistance from after-hours services.

43 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children: 'It is good when someone cares', final report*, APPG, London, 2016, p 3.

Some residential care providers have fostered a care-based approach in these interventions. Carers actively express care and concern when contacting the child or young person to encourage them to return. They say they miss them, offer to collect them and offer a hot dinner and other home comforts. While promising, this approach is relatively new and is not consistently applied across the system.

Underdeveloped or poor relationships between key staff and children and young people in residential care continue to undermine efforts to encourage children and young people to return to care.

Escalation to police intervention

If the first response steps are unsuccessful, carers or after-hours services may seek police assistance, including welfare checks, missing person reports and section 598 warrants. Reliance on police intervention, coupled with a lack of viable alternatives, impedes the government's objective to minimise criminalisation of children and young people in out-of-home care.

The department, Victoria Police and other agencies committed to the Victorian *Framework to reduce criminalisation of young people in residential care* (the Framework) in February 2020.[44] The Framework is a positive commitment to adopt a trauma-informed and proactive approach to reducing criminalisation of children and young people in residential care. The Framework includes practice advice on children and young people who are missing from care. However, its primary focus appears to be guiding responses to incidents occurring in residential care houses and, unfortunately, due to COVID-19 and other competing priorities, little has been done to put the Framework into practice.

When children and young people are absent or missing from residential care, minimising contact with police largely depends on there being viable alternatives to finding and returning them to placement. Several children and young people supported the idea of an alternative, specialised service enabling them to return to placement. They emphasised the importance of knowing and being comfortable with the people involved.

Some larger service providers have outreach or rover services that collect children and young people if they request a pick up. Alternatively, the service can fill in for staff at the house to allow the staff who know the child or young person to conduct outreach or collect them. While promising, these services are currently limited. This in turn leads to greater reliance on police intervention than is necessary.

Effectiveness of police responses

The Framework highlights the importance of a trauma-informed response when police are dealing with vulnerable children and young people. Specialist police officers and units are frequently trained in such a response. However, many stakeholders expressed concern about the responses of frontline officers whose understanding and implementation of a trauma-informed response is less common. In some instances, responses compound the trauma experienced by children and young people when they are absent or missing from residential care.

The Community Around the Child initiative outlined above targeted frontline police to promote a trauma-informed response when interacting with children and young people placed in residential care. Preliminary findings on the initiative reported a reduction in missing person reports in the local area, a reduction in property damage, reduced criminal activity and reduced callouts to the residential care houses.[45] The initiative also informed the development of an optional training module for police.

Missing person reports and warrants are often used when finding children who are absent and missing from residential care and returning them to placement. However, without further intervention and support, children and young people frequently leave again shortly after being returned to placement. This can lead to a cycle of multiple missing person reports and warrants, contributing to frustration and fatigue among some police and agency staff.

44 Department of Health and Human Services (DHHS), *Framework to reduce criminalisation of young people in residential care*, State of Victoria, Melbourne, 2020, p 2.

45 R Watkins et al., *Community around the child*, presentation to 2018 ANZSOC Conference, University of Melbourne, 2018.

The Commission found that the effectiveness of missing person reports and warrants to safeguard children and young people who are absent or missing from residential care is limited when these tools are not integrated into a clear, relationship-based strategy founded on care and concern.

Many stakeholders also expressed concern that there is lack of clarity between stakeholders about when a missing person report should be made, and the administrative burden of processes associated with missing person reports and warrants. Some reported that these issues sometimes lead to 'push back' from police, potential waste of police resources, and refusal to take missing person reports for a period of time. Time-consuming administrative requirements, combined with inefficient processes and poor communication between agencies, can also cause delays and confusion at each point in the process, from the point a missing person report is placed through to cancellation of a warrant.

Media alerts

If a child or young person has been absent for a lengthy period or is at very high risk, Child Protection may liaise with police to release a media alert. Stakeholders' views on the effectiveness of media alerts as a tool to find children and young people were mixed. The Commission found there is insufficient evidence to conclude that media alerts are an effective tool for this purpose.

Some stakeholders expressed concern about potential harm to the child or young person. The photos used in alerts can be unflattering and social media posts can attract negative commentary and potentially make the child or young person a target for people wishing to exploit them. The alerts also remain on media organisations' archives online, which may have a detrimental impact on a child or young person's future.

Response when a child or young person returns

Insufficient information is available to understand the effectiveness of responses when a child or young person returns after being absent or missing from residential care.

When a child or young person returns to care, carers and child protection staff should gather information to identify their immediate and ongoing support needs in order to inform planning for that child or young person, and to identify areas of risk for other children and young people. Two components of the current response when a child or young person returns are return to care conversations and, in certain cases, short-term placement in secure welfare.

Return to care conversations

The Child Protection Manual requires that, within 48 hours of a child or young person's return to care, a professional who the child or young person trusts must conduct a return to care conversation.[46] The purpose of the conversation is to meet their immediate needs, express care and concern, highlight the risks they face, understand why they left, gather information about the episode and discuss what needs to happen to support them to stay safe and stay in placement.

The Commission found that there is insufficient evidence to assess whether return to care conversations are conducted, or to assess their quality. More needs to be done to understand how these conversations are being used to improve outcomes for individual children and young people and how they can inform systems level improvements.

As noted above, the return to care conversation must be conducted by a professional a child or young person trusts. If there is such a person, there is value in this approach. The child or young person may be more willing to disclose harm they have suffered and it may be a relationship-building opportunity. In contrast, the UK requires that an independent party conducts 'return home interviews', separate to police and care services. Independent mechanisms are an essential oversight and quality of care tool that should be readily available if a child or young person prefers to speak to an independent person. Current departmental guidance does not require that children and young people are offered the opportunity to speak to an independent person and it does not appear that this option is offered prior to, or as part of, return to care conversations in Victoria.

46 Department of Health and Human Services (DHHS), 'Missing children and young people', *Child Protection Manual*, Document ID number 1515, version 2, 14 August 2019, State of Victoria, Melbourne.

Secure welfare service

The secure welfare service (secure welfare) is used at times to safeguard children and young people who are frequently absent or missing from residential care. It is intended to be a short-term option of last resort during a significant crisis 'when the broader protection and care network cannot manage or reduce the risks to the child'.[47] The inquiry found there is insufficient evidence to determine the effectiveness of secure welfare as an intervention to respond to children and young people who are frequently absent or missing from residential care. In particular, while the Commission found some evidence that secure welfare is used in a way that facilitates more intensive planning and support for children and young people, often this does not occur.

The Commission found many examples of children and young people going absent or missing again shortly after their return to placement after a period in secure welfare. In some instances, it appears that placement in secure welfare may in fact disrupt efforts to connect the child or young person to placement and has the potential to expand children and young people's networks with other high-risk youth.

In consultations, stakeholders provided examples of the department and residential care service providers accessing alternative options for respite or as circuit breakers, such as weekends away and specialist camps. However, it appears that there are some barriers to accessing these alternatives, potentially due to costs and approval processes.

Areas for reform and recommendations

The findings of this inquiry demonstrate the urgent need for coordinated action to support carers and other stakeholders to stem the number of children and young people who go absent or missing from residential care, to minimise the harm children and young people suffer when they are absent or missing, and to support their development in a safe and caring environment.

To address this need, reform is required:

- at a systemic level, to create a new model of residential care
- within the current model of care to meet the immediate needs of children and young people better.

This inquiry makes 18 recommendations across 6 areas of reform to prevent and respond to children and young people from going missing or absent from residential care.

Systemic reforms to redesign Victoria's model of care

The Commission's 2019 *In our own words* inquiry called for systemic reform of out-of-home care, including significant changes to the current model of residential care.[48] More recently, the Commission's *Keep caring* inquiry made further recommendations calling for a new model of care 'to ensure that all young people in care have the best possible chance to make a positive transition to independence'.[49]

This inquiry builds on these previous recommendations. It repeats past recommendations that are critical in addressing the issues for children and young people who go missing, and outlines additional areas where attention is needed in the transformation of Victoria's out-of-home care system.

47 Department of Health and Human Services (DHHS), 'Secure welfare service', *Child Protection Manual*, Document ID number 2722, version 4, 17 July 2020, State of Victoria, Melbourne, 2020.

48 Commission for Children and Young People, *In our own words*.

49 Commission for Children and Young People, *Keep caring*, p 21.

The first 3 areas of reform outlined in this report (recommendations 1 to 4) advocate for systemic change to redesign the residential care system by:

- driving cultural change
- implementing an effective, relationship-based, trauma-informed residential care model
- embedding the care model within an integrated trauma-informed service system response.

We recommend cultural change to challenge perceptions that children and young people who are absent or missing from residential care are less at risk or less deserving of a timely, care-based response than other children and young people. The need for this is evident in the continuing characterisation among many stakeholders that children and young people who are absent or missing from care have 'absconded', and the perception that they are 'troublemakers' who are able to look after themselves. Changes to policy and procedures will have only limited impact while these misconceptions persist.

We recommend a range of elements that must be addressed when developing and delivering a new model of care that we previously recommended in *In our own words*. To effectively support children and young people in residential care, address the factors that may influence a child or young person to leave their placement, and respond effectively when they do, the model must include the following elements:

- care aimed at addressing and healing trauma
- improving skills, processes and supervision of care teams
- fostering connection to family, friends and community
- improving processes that enable contact with family, friends and community
- fostering connection with family, community, culture and country for Aboriginal children and young people
- maintenance of placements when a child or young person is absent or missing for a prolonged period
- adopting a multi-agency panel approach
- ensuring integrated, clear and up-to-date planning
- supporting connection to placement.

Recognising the multiple support needs of children and young people who are absent or missing from residential care, and the various agencies involved in responding, we recommend a trauma-informed approach across all services. It is important that a trauma-informed approach does not stop at the door of residential care, but is consistent across other services involved in responding to and supporting these children and young people.

Reforms to the current response

Achieving system improvement requires long-term reform. Some children and young people will continue to be absent or missing from residential care, despite these reforms. The tools and interventions used to safeguard children and young people when they are absent or missing from care are therefore also a critical component of the response. In addition to the broader systemic reforms, changes are urgently needed within the current model of care to better meet the immediate needs of children and young people.

The remaining 3 areas of reform (recommendations 5 to 18) focus on addressing the immediate needs of children and young people better within the current model of residential care through:

- the development and roll-out of statewide responses to child sexual and criminal exploitation
- safeguarding children and young people when they are absent or missing
- investing in information collection, monitoring and oversight.

We recommend that there be renewed commitment to addressing child sexual exploitation and to increasing understanding of child criminal exploitation. The Victorian Government should facilitate the expansion of the Child Sexual Exploitation Enhanced Response Model across the state and should also develop a similar specialist response to child criminal exploitation. Further, the Victorian Government should fund a statewide roll-out of the MacKillop Family Services' *Power to kids* program to all residential care houses.

When children and young people are absent and missing, it is critical that interventions to safeguard, find and return them to placement are efficient, effective and do not compound the trauma or other harm these children and young people suffer. To this end, the Commission recommends the following reforms to improve care and safety responses:

- ensure collection of consistent, concise and current information about individual children and young people at risk of going absent or missing from residential care. Information sharing should be supported by pre-populated checklists aligned with the child or young person's behaviour support plan, which are regularly reviewed and shared with key agencies.
- develop a risk-based assessment framework to guide the response when a child or young people is absent or missing from residential care. The level of risk and corresponding response should not be determined by the categories 'absent' and 'missing'.
- review all policies, procedures, training and service expectations to ensure staff consistently apply a strengths-based response to express care and concern when contacting a child or young person who is absent or missing from residential care
- minimise contact with police by ensuring that the use of missing person reports and warrants is integrated into a relationship-based strategy and that viable alternative options to police intervention, such as rover services, are available whenever possible. Access to alternative options should be incorporated into the action plan to implement the Framework.
- replace the term 'warrant' with an alternative term that is not associated with the criminal justice process
- streamline processes and clarify definitions and roles concerning missing person reports and warrants
- review media alert policy and processes to identify the circumstances in which they are an effective tool, and make changes to ameliorate their potentially harmful impact on children and young people
- provide further guidance and training on return to care conversations and improved recording, accessibility and oversight of the information collected. Children and young people should also be offered the opportunity to speak to an independent person when they return to placement.
- monitor and report on the operation of the secure welfare service, with particular focus on the needs of children and young people who are frequently absent or missing from residential care, and ensure that care teams use admission to the service as an opportunity for intensive planning and relationship building with the child or young person. Barriers to the use of alternative options to the secure welfare service should be reviewed and removed, where possible.

We also recommend investing in systemic information collection, monitoring and oversight. Understanding what is happening, and why it is happening, is essential to enable evidenced-based reform, to provide children and young people with the support they need to remain in placement, and to safeguard them as far as possible when they are absent or missing from residential care.

Finally, we recommend that the department review the operation of CIMS, including reporting thresholds, in respect of absent client incidents and sexual exploitation incidents to ensure an appropriate level of review and response, and improve systemic oversight.

Findings and recommendations made in this inquiry are listed in the following section, and incorporated throughout the report.

Findings and recommendations

Findings

Finding 1: The influence of history

The historical conflation of neglect with criminality, combined with the ongoing use of criminalising language such as the term 'absconding', continues to influence the response of stakeholders, including residential care staff, the child protection workforce and Victoria Police, when children and young people go absent or missing from residential care. These children and young people are sometimes viewed as the 'undeserving missing', the risks they face are at times underestimated, and they are sometimes subject to a punitive rather than caring response.

Finding 2: Lack of information on the extent to which children and young people are absent or missing from care

Currently, the department does not collect reliable data about the number of children and young people who are absent or missing from their residential care placement. The department also has not implemented a statewide source of information that can accurately track how long they are absent or missing from residential care.

Finding 3: Inadequate oversight of risk and harm

The department's reporting systems, including the recently introduced Client Incident Management System (CIMS), do not enable adequate identification of children and young people going absent or missing from residential care. Similarly, the department's systems do not enable adequate assessment or recording of the harm children and young people suffer when they are absent or missing from care.

At a systemic level, statewide patterns and drivers of risk and harm, including harm arising from sexual exploitation, cannot be discerned with confidence based on CIMS data or other sources of information.

Finding 4: High rate of children and young people absent or missing from residential care

While reliable data is limited, the actual rate of children and young people who go absent or missing from residential care is greater than current sources report and is significantly higher than children and young people in the general population.

Finding 5: Gender of children and young people who are absent or missing

Girls and young women in residential care were reported as 'absent' from residential care at 2.5 times the rate of boys and young men. Section 598 warrants were issued at twice the rate for girls and young women in residential care compared to boys and young men. However, it is likely that boys and young men are under-represented in incident reporting and warrants data.

Finding 6: Age of children and young people absent or missing from residential care

Children and young people aged 15 to 17 and 12 to 14 were reported as 'absent' from residential care at the same rate. The rate of warrants issued for those aged 15 to 17 was slightly lower.

Finding 7: Aboriginal children and young people absent or missing from residential care

Aboriginal children and young people were reported as 'absent' from residential care at a slightly lower rate than non-Aboriginal children and young people. The rate of section 598 warrants for each group was the same.

Finding 8: Children and young people experiencing disability or health concerns

The department does not collect data on whether children and young people currently in the residential care system experience a disability, a medical or mental health condition or are affected by trauma. This means it is not possible to reliably quantify how many children and young people who are absent or missing from residential care have these experiences. Consultations and file reviews indicated children and young people who are frequently reported absent or missing are usually impacted by a range of complex needs, including disability.

Finding 9: Disparities in reporting rates across service providers and divisions

The rates of 'absent client' reports across residential care service providers and divisions of the department varied significantly. However, inconsistencies in reporting mean it is impossible to determine whether the higher rates reported by some service providers and divisions reflect a genuinely higher rate of incidents.

Finding 10: Case reviews, root cause analyses and investigations following absent client incident reports

A lower proportion of absent client incident reports were classified as 'major' in the department's Client Incident Management System (CIMS) compared to other incident types. As a result, a lower proportion of absent client incidents were subject to the formal investigation and/or review processes required when an incident is classified as major in CIMS.

Finding 11: The impact of the COVID-19 pandemic

During the 2020 COVID-19 state of emergency restrictions, the rate of 'absent client' incident reports per child or young person in residential care increased by a third compared to the same period in 2019. The number of section 598 warrants was also higher.

Finding 12: Poor connection to placement arising from flaws in the model of care

Many of the flaws in the out-of-home care system and, in particular, the model of residential care operating in Victoria identified by the Commission in its *In our own words* inquiry, continue to impede the development of meaningful connections between children and young people and their carers, houses, communities and fellow residents. These shortcomings inhibit the development of a relationship-based strategy founded on care and concern to connect children and young people to their placement. This lack of connection is one of the primary reasons why children and young people are absent or missing from residential care.

Finding 13: Seeking connection with family

Children and young people and other stakeholders told the Commission that children and young people frequently return to family when they are absent or missing from care. The Commission is concerned that insufficient work is done to safely maintain connections with family once a child or young person is placed in residential care.

Finding 14: Seeking connection with family, community, culture and country for Aboriginal children and young people

Maintaining connection to family, community, culture and country is particularly important to Aboriginal children and young people. A range of stakeholders told the Commission that some Aboriginal children and young people go absent or missing from residential care to reconnect with family, community, culture and country.

Finding 15: Barriers to connection with friends

Children and young people, as well as other stakeholders, told the Commission that barriers to spending time with friends, such as restrictions on friends visiting residential units and lengthy approval processes to visit friends in the community, contribute to many children and young people going absent or missing from residential care. Rather than protecting children and young people, these barriers can place them at greater risk, as their contact with friends and other peers is unsupported and unsupervised.

Finding 16: Seeking connection with friends

Children and young people and other stakeholders told the Commission that children and young people frequently go to see friends or peers when they are absent or missing from care. The Commission is concerned that children and young people in residential care do not receive sufficient support to develop and maintain positive friendships.

Finding 17: Use of alcohol and other substances

Use of alcohol and other substances is a significant contributor to children and young people being absent or missing from residential care. In some instances, children and young people's use of alcohol and other substances is linked to sexual and criminal exploitation, the experience of trauma and/or seeking a sense of belonging and acceptance among peers.

Finding 18: Reporting of sexual exploitation, abuse and assault in CIMS

Children and young people's experiences of sexual exploitation and assault occurring when they are absent or missing from residential care appear to be under-represented in the department's Client Incident Management System (CIMS). Under-representation appears to have worsened since this system was introduced in 2018.

As a result of this under-representation, formal investigations or reviews required by CIMS policy of these children and young people's experiences, and scrutiny of responses, are inconsistent and occur less frequently.

Finding 19: Sexual exploitation, abuse and assault

An alarmingly high number of children and young people who are absent or missing from residential care are sexually exploited, abused and assaulted, often by adult men. This exploitation, abuse and assault can be ongoing for long periods, and has devastating and long-term consequences.

Finding 20: Criminalisation

Children and young people who are absent or missing from residential care are at high risk of criminalisation through exposure to and engagement in criminal activity, which in some instances is linked to criminal exploitation.

Finding 21: Criminalisation through terminology

The term 'warrant' is primarily associated with the criminal justice process. Some children and young people told the Commission that they are 'arrested' on a warrant and taken into police custody. Other stakeholders told the Commission that the term 'warrant' can cause confusion regarding the status of children and young people subject to a section 598 warrant, and in some instances this is linked to a punitive and criminalising response.

Finding 22: Criminalisation through police intervention

Reliance on warrants to find and return children and young people who are absent or missing from residential care has the potential to criminalise children and young people as a result of interactions with police when children and young people are located, transported and held in custody.

Finding 23: Harm due to use of alcohol and other substances

Children and young people often use alcohol or other substances when they are absent or missing from care, which places them at significant risk of harm, including death.

Finding 24: Harm due to injury and other adverse health consequences

Some children and young people who are absent or missing from residential care suffer harm arising from injury, adverse mental health impacts, sexually transmitted diseases, unplanned pregnancies, interruption to medication and neglect of other health needs.

Finding 25: Developmental harm

When children and young people are absent or missing from care, efforts to build connection, support recovery, engage them in education and meet their developmental needs are interrupted. The extent of this disruption depends on the effectiveness of these efforts, which is limited by the current model of residential care.

Finding 26: Potential cultural harm

The impact of being absent or missing from residential care on Aboriginal children and young people's cultural development is complex. They may reconnect with their culture by returning to family, community and country. However, this connection is unsupported and may disrupt efforts within the child protection system to support children and young people's connection to and understanding of their culture.

Finding 27: Financial exploitation

Some children and young people's financial status places them at risk when they are absent or missing from care. In some instances, children and young people with access to funds may be exploited by others to obtain access to their money. In other instances, children and young people without funds may engage in exploitative activities to obtain money.

Finding 28: Inconsistent care team functioning and planning

The level of care team functioning and effective planning to support children and young people to remain in residential care and safeguard them in the community is inconsistent and, in many cases, inadequate.

The Commission found evidence that some children and young people who frequently go absent or missing from residential care are managed by a well-functioning care team who seek the child or young person's views, are in regular contact with key agencies such as police, and regularly review and individualise planning for the child or young person. In many other instances, the Commission found evidence of children and young people who received little support due to poorly functioning care teams, disjointed relationships with other agencies and poor planning.

Finding 29: Planning tools

The department has developed a range of tools to support and guide planning for children and young people who are at risk of being absent or missing from residential care. The Commission found evidence that, in many instances these tools are not used, are not used effectively, and/or are not regularly updated. In some instances it is unclear how these tools integrate with other planning documents.

Finding 30: Planning and support for children and young people moving into and between residential care houses

While the Commission identified several examples of emerging planning to support children and young people prior to, and immediately after, placement in and between residential houses, evidence of well-planned, timely support was limited. Poor planning prior to, and immediately after, placement and placement moves contributes to placement instability and poor placement matching, which, in turn, undermine the development of children and young people's connection to placement.

Finding 31: Child Sexual Exploitation Enhanced Response Model

The joint commitment between the department and Victoria Police to develop and implement the Child Sexual Exploitation Enhanced Response Model pilot from 2016 to 2017 resulted in significant improvements in the way sexual exploitation of children and young people in care was understood and responded to in practice. The initiative improved coordination of responses and information sharing between the department and Victoria Police.

Victoria Police's decision not to formally continue or expand the pilot due to lack of additional investment from the Victorian Government has contributed to a loss of momentum and inconsistent responses to the issue of sexual exploitation of children and young people in residential care.

Finding 32: Sexual Exploitation Practice Leaders

The department's Sexual Exploitation Practice Leaders play a key role in increasing stakeholders' awareness of child sexual exploitation and its link to children and young people going absent or missing from residential care. They develop and promote more proactive care and safety responses.

Finding 33: Focus on skill development and relationship-building

The MacKillop Family Services *Power to kids: respecting sexual safety* project demonstrates the importance of building strong relationships between carers and children and young people to support skill development and to reduce how often they are absent or missing from residential care.

Finding 34: Responses to child criminal exploitation

There is little evidence of a coordinated or specialist response to identify, support and safeguard children and young people who are being criminally exploited or who are at risk of child criminal exploitation.

Finding 35: Inadequate therapeutic support or care

The Commission identified promising models of therapeutic care operating in some residential care homes but most children in residential care do not have access to effective and consistent therapeutic services. The need for system-wide reform remains.

Finding 36: Information collection, accessibility and sharing

Key agencies, including the department, residential care service providers and Victoria Police, collect large amounts of information about children and young people in residential care. This information is recorded across a wide range of databases, and frequently in formats that are not easily accessible, searchable or shareable. Combined with frequent changes in placements and turnover in child protection workers and residential carers, these unwieldy and inconsistent data collection systems and practices mean that responsible agencies have an incomplete understanding of children and young people's lives, care needs and the risks they face, including when they are absent or missing from care.

Finding 37: Impact of inconsistent and inaccessible information collection

Flaws in information collection and sharing between the department, residential care service providers and Victoria Police compromise the effectiveness and efficiency of efforts to support and safeguard children and young people who go absent or missing from residential care. As a consequence, the risks faced by children and young people when they are absent or missing from residential care are exacerbated, which can result in the children and young people suffering greater harm with devastating and lifelong consequences.

Finding 38: Assessment of risk

Decisions by child protection practitioners, residential care staff and police regarding when to respond, when to escalate and what tools to use when a child or young person is absent or missing from residential care are generally informed by an attempt to assess the child or young person's vulnerability and the risks they may face when absent or missing from residential care. However, assessment of vulnerability and associated risks is often not done well, and the responses are not always proportionate to the risks faced by the child or young person. There is evidence of significant variation in practice across departmental divisions, residential care service providers and Victoria Police.

The quality of risk assessment is undermined or influenced by:

- information about the child or young person, which may be incomplete, challenging to access, out of date and/or poorly communicated to other agencies
- inadequate and inconsistent guidance on how to identify and assess vulnerability and risk
- a perception that the child or young person is not 'genuinely missing', is 'streetwise' and/or may be less deserving than other children and young people of intensive efforts to find and return them to care.

Finding 39: First response

Recently, some residential care providers have focused on a care-based response when children and young people go absent or missing from care. They express care and concern when contacting the child or young person to encourage them to return without police intervention. However, this approach is not consistently applied across the system and is undermined by poor or underdeveloped relationships between key staff and children and young people in residential care.

Finding 40: *Framework to reduce criminalisation of young people in residential care*

The *Framework to reduce criminalisation of young people in residential care* represents a positive commitment by key agencies including the department, residential care service providers and Victoria Police to adopt a trauma-informed and proactive approach to reducing criminalisation of children and young people in residential care. Unfortunately, due to COVID-19 and other competing priorities, little has been done to put the Framework into practice.

In addition, while the Framework includes some practice advice on children and young people who are missing from care, its primary focus is to guide responses to incidents in residential care houses.

Finding 41: Reliance on police intervention and limited alternative options

Departmental and residential care service providers frequently rely on police intervention using tools such as missing person reports and warrants to find and return children and young people to residential care. The limited availability of alternative options such as rover services to find, encourage and support children and young people to return safely to residential care contributes to the reliance on police intervention.

Finding 42: Trauma-informed responses

While the Commission identified promising examples of trauma-informed responses, such as the Community Around the Child initiative in the inner-eastern metropolitan region, responses by frontline workers and police members are inconsistent, and in some instances potentially compound the trauma experienced by children and young people when they are absent or missing from residential care.

Finding 43: Effectiveness of police intervention

The effectiveness of missing person reports and warrants to safeguard children and young people who are absent or missing from residential care is limited when these tools are not integrated into a clear, relationship-based strategy founded on care and concern to support children and young people to remain in their residential care placement and to safeguard them when they are absent or missing from care.

Finding 44: Missing person reports and warrants – operation in practice

In practice, the effectiveness and efficiency of missing person reports and warrants as tools to find and return children and young people who are absent or missing from residential care are often compromised by:

- uncertainty and disputes between agencies about the definition of 'missing person' and whether a police response is necessary. In some instances, police refuse to take a missing person report if they consider a child or young person to be 'absent' rather than 'missing', or if they have been missing for less than 24 hours.
- time-consuming administrative requirements, such as making missing person reports to police in person
- inefficient processes and delays in communication of key information between agencies.

Finding 45: Media alerts

There is insufficient evidence to conclude that media alerts are an effective tool to find children and young people who are absent or missing from residential care. Some stakeholders told the Commission that the publicity associated with media alerts has the potential to harm children and young people.

Finding 46: Return to care conversations

There is insufficient evidence to assess whether return to care conversations are conducted, or to assess the quality of these conversations when they do occur. Information obtained through return to care conversations is not routinely collected in a way that makes it easily accessible or shareable with other stakeholders.

Inconsistent practice, combined with poor information collection and sharing processes, limit the capacity of these conversations to inform and improve the care and safety response for the individual child or young person, and for other children and young people who may face similar risks.

Current departmental guidance does not require that children and young people are offered the opportunity to speak to an independent person, and it does not appear that this is offered prior to, or as part of, return to care conversations.

Finding 47: Secure welfare service

There is insufficient evidence to assess the effectiveness of secure welfare as an intervention to respond to children and young people who are frequently absent or missing from residential care. While the Commission found some evidence of secure welfare enabling more intensive planning and support for children and young people, often this does not occur.

The Commission found examples of the department and residential care service providers accessing alternative options for respite or as circuit breakers, such as weekends away and specialist camps. However, it appears that there are some barriers to accessing these alternatives, potentially associated with costs and approval processes.

Recommendations

Recommendation 1: Lead cultural change

That the department lead cultural change to challenge the continuing perception among some stakeholders, including departmental staff, residential care staff and police, that children and young people who are absent or missing from residential care are less at risk or less deserving of a timely, care-based response than other children and young people, by:

- removing references to the term 'absconding' from all relevant policies, procedures, guidelines and training modules
- including further guidance in policy, procedures and training on:
  - the reasons children and young people leave residential care
  - the risks they face and the harm they may suffer
  - the language used to describe this behaviour
- supporting improved understanding across other agencies, including Victoria Police, of the reasons children and young people leave care, the risks they face and the harm they may suffer.

Recommendation 2: Fund and implement a new model of care as recommended in *In our own words*, to better respond to the needs of children and young people in residential care and reduce absences

That, when funding and implementing the new model of care recommended in the Commission's 2019 *In our own words* inquiry, the Victorian Government ensure the following elements are delivered to address the specific needs of children and young people who become absent or missing from residential care.

Recommendation 2.1: Address and heal trauma through a therapeutic model of residential care

That the new model of residential care include:

- a strong focus on developing trusted relationships with carers and key workers
- a consistent care experience provided by carers and across houses and service providers founded on care and concern, not punitive responses
- an emphasis on personal skill development, including the capacity to assess and manage risks, particularly those associated with sexual harm
- embedded services, including services for treatment of mental ill health and dependence on alcohol and other substances
- adequate resources and timely approval processes for children and young people to engage in activities
- clear integration of therapeutic support in case and care planning.

Recommendation 2.2: Foster connection to family, friends and community

That increased effort and investment be deployed to foster children and young people's connections to family, friends and community, as part of and where possible prior to their transition to residential care settings.

Recommendation 2.3: Improve processes that enable contact with family, friends and community

That authorisation policies for contact with family and friends, and participation in activities in the community, be reviewed to ensure timely decision-making and support to effectively manage and mitigate risk.

Recommendation 2.4: Foster connection with family, community, culture and country for Aboriginal children and young people

That ongoing and additional effort and investment be deployed to support connection to culture, paying particular attention to the causes of, and potential consequences for, Aboriginal children and young people going absent or missing from residential care, including the potential for cultural harm.

Recommendation 2.5: Improve skills, processes and supervision of care teams

That the department invest in improving the skills, processes and supervision of care teams for children and young people in residential care. Improvements should be implemented through updated guidelines, policies and training. Care teams should be supported by agendas, action items, and clear role allocation and communication channels. The department should encourage a culture where care team members are empowered to seek senior engagement and active supervision when needed.

Recommendation 3: Additional measures to prevent children and young people from becoming absent or missing from residential care in the new model of care previously recommended by the Commission

That, when funding and implementing the new model of care recommended in *In our own words*, the Victorian Government ensure the following additional elements are delivered to reduce the number of children and young people who become absent or missing from residential care.

Recommendation 3.1: Maintain placements when a child or young person is absent or missing for a prolonged period

That, when a child or young person is absent or missing from residential care for a prolonged period, their residential care placement should not be reallocated to another child or young person unless there are concerns that the specific placement itself is contributing to the child or young person being absent or missing.

Recommendation 3.2: Support connection to residential care placement

That the department develop and implement clear guidelines for planning to support children and young people prior to and immediately after entering residential care and moving between residential care houses. For emergency placements, the department should implement additional supports, and consider provision of temporary accommodation while assessments are conducted and an appropriate placement is found.

Recommendation 3.3: Adopt a multi-agency panel approach

That a multi-agency panel approach to planning, with clear allocation of responsibilities between agencies, be implemented for all children and young people who go absent or missing from residential care. The multi-agency panel approach should be founded on a common understanding of the child or young person's vulnerabilities, the nature and level of risks the child or young person faces when absent or missing from care, and agreed expectations regarding the response when the child or young person is absent or missing.

Recommendation 3.4: Ensure integrated, clear and up-to-date planning

That the department review planning tools (including draft connection planning tools) to clarify how planning tools align, which tools are optional, when they should be updated and who they should be shared with. Integration of planning tools should be supported by a visual map to guide practitioners and care teams. Development of new planning tools should be integrated into existing processes to avoid duplication and additional administrative burden.

Recommendation 4: Develop and implement an integrated trauma-informed approach

That the Victorian Government ensure and support all agencies, including Victoria Police, to develop and implement trauma-informed training, tools and guidance for frontline workers who are likely to interact with children and young people when they are absent or missing from residential care. The Community Around the Child initiative provides a good model for the development of training, tools and guidance. All services, including Victoria Police, should implement trauma-informed training as a compulsory core module for all frontline staff, supported by ongoing professional development.

Recommendation 5: Commit to and maintain a joint, targeted, statewide response to child sexual exploitation

That the Victorian Government fund, reinstate and expand the Child Sexual Exploitation Enhanced Response Model across the state, including the provision of additional resources if needed. The expansion should be supported by clear leadership and governance mechanisms.

Recommendation 6: Commit to and maintain a joint, targeted, statewide response to child criminal exploitation

That the department and key stakeholders including Victoria Police work to improve understanding of child criminal exploitation and develop a specialist response across the state, like the Child Sexual Exploitation Enhanced Response Model. The specialist response should include awareness raising through new guidelines, policies and training, combined with intensive interventions and support for children and young people in residential care who are at risk of child criminal exploitation. The model should be supported by clear leadership and governance mechanisms, and additional resources if needed.

Recommendation 7: Roll-out the *Power to kids: respecting sexual safety* program statewide

That the Victorian Government fund the roll-out of the MacKillop Family Services *Power to kids: respecting sexual safety* program to all residential care houses in Victoria.

Recommendation 8: Improve information collection and sharing

Recommendation 8.1: Ensure consistent, concise and current information collection and sharing

That the department ensure that consistent, concise and current information is collected about individual children and young people at risk of going absent or missing from residential care. The collection systems should ensure that key information about the child or young person:

- is easily identifiable and accessible by child protection and residential care staff
- is up-to-date and accurate
- can be shared swiftly with other agencies, such as Victoria Police, when required.

Recommendation 8.2: Implement an information sharing checklist

That the department develop a missing child checklist to ensure swift and comprehensive sharing of key information with other agencies if a child or young person is absent or missing from residential care.

The checklist should include additional information similar to that contained in the Community Around the Child initiative's 'profile on a page' for each child or young person at risk of going absent or missing from residential care to support police and other key agencies to respond in a trauma-informed way. This information should align with the child or young person's behaviour support plan. The checklist should be pre-populated, reviewed and shared regularly. The department should ensure there are checks in place to guarantee that these checklists are completed, easily accessible and up-to-date.

Recommendation 9: Develop a risk-based assessment framework to guide the response when a child or young person is absent or missing from residential care

That the department work with residential care service providers and Victoria Police to develop a common risk-based assessment framework to guide agencies' response when a child or young person is absent or missing from residential care. This framework should incorporate an assessment of a child or young person's vulnerability informed by known or suspected risk factors such as exposure to sexual or criminal exploitation, substance use, disability, medical conditions and age.

The risk assessment framework should inform response planning in the event the child or young person goes absent or missing. Planning should clearly articulate when to escalate the response by seeking police intervention and which tools to employ, such as a missing person report or warrant.

If a missing person report is made, escalation of the investigation to specialist police units such as the Criminal Investigation Unit or SOCITs should be based on an assessment of risk, rather than a standard period of time from the date of the report.

The terms 'missing' or 'absent' should not determine the level of risk and corresponding response required. Risk assessment guidelines should clarify that, even if child protection or residential care staff suspect they know where a child or young person is likely to be, this does not mean that the child or young person is at less risk. If a child or young person's location is known (not merely suspected), alternatives to a missing person report should be considered, such as attendance of a rover or other outreach service.

Recommendation 10: Embed a relationship-based response founded on care and concern

That the department review policies, procedures, training and service expectations to ensure that, when a child or young person is absent or missing from residential care, child protection and residential care staff:

- consistently apply a strengths-based response to express care and concern when contacting the child or young person
- do not respond in a way that is punitive, criminalising, threatening or that otherwise suggests a lack of care for the child or young person's safety and wellbeing.

Recommendation 11: Minimise police contact

Unnecessary and harmful police intervention and contact with children and young people who are absent or missing from residential care must be reduced to a minimum.

Recommendation 11.1: Integrate risk-based response planning for police intervention into a relationship-based strategy

That the department ensure risk-based response planning for the use of missing person reports and warrants is integrated into a broader relationship-based strategy founded on care and concern to support children and young people to remain in their residential care placement and to safeguard them when they are absent or missing from care.

Recommendation 11.2: Ensure availability of alternative options to police intervention, including rover services

That the Victorian Government ensure availability of properly resourced, viable alternative options to police intervention when a child or young person is absent or missing from care and is located. In particular, residential care rover services should be resourced to assist in locating, transporting and supporting children or young people who are absent or missing from care. Rover services should work collaboratively with local police to minimise police contact with children and young people in residential care.

Recommendation 11.3: Incorporate access to alternative options into the action plan to implement the *Framework to reduce criminalisation of young people in residential care*

That the department incorporate access to viable alternative options to police intervention and contact when children and young people are missing from residential care into the action plan for the implementation of the *Framework to reduce criminalisation of young people in residential care* as a priority in 2021.

Recommendation 12: Replace the term 'warrant'

That the Victorian Government replace the term 'warrant' in section 598 of the *Children, Youth and Families Act 2005* (Vic) with an alternative term that is not associated with the criminal justice process. The new term should convey that the response is care-based and not criminal. The department should work with key stakeholders, including residential care service providers and Victoria Police, to implement updated guidance and training for staff to promote the adoption of the change in terminology, including train ing on the reasons for the change.

Recommendation 13: Streamline processes, and clarify definitions and roles concerning missing person reports and warrants

That the department work with key stakeholders, including police, residential care service providers and the Children's Court, to streamline processes and clarify definitions and roles concerning missing person reports and warrants (however renamed, as recommended above) for children and young people in residential care. In particular, the department should work with key stakeholders to:

- clarify that if a child or young person's location is known (not just suspected), they are not 'missing' so a missing person report is not required (noting that police intervention or support may nevertheless be needed)
- ensure that a missing person report can be made as soon as a child or young person goes missing, rather than waiting 24 hours prior to making a report
- ensure that there is no need for a missing person report to be made prior to applying for a warrant, or vice versa, as is currently the case
- remove the requirement that a missing person report be made to police in person, making it possible for residential care staff or child protection staff to make a missing person report by telephone
- streamline processes for providing police with information for missing person reports and warrants, using checklists and pre-populated forms
- require that if police sight a child or young person who is subject to a missing person report, police notify and consult with residential care staff or child protection staff prior to closing the missing person investigation
- standardise information in affidavits in support of warrant applications, for example using templates, and include all relevant, up-to-date information
- facilitate the procedure for filing warrant applications through electronic processes where possible
- review the procedure for withdrawal or cancellation of warrants and facilitate swift notification through an electronic process where possible
- ensure that if a child or young person returns to a residential care house of their own accord, police are not required to sight the child or young person and hold them until an assessment is conducted prior to cancelling a warrant, but an assessment must occur within 24 hours of the child or young person's return.

The department should ensure all relevant guidelines, policy documents and training are updated to reflect streamlined processes, definitions and roles, including relevant sections of the Child Protection Manual, *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police* (2012), and the addendum to the protocol, *Preventing sexual exploitation of children and young people in out-of-home care* (2014).

Recommendation 14: Review media alert policy and practice

Recommendation 14.1: Review the impact and effectiveness of media alerts

That, as part of a review of media alert policy and practice, the department work with Victoria Police to assess the impact that media alerts have had in the past when a child or young person is absent or missing to identify the circumstances in which they are an effective tool. The findings of this review should inform the parameters of their use, including the level of approval required to issue an alert.

Recommendation 14.2: Use positive photos and disable or moderate social media commentary

That, when a media alert is issued, the department ensure that Victoria Police is provided with a positive photo of the child or young person, where possible. The department should also work with Victoria Police to disable or moderate social media commentary attached to media alert posts.

Recommendation 15: Enhance the role of return to care conversations

Recommendation 15.1: Provide further guidance and training on the purpose of return to care conversations

That the department provide further guidance and training on the purpose of return to care conversations, emphasising the importance of conducting them from a position of care and concern while gathering information concerning risk and harm to the child or young person. This guidance and training should also emphasise the importance of incorporating the information gathered through return to care conversations in planning reviews and information templates for the child or young person.

Recommendation 15.2: Offer the opportunity to speak to an independent person

That, when implementing the recommendation from *In our own words* to establish a child and young person-centred complaints function, the department require that children and young people are offered the opportunity to speak to an independent person either to conduct the return to care conversation or following the return to care conversation (within 48 hours).

Recommendation 15.3: Record and monitor information collected

That information collected in return to care conversations should be recorded in a manner that:

- ensures it can be identified as a record of a return to care conversation
- enables compliance monitoring
- enables systemic monitoring to identify areas of risk across all parts and levels of the system.

Recommendation 16: Monitor and report on the operation of the secure welfare service

Recommendation 16.1: Monitor and report on the operation of secure welfare

That the department monitor and report on the operation of secure welfare, with particular focus on children and young people who are frequently absent or missing from residential care. Potential metrics include:

- the rate of children and young people who are absent or missing from placement within 24 or 48 hours of discharge from secure welfare
- the proportion of children and young people who are discharged from secure welfare earlier than planned due to demand for beds
- the proportion of children and young people who have an exit plan with clear actions and responsibilities prior to discharge from secure welfare
- the number and type of services each child or young person accesses while in secure welfare (for example, medical screening and treatment, mental health services, and treatment for dependence on alcohol and other substances)
- the frequency of care team meetings for each child or young person while the child or young person is in secure welfare
- the frequency of visits by a care team member to each child or young person in secure welfare
- the frequency and length of admission for each child or young person and the period of time between admissions.

Recommendation 16.2: Ensure regular care team meetings and planning occur while a child or young person is placed in secure welfare

That, if a child or young person is admitted to secure welfare, the department ensure processes are in place for the child or young person's care team to meet regularly while the child or young person is there and to use it as an opportunity to build stronger relationships between the child or young person and key care team members (for example, through daily visits if possible) and to engage in a planning review. Planning should include a clear exit plan for the child or young person, which is clearly identified as such on CRIS.

Recommendation 16.3: Review and remove barriers to the use of alternative options

That, other than when admission to secure welfare is court-ordered, the department ensure that secure welfare is only used after other options are considered. To ensure alternative options are viable, the department should review and remove barriers to their use where possible, including streamlining approval processes and providing adequate resources to enable children and young people's access to these alternatives.

Recommendation 17: Invest in systemic information collection, monitoring and oversight

That, when implementing the recommendation from *In our own words* to improve government monitoring of out-of-home care, the Victorian Government improve information collection and monitoring and oversight mechanisms concerning children and young people who are absent or missing from residential care. Key indicators should include:

- the rate children and young people are absent or missing from residential care (not just reported as absent)
- the length of time children and young people are absent or missing from residential care
- the number of missing person reports made for children and young people absent or missing from residential care
- the number of warrants issued for children and young people absent or missing from residential care
- where it is possible to ascertain, the exposure of children and young people to key risks while absent or missing from residential care, including sexual exploitation, criminal exploitation and criminal activity, alcohol and other substance use, and adverse health risks
- where it is possible to ascertain, harm suffered by children and young people when they are absent or missing from residential care, such as sexual assault, physical injuries, mental health consequences, criminal charges and criminal victimisation
- where it is possible to ascertain, where children and young people go and who they are with when they are absent or missing from residential care.

This information should be collated, analysed and monitored to identify individual children and young people at risk, and systemic areas of existing and emerging risks, to inform case management and policy responses.

Recommendation 18: Review the scope of the client incident management system's (CIMS) reporting of absent client and sexual exploitation incidents

That the department review the operation of CIMS, including reporting thresholds, in respect of absent client incidents and sexual exploitation incidents to ensure an appropriate level of review and response, and improve systemic oversight.

Chapter 1
About this inquiry

Why this inquiry?

Children and young people in residential care[50] are going absent or missing from residential units at a disturbing rate. In the 18 months to 31 March 2020, 2,375 'absent client' incidents were reported in relation to children and young people living in residential care in Victoria.[51] On average each month, this equates to 0.3 'absent client' incidents per child or young person living in residential care.[52] These figures are for reported absences only. The actual rate of children and young people going absent or missing from residential care appears to be much higher.[53] Over the same 18-month period, 6,997 section 598 warrants were granted in relation to children and young people who were absent or missing from residential care.[54] This is an average of 0.9 warrants per child or young person in residential care on average per month.[55]

Children and young people in residential care are among the most vulnerable children and young people in the state. Most have experienced abuse and neglect within their families, resulting in complex trauma and their placement in out-of-home care. This trauma can be compounded by their experiences in care. In 2019, the Commission for Children and Young People (the Commission) found that: 'residential care in its current form is often unsafe and places children and young people at an unacceptable risk of harm'.[56]

50 The term residential care is used throughout this report as a general term which includes therapeutic residential care. A definition of each is provided in the definitions section of the report.

51 Appendix A: Table 1. This data relates to incidents in placements classified as both 'residential care' and 'therapeutic care'. The 2,375 absent client incident reports only include primary incident types. While some incident reports include 'absent client' as a secondary incident type, consultations with departmental staff suggested use of the secondary classification is inconsistent, as outlined in Chapter 3. Consequently, data analysis in this report focuses on primary incidents only.

52 Appendix A: Table 9.

53 See discussion of incident reporting data in Chapters 3 and 4.

54 Appendix A: Table 11.

55 Appendix A: Table 11.

56 Commission for Children and Young People, *In our own words,* finding 24.

When children and young people are absent or missing from residential care, they are vulnerable to sexual exploitation, criminalisation and victimisation, substance use, developmental and cultural harm, and the risk of injury or death. Despite these risks, the scale, scope and consequences for children and young people going absent or missing from residential care remains unquantified in Victoria. There is limited evidence about the reasons children and young people go absent or missing from residential care, and best practice responses.[57]

Consequently, the Commission initiated this inquiry to:

- investigate how big the issue of children and young people going missing from care is, and who is at greatest risk of going missing or absent from residential care
- better understand why children and young people go missing or absent from residential care
- examine the risks faced and harm suffered by children and young people when they are missing or absent from residential care
- assess current responses and strategies both in Victoria and other jurisdictions designed to address the issue of children and young people going missing or absent from residential care
- develop recommendations to improve the residential care system's capacity to support children and young people to remain in their residential units and safeguard them when they go missing or absent from care.

Focus on residential care

For this inquiry, the Commission chose to focus on residential care rather than all out-of-home care placement types because the number of absent client incidents reported for children and young people placed in residential care is significantly higher than for other care types. Between 1 October 2018 and 31 March 2020, 90% of absent client incident reports concerned children and young people in residential care,[58] yet children and young people in residential care only constitute 5% of all children and young people in out-of-home care.[59] In the same year, 6% of absent client incident reports concerned children and young people placed in foster care, and 4% concerned children and young people placed in kinship care.[60]

It is possible that incidents of children and young people going absent or missing from these other placement types are under-reported.[61] In consultations, a small number of stakeholders suggested that incidents in all care types should be subject to review. However, given the disproportionately high number of absent client incident reports for residential care, and the fact that many instances of children and young people going absent or missing from residential care are not reported through the department's Client Incident Management System (CIMS), the need for reform for children and young people in residential care appears to be particularly acute. Further, many of the recommendations in this report are also applicable to improving services generally across the out-of-home care system.

Enduring reform: *"… as a good parent would …", In our own words* and *Keep caring*

This inquiry builds on the Commission's earlier systemic inquiries, connecting common findings and recommendations which are designed to drive enduring reform in the out-of-home care system.

The Commission's first systemic inquiry in 2015, *"… as a good parent would …"*, drew attention to the significant sexual abuse and sexual exploitation suffered by children and young people in residential care, including the connection between children and young people going absent or missing and sexual exploitation.[62] It prompted several reforms to residential care and the development of a statewide sexual exploitation strategy.

57 Department of Health and Human Services, *Missing from care: a literature review*, pp 15, 20.
58 Appendix A: Table 2.
59 Appendix A: Table 3.
60 Appendix A: Table 2.
61 Participants in a number of consultations suggested that children and young people going absent or missing from home-based placements is under-reported.
62 Commission for Children and Young People, *"… as a good parent would …"*.

The Commission's 2019 *In our own words* inquiry reviewed the lived experience of children and young people in the Victorian out-of-home care system. The findings in that inquiry highlighted a number of systemic deficiencies in the out-of-home care system, particularly in residential care where some children and young people 'described feeling unsafe and alone in bleak and run-down accommodation'.[63] In consultations for the *In our own words* inquiry, children and young people frequently referred to 'absconding' and 'running away' from residential care.

The recommendations in these earlier inquiries are foundational to the recommendations in this report. Like those inquiries, this inquiry advocates for a child-focused rights-based model of care that:

- listens to the voice of the child or young person
- builds connection rather than reinforcing isolation
- addresses trauma through comprehensive and accessible therapeutic care
- actively intervenes to prevent further trauma.

Similarly, this inquiry reiterates the need for a model of care that is adequately resourced to ensure:

- access to stable placements
- home-like residential care environments
- well-trained and supported carers and other staff
- effective and efficient case management tools implemented by proactive care teams.

Finally, the Commission's most recent systemic inquiry, *Keep caring*, highlighted the inadequate support for children and young people transitioning from out-of-home care.[64] Addressing the issues that prompt children and young people to be absent or missing from residential care, such as their need for connection, stability and effective planning, will also assist in supporting their transition to adult life.

Terms of reference

The Commission established the following terms of reference for the inquiry:

- to identify the reasons why children and young people go missing or are absent from residential care
- to develop a better understanding of the harm that children and young people suffer when they are missing or absent from residential care
- to identify and recommend changes to policy, practice, legislation or the provision of services to:
  - reduce the number of incidents of children and young people going missing or absent from residential care
  - reduce the harm suffered when a child or young person is missing or absent from residential care
  - improve support to children and young people when they return to residential care
  - improve monitoring and oversight mechanisms to track changes over time.

The inquiry's scope encompasses:

- policy and practice since August 2015, following the tabling of the Commission's *"… as a good parent would …"* inquiry, which concerned children and young people who have been subject to sexual abuse or sexual exploitation while residing in residential care
- the experiences of children and young people who are currently living or have lived in residential care.

Methodology

This inquiry's methodology has 5 key components:

- consultation with children and young people currently placed in residential care and some with recent experience of residential care
- consultation with key out-of-home care stakeholders
- review of files of children and young people in residential care who are frequently reported absent

63 Commission for Children and Young People, *In our own words*, p 3.
64 Commission for Children and Young People, *Keep caring*.

- qualitative review of the Department of Families, Fairness and Housing's (the department's) absent client and sexual exploitation incident reports concerning children and young people placed in residential care
- quantitative analysis of the department's incident reports, whole-of-population out-of-home care data, and warrants data.

Methodology 1: Consultation with children and young people

For the inquiry *In our own words*, the Commission consulted with 204 children and young people in out-of-home care and post-care, including 72 placed in residential care.[65] In these consultations, many children and young people discussed their experiences of being absent or missing from care. These consultations have informed the scope and findings of this inquiry.

During this inquiry, the Commission consulted with a further 13 children and young people who have current or recent experience of living in residential care, 2 of whom were in secure welfare at the time of the consultation. The children and young people ranged in age from 13 to 19. Seven of the children and young people were girls and young women, and 6 were boys and young men. Four of the children and young people identified as Aboriginal.

All children and young people who participated in the consultations provided their consent. The consent process followed the requirements of the National Statement on Ethical Conduct in Human Research.[66] Interviewers also made their own determination on a case-by-case basis about whether the child or young person was able to provide informed consent to participate in our consultations.

Prior to interview, each child or young person was given an information sheet about the purpose of the inquiry, the consultation process and how the Commission would use the information they gave us. They had the option of having a support person present and were informed they could withdraw at any time. Every child or young person was given a voucher in recognition of their time. Consultations were conducted by 2 Commission staff by telephone or online videoconference. COVID-19 restrictions prevented in-person consultations.

Questions for the consultations focused on:

- the child or young person's experience of out-of-home care
- the reasons they might go absent or missing from care
- their experiences while absent or missing from care
- the response from the department, police and residential care staff when they were absent or missing and when they returned
- suggestions for improvement.

Prior to commencing consultations with children and young people, the questions were reviewed by a Y-Change consultant (a young person with lived experience of care, trained and supported by Berry Street).

Quotes from consultations with children and young people are used throughout the report. To protect their identity, the Commission has used pseudonyms and removed any identifiable information in the quote.

Some quotes from young people contain allegations or accusations about past events. The Commission has included these quotes as an accurate record of what was said, but has not sought to verify or investigate individual claims. The information obtained through consultations with children and young people is subject to the following limitations:

- The small sample size of 13 children and young people means that themes emerging from their responses should be treated as indicative only of the experience of a small number of children and young people.

65 Commission for Children and Young People, *In our own words*, p 53.

66 See chapter 4.2 of National Health and Medical Research Council (NHMRC), Australian Research Council and Universities Australia 2018, *National Statement on Ethical Conduct in Human Research 2007*, updated 2018, NHMRC, Canberra, made in accordance with the *National Health and Medical Research Council Act 1992* (Cth).

- The Commission initially intended to consult with children and young people who were most frequently reported as missing or absent in 2019. However, in many instances these children and young people were not available for interview, often due to their frequent absences. Consequently, most of the children and young people interviewed were instead recommended by the residential care staff or case managers, which may have resulted in a biased selection process.
- The Commission was unable to conduct in-person interviews due to COVID-19 restrictions. This may have had an impact on which children and young people were willing or able to participate, and limited the Commission's ability to offer the opportunity to participate to other children and young people living in the residential units.

In May 2020, the Commission also met with 5 young people with an experience of living in residential care to test this inquiry's findings and seek their advice on proposed recommendations. Young people's views, gathered through these further conversations, have been incorporated into this report.

Methodology 2: Consultation with stakeholders

In addition to consulting with young people, the Commission conducted consultations with other out-of-home care stakeholders through 55 individual and group sessions, in which we engaged with 89 people.

The following stakeholder groups were consulted:

- residential care service providers, including representatives from 2 Aboriginal community-controlled organisations (ACCOs): the Victorian Aboriginal Child Care Agency and Mallee District Aboriginal Services. Consultations were conducted with residential care unit staff, team leaders, case managers, clinical service staff, and Chief Executive Officers.
- the Centre for Excellence in Child and Family Welfare
- the department, including child protection staff from central, divisional and area offices
- Victoria Police (which also provided written submissions)
- Children's Court of Victoria and magistrates who sit after hours to determine section 598 'safe custody warrant' applications
- Department of Justice and Community Safety
- Centres Against Sexual Assault (CASA).

In addition, consultations were conducted with 3 individuals with experience in the area of child protection services and academia who contacted the Commission during the inquiry.

The consultations were tailored to the participants' areas of expertise. The questions sought to elicit a combination of information and opinion on the issues covered by the inquiry's terms of reference.

All consultations were conducted by online videoconference due to COVID-19 restrictions. While these restrictions prevented in-person discussion, online videoconferencing enabled the Commission to reach a wider range of stakeholders, particularly in regional areas.

Stakeholder consultations were treated as confidential. Quotes used throughout the report have been de-identified, referring only to the participant's organisation type and role. One participant, Dr Kath McFarlane, an associate adjunct professor at the Kirby Institute of the University of New South Wales, requested that her quotes be attributed.

Methodology 3: File review

The Commission conducted a 'deep-dive' file review of 12 children and young peoples' files on the department's Client Relationship Information System (CRIS). The children and young people were selected from a pool of 15 children and young people placed in residential care who were reported absent most frequently in CIMS in the 18-month period to 31 March 2020. During this period, absent client incident reports for these 12 children and young people accounted for 33% of all primary absent client incident reports.[67] The file review focused on the 6-month period to 31 December 2019, with some key documentation collected outside this period, such as case plans and Sexual Exploitation Information Templates.

67 Appendix A: Table 4.

The file review included qualitative and quantitative elements, assessing compliance with planning and reporting requirements, as well as the quality of engagement with the child or young person and other stakeholders, including their family. Reviewers accessed and recorded information from a range of documentation, including case notes, formal planning documents, templates and warrant applications. Dates of absent client incident reports in CIMS guided the review of CRIS documentation.

Of the 12 children and young people whose files were reviewed, 9 were female and 2 identified as Aboriginal. The disproportionately high number of girls and young women reflects the higher proportion of girls and young women reported absent in CIMS, particularly among the group who are reported absent most frequently.[68] The proportion of children and young people who identify as Aboriginal in the review group (17%) is lower than the proportion of children and young people who identify as Aboriginal in residential care overall (23%).[69] This difference reflects the small sample group, which was selected based on rate of incident reports.

During the inquiry, it became clear that a higher number of absent client incident reports for a child or young person did not necessarily equate to a higher number of absences compared to other children and young people, nor did it capture length of absences or identify which children and young people are most at risk. Inconsistencies in CIMS reporting across residential care service providers, areas and divisions means that some children and young people are frequently absent or missing without an incident report being lodged, while others are the subject of an incident report every time they are absent or missing from care.[70]

Consequently, the 12 children and young people selected for the file review do not necessarily have the highest rate of absences. The frequent incident reporting may, in fact, indicate that their absences are being proactively managed or simply that the area, agency or unit applies a different interpretation of the CIMS policy. Nevertheless, the high rate of incident reports for this group indicates that these children and young people are at risk due to frequently going absent or missing from care, and their files provide an insight into the reasons why they leave care, the risks they face and the system's response.

The CRIS database is a live system that is updated continuously and, in some instances, retrospectively. Consequently, the information reviewed and presented in this report is representative of the CRIS database at a point in time and may be subject to revision within CRIS.

Further, the information recorded in CRIS may not be a complete representation of the services, support and care provided to a child or young person. CRIS only contains information entered by staff into the system. Where it was not possible to locate information in CRIS in the file review (for example, a Repeat Missing Template, a record of a return to care conversation, or a discussion with the child or young person), in most instances this has been noted as 'not evident' rather than as non-existent or not having occurred. Chapter 3 provides a comprehensive review of data and other information collection mechanisms, reporting and monitoring processes, highlighting gaps in individual and systemic oversight.

Methodology 4: Qualitative review of incident reports

The Commission conducted a qualitative review of all absent client incident reports for children and young people placed in residential care that were endorsed in the 3 months to 31 December 2019. During that period, 377 absent client incident reports were endorsed. In addition, the Commission cross-referenced sexual exploitation reports for that period involving children and young people who were also subject to absent client incident reports. In total, 9 children and young people who had been reported as absent from residential care had also been subject to at least one sexual exploitation incident report during that period. A further 3 children and young people in residential care were subject to at least one sexual exploitation incident report, but no absent client incident reports during that period.

68 The rate of girls and young women reported absent compared to boys and young men is discussed in detail in Chapter 4.
69 Appendix A: Table 14.
70 The issue of inconsistent incident reporting is discussed in detail in Chapters 3 and 4.

The qualitative review focused on the free-text portion of the incident reports, noting when recorded:

- the circumstances immediately prior to the child or young person leaving
- information recorded about the child or young person at the time they left, including clothing, who they were with, number plates and details of cars they left in, the direction they went, and any concerns about their presentation
- the risks the child or young person faced while absent
- where the child or young person was thought to be while absent, and any contact or sightings
- who the child or young person was thought to be spending time with while absent
- the response to the incident, such as outreach, notification of other services, attempts to contact, missing person reports and warrants
- the planned (or actual) response when the child or young person returned, including return to care conversations
- when and how the child or young person returned
- any concerns regarding the child or young person's presentation when they returned, such as evidence of substance use, injury or exploitation
- whether the child or young person was admitted to secure welfare upon return (or any plans to do so)
- any patterns evident in repeated absent incidents.

In addition to reviewing the substantive content of incident reports, the review considered:

- consistency across units, agencies, areas, and divisions in relation to:
  - when an absent client incident report is made
  - how the level of impact is assessed (major compared to non-major)
  - whether and how extended absences are recorded
  - whether incident reports were updated during extended absences or following the child or young person's return
- references to previous absences that were not subject to incident reports
- the length of time away from care (where possible to determine)
- the length of time the child or young person was in care between absent incidents
- the level of detail recorded in incident reports.

The level of detail recorded in incident reports varied considerably and it was apparent that many absences were not reported in CIMS. Consequently, the review was limited by the information available.

Methodology 5: Quantitative review of incident reports, warrants and population data

The Commission conducted a quantitative analysis of incident report data and section 598 warrants data (for children and young people in residential and therapeutic care placements), and monthly population data for residential care, therapeutic care and secure welfare provided by the department for:

- 1 October 2018 to 31 March 2020
- 1 March 2020 to 31 August 2020.

The 2 periods were analysed separately to identify the potential impact of the COVID-19 pandemic on rates of absent client incident reports and section 598 warrants.

Rates of absent client incident reports and warrants (applications and granted) were analysed according to demographic information, including age, gender and Aboriginal status. In addition, the analysis reviewed residential care service provider, departmental division and area.

The rigour of the incident rate analysis is limited by inconsistencies in CIMS reporting across units, agencies, departmental divisions and areas. These limitations are discussed in further detail in Chapters 3 and 4.

Impact of the COVID-19 pandemic

The Commission announced this inquiry in early March 2020, coinciding with the beginning of a period of significant social and economic upheaval due to the COVID-19 pandemic. Throughout the inquiry, Victorians experienced 2 prolonged lockdowns, involving restrictions on movement, business and social interaction.

To assess the impact of COVID-19 and the associated restrictions, the inquiry reviewed CIMS incident report data and section 598 warrants for the period 1 March to 31 August 2020. This period covers the period immediately prior to commencement of the first lockdown in late March, a brief period of fewer restrictions in June and early July, and approximately half of the second lockdown period, which was in place from mid-July to late October 2020. The inquiry has also compared incident report data and section 598 warrants data for the period 1 March 2020 to 31 August 2020 with data for the equivalent 6-month period in 2019.

Consultations with stakeholders included questions about the impact of COVID-19 on children and young people in residential care. Consultations with residential care staff were largely completed by June 2020, so these considered the impact of the first lockdown. Consultations with departmental staff and other stakeholders were largely conducted during July and August, and with children and young people during August and September, so these considered the impact of the first lockdown and part of the second lockdown.

Structure of the report

Chapter 2 reviews the history of Victoria's approach to children and young people going absent or missing or 'absconding' from out-of-home care and how this legacy continues to influence policies and practices today.

Chapter 3 considers current data collection and monitoring systems concerning children and young people who are absent or missing from residential care. It assesses whether the information collected and monitored provides adequate oversight of individuals at risk, as well as the system's capacity to identify trends, drivers and emerging risks.

Chapter 4 provides an overview of information available on how many children and young people are absent or missing from residential care in Victoria, and which children and young people may be exposed to greater risk. It also considers the impact of the COVID-19 pandemic on this problem.

Chapter 5 sets out evidence about why children and young people go absent or missing from residential care.

Chapter 6 outlines the harms suffered by children and young people when they are absent or missing from residential care, to better understand what is happening to this group of children and young people.

Chapter 7 outlines the current reform agenda across the department, Victoria Police and residential care service providers since 2015 concerning children and young people who go absent or missing from residential care. It focuses on the care response, which primarily aims to support children and young people to remain in care.

Chapter 8 outlines the current safety response of the department, Victoria Police and residential care service providers, which aims to safeguard children and young people while they are absent or missing from care and return them to their placement.

Chapter 9 outlines our recommendations for reform. These recommendations build on the Commission's calls for systemic reform of the residential care system in the *In our own words* inquiry, and the need to better address the needs of children and young people within the current model of care.

Chapter 2

A history of 'absconding': the impact of language and perception

When a child or young person is absent or missing from residential care, they are often considered to have 'absconded'.[71] Children and young people are frequently returned to care by police under a warrant, sometimes referred to as a 'safe custody warrant' or 'emergency care warrant'. The language of absconding, and the responses to it, are steeped in a history of child protection that conflated neglect and criminality, and punished children and young people who were absent or missing from care.

The legislative framework now clearly distinguishes child protection from youth offending. The child protection system is said to be underpinned by a rights-based approach in which the best interests of the child or young person are paramount.[72] However, elements of the containment and control response present in the nineteenth and twentieth centuries continue to inform the perception of, and response to, children and young people who are absent or missing from residential care today.

There are, however, promising signs of change in the way absent or missing children and young people are viewed and treated. These shifts are evident in consultations with stakeholders and in some of the policies and programs designed to address this issue. These cultural changes and further systemic reform must be progressed urgently.

This chapter reviews the history of Victoria's approach to children and young people absconding from out-of-

71 In its response to a draft of this inquiry report, the department noted that 'there is no reference to Absconding or Missing in the CIMS policy'. While that is accurate, a range of other departmental documents, including the *Child Protection Manual*, refer to the term 'abscond' in this context and the term is still widely used in practice. Of all incidents from 1 April 2019 to 31 December 2020 in residential care and therapeutic care (n = 10,056), there were 899 incidents where the words 'abscond' or 'absconding' were used.

72 Section 10 of the CYFA sets out the 'best interests' principles, which guide decision-making under the Act. Section 10(2) requires that, when determining whether a decision or action is in the best interests of a child, the decision-maker must consider the need to protect the child's rights (among other considerations). For a discussion of the link between children's rights and the best interests case practice model in the CYFA, see Department of Human Services (DHS), *Best interests case practice model: summary guide*, State of Victoria, Melbourne, 2012, p 3.

home care and examines how this legacy continues to influence policies and practices today.

1860s to 1950s: conflation of neglect and criminality

In Victoria, the *Neglected and Criminal Children's Act 1864* gave the state the power to remove children and young people from parental care if they were considered to be neglected or involved in criminal behaviour. The Neglected and Criminal Children's Act provided for the establishment of industrial and reformatory schools for neglected and convicted children respectively, who were described as 'inmates' subject to detention.[73] The penalty for absconding from an industrial or reformatory school was to be privately whipped and returned to the school.[74] Penalties also applied to anyone permitting an escape, and to anyone withdrawing, harbouring or concealing an inmate who had absconded.[75] Anyone found committing an offence under the Neglected and Criminal Children's Act, including the offence of absconding, could be apprehended by police without warrant and taken before a justice.[76]

In 1874, the Neglected and Criminal Children's Act was amended to provide for the 'boarding out' of children in foster care, a practice which was already occurring.[77] It also included a new power that a 'neglected' child, who had not been convicted of an offence, may be sent to a reformatory school if a judge considered the child to 'have been leading an immoral or depraved life'.[78]

In 1888, the Neglected and Criminal Children's Act was repealed. In its place, 'neglected' and 'convicted' children were regulated separately by the *Neglected Children's Act 1887* and the *Juvenile Offenders Act 1887*. Despite this separation, the connection between neglect and criminality persisted in the way vulnerable children were viewed and treated.[79]

From the 1880s to the 1950s, 'neglected' children were placed in orphanages, foster care and children's homes in Victoria largely run by religious and charitable institutions.

1950s to 1970s: institutional containment

The 1950s marked a shift towards large state-based institutions for both 'children in need of care and protection' and 'juvenile offenders'.[80] The names of these institutions changed over the decades, but by 1970 they were referred to as reception centres, remand centres, youth training centres and children's homes.[81]

Throughout this period, penalties for harbouring or concealing a child or young person who had absconded from these institutions continued to apply. The offence of absconding itself was limited to those who escaped from a remand centre or youth training centre.[82] Large residential institutions such as Winlaton, Turana, and Baltara had policies and procedures about absconding, and police continued to be responsible for apprehending and returning children and young people who absconded from these institutions.[83]

Following a series of inquiries and reforms in the 1970s and 1980s, the system shifted away from institutionalised care towards a mixture of home-based care (foster and kinship care) and smaller residential group homes.[84] The last large residential centre, Allambie, closed in 1990.

73 *Neglected and Criminal Children's Act 1864* (Vic), ss 3, 4, 12, 19 and 21.
74 Neglected and Criminal Children's Act, s 39.
75 Neglected and Criminal Children's Act, ss 38, 40.
76 Neglected and Criminal Children's Act, s 42.
77 *Neglected and Criminal Children's Amendment Act 1874* (Vic) s 13.
78 Neglected and Criminal Children's Amendment Act, s 6.
79 *Neglected Children's Act 1887* (Vic), s 20.
80 *Children's Welfare Act 1954* (Vic), *Children's Welfare Act 1959* (Vic).
81 *Social Welfare Act 1970* (Vic).
82 Social Welfare Act, ss 83, 98, 109, 110.
83 For a description of the policies, procedures and role of police in relation to absconding from these institutions, see Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No. 30: the response of Turana, Winlaton and Baltara, and the Victoria Police and the Department of Health and Human Services Victoria to allegations of child sexual abuse,* Commonwealth of Australia, Canberra, 2016, pp 64–66.
84 For a review of key inquiries and reforms throughout this period, see Victorian Law Reform Commission, *Protection applications in the Children's Court: final report*, State of Victoria, Melbourne, 2010, chapter 2.

1980s onwards: systemic separation, best interests and children's rights framework

Legislative reforms in the 1980s introduced a clearer separation of child protection matters from youth justice. The Children's Court was established as a specialist court and restructured to have 2 divisions: the Family Division and Criminal Division.

The trajectory of reform continued with the passage of the *Children, Youth and Families Act 2005* (Vic) (CYFA). The CYFA introduced the key principle that the 'best interests of the child must always be paramount' focusing on 'the need to protect the child from harm, to protect his or her rights and to promote his or her development'.[85]

The best interests principle is supported by an extensive portfolio of advice, procedures, guidance and regulatory requirements designed to establish a comprehensive best interests framework guiding all elements of the service system.[86]

These reforms occurred in the context of emerging international human rights law on the rights of children, including the United Nations Convention on the Rights of the Child and the United Nations *Guidelines for the alternative care of children*.[87] Commonwealth, state and territory governments, together with the non-government sector, recognised the application of the United Nations Convention on the Rights of the Child to children and young people in out-of-home care in the national standards for out-of-home care, agreed to in 2011.[88]

85 CYFA, s 10.

86 Advice, procedures, guidance and regulatory requirements include: Department of Health and Human Services (DHHS), *Child Protection Manual*, DHHS website, 2020, accessed 23 October 2020; Department of Health (DHS) 2007, *Charter for children in out-of-home care*, State of Victoria, Melbourne; Commission for Children and Young People, *Child Safe Standards*, Commission for Children and Young People website, accessed 23 October 2020; Department of Health and Human Services (DHHS), *Program requirements for residential care in Victoria*, State of Victoria, Melbourne, 2016; Department of Health and Human Services (DHHS), *Program requirements for the delivery of therapeutic residential care in Victoria*, State of Victoria, Melbourne, 2016; Department of Health and Human Services (DHHS), *Service agreement requirements,* DHHS website, accessed 23 October 2020; Department of Health and Human Services (DHHS), *Agency monitoring framework*, unpublished internal document, State of Victoria, Melbourne, 2019; Department of Health and Human Services (DHHS), *Agency monitoring framework – Performance escalation*, unpublished internal document, State of Victoria, Melbourne, 2019; Department of Health and Human Services (DHHS), *Agency monitoring framework – Risk tiering*, unpublished internal document, State of Victoria, Melbourne, 2019; Department of Health and Human Services (DHHS), *Human Services Standards*, DHHS website, 2020, accessed 23 October 2020; DHS, *Best interests case practice model: summary guide*; and DHHS, 'Looking After Children framework'.

87 United Nations member states, including Australia, adopted the Convention on the Rights of the Child in 1989. The United Nations General Assembly adopted the Guidelines for alternative care in 2010: UN General Assembly, *Guidelines for the alternative care of children*, United Nations, 2010. For a review of international human rights law as it applies to children and young people in out-of-home care, see: Commission for Children and Young People, *In our own words*, pp 59–62.

88 Department of Families, Housing, Community Services and Indigenous Affairs, *An outline of national standards for out-of-home care: a priority project under the National Framework for Protecting Australia's Children 2009–2020*, Commonwealth of Australia, Canberra, 2011, p 6.

Terminology used in this report: absent or missing

Just as the term 'absconding' is contested as outlined in this chapter, so are the terms 'absent' and 'missing'. Other descriptions of this behaviour include 'running away', 'lost', 'self-placed', 'being absent without permission' or simply 'not being at home'.[89] Several stakeholders highlighted that the terminology used reflects the perspective of the person using it, noting that many children and young people don't consider themselves to be absent or missing. Instead, they are going to see someone, such as family or friends, or are leaving somewhere they do not want to be.

One residential care staff member gave the example of a young person returning to his family, where he was at risk of violence. She noted: 'In this case, the young person was not really "going missing", he was "going home".' Another commented that the language does not align with how we describe the same behaviour in other children and young people who are not in care.

> *If your own children went to the park to see friends, we would say they are hanging with friends in the park not that they have absconded … 'missing' is a loaded word in itself … We need to call it for what it is. If they are with mum, then say they are at mum's; if they are at the park with friends, say that they are at the park with friends. It's institutionalising with the language. (Residential care staff member)*

The language of 'absent or missing' can also mask differing perceptions or understandings of the impact of an incident on a child or young person. These terms do not determine if, or describe why, their absence from placement is unsafe or harmful. Where staff may see risk and harm, children and young people often see love, fun, belonging and adventure.

The terms 'missing' and 'absent' often fail to reflect the reality of why children and young people leave care. As described in Chapter 5, children and young people often leave care because they don't feel safe, loved and cared for in residential care.

One young person said:

> *I have more negative things happen for me inside the resi, not outside the resi. The workers are meant to be there, but they are not really there. (Carina, residential care, 17, Aboriginal)*

The focus on the lack of the child or young person's presence in placement may direct attention away from the failure to meet their critical needs.

'Absent' and 'missing' are imperfect terms. They do not adequately reflect all stakeholders' perceptions or experiences of this issue. However, nor do the alternatives. The concept of 'absconding' is flawed, given its association with criminality and detention. Children and young people are not necessarily 'running away'; in many cases they are 'running to' something. Generally, they are not 'lost', but rather know where they are going and who they are going to. They are not 'self-placed', as this suggests they have free choice over case management decisions and that 'self-placement' is an accepted placement type, neither of which are true. For many, they are not 'away from home', but rather are 'returning home'. If their whereabouts are known, it may be possible to be specific and say they are 'at mum's place' or 'hanging with friends', but

89 See, for example, the discussion of terminology in Queensland Family and Child Commission, *When a child is missing: remembering Tiahleigh – a report into children missing from out-of-home care*, State of Queensland, Brisbane, 2016, pp 17–21.

these terms are too specific to capture the range of possibilities.

Given the lack of a suitable alternatives, the Commission has adopted the term 'absent or missing' as an overarching descriptor for the purposes of this inquiry, while acknowledging the imperfections and limitations of these words.

The failure of language to adequately capture this issue reflects the fundamental lack of consensus about why children and young people are absent or missing from residential care, what risks they face and how the system can better support and safeguard them. These questions are considered in detail in subsequent chapters.

Finally, stakeholders expressed a variety of views on whether the terms 'missing' and 'absent' should be defined separately, and if so, how. These questions are linked to the assessment of risk, and agencies' roles and responsibilities in response. These definitional questions are considered in detail in Chapter 8.

Persistence of the concept of 'absconding': how it impacts the system response

Since the reforms of the 1980s, the term 'abscond' and associated penalties no longer appear in child protection legislation, which reflects less punitive language and concepts.

Despite this, the term 'absconding' persists in policies, procedures, case notes, planning documents and incident reports. For example, the department's Child Protection Manual advice on missing children and young people repeatedly refers to 'absconding behaviour'.[90] Some stakeholders actively avoid using this term, noting its origins.

> *Language is really important. 'Absconding' is old language. It implies that the young person is making a choice about being missing or absent. The latter language [absent or missing] does not imply choice. In our minds, when a child goes absent or missing, it reflects something in the system – whether it's about the care arrangement or something else – that is not being delivered to the child or young person. (Departmental staff member)*

In its 2016 report, *When a child is missing*, the Queensland Family and Child Commission noted that: 'Law enforcement agencies commonly use the term "absconding" to imply a criminality to behaviours and can insinuate escaping.'[91] It found that: 'The definition of "absconded" may criminalise children who are absent and implies they are fugitives, have escaped or are to blame for their absence.'[92] It recommended that agencies should cease using the term.[93] However, in consultations, many care providers (n = 23/30), departmental staff (n = 5/16), police[94] and children and young people (n = 5/12) referred to the term 'absconding' as an accepted description of the behaviour.

> *I absconded heaps … a lot of kids abscond all the time. (Meredith, formerly residential care, 17)*

In consultations, some stakeholders acknowledged the influence of history on current practice.

90 DHHS 'Missing children and young people – advice' *Child Protection Manual,* Document ID number 2359, version 2, 14 August 2019, State of Victoria, Melbourne, 2019.

91 Queensland Family and Child Commission, *When a child is missing*, p 19.

92 Queensland Family and Child Commission, *When a child is missing*, p 20.

93 Queensland Family and Child Commission, *When a child is missing*, recommendation 6.

94 Victoria Police, *Commission for Children and Young People – inquiry into children and young people who are absent or missing from residential care, Victoria Police submission*, 2020.

We have shifted away from the moral danger stuff with legislation, for example, to best interests, but have we actually fully shifted in our thinking? Probably not. Carl Jung says it takes 80 years for an idea to change. So, there's a bit to do on that. It takes a lot longer than changing the legislation. It's not because people are bad or stupid, but a lot of people have been doing things the wrong way for a long time. It's about their way of thinking. (Residential care staff member)

When I started working at Victoria Police [more than 30 years ago], the same form was used for child protection and criminal matters: the 'Child Protection or Crime Briefing form'. It's no longer the same form, but it is affected by legacy thinking. (Stakeholder with policing experience)

The undeserving missing: blaming children and young people

Consultations also suggested that the language of 'absconding' influences the way these children and young people are viewed. A common theme in consultations was the different attitude held towards a child or young person who goes absent or missing from residential care compared to a child or young person who goes missing from a family home or a hike.

There is a different attitude to lost kids. There's a divide between the deserving missing and the undeserving missing. There's a sense of culpability when resi kids are missing even though they are doing the same thing as the young boys lost on a mountain. They are doing what they need to do to survive. (Residential care staff member)

… what happens is, as a society, we blame the young people for their bad behaviour, rather than understanding that their behaviour is a response to repeated failures by the adults around them to keep them safe and meet their deep needs for care, nurture and connection. (CASA worker)

Differential responses: risk minimisation and normalisation

In consultations, some stakeholders suggested that there is a common perception that a child or young person who is absent or missing from residential care is bad, streetwise or making a choice to leave and this affects the system's response.

If you were a regular parent who called to say a 12-year-old girl is not home at 10 pm, the response you would get compared to a resi worker calling to say a 12-year-old girl is not home is black and white. It's a very dangerous culture that we have an expectation that they can take care of themselves. That culture – that they're bad kids and are deserving of less care and less worry – is quite concerning. (Residential care staff member)

These problematic attitudes and beliefs are sometimes reinforced when a child or young person is frequently absent or missing, often many times a week over a period of months.

VicPol have a view that the more kids are missing, the more 'savvy' they are, as opposed to being more at risk. There's a level of complacency that exists when children are repeat missing. (Departmental staff member)

A similar concern was reported in a 2015 report in the UK, *Running the risks*, which noted that: 'There is a risk that when children and young people are seen to be "streetwise" or making their own "lifestyle choice" professionals can end up seeing repeated absence as an indicator of lower risk.'[95]

Residential care staff also reported that attempts to lodge missing person reports are sometimes rebuffed by local police on the basis that the child or young person 'always comes back' or 'they've been reported missing 5 times this week'. Incident reports recorded instances when requests for warrants were refused on the basis of 'no immediate risk', despite the same reports recording the risk of substance use, sexual exploitation and criminal activity. This issue is considered further in Chapter 8.

Criminalisation and punishment

The term 'absconding', combined with the perception that these children and young people are culpable for this behaviour, is linked to their criminalisation. This issue is explored in detail in Chapter 6. However, it is worth noting that, although there are no longer penalties for leaving care, a number of children and young people expressed resentment in consultations at what they perceived to be a punitive and criminalised response when they do.

A residential care staff member gave the example of a child with a serious medical condition, for whom a warrant is obtained every time she leaves care.

> *Even though this response is coming from the right place around risk and best interests, she perceives it as: 'You've dobbed on me to the cops.' She perceives it in a punishing way. (Residential care staff member)*

Fatigue and frustration

Consultations with stakeholders identified a sense of fatigue among residential care staff, child protection staff and police in responding to the high number of children and young people who are absent or missing from care. In some instances, this leads to blaming, frustration and impatience with children and young people.[96]

> *The response from the police is that they're a resi kid; they go out all the time; who cares? Police get really burnt out by our kids and fatigued. (Residential care staff member)*

> *You can report a young person who's gone missing and get a fairly laissez faire response from police. That's not to have a go at police, but there's a weariness in the system where there is an understanding that this just happens. That occurs when things aren't set up correctly. There's no sense that it can be fixed; it's just being managed. (Residential care staff member)*

> *Compassion fatigue [for child protection practitioners] is a genuine issue, but if someone feels they are not making an inroad and is feeling 'What can we do?', then we need to come back to what support and oversight is provided to practitioners. Apathy can become an all-consuming mindset and the practitioner can start blaming the victim. (Departmental staff member)*

95 R Sturrock and L Holmes, *Running the risks: the links between gang involvement and young people going missing* (report prepared for Catch22 in partnership with Missing People), UK, London, 2015, p 38.

96 See also Sentencing Advisory Council, *'Crossover kids': vulnerable children in the youth justice system, Report 1: Children who are known to Child Protection among sentenced and diverted children in the Victorian Children's Court*, State of Victoria, Melbourne, 2019 [5.107], which noted stakeholder comments that 'the knowledge and understanding of children's responses to trauma was inconsistent among frontline police and that their responses to increased contact with a given child sometimes led to decreased tolerance upon further involvement with the child'.

This fatigue appears to be compounded by a sense of frustration that, while it is appropriate to move away from a system of control and containment, there is a lack of options to safeguard these children and young people. Several residential care staff noted with some resignation that: 'we can't lock them in' and there are 'no consequences'.

I've been in the system for over 20 years and was around when we had Winlaton. It was a facility in Nunawading for 100 … children and young women in out-of-home care and youth justice. It was great for containment, but it was not great for outcomes. It was institutionalised and very structured. At the moment, the issue for us is our ability to contain kids. We have a role for secure welfare, and I'm not saying Winlaton is the best option, but it's a discussion we have to have. I get the human rights implications, but we need to weigh this against them dying with their human rights intact. (Residential care staff member)

The impact of this sense of fatigue and frustration on responses when a child or young people is absent or missing from care is considered in detail in Chapter 8.

Finding 1: The influence of history

The historical conflation of neglect with criminality, combined with the ongoing use of criminalising language such as the term 'absconding', continues to influence the response of stakeholders, including residential care staff, the child protection workforce and Victoria Police, when children and young people go absent or missing from residential care. These children and young people are sometimes viewed as the 'undeserving missing', the risks they face are at times underestimated, and they are sometimes subject to a punitive rather than caring response.

Positive signs of change

Despite the problems associated with a legacy of blame and criminalisation, there are signs of a shift in attitudes, perceptions and responses to children and young people being absent or missing from residential care.

Some children and young people reported positive responses when they are missing or absent from care, and greater support to remain in placement. These comments suggest a shift in approach in parts of the system.

I had one experience with a cop who was a bit of a dick. He needed to sight me, which was fine, but he then gave me a long arse lecture about it and made me feel really shit; kinda rude … But I think like 9 out of 10 they are actually pretty good. (Natasha, residential care, 16)

Well, I've been in and out of resi care since I was about 12 … I've lived in [multiple homes managed by multiple different services providers]. The house I'm in at the moment is a therapeutic one where they have [a specific model] in place, which is amazing! All units should have it … Since coming to [here], I've got someone here to pull my head in, and say 'This is actually wrong'. Here there's a drug and alcohol worker, there's a Kids First worker, so it's helped so I'm not going out like that. It's harm reduction. (Colette, residential care, 17)

My sense is that this issue has always been the same and has been there forever. I've worked with adults in previous roles. They had been missing in the '80s and '90s. The only difference is that now we are actually talking about it and reporting it. It's getting noticed in ways it didn't before. It's about how we value children … We've come a long way in terms of that. It's fantastic that we are trying to do something now. (Residential care staff member)

Across the system, there are examples of the department, residential care service providers and police adopting new approaches, and attempting to shift attitudes and their understanding of the risks associated with children and young people who are absent or missing from residential care. For example, the department's Child Protection Manual advice on missing children and young people was updated in August 2019. It advises practitioners:

> Never assume that a child who has repeated episodes of missing but always returns to placement decreases the risk; in fact, at times this is evidence of increasing risk. Every episode of missing should be considered independently and cumulatively, and treated as a serious event. These behaviours … should be understood as an attempt to cope with stress which requires a therapeutic response from professionals.[97]

Similarly, the Victorian Framework states: 'It is unsafe to assume that a young person who has repeated episodes of missing but always returns to placement decreases risk; in fact, at times this is evidence of increasing risk.'[98]

The extent to which the advice in the Child Protection Manual and the Framework are applied in practice is discussed in detail in Chapters 7 and 8. These chapters review current responses and strategies in Victoria designed to address the issue of children and young people being absent or missing from residential care, and make findings on the impact of these responses and strategies.

97 DHHS, 'Missing children and young people – advice', quoting A Jackson, *Literature review: young people at high risk of sexual exploitation, absconding, and other significant harms*, Berry Street Institute, Melbourne, 2014, p 42.

98 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 23.

Chapter 3

Data collection, monitoring and oversight

Data collection and analysis is a key tool for understanding and addressing the extent to which children and young people go absent or missing from residential care and the reasons they do so. Reliable and comprehensive data collection, monitoring and oversight is required to both identify and respond to individual children and young people at risk of harm, and identify trends, drivers and emerging risks at a service provider, area, divisional and statewide level.

However, while information about individual children and young people is collected at the local level, the inquiry found that there is a significant gap in the department's ability to analyse what is happening across the state. This gap is not addressed through the current incident reporting system, CIMS.

This chapter considers:

- what data and other information is currently collected by residential care service providers and the department
- whether the information collected and monitored provides adequate oversight of individuals at risk, as well as the capacity to identify trends, drivers and emerging risks.

What is measured and monitored?

Every day, the department, residential care service providers and police collect and report on large amounts of information about children and young people who are absent or missing from residential care. The principal sources of data and other information currently collected and monitored by stakeholders across the system include:

- CIMS incident report data
- warrants data
- other data and information collected and tracked by residential care service providers and the department.

Client Incident Management System (CIMS)

The primary source of systemic information regarding children and young people being absent or missing from residential care is CIMS. CIMS is the system established by the department for identifying, responding to, reporting, investigating, reviewing and learning from 'client incidents'.[99]

CIMS was introduced in phases across the department and funded service providers in 2018, and fully replaced the previous incident reporting system in October 2018. The new system changed what events or circumstances constituted a reportable incident and who was responsible for responding to incidents. It also introduced new classifications of incidents based on impact, and created new incident investigation and review processes.

Impact-based reporting

CIMS is an impact-based reporting system. A client incident is within the scope of CIMS when: 'An event or circumstance [has] occurred during service delivery and resulted in harm to a client.'[100] For clients under the care of 24-hour services, including residential care, 'any incident is deemed to occur during service delivery'.[101] Consequently, the key issue for determining whether an incident falls within CIMS is whether it resulted in harm to the client.

The focus on incidents assessed as resulting in harm to a client is a policy shift away from the department's previous events-based incident reporting system. In contrast to the previous system, incidents that do not cause harm to a client, such as minor property damage or a 'near miss', are not reported through CIMS. Nor are illnesses or incidents that only have a harmful impact on someone other than a client, such as a staff member.

> *Shifting to impact-based reporting from events-based reporting aimed to reduce the 'noise' in the reporting system and reinforce service providers' accountability to, and focus on, clients. (Departmental staff member)*

Assessment of harm and level of impact

The concept of 'harm' is not defined in the CIMS guide. Instead, the guide establishes 2 categories of impact for classifying impact: major impact and non-major impact. Determining the level of impact, and whether there is an impact on a client at all, requires staff to exercise professional judgement.

Major impact incidents include:

- the unanticipated death of a client
- severe physical, emotional or psychological injury or suffering that is likely to cause ongoing trauma
- 'a pattern of incidents related to one client which, taken together, meet the level of harm to a client defined above'.[102]

Certain incidents, including sexual exploitation, are automatically classified as major.

Non-major impact incidents are those that do not meet the level of a 'major impact', including those which result in physical, emotional or psychological injury or suffering, result in minimal harm, or do not require significant changes to care requirements other than short-term interventions.[103] Patterns of 'dangerous actions' that are 'understood and being managed' are to be classified as non-major, unless there is an escalation in the severity or frequency of

99 Department of Health and Human Services (DHHS), *Client incident management guide: client incident management system,* State of Victoria, Melbourne, 2020, p 11.

100 DHHS, *Client incident management guide: client incident management system,* p 21. This definition is used throughout this guide, as well as in the accompanying summary guide: Department of Health and Human Services (DHHS), *Client incident management summary guide,* State of Victoria, Melbourne, 2020. However, the definition of 'incident' in the glossary to the guide includes an event or circumstance which resulted in harm or has the potential to harm a client. 'Potential to harm' is significantly broader than simply 'harm'. However, 'potential to harm' is not referred to elsewhere in the guide. Further, 'near misses' are specifically excluded by the guide, which states: '"Near misses", which are events which had the potential to cause impact on a client but did not do so, are not covered by the CIMS and are excluded': DHHS, *Client incident management guide: client incident management system,* p 25.

101 DHHS, *Client incident management guide: client incident management system,* p 24.

102 DHHS, *Client incident management guide: client incident management system*, p 25.

103 DHHS, *Client incident management guide: client incident management system* p 25.

the dangerous actions or they are abnormal actions outside the 'known behavioural patterns of the client', in which case the incident should be classified as major.[104]

When determining the level of impact, staff are required to 'take into account specific client characteristics that may influence their experience of an incident'.[105] Factors to consider include the:

- client experience, such as the extent of harm and any treatment required
- severity of the outcome, such as the level of distress to the client
- vulnerability of the client, such as their age and stage of development, and any history of trauma.[106]

Consequently, the assessment is necessarily subjective. An incident that may objectively be viewed as having the same level of seriousness as another incident may be categorised differently depending on the characteristics of the clients involved.[107] Similarly, a child who exhibits distress audibly and visibly may have an incident categorised as major, compared to another child who has the same experience but internalises the reaction.

Incident types

CIMS classifies incidents into 16 incident types, which describe 'the key aspect' of the incident.[108] An 'absent client' incident is when a client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety.[109] An 'absent client' incident may be classified as major or non-major depending on an assessment of the factors outlined above. If staff assess that an incident of being absent or missing has not had a harmful impact on the client, an incident report is not required.

Investigations and incident reviews

The categories 'major' and 'non-major' determine the reporting process and whether an investigation, case review or root-cause analysis is required. Certain major incidents automatically require an 'investigation'.[110] Other major incidents are subject to an incident review which may be either a 'case review' or 'root cause analysis'. Incident reviews involve: 'Analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm.'[111] Non-major incidents are not required to be reviewed.

When CIMS was introduced in 2018, it introduced a series of new requirements, including investigation and review of major impact client incidents. This replaced the previous process of investigation and review undertaken by the department, with the new processes to be undertaken by residential care agencies. This shift arguably aligns with the CIMS principle of accountability which provides that: 'service providers have primary accountability for managing the response to client incidents'.[112] However, these additional investigation and review functions required of agencies were unfunded. Consequently, there is potentially a cost incentive to classify incidents as non-major because this means an investigation or incident review is not required.

Data analysis framework

In addition to individual incident reviews, CIMS includes a 'high-level data analysis framework'. It is designed to monitor, interrogate and act on identified trends 'to safeguard the safety and wellbeing of individual clients, as well as improve the quality of services and the service system'.[113] This framework is designed to apply descriptive analysis (what is happening?) and diagnostic analysis (why is this happening?) to improve services through changes to case management, practice and policy.[114]

104 DHHS, *Client incident management guide: client incident management system*, p 26.
105 DHHS, *Client incident management guide: client incident management system*, p 25.
106 DHHS, *Client incident management guide: client incident management system*, p 26.
107 Consultations with departmental and residential care staff.
108 DHHS, *Client incident management guide: client incident management system,* p 30.
109 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, p 57.
110 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, p 39.
111 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, p 47.
112 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, p 12.
113 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, p 54.
114 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, pp 54–55.

The department uses this framework to create data reports on issues such as count of incidents by impact, division, incident type, follow-up recommendations, and investigation and incident review outcomes.[115]

Warrants data

If a child or young person is missing or absent from residential care 'without lawful authority or excuse', child protection practitioners may apply for a section 598 warrant under the CYFA. A warrant authorises police to enter and search premises where the child or young person is suspected to be, place the child or young person in 'emergency care' and take the child or young person to a place specified on the warrant or by Child Protection.[116]

The department keeps a centralised record of section 598 warrant applications concerning children and young people in residential care and has recently developed a means of tracking warrant applications concerning children and young people in care across the state.

If considerations that guide when to apply for a warrant, such as 'imminent risk', are applied consistently, warrants data should indicate which children and young people are likely to be at the highest risk when they are absent or missing from residential care. Examples of warrant applications given in consultations, and evident in incident reports and client files, include situations where a child or young person is in a house that is considered to be high risk and child protection practitioners or residential care staff have no authority to enter. These premises include squats occupied by members of the homeless community, family homes occupied by violent offenders, and 'trap houses' where drug dealing and drug use occur.

Other data collection and monitoring processes

The department and residential care service providers also collect and track information through other case management, tracking and reporting mechanisms.

Residential care service providers

In consultations residential care service providers described a variety of data collection and reporting requirements that operate separately to departmental reporting requirements. One issue highlighted during consultations was the fact that different service providers operate different systems, and that not all the information collected by service providers is reported to the department.

One residential care staff member described 3 levels of reporting:

- daily updates to care team members
- weekly reports tracking nights in and out of the unit
- progress reports every 3 months.

Extra reports were also submitted if there were particular concerns in relation to absences.

In the case of therapeutic residential care units, staff described a more intensive data collection process, with 41 questions being asked for each child and young person each day and repeated questions asked at different times of the day in relation to times children and young people left and returned. Information was also collected about their health, peers, risk and behaviour and contact with family. This data was then used for reporting and comparison with other therapeutic residential care houses.

It appears that some differences in collection and reporting are due to different requirements in different departmental divisions, and different organisational reporting requirements.

> *Everyone does tracking differently. It varies across CSOs [community sector organisations] and what your part of the department wants. Even in the East Division, we have a house in [location] with a separate team leader, and they track placements differently to the way we do it here because they are part of the [location] department compared to the [location] department, even though we are part of the same region [sic]. (Residential care staff member)*

115 DHHS, *Client incident management guide: client incident management system,* Appendix A, Table A1, p 56.
116 CYFA, ss 598(1)(b), 598(3).

Departmental review and tracking mechanisms

Consultations with departmental staff confirmed that a range of area-based and division-based departmental tracking and monitoring mechanisms operate across the state to track children and young people absent or missing from care. Information may include whether there is a current missing person report or warrant, what outreach has occurred, and how long the child or young person has been absent or missing. These mechanisms vary, meaning that different information is collected and monitored in different areas and divisions.

For example, some departmental staff receive a daily email that tracks children and young people who are absent or missing. Others rely on a weekly tracker or missing client schedule. Other staff submit a report on children and young people who are missing or absent every Monday, Wednesday and Friday.

In one departmental area, Repeat Missing Templates have to be updated each week and signed by the Assistant Director and Area Operations Manager. In other areas, staff reported that these templates are rarely used. In many areas, bed reports are provided to the department's Placement Coordination Unit, but, according to consultations, not all areas submit this information.

A number of departmental managers spoke of using these trackers in combination with other sources to put together a puzzle, describing various 'windows … looking at these issues' such as complaints management, personally visiting units, and reading case notes in CRIS. They spoke of 'looking behind CIMS' at the 'bigger story'. They also noted they did not rely on CIMS, due to delays in reporting, particularly for non-major incidents.[117]

> *I see a report and think 'How come I didn't know that?' But when I dig into it, mostly I find that things have been managed pretty well, but it won't have our oversight because we do not know it at the time. (Departmental staff member)*

Other managers noted that, in some instances, communication of key information at a local level could be delayed due to unclear or limited communication channels.

> *If they are missing and it's quite significant, how quickly can that be communicated? Sometimes things just go through to the keeper. Often, we have staff away or they are travelling. There needs to be multiple eyes on it. Don't just email major things to one person and expect a response. (Departmental staff member)*

When describing these area and divisional tracking mechanisms, staff indicated that their primary purpose is individual case management rather than systemic oversight. At more senior levels, the visibility is reduced as information collected in trackers and other mechanisms is not routinely reported upwards. Comparison between service providers, areas and divisions is hindered by different data collection and reporting mechanisms.

> *Bed reports and trackers are more local level case management – some get pulled together in what [the Deputy Secretary] would see, but it's more a local management issue. (Departmental staff member)*

> *While we have templates and spreadsheets, they are not tied to administrative software like CRIS, so there is no responsibility to report. If we had to do something [that is, to report centrally], it may be more coordinated across the state. (Departmental staff member)*

117 In its response to a draft of this inquiry report, the department noted that 'the timeline for non-major impact incidents was changed in 2019 from monthly batches to three business days, in line with major impact incidents. CIMS is not intended to take the place of case management communication and is only one source of information about the client's circumstances and experience.'

Recently, the department has developed a new tool called the Client Vulnerability and Risk Indicator (CVRI). The CVRI brings together information from a range of sources including CIMS incident reports, warrants data, information on sexual exploitation and some case management information.[118] We were told that the CVRI is still in development and is not yet widely used.

A significant amount of information on individual children and young people is also recorded in CRIS in the form of planning documents, templates, case notes and other documentation. Information collected on individual children and young people is considered in further detail in Chapters 7 and 8.

Adequacy of data collection, monitoring and oversight

Children and young people being absent or missing from care generates a significant amount of reporting and other documentation. However, a lack of consistency in reporting and differing approaches to the assessment of risk and harm undermines oversight at each level in the system. Current data collection and monitoring mechanisms are unsuitable for identifying and assessing:

- the extent to which children and young people go absent or missing from residential care
- areas and drivers of risk and harm.

The extent to which children and young people are absent or missing from residential care

The shift to impact-based reporting from events-based reporting in CIMS appears to have created a gap in data collection. While in most instances this information is collected in some form at a local level, it is not being reported consistently or in a way that can be aggregated to provide system wide data.

Through consultations, departmental staff told us that they were unable to rely on CIMS to gain a full picture of how often children and young people are absent or missing from residential care, or any emerging issues and trends across the system. This lack of information has impacted staff and system efficiency.

> *I couldn't tell you short of anecdotes, there is no way I can get a snapshot of who is going missing, and how often in the last month. It means there is no way of knowing where to invest my time, other than putting my ear to the ground and hearing from other directions. (Departmental staff member)*

Information collected through sources other than CIMS, including through service and area or division-level monitoring and tracking systems described above, cannot be used for systemic analysis to determine how often children and young people are absent or missing from care. Tools such as service provider daily reports and departmental missing trackers keep a tally of when children and young people in a unit, area and division are absent or missing from care. This provides a level of localised insight. However, this information is generally not comparable between service providers, areas or divisions because different data collection and reporting mechanisms are used across the state. Nor is this information routinely reported up and collated at a central departmental level.

Similarly, while warrants data may provide an insight into children and young people considered to be at a higher level of risk, warrants are not obtained every time a child or young person is absent or missing from care. Consequently, warrants data does not enable assessment of the full scale of this issue.

In addition to not knowing how often children and young people are absent or missing from residential care, it is also not possible at a systemic level to determine the length of time that they are away. CIMS incident reporting for absent clients does not capture the length of time a child or young person is missing or absent from care. In part, this is due to CIMS operating as a 'point in time' reporting system that is not designed to capture ongoing incidents. CIMS policy requires that all incident reports must be submitted within 3 business days of the incident occurring.[119] This time frame is designed to ensure timely incident reporting. However, this approach reflects that CIMS incident reports are primarily

118 Information provided by departmental staff in consultations.

119 DHHS, *Client incident management guide: client incident management system,* p 21.

designed to capture incidents that occur over a relatively short period of time, which can be reported after the event.

An absent client incident can occur over a short or long period of time. While it may be possible to capture a short absence, such as a 10-year-old missing for a few hours, it is harder to adequately capture a longer absence in an incident report. Generally, the date the child or young person went absent or missing from residential care is given as the date of the incident. However, for extended absences, the child or young person is often still absent or missing at the time of the report. Consequently, the report is necessarily a partial account of the incident.

> *When you look at the data, one of the challenges for you will be that you will not be able to say how long they have been missing. (Residential care staff member)*

It appears that some of the informal CIMS reporting rules applied by service providers described below, such as creating new reports every 3 days or updating existing incident reports, have been developed to capture further information about the incident, including the length of time the child or young person is absent or missing. However, this is not occurring in a uniform way and appears to be skewing the data on absent clients. In other cases, there is no report of when the child or young person returned to residential care. In these cases, the length of absence and any other relevant information may only be gleaned from free text in subsequent absent client incident reports.

Similarly, information sources other than CIMS cannot be used to determine at a systemic level the length of time children and young people are absent or missing from residential care.

Consultations with departmental staff indicated that central staff may refer to CIMS to identify individuals most at risk. For example, one staff member relies on frequent CIMS reports as a prompt for more senior intervention with individual children and young people at risk. However, CIMS does not necessarily identify which children and young people are most at risk.

Several service providers suggested that frequent absent client incident reports may indicate that engagement with the child or young person is improving, which is evident from them returning to the house more frequently, compared to previously being absent for extended periods and subject to very few reports while away. In another case cited by a residential care staff member, more time spent in the house by a client who had previously been absent for extended periods led to more frequent incident reports. This was due to incidents occurring in the house being reported, which otherwise would not have occurred if she was still absent.

Other central departmental staff recognised that reliance on CIMS to identify individuals at risk or patterns of risk and harm is problematic, and that there is a lack of other reliable data.

> *I know what we are doing now doesn't capture the scope of the problem or allow us to highlight the problems and focus on those. If I could pull data to say Jonny has been missing 28 days out of 30, that is clearly where I need to focus and understand risk and reduce it. I can't do that, and nor can my colleagues. (Departmental staff member)*

Relevant information is captured in other reporting mechanisms, such as the daily reports of service providers, and the running tallies in departmental area and divisional missing person trackers and other systems. For example, in consultations, several service providers outlined data collection systems that enabled them to calculate how many nights a child or young person was absent or missing over a set period of time. However, as outlined above, the information is collected in different ways in different parts of the system and is not all reported to the department. Nor is the information collated and reported at a statewide level.

Finding 2: Lack of information on the extent to which children and young people are absent or missing from care

Currently, the department does not collect reliable data about the number of children and young people who are absent or missing from their residential care placement. The department also has not implemented a statewide source of information that can accurately track how long they are absent or missing from residential care.

Areas and drivers of risk and harm

A lack of consistency in reporting and differing approaches to the assessment of risk and harm also undermines the capacity of the department and service providers to identify areas and drivers of risk across the system, and to assess and respond to the harm suffered by individual children and young people.

Inconsistent reporting standards

CIMS is a statewide policy supported by centralised guidance documents that is intended to implement consistent reporting standards across all service providers. However, consultations and incident reports reveal a wide variation in reporting practices among service providers and across departmental areas and divisions.

For example, incident reports show the following differences in practice:

- Some service providers lodge a single incident report, regardless of the length of absence. In contrast, one large service provider lodges a new incident report every 3 days that a child or young person is absent. In the first case, a child or young person may be absent or missing for 21 days but it is reported as a single incident. In the second case, the child or young person will be the subject of 7 incident reports over the same period of time.
- Some service providers lodge a single incident report for a lengthy absence and regularly update it with new information over time, including any sightings or brief returns to the residential care house. Other service providers create a new incident report each time the child or young person is sighted or briefly returns to the house then leaves again. Still other service providers do not create an incident report if the child or young person is sighted or returns only briefly (for example, every 3 days) before leaving again. In each case, the child or young person may be absent for a similar period of time. However, in the first case there is a single incident report, in the second case there are multiple incident reports, and in the third case there are no incident reports.
- If a child or young person is frequently absent or missing, or is away for lengthy periods of time, some service providers reclassify an existing non-major incident report as a major incident report. In contrast, one large service provider creates a new major incident report referring to the accumulation of non-major incident reports. However, our review of reports shows that this service provider has not adopted this practice consistently across houses or, in at least one instance, in relation to the same child or young person over time.

Consultations confirmed the application of unofficial reporting rules for absent client incidents. In some cases, these rules were adjusted based on a subjective assessment of impact on a particular client as required by the CIMS policy; however, these rules provided a general guide.

We were told of a wide range of practices regarding when an absent client incident will be lodged, ranging from any child or young person who is gone for more than 2 hours to waiting for up to 5 days. In one example, a child or young person may be absent from the house for significantly longer than 5 days, but if they are sighted within a 5-day period, generally no incident report will be lodged.

Case study: Inconsistent incident reporting

In the 3 months to 31 December 2019, 2 young women, Natalie (14) and Cara (16), were subject to 34 and 29 absent client incident reports respectively. They were the 'top 2' clients in terms of the number of incident reports for this period. Natalie and Cara, were frequently absent for 1 to 3 days and were considered to be at significant risk of sexual exploitation and substance use. File reviews for Natalie and Cara demonstrated that this was a 'pattern of behaviour' which was subject to proactive case management and specialist support.

In contrast, other absent client incident reports for this period included similar examples of children and young people absent for extended periods who were also at significant risk of sexual exploitation and substance use, but for whom few incident reports were lodged. In one example, the incident report stated that a young woman, Samara (15) had only spent one night in placement over the previous 5 months, yet there was only one absent client incident report in the period reviewed. In another case, the report indicated that a young woman, Allie (15), had been absent for more than 7 weeks, resulting in 3 incident reports over that time.

If CIMS is intended to identify which children and young people are subject to more harm or are at increasing risk, then, based on the number of incident reports, Natalie and Cara appear to be at the highest level of risk and harm. Yet, the details included in incident reports for other children and young people, such as Samara and Allie, suggest absences of some children and young people are not being recorded, even when the absences are frequent and the level of harm and risk significant.

> *We only do a CIMS report if a young person is missing for 5 days. Five days for every kid, but it depends if the behaviour is unusual, if it's really out of character. The time starts again every time we see them or if they return to placement. (Residential care staff member)*

In addition, incident reports and consultations suggested that the application of professional judgement to subjectively determine what constitutes a harmful impact on a child or young person also results in inconsistent reporting in CIMS. The review of incident reports demonstrated extreme variations in reporting of what appeared to be very similar incidents involving significant risk of harm to the child or young person.

Subjective assessment of impact

In consultations, several stakeholders expressed concern that the impact-based approach to reporting has reduced oversight of the issue of children and young people being absent or missing from care and prevented the department from identifying themes and trends.

Departmental staff provided varying perspectives on the oversight capacity of CIMS.

> *I think CIMS probably reflects a very small proportion of what's actually occurring. (Departmental staff member)*

Another departmental staff member asserted that CIMS does provide systemic oversight but with some delay. Other stakeholders considered that the CIMS policy means that some high-risk behaviours which should be reported are not because:

- the incidents are considered to be part of pattern of behaviour which is being actively case-managed

Case study: Subjective assessment of impact

Shanti (14) was the subject of 5 absent client incident reports in the 3-month period to 31 December 2019. All 5 reports referred to her leaving with the same co-resident, Misha (17). The incident reports included comments that significant concerns were held for both young women and referred to drug use and sexual exploitation. While there were no absent client incident reports for Misha, she was the subject of one sexual exploitation incident report during this period.

The lack of absent client incident reports for Misha may be due to the subjective assessment of impact required by CIMS policy. In this instance, it appears that Shanti had recently begun going absent or missing and this behaviour was escalating. In contrast, Misha appears to have an established pattern of behaviour, which may be why there were no equivalent absent client incident reports for her.

- the child or young person is absent for short periods only and is in regular contact with staff
- the child or young person is considered to be less vulnerable due to age or experience
- there is no apparent or known harm.[120]

We are less likely to get data about the main kind of young person involved in missing behaviour because it is known behaviour, so it falls out of scope and we lose sight of the kids it is most important to know about. And substance use is not reported unless there is a negative health consequence – for example, they end up in hospital or need treatment – otherwise it's not captured. The kids absconding the most will have the least data about it because it is known behaviour and is not reported. (Residential care staff member)

The thing for me is that CIMS does not always record things that are risky for the young person who … is involved in sexual exploitation, who leaves the unit for an hour and returns. Often, she is not reported as missing or sexually active because she is coming back and is sighted by staff. CIMS does not always record what is placing children at risk. (Departmental staff member)

Another residential care staff member commented that they are less likely to record older residents as absent or missing, compared to younger residents.

For older young people, we are not doing a CIMS report because we don't perceive it as harmful due to it being normal behaviour. For younger people, we are reporting it due to their age. (Residential care staff member)

As a result, the rate of young people in their later teens being absent or missing from residential care may be under-represented in the CIMS data.

The review of incident reports confirmed that incidents of children and young people being absent or missing who are at high risk of harm are not always reported. Some incident reports referred to other recent incidents involving the same child or young person engaging in high-risk behaviour while absent or

120 In its response to a draft of this inquiry report, the department stated that 'this is a list of issues which are considered when determining if something should be recorded in CIMS' and that 'the statement that these are the reasons they aren't being reported when they should be is inaccurate'. To clarify: the point made in consultations conducted by the Commission was that some stakeholders think that serious incidents are not being reported because of the way they are told to apply CIMS.

Case study: Usual pattern of behaviour

Aiden (14) was reported to have been missing for at least 11 days. After attending a police station to have a previous missing person report removed, Aiden left the station on foot and 'failed to return to placement'. He had not been seen or in contact with staff or other supports since.

The incident was classified as a non-major because, according to the report, there are 'no indications' that Aiden is at risk and 'further assessments are unable to be completed until [he] is located'. The report noted that an additional report would be completed if further information was found that indicated risk or harm.

This report was the only incident report made in relation to Aiden in the 3 months to 31 December 2019. It stated that 'absconding is common behaviour for Aiden, who is known by his care team to go missing for significant periods of time'.

The report also referred to an earlier missing person report concerning an incident that occurred 3 days before the reported incident. There was no corresponding incident report on CIMS.

missing for which there was no report. This was also evident in incident reports that referred to another child or young person involved in the same incident, but for whom there was no equivalent incident report.

This subjective assessment of impact makes comparisons of incidents and identification of systemic trends or issues challenging.

> *Reporting depends on their case plan, how long they have been missing, etc. It's comparing apples, oranges and bananas. Based on the numbers, it's hard to get complete and comprehensive conclusions. They provide good guidance, but you are not able to find exactly who and where. (Residential care staff member)*

Distinction between major impact and non-major impact

Consultations and our review of incident reports revealed varied approaches across service providers about when to lodge a major incident report for an absent client. Incident reports also contained many examples of incidents involving children and young people at serious risk of harm that were classified as non-major.

In consultations, stakeholders generally believed they had a good understanding of the difference between major and non-major incidents, and some noted that senior staff reviewed reports to ensure appropriate classification. However, some stakeholders expressed concern that the classifications are challenging to apply and noted instances of children and young people being absent or missing who were at high risk of harm that were classified as non-major.

> *I think a lot of time when a young person is missing, it's seen as a behaviour and seen as normal. Because they do it quite often, it's seen as non-major. (Residential care staff member)*

> *The difference never will be really understood – they are all major, but we can't say they are all major. (Residential care staff member)*

> *It can be really arbitrary about what is reported and not. I've had arguments with the CIMS people about what they will take as major or minor. But I don't want to return to the old system of 1,000 CIMS reports sitting in my inbox to read. (Departmental staff member)*

Case studies: High-risk behaviour classified as non-major

Harper (14) was reported as absent. The report stated that Harper's 'high risk behaviour' was escalating and that there was evidence of intravenous drug use. A syringe was found in Harper's room while she was absent.

Tully (17) was reported as absent for at least 9 days, during which time staff had only limited contact with her because she did not have a working phone. It was suspected that she was with an older man who had previously assaulted her. Tully was considered to be at significant risk.

Karli (17) has an intellectual disability and a history of sexual assault in the community. She was reported as absent for more than 7 days. During that time, staff were in contact with her by text.

Each of these incidents were classified as non-major.

Our review of incident reports confirmed that behaviour that may otherwise be considered to be major is categorised as non-major if it is within the 'usual pattern of behaviour' or may not be reported at all.

Other incident reports provided examples of apparently high-risk behaviour that was nevertheless classified as non-major.

These examples demonstrate that instances when children and young people are apparently at serious risk of harm are being classed as non-major (if they are reported at all).

Drivers of inconsistent assessment of risk and harm

Consultations suggested 2 key drivers of differences in reporting of absent client incidents:

- Determining 'impact' and 'harm' when a client is absent or missing is inherently difficult because often the impact or harm that occurs while a child or young person is away from care is unknown to others and may not be known for a long time, if ever.
- Local departmental guidance provided to service providers across departmental areas and divisions has differed regarding what incidents should be reported and how often.

In relation to the first driver, residential care staff highlighted that being absent or missing in itself is not an impact, and that judgment of impact is necessarily subjective leading to inconsistency in assessment.

> *Absconding is a really challenging one because you don't see the impact until they return. If you can't identify an impact, then it's not a CIMS report. For chronic absconders, we will not see the impact until they return … being missing is not an impact in itself … it's the other things that happen while they are out there which you won't necessarily know ever or for a period of time. (Residential care staff member)*

In relation to the second issue of differing local guidance, stakeholders suggested it leads to different levels of reporting in different areas.

> *Different divisions give different feedback, so it leads to different reporting. For example, in the East they say no report unless there's a demonstrable impact. In the West they may say there needs to be a CIMS report. There is inconsistent messaging across the department. CIMS is a very poor reflection of actual reality. (Residential care staff member)*

Case study: Masking other risks and harms

One morning, Ashley (17) left placement with a fellow resident. Carers texted and called Ashley over the next 2 days with no response.

The following evening, Ashley called the house asking to be picked up. She spoke to Joseph, a staff member. Ashley said she and a friend had been sexually assaulted. Joseph called the residential care service's after-hours service, who directed Joseph to contact police to arrange for Ashley to be picked up and returned to placement. Police responded that they had no capacity to do so and told Joseph to tell Ashley to make her own way to the police station to report the alleged sexual assault.

About 90 minutes after speaking to Ashley, Joseph left the house to try to collect Ashley, but she was no longer at the agreed pick-up address.

The following morning, Ashley called again asking to be picked up from the same address. A different carer left immediately and collected Ashley. Ashley appeared to be dishevelled and said she had been out the previous night and had used drugs. Ashley said that she had not been sexually assaulted. She would not provide further information about the incident.

The incident was reported as a non-major absent client incident in CIMS.

My biggest concern around it is about consistency of reporting, I would love to be able to feel that people are applying the same criteria and thresholds and reporting so we can interpret that data more in terms of what it might appear to be saying. (Departmental staff member)

Is the policy interpretable? They are not saying they are unclear; they all think they are clear in what they need to report. We need the right tools to measure the problem, both at a local and systemic level. For people to have ownership of the issue, they need a clear picture of what the issue is … Local adaptation in reporting is not what we want; we only want local adaptation in caring. (Departmental staff member)

In March 2020, the department centralised the CIMS oversight and guidance function, which may assist in ensuring more consistent guidance and less local variation in reporting. Consultations with residential care staff occurred approximately 3 months after the department's CIMS guidance function was centralised. However, based on an analysis of incident reporting for the period 1 April to 31 December 2020, significant inconsistency in reporting rates for absent clients persisted throughout 2020.[121]

Masking other incidents, risks or harm

All information relating to incidents, risks or harm relevant to a child or young person going absent or missing cannot be automatically or efficiently identified and collated from CIMS. This limits the capacity for systemic oversight.

CIMS incident reports collect basic information across a range of set fields. Additional information regarding risks and potential harm to a child or young person while they have been absent or missing is generally recorded in the free-text section of the incident report. Depending on the incident and the service provider, these details can run from a few lines to several pages and they vary in the types of information covered.[122]

121 Appendix A: Table 5. Chapter 4 analyses rates of absent client incidents compared to all other incident types in further detail.

122 See Chapter 1 for an outline of the type of information collected in incident reports.

The free-text sections of absent client incident reports reviewed for the 3 months to 31 December 2019 catalogued a range of serious risks faced by children and young people when they are absent or missing from residential care. These risks include physical and sexual assault, sexual exploitation, serious substance use, involvement in criminal activity, self-harm, emotional trauma, medical concerns and injuries. These risks are discussed in more detail in Chapters 5 and 6. However, it appears that the absent client incident category is potentially masking a range of risks and harms that may be recorded in case notes and considered in care team meetings, but are not otherwise collected, analysed and monitored in a systemic way. Even when there is a strong suspicion that another incident type has occurred while a child or young person is absent or missing, the primary incident recorded is 'absent client' unless there is a disclosure or other clear evidence of another incident type having a harmful impact on the child or young person.

Staff must select a primary incident type that describes the aspect of the incident that caused the most impact on the child or young person. They may select a secondary incident type for other matters associated with the primary incident. Based on a review of incident reports, it is not possible to determine if these categories are being used well. However, one departmental staff member expressed concern that this is not the case.

Commenting on the information collected in CIMS, a departmental staff member said they would like to be able to analyse the circumstances of the incidents more.

> *… to slice the data so for kids that go missing, we can ask how many … do we know if some had illicit drug and alcohol exposure? How many were with a boyfriend or girlfriend? How many had a sexual encounter or slept rough, or were with a relative or family they were removed from? (Departmental staff member)*

While some of this information is collected in the free-text section of incident reports, it is only interrogable by a word search or by narrative analysis. The latter involves reading and analysing each incident report. The department does not currently have the capacity to analyse this information using an automated system. Consequently, it is not feasible to prepare regular reports on information contained in the free-text section of incident reports for systemic monitoring purposes.

Reduced reporting of significant risks and harm: sexual exploitation

As outlined above, the department's intention in moving from an events-based incident reporting system to an impact-based reporting system was to enable the department and service providers to better identify and respond to children and young people at risk of harm. As the department intended, the number of incident reports has dropped compared to the previous incident reporting system. However, the Commission is concerned that the requirement that there is a known harmful impact on the child or young person means that significant risks and harms are under-represented in reporting.

Apart from CIMS, the department employs a range of mechanisms to identify and respond to risks to children and young people in residential care, and the harm they suffer, as outlined above. However, information collected through these mechanisms is not consistently reported or monitored at a systemic level.

Reporting of sexual exploitation incidents

The transition to CIMS from the previous incident reporting system in 2018 has been marked by a significant reduction in reporting of sexual exploitation. In the first full year of CIMS reporting (2018–19), the number of sexual exploitation incident reports dropped by 60% compared to the last full year of reporting under the previous system (2016–17).[123] While the number of reports of sexual exploitation rose in 2019–20, they remained 45% lower than in 2016–17.

The Commission is concerned that the change in scope for incident reporting with the introduction of CIMS has limited the scope of systemic and external oversight of sexual exploitation. Chapter 6 highlights that children and young people who are absent or missing from residential care are frequently the target of adults seeking to sexually exploit them. They suffer significant harm, and lifelong consequences often arise from this exploitation. However, the impact-based approach to reporting in CIMS, which requires disclosure or other evidence of an incident occurring rather than a strong suspicion, has arguably reduced the visibility of sexual exploitation of children and young people placed in residential care at a systemic level. Effective systemic oversight is essential to ensuring an appropriate level of review and response.

In the 18 months to 31 March 2020, there were 220 sexual exploitation incident reports concerning children and young people placed in residential care.[124] As outlined above, CIMS is only intended to record specific incident types for which there is evidence that an incident has occurred which caused harm to the child or young person. This suggests that these 220 incident reports are based on a disclosure (either by the child or young person or another person) or other strong evidence of sexual exploitation.

Over the same period, the term 'sexual exploitation' appears in 870 absent client incident reports concerning children or young people placed in residential care.[125] In these reports, 'sexual exploitation' may refer to a risk of sexual exploitation or an unconfirmed suspicion that sexual exploitation has occurred while the child or young person was absent or missing from residential care. Some of these incident reports contain evidence which indicates sexual exploitation has occurred within the scope of CIMS reporting.[126] Yet of the 870 absent client incident reports which refer to the risk of or, in some instances, evidence of sexual exploitation, 869 incidents are recorded as absences only.[127] This suggests the scale of sexual exploitation of children and young people when they are absent or missing from residential care is much higher than is currently reported through CIMS.

The department has established a range of other mechanisms to monitor and respond to the risk of, and harm caused by, sexual exploitation.[128] The department has also emphasised in its responses to the Commission that CIMS is not intended to be the primary source of information about risk of sexual exploitation. The implications of this are, however, that there is a lack of consistent and comprehensive systemic reporting of sexual exploitation which impedes effective systemic oversight, review and responses to this issue.

123 Appendix A: Table 6.
124 Appendix A: Table 7. Not all of the 220 incidents of sexual exploitation will have occurred while the child or young person was absent or missing.
125 DHHS, Client Incident Management System (CIMS) data, 1 October 2018 to 31 March 2020. This data relates to incidents in placements classified as both 'residential care' and 'therapeutic care'. The word count was extracted from the incident description provided on CIMS report for the term 'sexual exploitation'.
126 For examples, see a number of case studies involving sexual exploitation reported as absent client incidents in Chapter 6.
127 Only one 'absent client' incident report which referred to 'sexual exploitation' also identified 'sexual exploitation' as a secondary incident type. CIMS guidelines require that where an incident involves 'sexual exploitation', it should be recorded as the primary incident type and automatically classified as a major incident.
128 See discussion of responses to child sexual exploitation in Chapter 7.

Finding 3: Inadequate oversight of risk and harm

The department's reporting systems, including the recently introduced Client Incident Management System (CIMS), do not enable adequate identification of children and young people going absent or missing from residential care. Similarly, the department's systems do not enable adequate assessment or recording of the harm children and young people suffer when they are absent or missing from care.

At a systemic level, statewide patterns and drivers of risk and harm, including harm arising from sexual exploitation, cannot be discerned with confidence based on CIMS data or other sources of information.

Chapter 4
The size of the problem and those at greatest risk

Almost every day someone goes missing, if not every day … They all leave and go missing for large periods of the day, if not overnight. (Residential care staff member)

Best available data indicates that children and young people are absent or missing from residential care at a concerning rate, and at a significantly higher rate than children and young people in the general population who are reported missing.[129] Also, given the limits to data discussed in Chapter 3, the actual rate of children and young people who go absent or missing from residential care is higher than the rate reported by current sources.

This chapter provides an overview of information available on how many children and young people are absent or missing from residential care in Victoria and which children and young people may be exposed to greater risk. It reviews CIMS incident reports for absent clients and sexual exploitation over an 18-month period, identifying demographic differences in incident rates and links between these incident types. It considers reported differences in cohorts of children and young people, including variations in the frequency and length of time children and young people go absent or missing.

This chapter also draws on information from consultations and the Commission's file review, together with data on section 598 warrants issued in relation to children and young people who are absent or missing from residential care. While the CIMS and warrants data is imperfect and does not provide comprehensive systemic oversight, it is the only information available to provide an indication of the scale of this issue and the cohorts of children and young people who may be at higher risk. The figures referred to in this chapter understate the number of children and young people who go missing or absent from residential care in Victoria; the actual number is higher.

129 In its response to a draft of this inquiry report, the department noted that 'it is difficult to make a comparison of children in residential care to the general population when parents are not required to report their children "missing" while residential care staff are'. It is the Commission's view that parents are likely to report their children missing without a legislative requirement that they do so. The comparison to the general population is central, given the legislative obligation of the department to act 'as a good parent would'.

The COVID-19 pandemic in 2020 was marked by a significant increase in absent client incident reports and section 598 warrants. However, it is unclear how much of this increase reflects an actual increase in incidents of children and young people going absent or missing from residential care compared to other factors, including an increased awareness of this issue in 2020 and/or the assessment that children and young people may be at greater risk when absent or missing during the pandemic.

How many children and young people go absent or missing?

Between 1 October 2018 and 31 March 2020, a total of 955 individual children and young people were placed in residential care in Victoria – an average of 452 per month.[130] Over that same 18-month period, 2,375 primary incident reports for absent clients were endorsed in CIMS.[131] This equates to a rate of 0.3 incidents per child or young person in residential care on average per month.[132] Absent client reports made up 31% of all incidents reported in residential care.[133]

Over the same 18-month period, 7,431 applications for a section 598 warrant were made in relation to children and young people who were absent or missing from residential care, of which 6,997 were granted.[134] This is an average of 388 warrants granted per month, or 0.9 warrants per child or young person in residential care on average per month.[135]

These numbers do not represent the true scale of this issue. As discussed in Chapter 3, CIMS reporting of absent clients is inconsistent, with many instances not being recorded. While the number of warrants is significantly higher than CIMS reports, warrants are not sought every time a child or young person goes absent or missing from residential care.

130 Appendix A: Table 3.
131 Appendix A: Table 1. This data relates to incidents in placements classified as both 'residential care' and 'therapeutic care'.
132 Appendix A: Table 2.
133 Appendix A: Table 1.
134 Appendix A: Table 10.
135 Appendix A: Table 11.

How does this compare to the general population?

Although firm data in Victoria is lacking, it appears from consultations and CIMS incident report data that children and young people in residential care are absent or missing at a significantly higher rate than children and young people across the general population.

Children and young people are reported missing to police at a much higher rate than other age groups. Between 2008 and 2015, children and young people aged 13 to 17 accounted for approximately half of all missing person reports across Australia.[136] In 2015, the rate of children and young people aged 13 to 17 who were reported missing was 6.5 times the overall reported missing rate.[137]

The proportion of children and young people from residential care reported missing in Victoria is not available. Data collected by Victoria Police on missing person reports does not routinely record if a child or young person is currently in out-of-home care.[138] A literature review conducted by the department in 2017 found that 'the rate of children and young people who go missing from out-of-home care is poorly understood', noting the wide variance in prevalence rates reported in different studies.[139] Data collected in the UK found that 1 in 10 'looked after children' (that is, children in out-of-home care) are reported missing annually, compared to 1 in 200 children in the general population.[140] It also found that 'looked after children' will be reported missing on average 6 times.[141]

136 Bricknell and Renshaw, *Missing persons in Australia, 2008–2015*, p 3.
137 Bricknell and Renshaw, *Missing persons in Australia, 2008–2015,* p 4. In its response to a draft of this inquiry report, the department noted the difficulty in making a comparison between children in residential care who go missing and the general population because of the requirement for residential care staff to fill in an incident report when a child is missing or absent. The Commission disputes the implication that in the absence of a mandatory requirement, parents in the general population would not report their children missing.
138 Victoria Police, *Response to further questions on Victoria Police submission*, p 4.
139 DHHS, *Missing from care*, p 4.
140 Missing People, *Key Information*, Missing People website, accessed 12 November 2020.
141 Missing People, *Key Information.*

In its submission to the inquiry, Victoria Police reported that 'an overwhelming amount of Missing Person Reports' are filed with Victoria Police by residential care agencies. The submission noted that over a 7-month period between 1 October 2019 and 31 March 2020 in the North West Metro Region, '121 youth were reported missing 1,402 times from residential care facilities'.[142]

A 2016 Australian Institute of Criminology (AIC) study of missing person reports found that between 2008 and 2015, the rate of children and young people aged 13 to 17 reported missing to police across Australia averaged 0.012 reports per child or young person in that age group.[143] In comparison, warrants data shows that, on average each month, children and young people in residential care in Victoria are the subject of a section 598 warrant at a rate of 0.9 warrants per child or young person.[144] This is approximately 75 times the rate of missing person reports for children and young people aged 13 to 17 reported in the AIC study.[145]

While the data sets are not perfectly equivalent, the section 598 warrants data indicates that children and young people in residential care in Victoria are absent or missing at a significantly higher rate than children and young people are reported missing in the general population.

The higher rates of children and young people going absent or missing from residential care accords with a 2021 study of police data concerning children and youth reported missing across 7 Australian jurisdictions over a 30-day period in 2019.[146] The study found that 54% of children and young people aged 13 to 17 reported missing to police during that period were in out-of-home care.[147] Children and young people in out-of-home care also accounted for a higher proportion of missing person reports, comprising 77% of all missing episodes for children and young people aged 13 to 17.[148]

Finding 4: High rate of children and young people absent or missing from residential care

While reliable data is limited, the actual rate of children and young people who go absent or missing from residential care is greater than current sources report and is significantly higher than children and young people in the general population.

142 Victoria Police, Submission to *Out of sight* inquiry, p 5. This data was compiled through specific analysis of matters over a 7-month period and is not ordinarily collected.

143 Bricknell and Renshaw, *Missing persons in Australia, 2008–2015*, Table 2, p 5. This information is sourced from state and territory police data excluding South Australia and excluding missing person reports where age or date of birth information was not recorded. It is based on the total number of missing person reports which may exceed the number of individual persons reported missing.

144 Appendix A: Table 11.

145 Missing person reports are not directly comparable to section 598 warrants. Not every warrant results in a missing person report. Similarly, not every missing person report for a children or young person in residential care results in warrant. Further, the missing person report data set reviewed by the AIC covered Australia-wide reports for an earlier time period compared to the more recent warrants data which concerns Victoria alone.

146 K McFarlane, *Children and youth reported missing from out-of-home care in Australia: a review of the literature and analysis of Australian police data*, report prepared for the Australian Federal Police Missing Persons Coordination Centre, 2021.

147 McFarlane, *Children and youth reported missing from out-of-home care in Australia,* p 34. The report noted considerable variability across jurisdictions in the proportion of children and young people reported missing who were in out-of-home care.

148 McFarlane, *Children and youth reported missing from out-of-home care in Australia,* p 36.

Patterns of children and young people who are absent or missing from residential care

There is limited reliable data available on patterns of children and young people being absent or missing from residential care.[149] However, consultations, file reviews and analysis of incident reports conducted for the inquiry show that some children and young people are absent or missing from residential care more frequently than others.[150] The file review conducted for the inquiry focused on 12 children and young people who were among those most frequently reported as absent in the 18 months to 31 March 2020. Over that period, 775 (33%) primary absent client incident reports concerned these 12 young people.[151] Almost half (383) of these reports concerned 3 young people.

The rate and pattern of absences can shift for individual children and young people. For example, some children and young people are initially rarely absent or missing, but then an escalating pattern of being absent or missing rapidly occurs over a short period of time. In other instances, children and young people who are frequently absent or missing may start to return to care more frequently over time or spend longer periods in the residential house between incidents.

The patterns of children and young people being absent or missing vary from frequent short absences of less than an hour to lengthy periods of up to months at a time. The rate of contact with staff also varies considerably. In some instances, children and young people are in regular contact with residential care staff through texts, phone calls and social media. In other instances, there is very limited or no contact. Similarly, in some cases, residential care staff may know where a child or young person is or is likely to be. In other instances, a child or young person's whereabouts are unknown. In other cases, a child or young person may return briefly to care or another location to be 'sighted' before leaving again.

In consultations, children and young people described a wide range in the frequency of being absent or missing from residential care and variation in the length of time they are away.

> *When I would abscond, I could go missing for long periods of time. Like sometimes weeks on end. (Meredith, formerly residential care, 17)*

> *A few hours, overnight, sometimes a few days. (Sophie, residential care, 17)*

> *If I left for being upset, I wouldn't be out heaps long. Could be an hour and a half, or an hour. (Natasha, residential care, 16)*

> *Once I was missing for 3 months. They pissed me off so bad, so I just took off and didn't come back. I got on the ice pretty bad. (Hunter, residential care, 13)*

> *I've been away for a few weeks. I even left for 9 months. Big stints. (Carina, residential care, 17, Aboriginal)*

> *A night or 2. The longest is about 3 days. Then I was arrested. (Tyson, residential care, 17, Aboriginal)*

Similarly, staff from several residential care service providers described varying patterns of absence.

> *It really varies. We have one at the moment who will leave for weeks at a time. She goes to her partner who is violent and hides her and coerces her to stay. Other kids leave for a day or a few hours, but they do that every day. We have had other times where kids do not leave at all. (Residential care staff member)*

149 DHHS, *Missing from care*, p 4.

150 This is further supported by a 2021 study conducted by Dr Kath McFarlane for the Australian Federal Police, which found that children and young people aged 13 to 17 who were in out-of-home care were disproportionately represented among children and young people who were reported missing repeatedly, 'comprising 70.5% of all repeat missing youth'. McFarlane, *Children and youth reported missing from out-of-home care in Australia,* p 74.

151 Appendix A: Table 4.

While CIMS incident data does not quantify how often children and young people are absent or missing from residential care, or the patterns of when they are absent or missing, service providers collect and report some of this data at a local area level. One service provider described the scale of the issue as 'major', highlighting that its data for August 2019 to July 2020 showed that children and young people are absent or missing from their residential care units for an average of 17 nights per month, meaning they are absent or missing more than 50% of the time. Within this overall figure, the service provider reported significant variation, noting the following examples:

- Client A: average 18 nights absent per month; 53 missing person reports and 35 warrants over 8 months
- Client B: average 26 nights absent per month; 57 missing person reports and 45 warrants over 11 months
- Client C: average 9 nights absent per month; 31 missing person reports and 18 warrants over 5 months
- Client D: average 19 nights absent per month; 24 missing person reports and 14 warrants over 5 months
- Client E: average 17 nights absent per month; missing person reports and warrants unknown
- Client F: average 17 nights absent per month; 100+ missing person reports and warrants unknown
- Client G: average 12 nights absent per month; missing person reports and warrants unknown.

Responding to different patterns of children and young people going absent or missing

In consultations, residential care service staff spoke of what they called 2 different cohorts of children and young people who had varying patterns in their movements. They described different considerations and levels of complexity and responses required depending on the cohort.

> *Some are chronic absconders who are away more than they are here. Then there are others that are unusual: they are well-connected in the house, then they suddenly leave overnight, usually because they have found a new connection. Chronic absconders are the hardest to tackle. They are really challenging. The ones that only leave occasionally are easier to tackle. (Residential care staff member)*

The first group was children and young people for whom being absent or missing is considered to be a chronic issue, who can be harder to locate and who 'float around' more.

> *Sometimes the police would find me, but sometimes I would be strategic and meet up at a different place. Like crack dens, people's sheds where they smoke and make drugs and that. (Colette, residential care, 17)*

> *[There is] a core group that are … absent so much, they are running another life outside the home. (Residential care staff member)*

The second group is absent or missing much less frequently or regularly.

> *The short-term absconder, when they are away overnight (then don't leave again for a few months), we tend to know where they are … (Residential care staff member)*

Several residential care staff members suggested that these different cohorts required different responses.

> *Statewide, there is a level of kids in resi who go missing with really complex behaviours, who abscond, and we are not able to do anything to stop that. They don't sit in our resi model, or any resi model. There needs to be another layer between resi and secure for these kids. (Residential care staff member)*

Based on consultations, for case management purposes, residential care service providers and local departmental staff are aware of which children and young people are chronically absent or missing compared to irregularly absent or missing. However, these groups are less visible at a statewide level or between divisions, due to the inadequate systemic oversight outlined in Chapter 3.

Characteristics of children and young people reported absent or missing

The CIMS incident reporting data, together with warrants data and file reviews conducted for the inquiry, indicate that:

- Girls and young women are significantly more likely to be reported absent or missing from residential care and subject to sexual exploitation than boys and young men; however, it appears likely that boys and young men are under-represented in incident reporting.[152]
- Higher numbers of children and young people aged 15 to 17 are reported as absent or missing from residential care in incident reports, but this reflects the fact there are higher numbers of children and young people in this age group in residential care. Children and young people aged 15 to 17 are reported absent or missing from residential care at the same rate as those aged 12 to 14, when the rates are adjusted for population in residential care.[153]
- While Aboriginal children and young people are over-represented in out-of-home care overall, the rate at which they are reported absent or missing from residential care is lower than for non-Aboriginal children and young people. However, the rate of warrants per child or young person is the same.[154]

Other demographic factors, such as disability, are not clearly identified in CIMS incident reports or warrants data.[155] However, incident reports and file reviews indicate that children and young people who are frequently absent or missing from residential care are often subject to a range of disadvantage and vulnerabilities, including an experience of disability or mental health issues.

Gender

Girls and young women in residential care are more frequently the subject of incident reports than boys and young men.[156] In the 18 months to 31 March 2020, 52% of CIMS incident reports for residential care, other than absent client incident reports, concerned girls and young women.[157] The percentage of absent client incident reports concerning girls and young women in residential care is even higher, making up 69% of all absent clients reports concerning children and young people in

152 Appendix A: Table 9.

153 Appendix A: Table 9. The actual rate of children and young people aged 15 to 17 who go absent or missing from residential care is likely to be higher, but they may not be as likely to be subject to an incident report due to the subjective assessment of risk in CIMS.

154 Appendix A: Tables 9 and 11.

155 The Commission's *Inquiry into Services provided to vulnerable children and young people with complex needs* called for the systematic collection of and reporting on the number of children with complex medical needs and/or disability who are clients of Child Protection. Reporting suggests that this information is still not being routinely collected. The Inquiry Report was not tabled; however, discussion of its findings can be found in the Commission's Annual Report for 2017–18: Commission for Children and Young People, *Annual report 2017–2018* [PDF], Commission for Children and Young People, Melbourne, 2018.

156 This trend reflects broader research indicating that girls and young women are more likely to be reported missing than boys and young men. The AIC study of missing person reports in Australia between 2008 to 2015 showed that girls and young women comprised 60% of all young people aged 13 to 17 who were reported missing in Queensland and the Northern Territory: Bricknell and Renshaw, *Missing persons in Australia, 2008–2015*, p 6. Similarly, a review of missing person reports for children and young people in the UK between July 2017 and March 2018 found that girls and young women accounted for 61% of missing episodes overall assessed as medium or low risk, and 65% of episodes for 14 to 17 year olds: Missing People, *A safer return: an analysis of the value of return home interviews in identifying risk and ensuring return missing children are supported*, Missing People, London, 2019, p 36. See also McFarlane, *Children and youth reported missing from out-of-home care in Australia,* p 50.

157 Appendix A: Table 9. Recording of children and young people's status as 'non-binary' in incident reporting is limited. Consequently, data on the number of non-binary children and young people reported as absent from residential care is unreliable.

residential care endorsed in that period.[158] Yet girls and young women only constituted 44% of the residential care population during that period.[159] This means girls and young women are reported as absent at 2.5 times the rate of boys and young men. On average each month, girls and young women are reported as absent clients at a rate of 0.5 per girl or young woman in residential care, compared to 0.2 per boy or young man.[160]

The disproportionate rate of girls and young women reported as absent from residential care is also reflected in warrants data. Over the same 18-month period, 61% of section 598 warrants issued for children and young people in residential care concerned girls and young women.[161] On average each month, section 598 warrants were issued at twice the rate for girls and young women compared to boys and young men in residential care: 1.2 per girl or young woman compared to 0.6 per boy or young man.[162]

As outlined in Chapter 3, CIMS reporting requires staff to assess subjective factors to determine whether an incident has a harmful impact. In consultations, several stakeholders suggested that girls and young women are more likely to be perceived to be at risk than boys and young men because girls and young women are considered to be more vulnerable when they are absent or missing.

> *Gender does not play a role in the numbers who go absent, but the response is different because of different risks. Unfortunately, we react more for females who go absent than we do for males. (Residential care staff member)*

Research in the UK also suggests that 'there is a greater tendency to see adolescent girls as at high risk of harm compared to boys of the same age'.[163]

The assessment that girls and young women are more vulnerable may be linked to concerns regarding sexual exploitation, as 79% of sexual exploitation incident reports concern girls and young women.[164] Some residential care staff suggested that, despite the higher reported rate of sexual exploitation of girls and young women, boys and young men were also at significant risk but are under-represented in reporting.

> *Young males and females, it makes no difference. Just as many girls are caught up in organised crime, and just as many boys are caught up in sexual exploitation. The only difference is that when boys are caught up in sexual exploitation they are taken less seriously. (Residential care staff member)*

> *It's a mistake to see sexual exploitation as higher risks for girls; it's not. Boys are at high risk too. Police attitudes are focused on the criminality of boys rather than on sexual exploitation, even though they are linked. (Residential care staff member)*

> *… the prevalence for boys of sexual exploitation is underestimated, but that does not mean it is as likely that boys are subject to sexual exploitation as girls. It's fair to say that sexual exploitation is underestimated for both girls and boys; it's more visible for girls … (Residential care staff member)*

These comments are supported by recent research on sexual exploitation of children and young people involved in the Children's Hearings system in Scotland. The study found that, of the children and young people identified in the study to have been victims or likely victims of sexual exploitation, girls and young women were much more likely to be identified as victims by services than boys and young men.[165]

158 Appendix A: Table 9.
159 Appendix A: Table 14.
160 Appendix A: Table 9.
161 Appendix A: Table 11.
162 Appendix A: Table 11.
163 H Chetwynd and I Pona, *Making connections*, The Children's Society, London, 2017, referred to in: Missing People, *A safer return*, p 39.
164 Appendix A: Table 7.
165 G Henderson et al., *Sexual exploitation of children involved in the Children's Hearings system: a research report by the Scottish Children's Reporter Administration and Barnardo's Scotland*, Scottish Children's Reporter Administration and Barnardo's Scotland, Edinburgh, 2020, p 7.

While noting that it is difficult to assess whether the differences are real or a result of a reporting bias, it 'leans toward the explanation that boys' vulnerabilities to sexual exploitation are not being recognised or taken seriously'.[166]

Finding 5: Gender of children and young people who are absent or missing

Girls and young women in residential care were reported as 'absent' from residential care at 2.5 times the rate of boys and young men. Section 598 warrants were issued at twice the rate for girls and young women in residential care compared to boys and young men. However, it is likely that boys and young men are under-represented in incident reporting and warrants data.

Age

CIMS incident report data for the 18 months to 31 March 2020 shows that 95% of children and young people reported as absent clients from residential care are aged 12 to 17.[167] The fact that 5% of absent client incident reports concern children under 12 is nevertheless concerning. In the inquiry *In our own words*, the Commission recommended that the department should prohibit placing children under 12 with older children or young people.[168]

The overall number of absent client incidents peaks for the 15 to 17 year age group, which accounts for 63% of absent client incident reports (1,505 reports).[169] This is approximately twice the number of reports for the 12 to 14 year age group (747 reports), reflecting the higher number of children and young people aged 15 to 17 in residential care.[170] Similarly, 59% of section 598 warrants issued for children and young people in residential care concern the 15 to 17 year age group (4,101 warrants).[171] The number of absent client reports for children under 9 and 9 to 11 collectively accounts for 5% of all reports.[172]

While the numbers differ significantly, the rates of absent client incident reports for children and young people aged 12 to 14 compared to those aged 15 to 17 are the same,[173] and the rate of warrants for the 15 to 17 year old age group is lower.[174] Feedback from stakeholders suggests that the actual rate of children and young people aged 15 to 17 who are absent or missing from residential care is likely to be higher.

In consultations, some stakeholders said they were less likely to report a child or young person in their later teenage years as an absent client or to seek a warrant for them, compared to a child or young person in their early teens. This is because, based on a subjective assessment of risk and harm, older teenagers are generally considered to be less vulnerable than younger teenagers. It may also be because, by the ages of 15 to 17, periods of being absent or missing are considered to be an established pattern of behaviour.

166 G Henderson et al., *Sexual exploitation of children involved in the Children's Hearings system*, p 7.

167 Appendix A: Table 7. The 2016 AIC study found that the rate of missing person reports peaked between ages 13 and 17. According to the study, half of all missing person reports in Victoria and across Australia from 2008 to 2015 for which age was recorded related to children and young people in this age group (Bricknell and Renshaw, *Missing persons in Australia, 2008–2015,* pp 3–4). This information is sourced from state and territory police data excluding South Australia and excluding missing person reports where age or date of birth information was not recorded. It is based on the total number of missing person reports which may exceed the number of individual persons reported missing. See also: McFarlane, *Children and youth reported missing from out-of-home care in Australia*, p 44.

168 Commission for Children and Young People, *In our own words*, recommendation 11.

169 Appendix A: Table 9.

170 60% of the average residential care population: Appendix A: Table 14.

171 Appendix A: Table 11.

172 There were 18 absent client reports for children aged under 9, and 105 for children aged 9 to 11. The rates of absent client incident reports for children under 9 and aged 9 to 11 are significantly lower: 0.1 and 0.2 per child or young person on average per month respectively. See Appendix A: Table 9.

173 A rate of 0.3 per child or young person on average per month in both age groups: Appendix A: Table 9.

174 An average of 0.8 warrants per child or young person aged 15 to 17 per month compared to 1.1 per child or young person aged 12 to 14 per month: Appendix A: Table 11.

Finding 6: Age of children and young people absent or missing from residential care

Children and young people aged 15 to 17 and 12 to 14 were reported as 'absent' from residential care at the same rate. The rate of warrants issued for those aged 15 to 17 was slightly lower.

Finding 7: Aboriginal children and young people absent or missing from residential care

Aboriginal children and young people were reported as 'absent' from residential care at a slightly lower rate than non-Aboriginal children and young people. The rate of section 598 warrants for each group was the same.

Aboriginal children and young people

While Aboriginal children and young people are significantly over-represented in the out-of-home care system, including in residential care, they are not proportionately over-represented in incident reports overall, nor in absent client incident reports or section 598 warrants data in particular.[175]

The rate of Aboriginal children and young people in residential care reported as absent clients was slightly lower than that for non-Aboriginal children and young people in residential care: 0.2 incidents and 0.3 incidents per child or young person respectively.[176] However, the rate of section 598 warrants issued for each group is the same: 0.9 warrants per child or young person on average per month.[177]

In consultations, stakeholders were unable to identify why the rates for absent client incident reports were slightly lower for Aboriginal children and young people.

Disability, health and trauma

It is not possible to quantify how many children and young people who are absent or missing from residential care have a disability, a medical or mental health condition or are affected by trauma. CIMS incident reports do not specifically collect information about these characteristics. However, consultations and the review of the free-text sections of absent client incident reports indicated that:

- Children and young people who have a disability or a medical or mental health condition are more likely to be subject to an incident report when they are absent or missing from residential care compared to other children and young people because they are considered to be more vulnerable and at risk of harm.
- Disability and mental health conditions, together with the impact of trauma, mean in some instances that children and young people are more likely to be absent or missing. For example, consultations suggested that children and young people with an intellectual disability may be more vulnerable to being lured by people who wish to exploit them. Similarly, the experience of trauma may induce a flight response to stress. These issues are considered further in Chapter 5.
- Child Protection and service providers are more likely to file a missing person report and seek a warrant more quickly for children and young people with a disability, medical or mental health condition due to their increased vulnerability. For example, a number of incident reports described a swift response to children and young people who had diabetes or those considered to be at risk of self-harm.

175 Table S5.10: Children in out-of-home care, by Indigenous status and state or territory, 30 June 2019 in AIHW, *Child Protection Australia 2018-19*. In the 18 months to 31 March 2020, Aboriginal children and young people comprised approximately 23% of Victoria's residential care population: Appendix A: Table 14.
176 Appendix A: Table 9.
177 Appendix A: Table 11.

Case studies: Disability and health concerns

Absent client incident reports reviewed for the inquiry contained frequent references to concerns about children and young people being at risk due to disability or health conditions. Reports occasionally detailed serious health consequences in free-text sections of the reports. Examples include:

- A 12-year-old child frequently reported as absent, who experienced a potential seizure while alone on a tram and was taken to hospital.
- A 15-year-old young person frequently reported as absent, who has diabetes that requires close monitoring and management. While absent, she was reported to be at extreme risk of sexual exploitation, including trafficking, and she was also at risk of her medication running out. One report described 'significant drug use resulting in recent and regular hospitalisations, including ambulance attendance at most recent occasion due to a suspected combination of diabetic mismanagement and AOD [alcohol and other drug] use'.
- A 14-year-old child described as having high-functioning autism who was 'at significant risk of sexual exploitation' and 'easily encouraged to use substances (ice, cannabis, alcohol) when away from placement', was 'encouraged to engage in criminal activity', and 'demonstrated that they do not understand the risks they place themselves in when in the community'.
- A 16-year-old young person who was frequently reported absent for weeks at a time was described as 'needing urgent medical attention for multiple sexually transmitted infections' and required a mental health assessment due to 'auditory hallucinations and significant concerns for their mental health'.
- A 16-year-old young person with an intellectual disability was described as self-harming and at risk of sexual exploitation. In one instance, upon return to care they required emergency medical care. In another instance, while absent they reported self-harming by inserting items in their nose and ears. However, upon return 'medical attention was not provided' as they 'left placement soon after returning'.
- A 15-year-old young person with epilepsy was described as at risk due to not taking their medication while absent.

The file review of 12 children and young people who were most frequently subject to absent client incident reports highlighted their complex trauma histories, mental health and substance use concerns.
The review found that:

- 2 had a formally recorded disability
- 5 had diagnosed behavioural disorders, and a further 4 had suspected behavioural disorders
- 3 had diagnosed mental health conditions, and a further 7 had suspected mental health conditions
- all except one had disclosed use of alcohol and other substances, including cannabis, ice, heroin, ecstasy, methamphetamines, GHB, MDMA, LSD and Xanax; the remaining one, who was the youngest in the group, regularly used alcohol and cigarettes
- all had a history of trauma, often extensive and cumulative.

Finding 8: Children and young people experiencing disability or health concerns

The department does not collect data on whether children and young people currently in the residential care system experience a disability, a medical or mental health condition or are affected by trauma. This means it is not possible to reliably quantify how many children and young people who are absent or missing from residential care have these experiences. Consultations and file reviews indicated children and young people who are frequently reported absent or missing are usually impacted by a range of complex needs, including disability.

Differences between service providers, departmental areas and divisions

Inconsistencies in reporting absent client incidents in CIMS, discussed in Chapter 3, make it hard to compare data across service providers, departmental areas and divisions.

The largest providers of residential care services in Victoria are MacKillop Family Services, Berry Street and Anglicare. In the 18 months to 31 March 2020, these agencies combined provided an average of 252 residential care placements a month, or 56% of the residential care population.[178] During that time, these service providers filed a significantly higher proportion of absent client incident reports for children and young people in residential care, accounting for 89% of all reports.[179] This was 5 times the rate of reporting per child or young person compared to other residential care services providers.[180] Rates of section 598 warrants granted per child or young person placed with these 3 service providers were also higher, at approximately 2.2 times the average monthly rate of other residential care service providers.[181]

It is not possible to determine whether a higher rate of reported incidents reflects a genuinely higher rate of incidents. In consultations, stakeholders offered a range of possible reasons for this disparity, including higher reporting rates and the placement of clients with more complex needs with the 3 largest service providers. Stakeholders noted that a higher absent client incident rate may also reflect improved engagement with children and young people who are frequently absent or missing.

Stakeholders also suggested that a small number of children and young people who are frequently absent or missing may skew the incident rate of particular service providers or houses, as they account for a disproportionate number of reports. On the other hand, some children and young people who are absent or missing frequently or for long periods of time are not regularly reported as absent clients.

The disparate approach to CIMS reporting of absent clients is evident across departmental areas and divisions. While the average monthly rate of absent client incidents for the state was 0.3 per child or young person in residential care, the rates between divisions and areas varied significantly.[182] In the West Division, the rate was 0.5 incidents per child or young person, which was 5 times that of the East Division (0.1 incidents per child or young person).[183] The South and North divisions both had a rate of 0.2 incidents per child or young person.[184]

If CIMS reporting was implemented consistently across the state, the variations in rates would suggest that the issue of children and young people being absent or missing is much more significant in the West Division compared to the East Division. However, as outlined in Chapter 3, a number of stakeholders specifically commented that departmental guidance in the East Division required less reporting compared to guidance in the West Division.

178 Appendix A: Table 14.
179 Appendix A: Table 9.
180 Appendix A: Table 9.
181 Appendix A: Table 11.
182 Appendix A: Table 9.
183 Appendix A: Table 9.
184 Appendix A: Table 9.

Variations in incident reporting rates across divisions were also evident for other incident types. When absent client incident reports are excluded, the rate for all other incident types per child or young people in residential care varied between 0.5 in the East and North divisions to 1 in the South Division.[185] These variations do not reflect the disparities in absent client rates. For example, the South Division sat in the middle range of absent client rates, yet had the highest rate of reporting of other incidents.

Unlike absent client incident reports, the rate of warrants granted each month was similar across divisions. In the West, East and North divisions, the average monthly rate for the 18 months to 31 March 2020 was 0.8 warrants granted per child or young person.[186] The rate in the South Division was slightly higher, at 1 warrant per child or young person.[187] This suggests that a more consistent threshold is applied across divisions regarding when to apply for a warrant compared to when to make a CIMS report.

As noted in Chapter 3, the centralisation of the CIMS guidance function at the department in March 2020 was intended to lead to a more consistent approach to reporting to enable such comparisons.[188]

Finding 9: Disparities in reporting rates across service providers and divisions

The rates of 'absent client' reports across residential care service providers and divisions of the department varied significantly. However, inconsistencies in reporting mean it is impossible to determine whether the higher rates reported by some service providers and divisions reflect a genuinely higher rate of incidents.

Classification of incidents as major, and case reviews and investigations

A lower proportion of absent client incidents are classified as major compared to other incident types.

As outlined in Chapter 3, incidents may be classified as major or non-major in CIMS. Some incidents, such as sexual exploitation, must always be classified as major. Others, including absent client incidents, may be classified as major or non-major, depending on the circumstances and level of impact on the client.

For the 18 months to 31 March 2020, 155 of 2,375 absent client incidents (7%) were classified as major, requiring investigation, root cause analysis or case review process in accordance with CIMS policy.[189] Of these, 148 incidents (95%) were followed up.[190] From these 148 incidents, 1 investigation and 3 root cause analyses were requested.[191] The remainder were subject to the case review process. In contrast, 1,471 of 5,287 (28%) of other incident types were classified as major.[192]

Individual children and young people can be the subject of numerous absent client incident reports without the incidents ever being classified as major. In such cases, there is no formal trigger for an investigation or review in accordance with CIMS policy. For example, in the 18 months to 31 March 2020, 32 children and young people were the subject of 10 or more non-major absent client incident reports but no major incident reports, which means they were not referred for investigation, case review or root cause analysis.[193] Of that group, one young person was the subject of 62 absent client incident reports in that period.

185 Appendix A: Table 9.
186 Appendix A: Table 11.
187 Appendix A: Table 11.
188 As outlined in Chapter 3, an analysis of incident reporting for the period 1 April to 31 December 2020 showed that inconsistency in reporting rates for absent clients persisted throughout 2020: Appendix A: Table 5.
189 Appendix A: Table 1.
190 Appendix A: Table 12.
191 Appendix A: Table 12.
192 Appendix A: Table 12. Some of these other incidents are automatically classified as 'major', which may increase the overall percentage.
193 Appendix A: Table 13.

As outlined in Chapter 3, it may be that being absent or missing is part of a child or young person's usual pattern of behaviour, and for that reason these incidents are classified as non-major. Alternatively, it may be that determining the extent of impact is inherently difficult because the experience of the child or young person while away is largely unknown to others.

While the reasons that a lower proportion of absent client incidents are classified as major are not known, the result is that a lower proportion of these incidents are subject to an investigation, a root cause analysis or case review, or a root cause analysis compared to other incidents. Consequently, a lower proportion of these incidents are formally scrutinised through a process required by CIMS policy in a way that may result in a change in practice, case management or potentially wider reform if systemic issues are identified through the investigation, root cause analysis or review process.

Finding 10: Case reviews, root cause analyses and investigations following absent client incident reports

A lower proportion of absent client incident reports were classified as 'major' in the department's Client Incident Management System (CIMS) compared to other incident types. As a result, a lower proportion of absent client incidents were subject to the formal investigation and/or review processes required when an incident is classified as major in CIMS.

The impact of the COVID-19 pandemic

While state of emergency restrictions were in place in Victoria to manage the spread of COVID-19, the average monthly rate of absent client incident reports per child or young person was significantly higher compared to the same period in 2019, increasing from 0.3 to 0.4 incidents.[194] The number of section 598 warrants was also higher.[195] In contrast, the average monthly rate of other incident types dropped slightly, from 0.7 to 0.6 incidents per child or young person.[196] Through consultations for this inquiry, children and young people and other stakeholders provided varied responses about the possible causes for these trends.

Over the 6 months to 31 August 2020, absent client incidents made up 41% of all incident reports compared to 32% during the same period in 2019.[197] Overall numbers of absent client incidents were 36% higher in the 6 months to 31 August 2020 compared to the equivalent period in 2019.[198]

Reporting of some other incident types also increased in 2020. Incident reports of sexual exploitation increased by 48%, emotional and psychological abuse increased by 39% and physical abuse increased by 30%.[199] Others, such as dangerous actions and poor quality of care, dropped 32% and 61% respectively.[200]

In 2020, the trajectory of the rate of absent client incident reports plateaued in March and April, which coincided with emerging concerns about COVID-19 and the first Victorian lockdown.[201] Rates rose again in May and peaked in June, followed by a drop in July, which coincided with the start of second Victorian lockdown.[202] However, in August, absent client incident reports rose again to a similar level to June, despite the continuing lockdown.[203] Over this period, reporting rates for sexual abuse and sexual

194 Appendix A: Table 15.
195 For the period March to August 2020, the number of section 598 warrants granted (2,736) was 8.6% higher than for the same period in 2019 (2,520).
196 Appendix A: Table 15.
197 Appendix A: Table 16.
198 Appendix A: Table 16.
199 Appendix A: Table 16.
200 Appendix A: Table 16.
201 Appendix A: Figure 1.
202 Appendix A: Figure 1.
203 Appendix A: Figure 1.

exploitation incidents followed a similar pattern – peaking in May and June in the period between the 2 lockdowns, then dropping in July and August.[204]

While these trajectories in absent client incident reporting may be related to COVID-19 restrictions, when the period 1 March to 31 August 2020 is compared to the equivalent period in 2019, the trends lines are similar. The exception is June, which continued to rise in 2020 compared to a drop in 2019.[205] The June 2020 increase may have been partly due to the easing of Victorian COVID-19 restrictions during that month.

The trajectory for section 598 warrants increased steadily in the 6 months to August 2020, plateauing from May to June before peaking in July 2020 with 500 warrants granted that month.[206] This peak came one month later than the peak for absent client incident reports. It coincided with the start of the second lockdown and may reflect an assessment of increased risk at that point in time.

In consultations, some residential care staff suggested that, in the initial period of the first Victorian lockdown, the rate of children and young people being absent or missing from care reduced in both frequency and length of absences.

We are seeing kids go out less. There's nowhere to go, and nothing of interest anywhere, so we have not seen as much of them leaving as we could. (Residential care staff member)

I think they [the children and young people] understood the seriousness. The staff role-modelled and put things in place. Now we see that the young person who was absent on average 3 to 4 nights, is now absent 1 to 2 nights a week. The other young person has not absconded at all in the last 4 weeks. (Residential care staff member)

At the moment, we are finding that kids, they are still going missing, but less. We are doing a lot more work to keep them closer to home in response to COVID. I'm hearing from colleagues that for some kids that were consistently going missing, they are staying closer to the unit. (Residential care staff member)

However, other residential staff thought that the restrictions had not made any difference to the frequency or length of absences.

For my house in particular, it hasn't impacted my kids at all. They are still frequently absconding. The draws in the community are still bigger than COVID-19 for them. (Residential care staff member)

Unfortunately, most of the young people we have couldn't give 2 rats about it. It's putting a lot of pressure on workers who are doing a lot to try to keep them engaged and at home, but they don't respond to that. If child has been abused for most of their life or exposed to online abuse, that hard response of a fine means nothing. A lot don't see that they will last past 20 [years of age] anyway. (Residential care staff member)

Our kids do not give a flying … They don't care about the rules. They think this [leaving and spending time with high-risk people] is what I need to do to be loved and have friends. COVID has not made one iota of difference. (Residential care staff member)

One young person noted that, due to COVID-19, she understood that she was more likely to be subject to a missing person report and warrant if she was out past her curfew compared to the response before COVID-19.

204 Appendix A: Figure 2.
205 Appendix A: Figure 1.
206 Appendix A: Figure 3.

Because of the coronavirus, I'm on a missing persons from 8 o'clock and by 12 o'clock I'm on a safe custody order. They knock on everyone's doors, people's houses I've been caught at before, to find me, so I lose friends. It used to happen (I used to leave) every couple of days and sometimes for a week. Now that COVID's here, I've settled down. I've been home for a week by curfew this time. (Leila, residential care, 15)

Some residential care staff suggested they were more likely to report children and young people as missing or absent due to concerns linked to COVID-19.

… we have had a lot of COVID plans come through for young people, particularly from one area in the North [Division]. They seem to have a lot of revised case plans where we need to ring Child Protection to report on every movement of every child because of the risk of COVID … Therefore, they want a warrant straight away because of the risk of COVID even if there are no other risk factors other than not self-isolating. Some nights Child Protection has been inundated with calls because the young peoples' plans have changed and now require calls to Child Protection due to COVID, even though they are not at more risk than before. (Residential care staff member)

As outlined in Chapter 3, service providers are more likely to create an absent client incident report if they have filed a missing person report or applied for a warrant when a child or young person is absent or missing from residential care. Consequently, if the response to COVID-19 generated a higher rate of missing person reports and the number of warrants granted in the 8 months to August 2020 steadily increased, then it is likely to have also resulted in a higher rate of incident reporting.

Consultations with departmental staff also suggested that the increase in absent client incident reports and section 598 warrants in 2020 may have, in part, been driven by an increased focus on the issue of children and young people going absent or missing from residential care. The department reported an increase in activity with Victoria Police to better understand and respond to this issue, overseen by the joint Vulnerable Children and Youth Subcommittee (outlined in more detail in Chapter 7). Departmental staff also noted that this inquiry potentially increased awareness of the issue, together with the release of the Victorian Ombudsman report on its investigation of complaints of assault of children and young people living in residential care.[207]

Given the range of consultation responses, it is not possible to determine whether the significant increase in absent client incident reports in the first 8 months of 2020 compared to the same period in 2019 reflects a genuine increase in children and young people being absent or missing from residential care, an increase in reporting, or both.

The increase in absent client incident reports for the period 1 March to 31 August 2020 compared to the equivalent 6-month period in 2019 was not uniform across genders, service providers or departmental areas and divisions. It was marked by the following significant differences:

- The average monthly rate of absent client incident reports per girl or young woman increased from 0.5 to 0.7 compared to no change for boys and young men (0.2 incidents).[208]
- The average monthly rate of sexual exploitation incident reports per girl or young woman increased from 0.04 to 0.07 compared to no change for boys and young men (0.01).[209]

207 Victorian Ombudsman, *Investigation into complaints about assaults of five children living in Child Protection residential care units*, Victorian Ombudsman, Melbourne, 2020.
208 Appendix A: Table 18.
209 Appendix A: Table 20.

- Residential care service providers' incident reporting rates varied widely. One of the top 3 largest service provider's absent client incident reports increased by 65% and all other incident types increased by 9%. In contrast, another of the top 3 service providers absent client incident reports increased by 12%, but its reports for all other incident types decreased by 47%.[210]
- The average monthly rate of absent client incident reports per child or young person increased in the West Division from 0.6 to 0.8, and in the South Division from 0.2 to 0.3.[211] However, the average monthly rate of other incident types per child or young person dropped in the West Division from 0.7 to 0.6 and in the South from 1.1 to 0.8.[212] In contrast, in the East and North divisions, the average monthly rate of absent client incident reports per child or young person remained the same (0.1 in the East Division and 0.3 in the North Division), whereas the rate of other incident types increased.[213] In the East Division, the average monthly rate of other incident types per child or young person increased from 0.4 to 0.5.[214] In the North Division, the rate increased from 0.5 to 0.8.[215]

In contrast to these variations, the number of absent client incident reports involving Aboriginal children and young people compared to non-Aboriginal children and young people increased in similar proportions. The average monthly rate of absent client incident reports per Aboriginal child or young person increased from 0.2 in the 6-month period to 31 August 2019 to 0.4 in the equivalent period in 2020.[216] Similarly, the average monthly rate of absent client incident reports per non-Aboriginal child or young person increased from 0.3 to 0.5.[217] In contrast, the average monthly rate of reports for other incident types for both Aboriginal and non-Aboriginal children and young people remained the same (0.6 and 0.7 respectively).[218]

Finding 11: The impact of the COVID-19 pandemic

During the 2020 COVID-19 state of emergency restrictions, the rate of 'absent client' incident reports per child or young person in residential care increased by a third compared to the same period in 2019. The number of section 598 warrants was also higher.

210 Appendix A: Table 21.
211 Appendix A: Table 18.
212 Appendix A: Table 19.
213 Appendix A: Tables 18 and 19.
214 Appendix A: Table 19.
215 Appendix A: Table 19
216 Appendix A: Table 18.
217 Appendix A: Table 18.
218 Appendix A: Table 19.

Chapter 5
Why children and young people are absent or missing from residential care

When I left the resi, it's just about the workers [not] being there for the kids. (Carina, residential care, 17, Aboriginal)

While the problem of children and young people going absent or missing from residential care is longstanding, there is limited research on why children and young people leave care.[219] The information gathered as part of this review found that, in most instances, children and young people are absent or missing from care due to a fundamental need for human connection, which is not being met by the current model of residential care in Victoria.

Problems within the residential care model, identified in the Commission's *In our own words* inquiry, can limit the ability of children and young people to feel connected to their carers and placement. Of primary concern is limited relationship building between children and young people and their carers and workers. Building genuine relationships to promote connection and recovery is often undermined by workforce and training issues, combined with placement instability and poor placement mix. Some of the most vulnerable children and young people in the state are placed in a system that can compound trauma, rather than promote recovery. Many children and young people told the Commission that residential care did not feel like home, they frequently felt unsafe, and they lacked control over key decisions affecting them. They also expressed concern about a lack of activities in residential care or barriers to engaging in external activities. For Aboriginal children and young people, these concerns are exacerbated by, in many cases, inadequate support to connect to family, community, country and culture.

This lack of connection arising from problems in Victoria's out-of-home care system, and particularly in the residential care model, may drive children and young people to seek connection elsewhere – with family, community, culture and friends. In addition to this, adolescent development and the use of alcohol and other substances may make it more likely that children and young people will go absent or missing from residential care. This chapter sets out evidence about why children and young people go absent or missing from residential care.

219 See Appendix B for an outline of what is known about why children and young people are absent or missing from residential care.

Poor connection: flaws in the model of care

While there are a wide range of reasons why children and young people leave residential care, a key driver is a lack of connection to carers, fellow residents and the residential care home.

The government's 2016 Roadmap policy and the Commission's 2019 *In our own words* inquiry identified significant flaws in the current model of residential care in Victoria.[220] In consultations for this inquiry, it was clear that stakeholders are generally aware of these problems and some have introduced measures to address them. The Victorian Government has signalled its ongoing commitment to the policy objectives of Roadmap, including reform of the out-of-home care and residential care systems, with a number of funding announcements in the 2020–21 and 2021–22 Budgets.[221]

However, consultations for this inquiry highlighted that many children and young people continue to struggle to make meaningful connections with their carers, homes, communities and fellow residents due to structural shortcomings in the residential care model and the out-of-home care system more broadly. These shortcomings inhibit the development of a relationship-based strategy founded on care and concern to connect children and young people to their placement.

The key problems identified in *In our own words* and throughout this inquiry that impede connection are:

- placement instability with multiple placement changes, often at short notice, resulting in an inconsistent and destabilising care experience
- poor matching of children and young people with complex needs, leading to risks co-residents may 'trigger' or influence each other through behaviours associated with trauma, mental health conditions, disability or substance use
- a model of care that can compound trauma and provides inadequate therapeutic support to address complex histories of trauma and other needs
- limited relationship building because of low levels of staff training and experience (due in part to high turnover and reliance on casual staff), combined with a rostered workforce model, meaning staff are often ill-equipped to respond to the complex needs of children and young people with a history of trauma
- residential houses not feeling homely or safe
- limited involvement of the child or young person in care decisions, leading to a sense of lack of control, voice and autonomy
- complex or slow-moving approval processes to see family and friends or engage in activities
- limited activities to engage children and young people and address their needs in the home
- inadequate cultural support and connection for Aboriginal children and young people.

Building relationships: staffing, training and workforce structure

In consultations, children and young people emphasised the importance of residential care and child protection staff taking the time to build trusted relationships with them. Without a genuine relationship, children and young people felt there was little incentive to stay in placement or to return when they are absent or missing. Children and young people reported that good relationships generally developed with staff who spent time with them and expressed care and interest in them.[222]

> *The only thing they need to work on is working with the kids more … Just sit down with them. How are you going? What can I help you with? Like 15 minutes even; it's not a lot. Even 5 minutes. Just sit down have a chat, show you care, and that you wanna help them. (Cody, residential care, 15)*

220 Commission for Children and Young People, *In our own words*.

221 This includes funding for the expansion of KEYS, new smaller residential care homes, the establishment of 'care hubs' in 2020–21, as well as broader funding in 2021–22 and previous budgets for additional child support practitioners, targeted care packages and other measures. The detail of the residential-care oriented funding is included in Chapter 7.

222 This feedback accords with that provided by children and young people to the Commission in *In our own words*, p 33 and finding 40.

Some barely will chat to us, some don't really care about the job. They're in the job just to be in the job if you know what I mean … The workers need to learn to interact with the kids … They are not interacting with us as much as we want them to … Like the ones that care and want to be there, you know that. And you can have a strong connection with them. (Carina, residential care, 17, Aboriginal)

Residential care and departmental staff confirmed the importance of establishing consistent and trusting relationships to encourage young people to remain in care and acknowledged poor practice by some staff.

There are some carers that just stay in the staff office. If that's the usual pattern, then they won't have a good relationship with the young people. It's the ones that just sit on the couch with them and have a chat to them, that they respond well to. (Departmental staff member)

These comments reflect the Commission's conclusions in *In our own words*, which found that: 'Many children and young people said they did not feel like they always had someone to talk to or connect with in residential care' and that 'they would like to be able to spend more time with their worker in order for them to be able to get to know and trust these workers'.[223]

When explaining why they go absent or missing from care, several children and young people pointed to feeling like they were not cared for in placement.

The reason I piss off is cos they treat me like a piece of shit, and I leave and I don't come back. (Tyson, residential care, 17, Aboriginal)

Other children and young people highlighted the importance of strong relationships in reducing the frequency of being absent or missing, and also in encouraging them to return. One young woman who had been absent frequently in the past commented:

Some of the carers in other units say, 'Oh yeah, we like to work with children.' But they care about children at the job and then go home and that's a different life. Here at [service provider], the people here, they don't separate it as much. I've had some of my carers' children who have made stuff for me, and I've made stuff for them as well. So, it's more of a family connection, even though I know there is a difference in family and work life. (Colette, residential care, 17)

Others said they decided to return to the house based on which staff were there.

The kids won't want to go back unless they have a relationship with a staff member. At least they can go back knowing there is someone there they are comfortable with … All of the time, I'm ringing and asking who's home. If there is not someone there who I feel comfortable with and can confide in, I won't go back. (Carina, residential care, 17, Aboriginal)

Consultations with residential care and departmental staff confirmed the influence of the staff members who are on duty.

Every one of our young people will call or be contacted by care providers when they are away, and they will ask who's on shift. [When reviewing the daily reports] I know before seeing the answer, depending on what they are told, whether they will return or not. Those key relationships make them feel wanted or cared for. (Departmental staff member)

Children and young people said that they had a range of experiences across houses and services providers, distinguishing when residential care staff had made an effort to establish a relationship compared to houses where they felt rejected and alone.

223 Commission for Children and Young People, *In our own words*, finding 37.

The first resi was shit, the workers didn't do anything. They locked me out of the house … My mum wanted to speak to the resi so I knocked on the door and the worker told me to fuck off … So, I did. The second resi I was in was the best. It was a therapeutic unit … The workers done more, supported more and that was the best. (Cody, residential care, 15)

Some departmental staff confirmed differences across service providers and houses.

For me, I can see there is a real difference between providers. Some providers are really committed to assertive outreach. The resi staff turn up to the police station and encourage the young person home. They behave like a parent would. But at the other extreme are resi staff who call police, for example, because a young person swore at them, or threw a cup. The things that a parent would not normally call police to come to their home for. (Departmental staff member)

While it is well understood across the sector that genuine relationships with carers are essential to stopping children and young people from leaving residential care, stakeholders highlighted that establishing these relationships is often undermined by issues including staff lacking training and experience, burn out and turnover, reliance on casual or agency staff and unreasonable workloads.

This feedback reflects the Commission's findings in the *In our own words* inquiry, which found that: 'Despite inroads made by the Victorian Government to improve residential care services, including the introduction of the minimum qualifications requirement, workers' capacity to care effectively for children and young people is impacted by the use of casual and agency staff, inconsistent training to staff and placement mix.'[224] Further, the Commission found that 'high numbers of changes in workers impacts the quality of services delivered to children and young people in out-of-home care'.[225]

In consultations, departmental and residential care staff frequently commented that residential care staff do not consistently have enough training or experience to support children and young people who have histories of complex trauma.[226]

You are asking the least trained workers to do the hardest yards with these kids. (Residential care staff member)

They work hard but often the least experienced and least well-trained people are put in units to care for the most highly traumatised young people. There's a real mismatch of skill level with complexity. (Departmental staff member)

Others noted that some staff were very committed and patient.

They are so patient to put up with a lot of crap from justifiably angry kids. (Residential care staff member)

Stakeholders also suggested inadequate training and experience can lead to staff being traumatised or burnt out by their experiences, leading to high turnover.

If a resi care worker is being spat on and called an 'f-ing c--', it's really draining for people who are the least trained and least paid, but who do the hardest work. (Departmental staff member)

Residential care staff and children and young people gave examples of the behaviour and traumatic events that staff are required to manage.

224 Commission for Children and Young People, *In our own words*, finding 38.

225 Commission for Children and Young People, *In our own words*, finding 41.

226 This feedback accords with that provided to the Commission in *In our own words*, p 33.

I've assaulted a couple of them, threw a chair at them cos they piss me off and that … I don't wanna move cos I know I'll skitz at other workers. It's hard cos I have ADHD and anger issues. (Hunter, residential care, 13)

I have pulled kids out of baths full of blood with other kids in the house. (Residential care staff member)

A number of stakeholders commented that increasing consistency in staffing could help to address the issue of children and young people being absent or missing, including a young person who commented that he preferred the consistency of staffing in a youth justice centre.

I never talked to workers; they changed a lot. It was weird having random adults walk into my house all the time. A lot better in Malmsbury, you have the same workers when you wake up and during the day. (Jackson, post-care, 19)

In one house where the young people were absconding all the time, once we had consistent workers, we had some young people stay some of the time, compared to before when they were never home. (Residential care staff member)

If we have an agency staff member who … does not know the routine, it can be a push factor which makes a young person want to leave. If we have staff taking a lot of leave in a period of time, it can set things off. (Residential care staff member)

Placement instability

Consultations with children and young people confirmed that placement instability impedes the development of positive trusted relationships and a sense of belonging to connect them to their placement.

My problem is that I was getting moved every day because they would not say this is your house forever. It was more like 'We can't find one and we will keep on moving you until you find one.' I have been in and out [of care] since 2006. Out in 2012. Back in in 2016. My 63 placements really started in 2017. That is when the record goes back to … I will not trust adults. I do not get sad when I move because I can't attach to things. (Rohan, residential care, 17, Aboriginal)

The Commission's *In our own words* inquiry found that: 'Children and young people experience an unacceptably high rate of placement instability' that 'impairs the safety, wellbeing and life outcomes of these children and young people.'[227] Placement instability is particularly acute for children and young people in residential care, with children and young people in residential care having an average of 8 placements compared to an average of 5.3 placements for young people in foster care and 3.6 placements in kinship care.[228] The 12 children and young people considered in the file review conducted for this inquiry had between 2 and 20 placements each during their current Child Protection intake.

Recently, the MacKillop Family Services *Outcomes 100* report confirmed that: 'instability is the norm in residential care'.[229] Specifically, the report found that 55% of children and young people reviewed in the report had lived in their current placement for less than 6 months, with 82% living in their current placement for less than 12 months.[230] The report

227 Commission for Children and Young People, *In our own words*, finding 15.
228 Data as at 31 December 2018: Commission for Children and Young People, *In our own words*, table 23, p 142.
229 MacKillop Family Services, *Outcomes 100: residential care case reviews summary report*, MacKillop Family Services, Melbourne, 2020, p 4.
230 MacKillop Family Services, *Outcomes 100*, p 4.

Case study: Pressure to close beds

Serena was missing from her residential care placement for 5 months. During that time, she had returned for a few nights and had maintained some contact with carers. Serena occasionally met with carers for lunch in the community to be 'sighted' and occasionally requested pocket money. Due to demand for residential care beds, there was pressure to reallocate Serena's place to another child or young person. Carers resisted this pressure, concerned that without a placement, Serena would not have somewhere to return to or seek help. One stakeholder commented: 'That is the safety; it's to ring and get help. If we close the bed, she does not even have that anymore.' Serena's placement was maintained.

concluded that instability 'impacts the capacity of young people to form significant relationships and to feel safe'.[231]

In consultations, numerous stakeholders across different agencies agreed there is a link between placement instability and children and young people being absent or missing from residential care.

> *We try to stop kids moving around. The more placement moves they have, the more likely they are to take off because they have no sense that resi is home, so they seek connection elsewhere. A lot of kids are so used to people letting them down they think resi staff will be the same. They think 'I'll reject you before you can reject me.' (Residential care staff member)*

Others highlighted the difficulty in establishing meaningful connections with children and young people who are frequently moved.

> *What you will see with a young person that can remain in a stable long-term placement, they will start to minimise absconding, because they have established connections. But if they are moved frequently, they do not build a connection with staff, so they will not stay. (Residential care staff member)*

Several stakeholders highlighted the issue of residential care placements being reallocated when children and young people were absent or missing due to the high demand for beds (often referred to as a bed or placement being 'closed'). They noted that if a placement is closed while a child or young person is absent, it compounds their sense of rejection.[232]

> *If a young person is missing for an extended period of time, then the bed is closed to enable another young person to be placed there. It's very destabilising. (Departmental staff member)*

> *For example, if a young person is missing for 2 weeks and their interim bed closed, then effectively they have no placement. When the young person is located by police and we determine it's appropriate for them to return to placement, then we have to locate a placement. It reinforces the rejection for the young person. It reinforces their inability to call a care service home. (Departmental staff member)*

231 MacKillop Family Services, *Outcomes 100*, p 4.

232 In its response to a draft of this inquiry report, the department stated, 'Central office position for a child or young person who is absent or missing from placement is that their bed would not automatically be closed because they are absent or missing. Decisions are made on a case-by-case basis as outlined in internal policy documents.' The Commission is not disputing the position taken by the central office of the department, rather that feedback from agency staff reveals a disconnect between policy and practice.

At least one residential care staff member considered there had been improvements recently.

> *In the past, we have had to fight to keep beds open. I have seen an improvement and an understanding of the importance of keeping that placement; that creating a new placement won't solve the problem. If we move the young person, we sever any form of connection. (Residential care staff member)*

Frequent placement moves impede connection not only for the child or young person being moved, but also for the children and young people who remain in the house.

> *The model – particularly in the 4-bed, standard residential care model – you might go to bed knowing 2 co-residents and wake up in the morning and have 2 new people living with you that you don't know but who are likely to have their own complexities and challenges. It's a difficult factor for kids. (Departmental staff member)*

In addition, frequent placement changes increase children and young people's networks with peers and others who may wish to exploit them. These connections may increase the risk a child or young person will be absent or missing.[233]

> *If we reduced movement, it would reduce missing incidents. It would also reduce the number of networks and connections they have in care who they are going out to meet. Also, that's how they [criminals] find their exploitation networks. They combine networks and create large sexual exploitation rings that they are involved in. (Residential care staff member)*

Poor placement mix

In consultations, children and young people frequently expressed concerns about placement mix. Who children and young people are placed with influences whether they want to stay in placement. They also suggested that the negative influence of some fellow residents make it more likely they would go absent or missing.

> *There were some kids there that weren't my type. They were idiots and that makes it hard to live with them, ya know. One kid took me out to the city. I didn't know where I was and didn't know how to get back. He ended up leaving me in the city, and I was lost. (Ryan, residential care, 17)*

> *I never should have been put in resi. I was a sweet kid; never smoking, drinking, marijuana. Innocent as a 10-year-old child. I was put in resi – using drugs, running away, introduced to cigarettes … Putting a sheep in with wolves – or a rabbit with foxes. They're either going to get mauled or they're going to get sucked in. (Sian, formerly residential care, 19)*

Children and young people said more should be done to assess and plan where children and young people are placed to minimise their exposure to others likely to influence them to engage in harmful behaviours, including going absent or missing from placement.[234]

233 In its response to a draft of this inquiry report, the department noted that 'a placement change could also disrupt or discourage a network or negative relationship'.

234 In its response to a draft of this inquiry report, the department noted the 'lack of recognition around what the department does do when planning and placing a child or young person'. The *In our own words* inquiry describes in some detail the placement process, including the role of the Placement Coordination Units, as well as the complexity of and challenges involved in placement decision-making: see Commission for Children and Young People, *In our own words*, chapter 6.

Choosing what kids come into resi and how you place them. It makes me sick. It is ridiculous. DHHS [Department of Health and Human Services] wants to reduce crime and you put a perfectly good person who does not do drugs and alcohol with someone who has been to Parkville numerous times and you think: 'This is how you reduce crime? Woohoo!' (Rohan, residential care, 17, Aboriginal)

I just think if there is a kid in contingency there should be a proper assessment about the risk that they could pick up bad behaviours before they move into resi. You should have a full chart: 'the transfer to resi' program. You should ask does the kid smoke, use drugs, abscond, would there be a risk of those kids picking up those things in they were moved to resi? … If you're a 13-year-old and placed with a 17-year-old, it's not a good fucken idea. You get big Bruce he goes and tells little Lizzy to go and do some silly stuff. Then you stop big Bruce from manipulating little Lizzy. (Sian, formerly residential care, 19)

Several stakeholders highlighted the influence of co-residents.

We didn't have a problem with any kids absconding, but it only took one young person to walk in that was an absconder, then they were all were absconders. (Residential care staff member)

Placement instability is in part driven by difficulties matching children and young people effectively in residential care houses. As found in the Commission's *In our own words* inquiry, high demand, limited placement options and the increasingly complex needs of children and young people in residential care creates significant challenges for placement mix.[235]

I was in resi care with 16 to 17-year-olds and they would take me to do things with them like getting drugs and burglaries. I started smoking dope from a young age. (Tyler, residential care, 16, Aboriginal – In our own words *consultations)*

Peer pressure made it hard. It could be going out to drink or smoking something. Every bad thing you could think of they would try and pressure you into, especially if you are young. I got peer pressured so bad. With drugs and alcohol and illegal shit, I feel like it all comes from being in resi. (Eileen, previously residential care, 18 – In our own words *consultations)*

In consultations, many stakeholders confirmed the challenges of placement mix and believe it contributes to children and young people being absent or missing from residential care.

It goes to the heart of the issue, particularly in resi care. The system is one of finding a bed for a young person rather than finding a placement that works for them. When the system is in that situation, you will have increasing instances where young people leave placement … because it's not a great place to be. (Residential care staff member)

The system doesn't rate client mix at all, but it has a direct impact on whether they want to live here. (Residential care staff member)

235 Commission for Children and Young People, *In our own words*, finding 15.

A model of care that compounds trauma and provides inadequate therapeutic support

I've been in resi for 7 years cos no one wants me. (Tyson, residential care, 17, Aboriginal)

I went through some shitty things … They tried to get me a psych and that and I did, but I should have done more. I pushed them away. But DHHS really didn't help the situation. (Meredith, formerly residential care, 17)

Adolescence is a time when children and young people seek to develop a stronger sense of identity. During this period of development, children and young people are likely to test boundaries and rules and may engage in risk-taking behaviour to develop and confirm a sense of self. Adolescence itself is a risk factor for a child or young person going absent or missing. Missing person reports peak in adolescence.[236]

I had a court-ordered curfew until 7 pm … My worker said that if I was not back by 7, I would have a warrant on me. Basically, for me I will stay out the extra hour to piss you off. Of course, I am going to put up a fight. I am a teenager. (Rohan, residential care, 17, Aboriginal)

However, the rate of children and young people going absent or missing from residential care is significantly higher than adolescents in the general population.[237] Consequently, while regular adolescent development is likely to be a contributing factor, there are additional reasons that children and young people are absent or missing from residential care.

Children and young people in residential care are among the most traumatised and vulnerable children and young people in the state. A review of 100 children and young people in residential care conducted by MacKillop Family Services found that most have significant histories of trauma and abuse. Specifically, the review found that:

- 87% of the children and young people had suffered significant family violence
- all had experienced multiple forms of abuse
- 48% had documented experiences of some form of sexual abuse prior to entering care.[238]

In the file review conducted for this inquiry of 12 children and young people frequently reported as 'absent clients', all the children and young people had extensive histories of trauma.

The Victorian Sentencing Advisory Council recently reviewed the impact of trauma on 'crossover kids' who have experience of both the child protection and youth justice systems.[239] It highlighted that most children and young people who have experienced serious trauma will experience psychological and neurological effects, which may include emotional dysregulation, increased threat response, altered reward sensitivity and attachment issues, and difficulties with executive functioning.[240]

In consultations for this inquiry, stakeholders frequently described examples of children and young people in residential care experiencing difficulties with attachment, feelings of intense rejection, emotional dysregulation and maladaptive coping strategies.

236 See discussion and references on rates of missing person reports in the general population and residential care in Chapter 4.

237 See discussion and references in Chapter 4.

238 MacKillop Family Services, *Outcomes 100*, pp 16–17.

239 Sentencing Advisory Council, *'Crossover kids': vulnerable children in the youth justice system, Report 3: sentencing children who have experienced trauma*, State of Victoria, Melbourne, 2020.

240 Sentencing Advisory Council, *'Crossover kids': Report 3*, p xii. For a full discussion of the impact of trauma, see chapter 2 of the Sentencing Advisory Council report.

She has a lot of layers of trauma. A lot of it is rejection. As soon as we give another young person attention, you see the behaviours coming out. For example, we got chickens. We needed to care for them, feed them, look after them. She couldn't cope, she was going to kill the chickens because she felt they were getting more attention. She had extreme rejection. (Residential care staff member)

Sadly, children and young people's experiences of trauma can be compounded by experiences in out-of-home care, particularly in residential care. In consultations for the Commission's *In our own words* inquiry, many children and young people described the experience of residential care as violent and unsafe, lacking in rules and consequences, prison-like, cold and institutional, criminogenic (through exposure of younger children to the drug use and misconduct of older residents), and an environment that inappropriately co-locates residents with complex behavioural and mental health issues to their collective detriment.[241]

These experiences were confirmed in consultations for this inquiry. As outlined below, children and young people described feeling unsafe in residential care and lacking control over decisions. Stakeholders also confirmed that living with other children and young people who have experienced complex trauma can also have a detrimental impact on fellow residents.

When one young person is heightening in the home, the other young people can resent the attention the staff are giving to that kid. They see it as form of rejection. (Residential care staff member)

They also highlighted that these responses are compounded by children and young people's sense of stigma at being placed in residential care because it is perceived to be the 'end of the line'.

Often resi care is the dumping ground. Nobody wants the kids. There is no placement with carers who are prepared to take the young person. So, if they are not in the criminal justice system, they end up in resi care. (Residential care staff member)

Consultations for this inquiry indicated that these trauma-related behaviours, which can be compounded by the model of care, make it more likely that children and young people will be absent or missing from residential care.

The young people are stuck in flight or fight responses; it's based in trauma theory. Running is part of it. Why trust that this adult will be different to the other 20 or 30 placements where the message is that they are too hot to handle, not worthy or they've done a heap of stuff they are ashamed of? (Residential care staff member)

Overnight particularly, kids with trauma cannot sleep. The thought of going to sleep is frightening because it's the time when they have been abused. They can just get a phone call saying 'come out'. The pull of peers is always stronger than staff. Once peers call, they are out the door. (Residential care staff member)

In contrast to these comments, a 2018 study of children and young people who abscond from out-of-home care in New Zealand found that there was no significant links between trauma and absconding, noting that this finding was consistent with existing, albeit limited, research in this area.[242]

Clearly, not all children and young people with trauma will go absent or missing from residential care. However, a range of stakeholders from residential care service providers, the department and other agencies believe that being absent or missing is, at least partly, a response to a model of care that provides

241 For a discussion of the impact of, and response to, trauma on young people in residential care, see: Commission for Children and Young People, *In our own words*, pp 270–272.

242 F Bowden et al., 'Road runners: why youth abscond from out-of-home care in New Zealand', *Children and Youth Services Review* 94, 2018, pp 535–544.

inadequate therapeutic support to address trauma, particularly for those children and young people who are frequently absent or missing.

In 2016, the Victoria Government's Roadmap recognised that: 'Residential care needs to be transformed from a placement of last resort to a program of intensive treatment and stabilisation for young people with complex behaviours, so that home-based care is sustainable.'[243]

However, the Commission's *In our own words* inquiry found that: 'While considerable work has been done in relation to ensuring that those caring for children and young people in out-of-home care have an understanding of trauma, more access to training is needed.'[244] Specifically, the inquiry found that residential care workers' capacity to respond to children and young people's trauma was mixed due to the use of casual and agency staff, inconsistent training and associated pressures.[245] As outlined above, these flaws, combined with issues such as placement instability, contribute to a model of care that can compound trauma rather than promote recovery.

In consultations for this inquiry, stakeholders made a connection between inadequate access to a coherent system of therapeutic supports and children and young people going absent or missing from residential care.

> *The experience young people have had; they have not necessarily been responded to in a way to create safety and support and recovery over time. They often then run away and express distress in a range of ways. (CASA worker)*

> *There's already trauma and wounds there, and then kids continually get let down, so they are looking for a sense of belonging on the streets with lots of other young people [also] on the streets. (CASA worker)*

Residential care staff members spoke of delays in obtaining referrals and appointments, which led to missed opportunities to intervene and support a child or young person. Other stakeholders lamented the lack of outreach services to engage with children and young people either in the house or in a place they feel comfortable, such as a park, rather than in a clinical setting, which was frequently considered to be a barrier to engagement. Further, some stakeholders commented that transporting children and young people to appointments was sometimes challenging due to limited staff resources.

Several stakeholders also identified a gap in mental health services for children and young people with trauma. They noted that children and young people are sometimes excluded from services on the basis that they present with behavioural issues and do not meet the diagnostic criteria for a mental health service.

> *There is no support available for young people or it seems that way for the care team who are trying to look after the young person. It's so invalidating of the young person's experience of distress. They feel, and are, completely dismissed. If there was one thing I could change about the mental health system, it would be better recognition and management of people with complex trauma in a trauma-informed way. (Doctor with experience of the secure welfare service)*

Finally, stakeholders noted that COVID-19 restrictions in 2020 had made it even harder to access services, particularly face-to-face. While many services had moved to online service provision relatively quickly with the onset of COVID-19 restrictions, many residential care staff thought that it had impeded engagement.

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243 DHHS, *Roadmap for reform: strong families, safe children – the first steps*, p 32.

244 Commission for Children and Young People, *In our own words*, p 272.

245 Commission for Children and Young People, *In our own words*, finding 38. The Commission also found that, despite the additional requirements and funding for the therapeutic residential care program that provides placements for approximately 30% of children and young people in residential care, there was no evidence that therapeutic residential care was meeting the standards required by the program, or a noticeable difference in the quality of care compared to standard residential care settings: finding 45.

While consultations identified deficits in therapeutic services, our inquiry also identified a number of specialist therapeutic responses successfully implemented by residential care services providers. For example, Berry Street has implemented the Teaching Families Model as a pilot in 5 therapeutic residential care houses. Anglicare has received funding from the department to implement a pilot called Keep Embracing Your Success (KEYS), which is a multi-disciplinary service model supporting children and young people to transition from out-of-home care. The 2020–21 Budget allocated KEYS close to $16 million in additional funding to expand the model.[246] MacKillop Family Services has adopted the Sanctuary model[247] across its program and implemented a therapeutic care model across all residential care houses. The intention is that all children and young people in MacKillop residential care houses have access to therapeutic support, regardless of whether it is a funded therapeutic residential care placement.

Chapter 7 discusses these initiatives in more detail. While these are promising developments that align with the government's Roadmap commitment to transform residential care, these approaches have not been implemented consistently across the system. Many children and young people in residential care who have experienced, and may continue to experience, trauma still do not have access to a coherent system of therapeutic services.

Residential care not feeling like home

The reason why kids abscond is resi isn't our home, none of our own things are there. There's hundreds of kids who have slept on that bed. So, it felt better for me to go and stay at a friend's house. Much easier than being in a room that wasn't a home. And there's nothing you can do to change it, and it was my choice to be in there, but it's not home and it's why a lot of kids abscond all the time. (Meredith, formerly residential care, 17)

Consultations confirmed that residential care does not feel like home. This is both because of the physical environment, and because it is often not the place children and young people identify as home.

The houses can be dull and bleak. We say we want it to be a home, but then say they have to lock their bedroom door, and not have belongings outside of the bedroom. It can look clinical and gaol-like. (Residential care staff member)

There are physical limits on homes that need to be changed. More often than not they look like facilities. Sometimes they can work wonders to make it look like a home, but most of the time they look like a facility which young people are instantly walking from. (Residential care staff member)

These comments align with the conclusions in the Commission's inquiries *In our own words* and *"… as a good parent would …"*, which found that the physical environment in residential care often falls short of the standards set in the *Program requirements for residential care in Victoria*.[248] *In our own words* found that while efforts had been made in some houses to create a welcoming and home-like environment, many children and young people had experienced the physical living environment as 'sterile, institutional and even prison-like'.[249]

In consultations for this inquiry, some children and young people noted efforts to make the houses more homely while acknowledging it is not home.

246 Premier of Victoria, *Supporting young Victorians – and their future* [media release], Premier of Victoria, 24 November 2020, accessed 6 December 2020.

247 The Sanctuary model is explained in detail in Chapter 7.

248 Commission for Children and Young People, *In our own words*, p 165; Commission for Children and Young People, *"… as a good parent would …"*, pp 18, 32.

249 Commission for Children and Young People, *In our own words*, finding 19.

[Service provider's] houses are like, look this is a place you can feel safe and express who you are. It's meant to be a home-like structure but it's never gonna be ya home. Other resi care places feel like a resi, there's not that safe and loving aspect to it. (Colette, residential care, 17)

Similarly, some residential care staff emphasised that work has been done to improve the residential care environment.

I think that we are doing pretty well. The units have done a lot of work to make them seem more homely and not so sterile, to make them homely and cosy and welcoming to the young person. (Residential care staff member)

We want to … make it more like a home environment and not as sterile and not like a doctor's surgery or covered in MDF like the other unit with the high-risk kids. (Residential care staff member)

However, many stakeholders concluded that despite these efforts, children and young people say it's not home to them.

My family is my home, you know, with my blood. (Ryan, residential care, 17, Aboriginal)

One young person suggested that the effort to make the house homely and clean can be too much and made her want to leave.

They would be like 'welcome back, we've cleaned your room'. But … the room would be immaculate and would not feel like mine. So, I would trash the room, well not trash it, but I was looking for things from my father and my ex-partner. Cleaning the room did not make me feel better. If they just tidied it OK, but moving stuff from boxes to another place? It made me feel like 'fuck it', and I would leave again and circle, circle, circle … I let them know I didn't like it. Now I clean my room every day. So, if I know I'm going out for a while, I clean my room, so they won't touch it while I'm gone. (Colette, residential care, 17)

She also commented that the additional cleaning required in 2020 due to COVID-19 protocols made it feel less homely. While aimed at promoting safety, these sorts of protocols are a reminder that the house is a workplace, not a home.

The excessive cleaning around the house is really annoying. I understand it has to be clean, but 7 times a day? … Just chill out, you know … I'm more terrified of the cleaning products than corona. (Colette, residential care, 17)

Several stakeholders suggested that some children and young people may not feel at home in a 'homely environment'.

There are times when attempting to create a homely environment is too much. Their homes were not warm and inviting, and their parents were not nurturing … They seek out what's normal and familiar. Often it is what's unsafe, but it's what feels right to them because that is what they are used to. (Residential care staff member)

Lack of safety

In consultations with children and young people, most confirmed they had felt unsafe at some point during their placement in residential care and that it contributed to them leaving care.

> *My first resi was my third ever placement. It only lasted a week but was probably one of the most terrifying experiences in my whole life. As I've gotten used to it, it's became easier; not as daunting as they were at first. It was cos one of the kids there was really aggressive and scary … and cos I was new, it was so scary for me. (Natasha, residential care, 16)*

One young person described feeling unprotected by workers and leaving care as a result.

> *I am gay. So, they [the co-residents] locked me out of the house and the workers didn't do anything about it. I didn't feel safe. I went past the resi every day but to check in. They would sight me and that was it, so then I'd just move on back to wherever I was going … They are like 'hey'; I'm like 'hey'. Then I'm like 'bye', and they're like 'bye'. (Cody, residential care, 15)*

In contrast to this experience, he described the second residential care placement as 'amazing', which encouraged him to stay.

> *[I was] always back on curfew, always respectful, always did stuff with them. That was the difference. Felt safe, I guess that was the thing … Every time I get a chance, I call them now … Everyone loves it there. They are like the number one resi. They have a massive waiting list. (Cody, residential care, 15)*

Children and young people's experience of feeling unsafe reflects the Commission's conclusions in the *In our own words* inquiry, which found that 'residential care in its current form is often unsafe for children and young people and places them at an unacceptable risk of harm'.[250]

> *Other resis, where there are more worse kids, they don't feel like home. My first night here a kid wanted to stab me and I never wanted to come home again (Kylie, residential care, 16,* In our own words *consultations)*

> *You can get bashed up [by other residents] at any time. I got punched by [another resident] and staff didn't do anything. We called cops and they didn't do anything. The staff and coppers said just forget about it. I feel pissed off about this (Max, residential care, 15,* In our own words *consultations)*

In part, children and young people's sense of a lack of safety is due to poor relationship building by staff for the reasons outlined earlier, such as the frequent turnover of staff.

> *I didn't feel safe cos of the people. There was full grown adults. I didn't know who they are. Nice people and that but I don't know them; don't know their backgrounds. (Ryan, residential care, 17, Aboriginal)*

> *In a housing model … there's shifts of staff, often not known to the young people and sometimes agency staff who are not known before. So, the expectation that they will have a sense of safety and connection to home is not provided by the model of care. (Departmental staff member)*

250 Commission for Children and Young People, *In our own words*, finding 24. A survey of young people in residential care conducted by MacKillop Family Services found over 65% of young people felt safe where they were living now: MacKillop Family Services, *Outcomes 100*, p 28.

Case study: Leaving residential care to seek safety

Ali (17) lives in a residential care house with 3 other young men. One night, 2 of Ali's fellow residents, Josh and Tino, returned at 2 am. They were rowdy, kicking doors and punching windows. Belinda, the carer on duty, unsuccessfully attempted to calm the boys.

Ali was woken up when Josh and Tino attempted to kick his door open. Ali called 000. The police arrived. They spoke to Ali and told Josh and Tino to go to bed.

After the police left, Josh and Tino continued behaving aggressively. Ali couldn't sleep, so he left the house and walked to the train station. Ali answered a call from Belinda shortly after and said he was at the station. Belinda was the only carer on duty at that time. A different carer, Arun, later called Ali, who asked to be collected from the station. Arun picked up Ali and returned to the house.

Feeling unsafe can be due to the behaviour of fellow residents. Children and young people described going absent or missing to avoid other children and young people in the house.

I would go into the city and try and go home with men because I didn't feel safe around those 3 girls. (Sian, formerly residential care, 19)

We used to have a couple of interesting kids and sometimes I would just go instead of getting into a fight with all of them. (Leila, residential care, 15)

Departmental and residential care staff confirmed incidents between co-residents often occur that prompt one or more children or young people to leave. A residential care staff member gave the example of a young woman who disclosed being bullied and pressured to 'get involved in stuff'. She had only spent 2 nights in placement over a 6-month period.

We put highly traumatised children together and are trying to manage with their individual needs and they say, 'I don't want to stay; the other person scares me.' (Departmental staff member)

In some instances, the threat may not be directed at the child or young person, but stakeholders commented that co-residents' behaviour may be triggering, due to the child or young person's own trauma.

If we put kids in the same houses and there is so much trauma and they are all doing that at once, then it's triggering for them. When they feel threatened, they think, 'So now I have to stand up to you too.' Alternatively, if they don't 'fight', they may opt for 'flight'. (Residential care staff member)

In contrast, a small number of stakeholders did not consider a lack of safety or conflict to be a significant issue.

Most kids in our houses really like the placement and have a connection to one or 2 carers. There are not many issues where they are in the same house and hate each other. (Residential care staff member)

Lack of control, autonomy and voice

Consultations for this inquiry highlighted that children and young people frequently feel that they are not listened to and lack control or autonomy over their lives, which can contribute to their decisions to go absent or missing from residential care.

> *I always felt like everybody was against me, not with me. No one was trying to work with me and help me. (Meredith, formerly residential care, 17)*

Consultations and the file review confirmed that children and young people are not always given a genuine opportunity to participate in decision-making.[251] For example, they may not be included in planning discussions or decisions, despite child protection policy noting that children and young people should be included in these processes.[252] For example, when a young person was asked whether he knew what plans were in place for him, he responded:

> *Nah, not really. I have no idea. What happens in the future will just happen … They won't let me [go to meetings] cos I go off at the workers. If they piss me off in a meeting, I go off at them. (Hunter, residential care, 13)*

The Commission's *In our own words* inquiry found that, despite children and young people having the right to participate in decisions affecting their lives,[253] they 'did not have opportunities to have a say about the most significant issues, like where they would live or who they could have contact with'.[254] In consultations for *In our own words*, children and young people 'told us they desperately wanted to be heard. They stated that participation in planning and decision-making was crucial to having a sense of control over the direction of their lives.'[255]

Consultations for this inquiry confirmed that children and young people want to have a role in decision-making about where they go and who they spend time with.

> *Before you assume things, speak to the kid before they do things for you. People always just assume and that does not help. Like don't assume that you know them and what's best for them. Talk to them, have a conversation. (Cody, residential care, 15)*

A departmental staff member confirmed this experience was common.

> *A lot of the time, engagement and consultation with children and young people is seen as a formality … We ask them for their views and wishes, then we do bugger all with it. We say it's not possible or not in line with the case plan and so full stop. (Departmental staff member)*

File reviews of the 12 children and young people frequently reported as absent from residential care in the 18 months to 31 March 2020 showed only limited evidence of their participation in planning during the 6-month review period.[256]

251 See discussion of children and young people's participation in planning decisions in Chapter 7.

252 Department of Health and Human Services (DHHS), 'Child protection best interests case practice' *Child Protection Manual*, Document ID number 3019, version 5, 27 June 2020, State of Victoria, Melbourne, 2020.

253 *Convention on the Rights of the Child* 1989, Article 12.

254 Commission for Children and Young People, *In our own words*, finding 6. A survey of young people in residential care conducted by MacKillop Family Services found that 62% of young people felt that they have a say about what happens to them all or most of the time and approximately 70% felt that people listen to what they say all or most of the time: MacKillop Family Services, *Outcomes 100*, p 28.

255 Commission for Children and Young People, *In our own words*, p 105.

256 The file review focused on activity on the children and young people's CRIS files in the 6-month period to 31 December 2019.

- According to the Child Protection Manual, children and young people's Care and Placement Plans should be reviewed at least every 6 months.[257] However, in the 6 months subject to review, only 3 children and young people had been involved in a review of their plan. For the remaining 9 children and young people, there was no evidence that a review of their Care and Placement Plans had occurred in that 6-month period.
- Only one young person was consulted in the preparation or review of their Safety Plan or Crisis Management Plan during that 6-month period. For 7 children and young people, there was no evidence of consultation. For the remaining 4 children and young people, there did not appear to be a Safety Plan or Crisis Management Plan in place during that 6-month period.
- Only one young person was consulted in relation to their behaviour support plan during that 6-month period. For 6 children and young people, there was no evidence of consultation. For the remaining 5 children and young people, there did not appear to be a behaviour support plan in place during that 6-month period.

When children and young people feel unable to participate or not listened to, they may 'vote with their feet' and leave. Consequently, a sense that they lack control, autonomy or a voice contributes to children and young people going absent or missing from care.

Some young people go for the sake of going. It's an opportunity to have control over an area of their life. A lot feel like they have no control over their life; they have to follow the department's rules around curfews, etc., so for them leaving placement is a way they can control that element. (Residential care worker)

A CASA worker highlighted the link between children and young people's lack of control within care and seeking that control and connection elsewhere.

There is such a sense of lack of control over anything in their life. So, if a sense of control is offered outside, like sexual favours in exchange for accommodation, it makes them feel that they have control over their lives they have never had. (CASA worker)

Some stakeholders suggested that children and young people going absent or missing from an unfamiliar residential care environment is linked to trauma and their attempts to regain control in an environment where they feel a lack of autonomy or voice.

From a trauma point of view, one of things we know is we run towards the familiar, not to what someone tells us is safer. The kids might know the drug dealers are unsafe, but they also know how to survive in that world, so they might feel more safety than in a resi care unit that says: 'Trust me'. (Residential care staff member)

They also leave because they don't know how to manage a stable house. Why stay now when they haven't before? Staying can actually be frightening because it's so unfamiliar. They actually have no idea how to manage being in one spot every night. That in itself is threatening. At least if I leave every night that's what I've known. So, it's threatening and unfamiliar to be in a stable home because they've never had it before. Even for us, if we are anxious, we go with what is familiar and gives us sense of control. For kids leaving, it gives them a sense of control because kids in care have no opportunities to make decisions about themselves because every decision is made by the system. (Residential care staff member)

257 Department of Health and Human Services (DHHS), 'Looking after children', *Child Protection Manual*, Document ID number 2742, version 3, 20 June 2019, State of Victoria, Melbourne, 2019.

Complex or slow-moving approval processes

Complex or slow-moving approvals can reduce children and young people's autonomy in care.[258] For example, a child or young person who wishes to spend time with a friend after school or to participate in an activity is required to obtain approval, which may involve police checks on the friend's family and obtaining other documentation.[259] Consequently, young people will often avoid these processes and go regardless.[260]

A young person expressed frustration at the difficulty of getting approval to see friends, commenting that it prompts her to leave.[261]

> *Maybe if DHHS wouldn't be so tight around who we can be around … that would help … I understand they want us to be safe or whatever. But I see that as the biggest issue about why we want to leave placement … I've never been allowed to have anybody over to where I live – for protection of the other kids which is completely fine. But that just comes back to be worse for me and means I'll leave. And I think it's the same for others who run off from their units. (Natasha, residential care, 16)*

When asked if she can ask her carers and workers about this issue, she responded:

> *Like you can, but it takes DHHS a month to do all their checks and things. The chances of getting it isn't very high. It's not a high priority for them so they don't make it happen quick either. (Natasha, residential care, 16)*

Departmental and residential care staff confirmed these barriers prompt children and young people to leave.

> *For a child in the care system who wants to do things like sleepovers that are age-appropriate, but Child Protection have to do police checks, risk assessment, ring up and grill the family: 'Who are you? What are you doing? Let me tell you all about the trauma of this child' … Then the young person will stop asking permission. (Departmental staff member)*

> *So much work is involved in getting family approved to visit or friends. It's very intrusive to get the information you need; for example, name, date of birth for police checks. They are hanging out with mates at skate parks. They are gone for 4 hours and get a missing person report. Some are not doing anything wrong. Some are hanging out with friends. (Residential care staff member)*

258 Process-driven hurdles to spending time with friends are discussed in Commission for Children and Young People, *In our own words*, pp 209–211.

259 Barriers to decision-making were noted in *In our own words*, which found that: 'Children and young people informed the Commission that their workers were, at times, ineffective and unhelpful' for a range of reasons, including that they 'did not have sufficient decision-making authority': Commission for Children and Young People, *In our own words*, finding 43.

260 In its response to a draft of this inquiry report, the department noted that, 'As far as possible, children and young people in out-of-home care should participate in normal and acceptable, age appropriate activities, as would their peers. Carers are authorised to make day-to-day decisions for children and young people living in residential care. As the child's carer, residential care staff are expected to act as a responsible parent would when making decisions about where the child can go or where they can be left without direct supervision. This includes arranging for the child to participate in suitable activities, outside of school hours, including visiting friends, social events and overnight stays. https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/participating-activities.' Despite the department's policy, consultations with departmental and agency staff as well as with young people themselves signal a disconnect between policy and practice.

261 In its response to a draft of this inquiry report, the department noted that, 'This is not a central policy position. The decision that a residential care client cannot have a visitor attend the residential care unit would be a CSO/ Operational decision and would be guided by the Case Manager and Care Team.' The Commission acknowledges the policy and notes the disconnect between policy intention and practical implementation. Similar frustrations were expressed by young people during the Commission's consultations for *In our own words*.

Avoiding these processes is also associated with the sense of stigma attached to being a 'resi kid'. Children and young people often do not want to tell their friends that they are in residential care.

> *All my mates' parents hear bad things about DHHS and I don't want them to know about me. They don't want their kids hanging out with kids in the system. (Jackson, independent living, 19)*

One residential care worker gave the example of a former resident who visits occasionally.

> *She says things like: 'I used to tell people this was my uncle's house.' She never got anything approved ever because of the invasiveness of the questions asked of friends and parents. Imagine saying to a friend they need to get a police check on your mum. (Residential care staff member)*

Limited activities and engagement in day programs

Consultations for this inquiry suggested that a lack of activities or programs can lead to children and young people feeling bored, disengaged and disconnected from placement and that these feelings can contribute to children and young people going absent or missing.

> *You take someone away from their home and you put them with another bunch of DHHS workers. Are you just going to put them there and write things about them? It took them about 2 months to get an Xbox in that house … Resi kids know that all the workers take down notes about them. They just sit there and type. Why am I sitting here, and they are typing notes about me that prevent me from doing stuff? (Rohan, residential care, 17, Aboriginal)*

The Commission's *In our own words* inquiry highlighted the importance of activities for children and young people in out-of-home care.[262] Participating in activities and programs can create a sense of belonging and connection and build rapport and trust with carers and other children and young people. In *In our own words*, the Commission found that 'a significant number of children and young people in residential care are unable to engage in activities in the community due to resource and funding constraints' and expressed concern that 'this is a contributing factor to behavioural problems, drug use and criminal conduct among children and young people living in residential care'.[263]

In consultations for this inquiry, staff and children and young people in some houses reported having access to a wide range of options. In others, staff and children and young people expressed frustration at a lack of things to do, acknowledging this may contribute to children and young people being absent or missing.

> *We sit and eat dinner together about 3 times a week. We cook together, have movie nights and game nights in the unit. In other resi units I've been at, on Wednesday it would be 'make your own dinner', if you want to watch a movie, we have Netflix, and Friday there would be one activity and you would do it one-on-one, not with other kids in the unit … I know some houses do not have as much money. So, you might ask them to go to a movie and they say: 'We've got 23 cents left in the budget, how about we stay home?' (Colette, residential care, 17)*

> *They take you out bowling and fishing and that. They say, 'Hey mate, I wanna get to know ya.' Yeah resis aren't that bad. It's just the worst thing is you have to stay in there. (Rohan, residential care, 17, Aboriginal)*

262 For a discussion of the importance of activities, and the impact of the lack of them in for children and young people in care, see Commission for Children and Young People, *In our own words*, pp 212–217.

263 Commission for Children and Young People, *In our own words*, finding 30.

A number of children and young people expressed frustration at the refusal of requests to participate in more exciting activities.

> *[There should be] funding for adrenaline-seeking activities, those rough things but DHHS always say you can't do that. So, there should be more full-on activities and for DHHS to approve some of them. Kids want to go out paint balling, go-karting. DHHS say 'It's dangerous and you can't do that.' I wanted to do axe throwing at nets, archery and all that kind of stuff, but they are always like, 'Nah, that's too dangerous'. (Colette, residential care, 17)*

In consultations, residential care staff referred to a range of activities they offer to try to engage children and young people in placement and the community. They gave examples of activities such as art and craft, manicures, pizza nights, movies, going for a drive, yoga, trampolines, musical instruments, horseriding and cooking. However, responses were mixed about the range and availability of activities, including the time it takes to have activities approved and whether sufficient funds are available.

Residential care staff also pointed to the barriers presented by approval processes, which meant that opportunities to keep children and young people in care were missed.

> *I think it's about identifying and implementing programs that address adrenaline-seeking behaviours in a supported way. For example, they love to go go-karting but we need to get sign-off and approvals. You need to be meeting their needs immediately, but you've got barriers so it can stop a young person doing it or waiting around long enough to do it. (Residential care staff member)*

A significant issue raised in many consultations was that many children and young people in residential care are either not enrolled or regularly attending an educational day program. This gives hours of unoccupied time and it can be challenging to keep them engaged in the house.

Inadequate cultural support and connection for Aboriginal children and young people

> *I have tried getting things done – confirmation of Aboriginality – they won't do that. I tried to do a return to country. They have not done that. The only thing they have done is ordered me stuff that is made on my land. They have not even assigned me to an Aboriginal lawyer. (Rohan, residential care, 17, Aboriginal)*

Consultations suggested that a lack of support to maintain Aboriginal children and young people's connection to their community and country undermines their capacity to connect to placement. As a consequence of 'disconnection from culture, family, and being moved off country',[264] children and young people may go absent or missing to maintain those connections and to meet their cultural and family obligations.

The Commission's *In our own words* inquiry emphasised the protective role that connection to culture plays for Aboriginal children and young people.[265] The Commission stated that: 'For Aboriginal children and young people – especially those in care – strengthening connection to culture represents an important means of redressing past and present interventions which have undermined their right to culture and disrupted family and community bonds.'[266] The Commission found that 'a significant number' of Aboriginal children and young people 'told us they feel disconnected and need more support to build this connection' to community and culture.[267]

264 Consultation with ACCO staff member.
265 Commission for Children and Young People, *In our own words,* finding 2.
266 Commission for Children and Young People, *In our own words,* p 85.
267 Commission for Children and Young People, *In our own words,* finding 2.

Case study: Going to check mum is safe

Damon (15) is the eldest sibling of 4. Damon has been in residential care for 2 years. He is from an Aboriginal community. Two of his younger siblings are still at home with his mum. He worries about his family because his mum's current partner can be violent. As the oldest sibling, he feels responsible for protecting them.

Damon finds it hard to go to sleep not knowing whether his mum's current partner is at home and whether they are safe. At night, Damon's anxiety about his family builds. He often leaves late at night to return to his family home to check if his mum is safe. While there, he is at risk of family violence, particularly if he stands up to his mum's partner. He usually returns to placement the next day of his own accord.

A number of stakeholders consulted for this inquiry noted continuing challenges in creating and maintaining connections to culture for Aboriginal children and young people in residential care. Some stakeholders considered that cultural support plans were often not embedded into care team meetings and planning. One departmental staff member gave the example of a young person seeking to be placed in an ACCO-operated unit.

> *She really wanted an Aboriginal unit and there were none available. All the carers are white, and she didn't identify with them. Aboriginal culture is so important and there is such identity in that. It was a gap we couldn't fulfil. (Departmental staff member)*

Some stakeholders felt that placements outside of an Aboriginal child or young person's community contributed to children and young people leaving care to return to country.

> *The worst thing is taking kids from out of area because they will constantly want to abscond from out-of-home care. They should not take Aboriginal kids off country. I have never seen placements work where kids are taken off country. They do everything they can to be back on their land … we get them absconding to get back to where they've come from. (ACCO staff member)*

Other stakeholders highlighted the cultural importance of connection to extended family.

> *When we take Aboriginal kids away, it is taking them away from networks of aunts, uncles, and social obligations. We don't see the risk of growing up without a cultural base. (ACCO staff member)*

Issues can also arise from separation of sibling groups.

> *It creates challenges for an older sibling to take on responsibility for other siblings. Sometimes the only way for them to know what is happening with their family is when they do have family contact. (ACCO staff member)*

The need to connect with family and fulfil family obligations may prompt Aboriginal children and young people to leave care.

Finding 12: Poor connection to placement arising from flaws in the model of care

Many of the flaws in the out-of-home care system and, in particular, the model of residential care operating in Victoria identified by the Commission in its *In our own words* inquiry, continue to impede the development of meaningful connections between children and young people and their carers, houses, communities and fellow residents. These shortcomings inhibit the development of a relationship-based strategy founded on care and concern to connect children and young people to their placement. This lack of connection is one of the primary reasons why children and young people are absent or missing from residential care.

Seeking connection elsewhere

Poor connection to placement due to shortcomings in the care model can mean that children and young people often seek to fulfil their need for connection by visiting family, friends and others in the community without formal approval.

These young people are aching for connection; that is why they are going missing and that is where the solution lies. (Departmental staff member)

Connection to family, community and culture

Consultations for this inquiry highlighted that a desire to connect with family is a significant driver of children and young people being absent or missing from residential care.

If I say I want to see family this weekend, it used to take so much planning and that, to get approval and all that so I was like 'Fuck all that', and just jump on a train and go see them and then come back. (Colette, residential care, 17)

Wanting to see family, friends and to basically be free again. In resi after 7[pm] you can't leave, you are basically locked in there. (Ryan, residential care, 17, Aboriginal)

I would go to family or friends where I was more comfortable. Someone to talk to. A friend, a person. It's not the same at resi, that's part of what you don't get as a kid in resi. (Carina, residential care, 17)

My Nan's. If I'm not at my Nan's, nothing is home for me. (Hunter, residential care, 13)

The Commission's *In our own words* report stated that: 'Our parents, siblings and extended family help tell the story of who we are and where we fit into the world. They hold our histories, shared memories and culture …'[268] The Commission found that while children and young people 'deeply value these connections' they 'sometimes struggle to maintain them through the upheaval of constantly changing placements, separated siblings, living far from home and complex, and sometimes fraught, family relationships'.[269]

A recent survey conducted by MacKillop Family Services of children and young people in residential care confirmed that approximately 44% of children and young people were either unhappy or very unhappy at how much they get to visit family they do not live with.[270] This finding was in line with the views of children and young people consulted by MacKillop Family Services, which noted that 'many of our young

268 Commission for Children and Young People, *In our own words,* p 183.
269 Commission for Children and Young People, *In our own words, p* 183.
270 MacKillop Family Services, *Outcomes 100*, p 29.

people had a strong desire to be more connected with and live with families'.[271]

Consultations with children and young people, and other stakeholders for this inquiry, confirmed that the desire to be with family, combined with a lack of support to connect with them, often drives children and young people to go absent or missing to return to family.

Yeah, I wasn't allowed to speak to my friends while I was at the resi. I could [with] my family but only on the phone. When the worker sat me down, he was like, 'Mate, I can take you in a car to go see your family for a day. Then I can bring you back.' Yeah, it ended up happening … If they did that a bit more kids would stay … So, opportunities to connect with family and friends, Facebook, Zoom, and all that.' (Ryan, residential care, 17, Aboriginal)

The young boy here … he was moved away from his mum's. When he absconds, he goes straight back to his mum's. And now with the COVID stuff, they can't drop people at places – only to the station or an appointment. He was like 'Why can't you drop me at mum's? You don't want me to see her.' For the young boy who is going to his mum's, and they send the cops to his mum's, it's quite distressing. He's like, 'I just want to fuckin see my mum, I know she is on heroin, but she's still my mum.' (Colette, residential care, 17)

Children want to be with their biological families. All of us only have one family in our lives. (Senior stakeholder)

We have kids who go missing for weeks on end with their families. We know where they are. The families are involved with drugs and crime, but the young person felt connected, that they belong and are loved, and they knew when to duck. (Residential care staff member)

One young woman was absent for 259 days out of 365 in the past year, and every one of those nights she spent in her mother's home. (Residential care staff member)

In some instances, the pull to family may be due to the family's concerns about the child or young person's safety. One young person suggested that family should be allowed to see where a young person is living.

I know one of rules is that no family members or other non-approved DHHS people are allowed at the house. I think that's absolutely bullshit. If they are family, they should be able to come to the house and see where their child is living and see who they are with. I know that's another thing, if the parent says, 'I don't want you living in a resi unit', and they will encourage them to come home. But if parents can see that it is a safe place and it has food in fridge, they might be more like, 'Stay there, you are safe there'. It's different scenarios for each person. But I feel like families should be able to come for visits to the house rather than out at places like cafes, where it's really weird. (Colette, residential care, 17)

In other instances, returning to family is driven by a sense of concern and obligation to ensure family is safe, as outlined in the case study above.

They are leaving placement … because they are worried about a parent. For example, mum is using substances and is mentally unwell, and the young person has been mum's carer for 12 years before being removed. The young person is really worried about the parent. (Departmental staff member)

Many stakeholders expressed concern that insufficient work is done to maintain connections with families once a child or young person is placed in residential care, resulting in children and young people 'voting with their feet' to see family.

271 MacKillop Family Services, *Outcomes 100*, p 29.

We need to work with families more. We do not want a young person to feel they have to choose between resi and family. Regardless of their limitations, they will always be their family. The minute we make them choose, it's a power battle. (Residential care staff member)

Clearly there are risks in the family home, but we can't just then say they can't go there and that's the end of it, because there is an overwhelming need for young people to feel belonging and connection. Their primary attachments are to those people in the home. Often work stops with the family once they are removed or have been in care for number of years. The system gives up on family. (CASA worker)

Other stakeholders highlighted the importance of doing this work with family while the child or young person is still in care, as often children and young people will return to family when they leave care at 18.[272]

Some of them run back to family even if the system thinks the family is not good enough. The reality is they will always be their family and they often return to family once they turn 18. (Residential care staff member)

The kids, the minute they turn 18, go back to family. We know one boy who broke out of Malmsbury to return to family. It's where they want to head back to. (Senior stakeholder)

Finding 13: Seeking connection with family

Children and young people and other stakeholders told the Commission that children and young people frequently return to family when they are absent or missing from care. The Commission is concerned that insufficient work is done to safely maintain connections with family once a child or young person is placed in residential care.

As outlined above, maintaining connection to family, community and culture is particularly important for Aboriginal children and young people.[273] Some Aboriginal children and young people leave care to reconnect with family, community and culture.

The main reason [I left], I just wanted to go home. I knew that wasn't my home. You know, I missed my mum, my dad, sisters, cousins … But when you are there, strangers are your family, you know. Weird kids coming in and calling you bro and all that. And you just don't know what to say. It's just weird … I didn't want to be there. I wanted to be with my family. But at the same time, I didn't really have a choice. (Ryan, residential care, 17, Aboriginal)

The pull to family is really strong, particularly in the Aboriginal community where the connection to family and culture is even stronger. Sometimes family is their only connection to culture. (Departmental staff member)

272 Commission for Children and Young People, *Keep caring: systemic inquiry into services for young people transitioning from out-of-home care*, Commission for Children and Young People, Melbourne, 2020, p 100.

273 For a discussion of the importance of maintaining connection to family and culture for Aboriginal children and young people in out-of-home care, see Commission for Children and Young People, *In our own words*, chapter 4.

It's about socialising and the need to be accepted. Aboriginal families are quite large, with extended networks. For example, in one family there might be half-a-dozen families connected. Growing up in that setting is all they know, so they want to be socially connected to a wide group; even though we know that not all the members of that group are necessarily good to be around. (ACCO staff member)

The pull to family for Aboriginal children and young people may also be linked to intergenerational trauma associated with the child protection system.[274]

This is something that is unique to the Aboriginal community – the distrust of child protection services and out-of-home care due to the history of Stolen Generations. Families say what they can offer, even if it's neglect and family violence, is still preferable to the out-of-home care system, which they characterise as not providing great levels of care. Often, it's a historical perception, so we work with families to bring them into the space to challenge their perceptions and include them in care. (ACCO staff member)

The disruption of connection to country when children and young people are placed away from their community drives some Aboriginal children and young people to go absent or missing from care to return to family, community and country.

The … majority of issues in terms of going missing are not culturally specific to Aboriginal children and young people … But their connection to community and culture is tighter so being placed at a distance from that is felt more acutely. (Departmental staff member)

Finding 14: Seeking connection with family, community, culture and country for Aboriginal children and young people

Maintaining connection to family, community, culture and country is particularly important to Aboriginal children and young people. A range of stakeholders told the Commission that some Aboriginal children and young people go absent or missing from residential care to reconnect with family, community, culture and country.

Connection to friends or peers

Consultations for this inquiry confirmed that seeking connection with friends and peers is a key reason why children and young people go absent or missing from care. Most of the children and young people consulted for the inquiry confirmed that they often spent time with friends when absent or missing from care.

All my friends are in Belgrave. You moved me to Blackburn. Of course I am going to leave and see my friends in Belgrave. Do you expect me to make new friends in Blackburn? How am I going to do that? (Rohan, residential care, 17, Aboriginal)

I always used to leave so I could stay with my mates. I would leave all the time. I'd stay away for 2 or 3 weeks. I used to go and kick back at friends. I knew them through school and used to go and stay with their families. I didn't get along with the kids and workers. I didn't like any of them. I moved heaps … With resi, they don't like you going to other people's houses. (Jackson, formerly residential care, 19, Aboriginal)

I was absconding to [regional city] and staying with friends up there. (Colette, residential care, 17)

274 See discussion and references in Commission for Children and Young People, *In our own words*, pp 79–81.

My friends will be like, 'Let's go out'. So, I'll be like, 'Screw it, let's go!' (Sophie, residential care, 17)

Yeah, I leave with other kids. I go hang out with mates. (Hunter, residential care, 13)

Children and young people's connection to friends or peers is critical to the development of their sense of self and emotional wellbeing. The Commission's *In our own words* inquiry found that children and young people in care 'do not receive enough support to maintain positive friendships in care, particularly in residential care'.[275] Barriers to maintaining friendships include insufficient focus on connections to friends in case planning, restrictions on friends visiting residential units, and barriers to visiting friends in the community.[276]

In some instances, children and young people are simply seeking to spend time at a friend's house after school to hang out and do things like play computer games, or to celebrate a birthday.

Just hanging out, doing the usual like stuff. We don't do crime, just having fun. (Leila, residential care, 15)

I never really took off too much, sometimes Friday, just to catch up with my mates. (Rohan, residential care, 17, Aboriginal)

However, lengthy approval processes can present barriers, as described earlier.

None of my friends or their parents want DHHS assessing them, asking all these questions, calling you. If I do go missing, that's where they search. (Leila, residential care, 15)

They want us to work on building relationships with kids, but it's very difficult if a kid plays footy in a team, then after a match some parents say: 'Come over for a BBQ at our place'. But we can't police check the whole lot. (Residential care staff member)

A number of stakeholders highlighted that these barriers sometimes push friendships underground because of what children and young people see as a punitive or obstructive response.

I understand that they attract friends that are not highly regarded … but actually it's normative behaviour for a teenager. But we call the police, tell them the behaviour is wrong. It pushes friendships underground – they become really covert about it. (Residential care staff member)

As a consequence, it impedes carers' ability to help children and young people navigate these friendships.

Our risk [aversion] around peer networks creates the wrong type of peer networks because they will seek out peers who are running from others. We are left in the dark about where they are or who they are with. If we could meet friends, allow them into placement, then we would be in a much better position to navigate this issue. (Residential care staff member)

275 Commission for Children and Young People, *In our own words*, finding 29.
276 Commission for Children and Young People, *In our own words*, p 210.

Finding 15: Barriers to connection with friends

Children and young people, as well as other stakeholders, told the Commission that barriers to spending time with friends, such as restrictions on friends visiting residential units and lengthy approval processes to visit friends in the community, contribute to many children and young people going absent or missing from residential care. Rather than protecting children and young people, these barriers can place them at greater risk, as their contact with friends and other peers is unsupported and unsupervised.

In consultations, many stakeholders noted that children and young people in residential care establish friendships or connections with other children and young people in care.

Most of my friends tend to be from people I've been around, so sometimes I make friends through people I live with, or who are connected with the kids I've lived with. (Natasha, residential care, 16)

Different friends. Have some who I've met through resi, some who I've been friends with before. (Leila, residential care, 15)

There's a lot of placement movement so there are young people, most of them have lived with someone, are friends with someone, then all of sudden they all know each other. (Residential care staff member)

In the city, they congregate with other kids in resi care, particularly in the East [Division]. They meet up with other resi kids and are banding together. (Residential care staff member)

In some cases, children and young people go to visit friends at other residential care houses.

Some of it is linking with other resi kids because they think, 'At least they know what I'm going through.' (Residential care staff member)

Stakeholders suggested that the network of children and young people in residential care can perceived to be 'family'.

A lot of the time, when they are living in a home with other young people, they are asked to create these little families, so it's a natural extension that I used to live with this kid, so he's my brother and now he's your brother. Fundamentally, the thing they share is that they are not with their families. Their yearning for a family unit binds them together. (Residential care staff member)

Stakeholders also pointed to the role of social media in creating large networks relatively quickly across different areas. These networks can also link to sexual exploitation networks.

It's very easy to make a friend online and meet up within minutes, compared to in the past when they were on foot. It's a lot easier now, they can meet multiple people within 48 hours … Young people can advertise themselves. [It's made the] way for predators to locate young people much easier. (Residential care staff member)

Social media is a nightmare. Before mobiles, we could previously hear kids on the office phone. (Residential care staff member)

Sometimes they go out of our area. For example, they will find someone on their social media network and link up with them. (Residential care staff member)

Many stakeholders, including children and young people, commented that some children and young people in residential care influence co-residents to leave care with them without permission.

Sometimes they [the younger residents] left with me … but that's what made it worse. It made more workers come looking when they leave with me. (Rohan, residential care, 17, Aboriginal).

If you have a young person in a house that does abscond, then they will potentially take out other young kids. (Residential care staff member)

My 2 girls sometimes abscond together. It's really hard to get traction with one when the other one comes home and they have drugs or a new connection and bang, they go out together. Then you've lost the connection with the one you did have home. (Residential care staff member)

Children and young people may also seek friendships with other vulnerable groups, such as former residential care clients or the homeless community.

So, we just go out and stay at places. If we don't have places to stay, we stay on the street. (Tyson, residential care, 17, Aboriginal)

A young person who had formerly been homeless commented that children and young people in residential care would stay with her overnight.

If you have mates with nowhere to stay that night, you won't leave them alone on the streets … You support the other young person who doesn't have a place to sleep that night. (Zoe, lived experience of homelessness)

A lot of the time, the people that will accept our young people because of their behaviours tend to be like-minded. They use [substances] themselves, are ex-clients, have been through the system. (Residential care staff member)

For my kids, a lot of them go to the CBD … They have a connection with the homeless community. They feel like that's who their family is. (Residential care staff member)

Consultations also identified lack of engagement in education as a driver of children and young people seeking connection with peers in the community.

I could go to any station and know at least 3 people at the station hanging there. For me, not having school, that was my way to have friends and relationships. (Zoe, lived experience of homelessness)

For young people who are mostly disengaged from education, to have peer engagement, the only option is to leave the care of the unit and engage in the community with those people. (Residential care staff member)

Our young people, they are not at school; or if they are, they are up the back with their aides, on reduced timetables, so they don't meet kids at school. They are not there at lunchtimes or recess to meet peers. So, we cut off the very incentive to attend school. When they are not able to make positive peers at school, then they find kids that are also not at school. We push them onto the streets with these kids. (Residential care staff member)

In contrast, one young person used school to connect with friends.

My friends are at school, so staying at school is how I see them. (Rohan, residential care, 17, Aboriginal)

Finding 16: Seeking connection with friends

Children and young people and other stakeholders told the Commission that children and young people frequently go to see friends or peers when they are absent or missing from care. The Commission is concerned that children and young people in residential care do not receive sufficient support to develop and maintain positive friendships.

Substance use

Consultations, file reviews and incident report analysis conducted for this inquiry confirmed that use of alcohol and other substances is a significant contributing factor to children and young people being absent or missing from care.

I was using ice and methamphetamines, so I was going out to use drugs and see people using those drugs to get drugs off them … I would go out and spend as much time as I could out using drugs, before the police found me with a safe custody warrant and took to me to secure welfare. I would be back home a bit, then straight out again. (Colette, residential care, 17)

Those 3 girls also kept absconding because they were drug users. (Sian, formerly residential care, 19)

I'd go to my mates and smoke bongs. (Hunter, residential care, 13)

The review of absent client incident reports for the 18 months to 31 March 2020 found 784 separate incident reports that referred to children and young people using or being at risk of using alcohol and other substances while absent or missing from care.[277] This constitutes 33% of absent client incident reports in this period. Further, as noted in Chapter 4, the file review for the 12 children and young people frequently reported absent from care in the 18 months to 31 March 2020 found that all had disclosed use of alcohol, and 11 disclosed used of substances.

Alcohol and substance misuse are significant issues for children and young people in residential care. A recent review of children and young people in residential care by MacKillop Family Services found that 60% of children and young people reviewed had experienced problems with drug and alcohol misuse.[278]

Throughout consultations, children and young people and other stakeholders frequently identified alcohol and other substance use as a common reason for children and young people being absent or missing from residential care.

277 In absent client incident reports, information about risks and harm is recorded in free text only. These 784 incident reports contain one or more of the words 'drug', 'alcohol', 'AOD', 'substance abuse' or 'substance use'. The actual number of incident reports referring to alcohol or substance use is likely to be higher, as sometimes reports refer to specific drugs rather than being an overarching description.

278 MacKillop Family Services, *Outcomes 100,* p 22.

When I would abscond, I could go missing for long periods of time. Like sometimes weeks on end … See now if I was to go into resi, I wouldn't go out, I wouldn't abscond, because I'm a different person now. Ice definitely played a massive part in all my decisions and what happened. It wasn't the resi that did anything wrong. (Meredith, formerly residential care, 17)

Specifically, stakeholders pointed to alcohol and substance use associated with:

- adolescent development, prompting risk-taking behaviour
- children and young people's history of trauma, and seeking to 'numb the pain' or to fulfil a need for adrenaline
- children and young people seeking to connect with friends and peers through shared experience and risk-taking
- children and young people seeking to connect with family who may use alcohol and other substances
- criminal and sexual exploitation, where perpetrators offer alcohol or other substances as an enticement to engage in these activities, with addiction and associated debts being used to keep children and young people coming back.[279]

Several residential care staff members also noted that children and young people are not able to use alcohol or drugs in the house, so they leave care to do so.

There's no harm minimisation with drugs and alcohol in resi. It's absolute abstinence so they leave to do that. (Residential care staff member)

Addiction can also prompt children and young people to return to residential care as a safe space when they are coming down.

When they need drugs again, they are back out. (Residential care staff member)

In relation to sexual and criminal exploitation, residential care staff pointed to the use of alcohol and other substances as part of predators' grooming, coercion and control techniques.[280] The link to child sexual exploitation and child criminal exploitation is outlined in detail in Chapter 6.

One young man has said, 'They give me GHB to make me consent and ice to bring me back.' (Residential care staff member)

We had one the other night where a girl said she going to have sex to get $200 so she can go get ice for the weekend. (Residential care staff member)

Several residential care staff said that the alcohol and other substances are used as a lure, representing the promise of a more exciting life and a feeling of being valued.

The persons offering substances fit the profile [of those] that recruit young people to sexual exploitation. For example, they are early to mid-twenties young men with access to hotel rooms. They sell exciting lifestyles. For example, they send an Uber driver to pick them up and take them to Docklands apartments. They think they are living the dream. (Residential care staff member)

279 See, for example, Sturrock and Holmes, *Running the risks*, p 30, which notes that: 'Drug use by a young person can also lead to drug debts and linked missing episodes as a result.'

280 See, for example: S Baidawi et al., 'Criminal exploitation of Child-Protection involved youth', *Children and Youth Services Review* 118, [3.2], 2020.

A child or young person's use of alcohol and substances may be entrenched prior to entering residential care or it may develop while a child or young person is in care in response to a lack of adequate support to address trauma and the desire for connection or shared experiences. Children and young people may be introduced to drugs and alcohol by older residents and encouraged to go absent or missing to use them together.

Initially, using alcohol and substances may not be the primary reason a child or young person goes absent or missing from residential care. However, this may change when an addiction develops, and the need to use becomes the reason they leave.

Finding 17: Use of alcohol and other substances

Use of alcohol and other substances is a significant contributor to children and young people being absent or missing from residential care. In some instances, children and young people's use of alcohol and other substances is linked to sexual and criminal exploitation, the experience of trauma and/or seeking a sense of belonging and acceptance among peers.

Chapter 6

Harm suffered by children and young people who are absent or missing

I was using ice and methamphetamines, so I was going out to use drugs and see people using those drugs to get drugs off them. I was doing sexual favours for money, so I could get money to get the drugs. I was living the fun life … I am very open in saying where I am going, so if I get murdered, they know where to find me. (Colette, residential care, 17)

When a child or young person is absent or missing from residential care, they often experience a range of serious harms that can have devastating and lifelong consequences.[281] Consultations, file reviews and incident reports described adults targeting children and young people for sexual and criminal exploitation, and children and young people being raped and assaulted, sustaining physical injuries and engaging in self-harm or extensive and damaging use of substances and alcohol. These sources also described disruption to development and cultural connection, and financial exploitation of children and young people. These experiences compound the trauma already suffered by these children and young people. The harm they suffer when they are absent or missing from residential care constitutes a failure of the system to protect some of the most vulnerable children and young people in the state.

The risks faced and harm suffered by a child or young person will inevitably vary depending on the circumstances. For example, a child or young person may be away for a few hours at a friend's place to play computer games after school and be at low risk of harm. However, a child or young person may be away from care for a short period to meet with a sexual predator, and may suffer sexual exploitation and abuse, the effects of substance use, and trauma. As outlined in Chapter 3, while residential care staff may have some indication of a child or young person's whereabouts or a sense of the risks they are facing, when children and young people are away from care, they are not subject to oversight, supervision or

281 For a recent study of experiences of children and young people when they are reported missing, see: McFarlane, Children and youth reported missing from out-of-home care in Australia. See also the discussion in: S Bricknell, *Missing persons: who is at risk?*, AIC reports, Research Report 08, Australian Institute of Criminology, Canberra, 2017, p 27 and Department of Health and Human Services, Missing from care: a literature review, p 9.

guidance. Consequently, the harm suffered by young people while absent or missing is often not known by others.

This chapter outlines the kinds of harm experienced by children and young people when they are absent or missing from residential care.

Sexual exploitation, abuse and assault

> *I would go home with guys – older men – if I hadn't made plans. I would [call the carers and] say, 'Hey I'm in the city on Bourke Street.' Then I would turn my phone off and go home with an older man. (Sian, formerly residential care, 19)*

> *There are 7 intervention orders now on my behalf on other people. Mostly men that were older than me, but I wasn't having sex with them except one … Nobody wants to go to jail over a minor, they coulda thought I was snitching on them and shit. (Meredith, formerly residential care, 17)*

When children and young people are absent or missing from residential care, they are at risk of a range of sexual harms, including exploitation, abuse, assault and rape.[282] The Commission's 2015 Inquiry, *"… as a good parent would …"*, revealed the extent of sexual exploitation and abuse experienced by children and young people in residential care at that time, and highlighted the links between exploitation, abuse and children and young people being absent or missing from care.[283] The recent MacKillop Family Services report, *Outcomes 100*, confirmed the continuing high rate of sexual exploitation of children and young people in residential care, with approximately 43% of children and young people reviewed having been a victim or at risk of child sexual exploitation.[284] It was a current concern for approximately 22% of children and young people reviewed.[285]

The department's *Child sexual exploitation: a child protection guide for assessing, preventing and responding* states: 'Research demonstrates that one of the most consistent risk factors for sexual exploitation is when a child has a new or escalating pattern of being missing from placement or home.'[286] Children and young people's experience of sexual exploitation and assault when absent or missing was once again confirmed in the recent Victorian Ombudsman's investigation into complaints about the assaults of 5 children living in residential care. The investigation reported that 3 of the children and young people 'all absconded from residential care multiple times before reporting they had been raped by adult men in the community'.[287]

Evidence and under-representation of child sexual exploitation, abuse and assault in reporting

Consultations, file reviews and the analysis of incident reports conducted for this inquiry indicated that children and young people in residential care often experience sexual exploitation when they are absent or missing from residential care. For example, the term 'sexual exploitation' appears in 37% of absent client incident reports concerning children and young people in residential care in the 18 months to 31 March 2020, which equates to 870 absent client

282 See the review of literature on the link between being absent or missing and sexual exploitation in Jackson, *Literature review: young people at high risk of sexual exploitation, absconding, and other significant harms*, pp 30–31; and references from the UK and Australia in Appendix B.

283 Commission for Children and Young People, *" … as a good parent would …"*, pp 78, 94, 116.

284 MacKillop Family Services, *Outcomes 100*, p 20.

285 MacKillop Family Services, *Outcomes 100,* p 20.

286 Department of Health and Human Services (DHHS), *Child sexual exploitation: a child protection guide for assessing, preventing and responding,* State of Victoria, Melbourne, 2017, p 11. The Child Protection Manual highlights this link: DHHS, 'Missing children and young people – advice'. See also, A Jackson, 'From where to where: running away from care' *Children Australia*, 2015, 40(1):16–19, p 17, which states: 'a pattern of absconding is a likely precondition or indicator of risk of becoming involved in sexual exploitation'. The Commission's 2015 inquiry, *' … as a good parent would … ',* highlighted cases in which young people absent or missing from residential care were at risk of sexual exploitation: Commission for Children and Young People, *" … as a good parent would …"*, pp 78, 94, 116. For further resources on child sexual exploitation, see Appendix B.

287 Victorian Ombudsman, *Investigation into complaints about assaults of five children living in Child Protection residential care units*, p 82.

Case studies: Evidence of sexual exploitation recorded as 'absent client'

Ruby (15) left her residential care placement without permission for 2 days. Police collected Ruby from her aunt's house and returned her to placement. Ruby told police that, while at her aunt's, many people had been to the house to engage in sexual acts with her mother in exchange for drugs. During that time, an ambulance was called to assess Ruby after she had taken ice with her aunt. After returning to the residential care house, Ruby disclosed that 'something bad had happened'. A man Ruby had met through an app had given her heroin. She had passed out, then woken up with the man in bed beside her. She had no recollection of what had occurred.

Following Ruby's disclosure, SOCIT was informed and a referral to a CASA was considered. This incident was classified as a major absent client incident, and subject to a case review. 'Sexual exploitation' was recorded as the secondary incident type. CIMS guidelines require that where an incident involves sexual exploitation, it should be recorded as the primary incident type.

Aaron (14) was considered to be at risk of sexual exploitation. After periods of being absent or missing from residential care, he returned with new clothes and large sums of money. He was usually away for short periods, sometimes overnight. Aaron was engaged with SOCIT.

One afternoon, a carer overheard Aaron on the phone making plans to meet someone. He was collected by a man in a car and did not return by curfew. Aaron was gone for 5 nights, during which time he had no contact with staff, carers or police. Carers saw some activity on Aaron's social media accounts, which suggested he was in a particular area. They were also in regular contact with Aaron's mother, but they were unable to find him. After 5 days, Aaron called carers requesting a pick-up from a private address. When carers arrive, Aaron appeared to be affected by alcohol. Carers took Aaron to the local police station to close the missing person investigation and for police to execute the section 598 warrant. The police took Aaron to the secure welfare service, as directed by the warrant.

Lucy (14) has autism. She regularly went absent or missing from residential care, usually overnight, but sometimes for a few days. When Lucy was away from placement, she was known to use alcohol and drugs, and sometimes appear substance-affected when she returned to placement. Carers believed that Lucy spent time with older men. Sometimes when carers contacted Lucy, they could hear older men in the background. On one occasion, Lucy sent carers a video of an adult smoking ice. On another occasion, she was overheard smoking a bong during a phone call. Carers believed Lucy was at high risk of sexual exploitation and was easily encouraged to use drugs when away from placement.

The incident reports for both Aaron and Lucy were recorded solely as 'absent client'.

incident reports.[288] As outlined in Chapter 3, these references may refer to a risk of sexual exploitation or an unconfirmed suspicion that sexual exploitation has occurred while the child or young person was absent or missing from residential care.

Over the same period, 220 sexual exploitation incident reports were made in relation to children and young people in residential care, constituting 3% of all incident reports for that cohort.[289] In the file review of 12 children and young people frequently reported absent, 10 out of 12 had a Sexual Exploitation Information Template on file, indicating they were at risk of sexual exploitation.

With the department's introduction of CIMS in 2018 to replace the previous incident reporting system, the number of sexual exploitation incident reports dropped significantly, as outlined in Chapter 3. In the financial year 2016–17, the final full year of reporting prior to the introduction of CIMS, there were 339 sexual exploitation Category 1 incident reports.[290] In 2018–19, the first full year of CIMS reporting, there were 137 sexual exploitation incident reports, a drop of nearly 60% compared to 2016–17.[291] The number of sexual exploitation reports increased to 188 in 2019–20; however, this still represents a 45% reduction in reporting compared to 2016–17, before CIMS was introduced.[292]

It appears that the reduction in reports of sexual exploitation is due to agencies applying a higher reporting threshold – requiring firmer evidence that a child or young person has, in fact, been the victim of sexual exploitation – rather than representing an actual reduction in incidents. As outlined in Chapter 3, absent client incident reports in CIMS indicate that children and young people's experiences of sexual exploitation are sometimes reported as absent client incidents, which in most instances are classed as non-major and are not subject to investigation or review. The Commission has raised concerns about under-representation of sexual exploitation in CIMS a number of times since 2018 and remains concerned about the lack of action taken.

In addition to sexual exploitation, 259 incident reports of sexual abuse of children and young people in residential care were made in the 18 months to 31 March 2020, constituting 3% of all incident reports for that cohort.[293] Not all children and young people were absent and missing during these incidents (for some, the abuse occurred in the residential house). However, stakeholder consultations and commentary in incident reports and client case notes suggest that it can be difficult for carers to know what has happened to a child or young person while they are missing or absent without a specific disclosure or other evidence. The Commission recognises that sexual exploitation is monitored in ways other than CIMS, as outlined in Chapter 7, however CIMS provides the only system-wide oversight or reporting on the issue.

Finding 18: Reporting of sexual exploitation, abuse and assault in CIMS

Children and young people's experiences of sexual exploitation and assault occurring when they are absent or missing from residential care appear to be under-represented in the department's Client Incident Management System (CIMS). Under-representation appears to have worsened since this system was introduced in 2018.

As a result of this under-representation, formal investigations or reviews required by CIMS policy of these children and young people's experiences, and scrutiny of responses, are inconsistent and occur less frequently.[294]

288 DHHS, CIMS data, 1 October 2018 to 31 March 2020. This data relates to incidents in placements classified as both 'residential care' and 'therapeutic care'. The word count was extracted from the incident description provided in CIMS report for the term 'sexual exploitation'.
289 Appendix A: Table 7.
290 Appendix A: Table 6.
291 Appendix A: Table 6.
292 Appendix A: Table 6.
293 Appendix A: Table 7.
294 In its response to a draft of this inquiry report, the department made the point that CIMS is not intended to be the only source of information or recording of sexual exploitation. The Commission acknowledges this fact and notes that, that being the case, there is no current way of accurately monitoring sexual exploitation at the systemic level.

Child sexual exploitation

Child sexual exploitation is marked by a power imbalance, in which a child or young person is manipulated, coerced, forced or deceived into sexual activity in exchange for something, such as money, gifts, drugs, alcohol or more intangible things like love, affection, status or protection.[295] What may appear to be consensual to the child or young person is often not genuine consent and indeed, depending on the age of the parties, consent will not be relevant, as any sexual activity will constitute an offence. Stakeholders described a range of scenarios, including organised paedophile rings actively targeting children and young people in residential care, through to 'the odd guy and his mates' who opportunistically exploit and assault vulnerable children and young people who are absent or missing from residential care.

When children and young people become involved in sexually exploitative relationships, they may be seeking a sense of safety, to exert control or are responding to a history of trauma which may be exacerbated by the care system itself.

> *What I am most concerned about is their vulnerability to predators and our inability to offer an alternative that is more appealing to being with people who treat them so badly … The kids who are traumatised have a flight response; something happens, and they zoom out the door, often into the cars of really awful people. (Departmental staff member)*

> *Girls want to be attached to people so they get protection, have their needs for intimacy, affection and safety met, or to feel numb. Whatever the need is, they think these people can provide that for them. (Residential care staff member)*

A residential care staff member gave the example of young person who has been exploited by a man in his forties for the past 2 years.

> *We still can't break that connection. She sees it as a loving relationship … Her POI [person of interest] is somewhat of a protection for her when she is with the homeless community. (Residential care staff member)*

> *[Perpetrators have] become very good at expressing delight and demonstrating to these kids that they care about them. There are no rules and red tape about how they do that … It's called counterfeit attachment because it looks and feels good. (Residential care staff member)*

Offering sex as an exchange can give a child or young person a sense of control and independence.

> *If a sense of control is offered outside, like sexual favours in exchange for accommodation, it makes them feel that they have control over their lives that they have never had. (CASA worker)*

> *They will want to get something from it. They don't see it as being exploited; rather, it gives them a sense of control. (CASA worker)*

Children and young people's concept of exploitation as an exchange can also be linked to needing to feel good about themselves, which perpetrators respond to through gifts of clothes, money and drugs.

295 The department defines child sexual exploitation as: 'children being forced or manipulated into sexual activity for something – money, gifts, drugs, alcohol or something less tangible, such as affection, status or love': DHHS, *Child sexual exploitation: a child protection guide for assessing, preventing and responding*, p iv.

Case study: Sexual exploitation and assault

Lara, Amy and Alexis are regularly reported as missing from residential care. In the 18 months to 31 March 2020, they were reported as absent clients 325 times between them.

Lara (17) is frequently missing for periods of 2 to 5 days but is sometimes missing for longer periods of up to a month. When she returns to placement, Lara often leaves again in less than 24 hours. Lara has been groomed and sexually exploited by Greg, a man in his thirties. Lara sees Greg as her boyfriend. When missing from placement, Lara often spends time on the streets. Greg has been incarcerated for breaching intervention orders that direct him not to contact or see Lara. On one occasion, Lara was assaulted by another man while Greg was on remand. Lara has used a range of drugs when missing from placement.

Amy (15) has a history of sexual abuse and has experienced more than 20 out-of-home care placements as well as many placements in the secure welfare service. Amy is frequently absent or missing from placement and it is suspected she spends time with adult men who are known to have sexually exploited her. Amy has used a range of drugs when missing from placement and has a history of self-harm and suicidal ideation.

Alexis (16) has a history drug use, mental health concerns, family violence and suffered significant trauma in her early childhood. Over a 13-week period, she was absent or missing from placement 23 times, ranging from a few hours to a few days at a time. At least 4 individual men have been identified as sexually exploiting her. Adult men have supplied Alexis with alcohol and drugs when she has been absent or missing from placement. It is believed she has connected with these men online. On a few occasions, Alexis has returned to placement with a large amount of cash and a written list of prices and references to customers. It is believed that Alexis was receiving payment for sex work.

They've grown up with environmental neglect. They smell at school, no one wants to be near them, so clothes etc. are important. If we had the budget to buy good gear for kids, then they would stay; compared to a predator who will fit you out with Nike. They see it as the only way to come out of the poverty and deprivation they've been in. For example, kids go missing for 5 days, and come back with hundreds of dollars worth of clothes, shoes. They feel so good. They get that need met. (Residential care staff member)

Consultations suggested that children and young people also seek these relationships to mitigate the instability they experience in the system and beyond.

Once they are in residential care, potentially there's been multiple breakdowns of other placements, and the children have very limited enduring relationships, so they seek out people who are opportunistic and will exploit them. (Departmental staff member)

The lack of future planning means they have to create their own future plans. So, they think if I have a relationship with 50-year-old male, then at I can go back to his house for consistency. The young person thinks that in comparison with all that, the reliability of the older man (the perpetrator) is greater than the service system. (CASA worker)

Case study: Sexual exploitation and the influence of fellow residents

Sophie (14) started going absent or missing overnight regularly with a fellow resident, Keyla. On one occasion, Keyla told carers that they were at a hotel paid for by a friend. Carers were concerned that Keyla was linking Sophie to sexual exploitation networks.

On one occasion after returning home for one night, Sophie went missing for 13 nights. During that time, carers spoke to her each day. While Sophie was missing, carers became aware that a man had asked Keyla to bring him Sophie.

Sophie was eventually picked up by police and admitted to the secure welfare service. Police and SOCIT declined to investigate further as Sophie was found 'safe' and 'no risks were identified'.

Sexual exploitation is also linked to children and young people going absent or missing to connect with friends and peers. Perpetrators of sexual exploitation use existing connections within these networks as pathways to reach other children and young people.

Offenders use young people to get to other young people. (Residential care worker)

Some stakeholders spoke of children and young people in residential care being manipulated by older people to 'recruit' other children and young people to a sexual exploitation network. One residential care worker commented that this process is exacerbated by placement instability, which leads to large networks of children and young people connected through residential care.

They combine networks and create large sexual exploitation rings that they are involved in. (Residential care worker)

The majority of kids in resi care are all getting Sexual Exploitation Templates, because they are all at risk. For example, if a young person goes out with another young person who has a Sexual Exploitation Information Template, they are at risk just by being with them. (Residential care staff member)

In some instances, co-residents may go absent or missing together, and subsequently one child or young person perpetrates sexual exploitation or assault on another while they are away from care.

Other forms of sexual abuse, assault and rape

The line between sexual exploitation and other forms of sexual abuse and assault is not always clear. Several stakeholders emphasised that, while there has been some focus on improving understanding of, and responses to, sexual exploitation, it is important not to mischaracterise sexual offending against children and young people when they are absent or missing from residential care.

Even talking about the words 'sexual exploitation'. These are kids who are raped repeatedly. They are sexually abused. We call it 'sexual exploitation'. It minimises it. If god forbid any child you knew went out and was raped, there would be an enormous response; whereas for these kids it happens several times a week and it is just a given. (CASA worker)

Case study: Rape and assault

Zara (15) regularly used drugs, including ice. She was sexually exploited and attempted suicide several times. Incident reports suggested that Zara had provided photos of herself and engaged in sexual activities with older men in exchange for money and drugs. A number of reports recorded that Zara told carers she was raped. These disclosures were variously categorised in CIMS as 'sexual exploitation', 'sexual abuse' and 'absent client'.

On one occasion, Zara went missing overnight. The following evening, Zara called carers asking them to collect her. Upon arrival, Zara was distressed and dishevelled.

Zara told carers she had been with 'junkies'. She said a knife had been held to her throat, she was pushed against a wall and strangled, and was raped and robbed.

When she returned to placement, Zara refused to provide any further information or to be medically assessed.

Carers provided an update to Child Protection, and contacted an ambulance, police and SOCIT. This incident was recorded as a major absent client incident in CIMS.

There were no incident reports for either sexual exploitation or sexual abuse concerning this incident.

Harm caused by sexual exploitation, abuse, assault and rape

The harm caused by sexual exploitation, abuse, assault and rape is significant, even though the full impact may not be apparent for years. The department's *Child sexual exploitation* guide notes the myriad of adverse consequences on children and young people's mental health, resulting in trauma, functional impairments and high-risk behaviours.[296] Quoting a report prepared for Barnardo's in Northern Ireland, the guide states:

> It is difficult to begin to capture the many ways in which an experience of sexual exploitation negatively impacts upon a young person's life. It affects his/her health – physical, sexual and mental. It reinforces an inadequate sense of self and compounds existing vulnerabilities. It shapes future relationships, social integration and general life prospects. This is particularly the case when appropriate support is not received, both at the time and on an ongoing basis.[297]

Consultations for this inquiry confirmed the high prevalence and devastating impact of sexual exploitation, abuse and assault occurring when children or young people are absent or missing from residential care.

> *Probably most young people have been sexually assaulted when they were missing at some point, whether they see it as that or not. (Residential care staff member)*

> *Every young person coming into the house has some form of history, or is at risk of, sexual exploitation … A lot of females who go missing and engage in risk-taking behaviours are sexually assaulted and/or provide sexual favours. (Residential care staff member)*

296 DHHS, *Child sexual exploitation*, p 7.

297 H Beckett, *'Not a world away': the sexual exploitation of children and young people in Northern Ireland*, Barnardo's Northern Ireland, Belfast, 2011, quoted in DHHS, *Child sexual exploitation*.

Overall, most stakeholders consulted for this inquiry cited sexual exploitation and assault of children and young people as one of their greatest concerns when children and young people are absent or missing from residential care. Many stakeholders suggested that it is under-reported due to lack of disclosures or other evidence. However, they also emphasised that targeting sexual exploitation is a priority for the department and residential care service providers in their response to the issue of children and young people going absent or missing from residential care. This response is considered in Chapter 7.

Finding 19: Sexual exploitation, abuse and assault

An alarmingly high number of children and young people who are absent or missing from residential care are sexually exploited, abused and assaulted, often by adult men. This exploitation, abuse and assault can be ongoing for long periods, and has devastating and long-term consequences.

Criminalisation and child criminal exploitation

Hang out with my mates. I would go out and steal cars and random shit. (Jackson, formerly residential care, 19)

I started assaulting carers, then police were involved, and charges were laid. I was assaulting the carers, not because I was angry with the carers but because I wanted to get out of the house. That was the one I used to abscond from. (Sian, formerly residential care, 19)

[I went] into resi … then I started absconding, getting charges, property damages and that. (Hunter, residential care, 13)

Over-representation in the youth justice system

The Sentencing Advisory Council's recent series of reports on 'crossover kids' highlighted that children and young people who are in out-of-home care in Victoria are over-represented in the youth justice system, particularly children and young people placed in residential care.[298] In part, it appears this over-representation is due to criminalisation of children and young people in residential care houses for behaviour that would not ordinarily be treated as a criminal offence in a home.[299]

I got charged. One of the workers got me charged for threat to kill and criminal damage. I think that was pretty shit, I didn't do anything to her. She coulda done things differently at that time instead of getting me charged. (Meredith, formerly residential care, 17)

298 The Sentencing Advisory Council's findings were consistent with earlier research, 'which suggests that children who have experienced residential care are over-represented in the youth justice system': Sentencing Advisory Council, *'Crossover kids': Report 1*, pp 37, 74. The second report reached a similar conclusion, finding that across a range of offence categories, children and young people who had experienced residential care were twice as likely to have committed those offences than children not known to child protection: Sentencing Advisory Council, *'Crossover kids': vulnerable children in the youth justice system, Report 2: children at the intersection of Child Protection and Youth Justice across Victoria*, State of Victoria, Melbourne, 2020, p 57. See also, S Baidawi and R Sheehan, *'Crossover kids': offending by child-protection involved youth*, AIC reports, Trends and issues in crime and criminal justice, No 582, Australian Institute of Criminology, Canberra, 2019.

299 See, for example, Sentencing Advisory Council, *'Crossover kids': Report 2*, p 74; Baidawi et al. 'Criminal exploitation of Child-Protection involved youth'. The Commission's *In our own words* inquiry similarly found that: 'Many of the children and young people in residential care told the Commission that residential care providers rely too much on police to resolve incidents of challenging behaviour by young people.' Commission for Children and Young People, *In our own words*, finding 162.

Case study: Compounding criminalisation

Noah (15) has a history of driving and travelling in stolen cars when absent or missing from placement. In one incident, he was wanted by police for stealing cars and possibly being involved in a car accident. Noah was apprehended by police, along with another young person from residential care. Following this incident, Noah was admitted to the secure welfare service for 10 days. Upon discharge, he spent less than one night in placement, leaving at 4 am in breach of bail conditions. While missing, Noah made his own way to a bail hearing at court where he was seen by carers. Noah returned to placement of his own accord the following day.

Isla (17) is frequently absent or missing from residential care for long periods. In the 18 months to 31 March 2020, Isla was reported as an absent client 37 times. A case note recorded that, in one 2-month period, Isla was missing from placement from 45 to 50 days. Isla is known to use ice when missing from placement. Isla has been convicted of various theft offences. In one incident while absent from placement, Isla missed a Youth Justice appointment. Upon her return, she was arrested when signing in for bail. Isla was subsequently interviewed for further criminal offences, resulting in a period of remand before returning to placement.

Resi is just hard to deal with. Some workers are hard; they are just difficult to work with. Like I've assaulted a couple of them, threw a chair at them cos they piss me off and that. They just nag me, they like nagging people. They say 'Do this, do that, do this, do that.' (Hunter, residential care, 13)

Criminalisation of children and young people in residential care is also linked to their behaviour in the community, often when they are absent or missing. Consultations and incident reports described children and young people engaging in a range of offending while absent or missing from residential care. This can range from less serious crimes (such as shoplifting) to serious motor-vehicle theft, drug dealing, assault and sexual offences. In some instances, children and young people may commit crimes to find belonging through a shared, high-risk activity. In other instances, children and young people are exploited by older people to commit more serious crimes. This is known as child criminal exploitation. In both cases, the desire or pressure to engage in these activities can contribute to children and young people being absent or missing from care.

Car theft by young people has been a problem since I started as social worker. They used to hot wire the cars; now they take the keys. Kids are stealing cars and selling them to adults. It's part of organised crime networks. Police need to target those networks. These people are heavily invested in continuing to exploit young people. They use a 14-year-old because the consequences if they are caught are less. Young people steal cars worth $20,000 to $40,000; they get $400. What does the crime network get? (Residential care staff member)

A lot of young men are caught up and abused by older men in their thirties and forties to be runners, steal cars, and are exploited by gangs … Sometimes they constantly leaving due to gang violence and planned assault. They leave to assault people, or leave placement because gangs know where they are living and will come to get them. (Residential care staff member)

As a result of these activities, children and young people are at risk of criminalisation and involvement in the criminal justice system.

They end up with criminal charges, which starts the cycle of being engaged in the court system. (Departmental staff member)

Child criminal exploitation

Like child sexual exploitation, child criminal exploitation may appear to the child or young person as consensual and it gives them a sense of control, acceptance and status which they may feel they lack in the residential care system. However, as defined in the UK, child criminal exploitation is where:

> an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.[300]

Individuals and groups involved in criminally exploiting children and young people target those who are most vulnerable, such as those who have experienced neglect, physical or sexual abuse, lack housing stability or a safe home environment, are socially isolated, are economically vulnerable, have a disability, have mental health or substance use issues and who may be excluded from mainstream education.[301] Being in care, particularly in residential care, is a specific risk factor identified in the UK that heightens children and young people's vulnerability to criminal exploitation.[302] Like sexual exploitation, 'persistently going missing' and 'leaving home/care without explanation' are potential indicators of children and young people being criminally exploited.[303]

Research on child criminal exploitation is more developed internationally, particularly in the UK.[304] For example, research in 2015 identified the links between children and young people involved in gangs, those who go missing and those who are at risk of sexual exploitation.[305] More recently, the Howard League for Penal Reform has found that: 'Children in residential care are targeted by people carrying out criminal activities because they have the kinds of vulnerability and lack of adult oversight that make them most susceptible to grooming and control.'[306] The Howard League noted that robust data to support anecdotal evidence is not yet available 'largely because professionals have not been identifying and recording instances of child criminal exploitation'.[307] However, the Howard League found 'a strong link between missing incidents and criminalisation', concluding that 'children who are being criminalised are … much more likely than other children in care to go missing and they will go missing more times'.[308]

In Australia, recent research on 'crossover' children, who are those involved in both the youth justice and child protection systems, found that while robust prevalence data on this issue is lacking, stakeholders working with crossover kids regularly identified criminal exploitation as a concern.[309] Further, it found that children and young people 'in residential care and those with a neurodisability were identified as particularly vulnerable subgroups, while sexual exploitation and substance abuse were identified as facilitators of criminal exploitation of crossover children'.[310]

300 Home Office, *Criminal exploitation of children and vulnerable adults: County lines guidance*, Home Office, London, 2018, p 2.
301 Home Office, *Criminal exploitation of children and vulnerable adults,* p 4.
302 Home Office, *Criminal exploitation of children and vulnerable adults.*
303 Home Office, *Criminal exploitation of children and vulnerable adults,* p 5. See also, Howard League for Penal Reform, *Victims not criminals: protecting children living in residential care from criminal exploitation*, Howard League for Penal Reform, London, 2020.
304 See references noted above and in Appendix B. Initially, research focused primarily on gang-involved youth involved in 'county lines' crime which is described as: 'gangs and organized criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines of other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.' Home Office, *Criminal exploitation of children and vulnerable adults*, p 1.
305 Sturrock and Holmes, *Running the risks*.
306 Howard League for Penal Reform, *Victims not criminals*, p 3.
307 Howard League for Penal Reform, *Victims not criminals.*
308 Howard League for Penal Reform, *Victims not criminals,* pp 7–8.
309 Baidawi et al., 'Criminal exploitation of Child-Protection involved youth', p.11.
310 Baidawi et al., 'Criminal exploitation of Child-Protection involved youth', p.11.

Case study: Criminal activity, drugs and exploitation

Chase (16) is frequently missing from his residential care house. In one 6-week period, he was absent from placement for 26 nights, occasionally returning to the house during that time.

While missing from residential care, Chase stole a car, and he is suspected of breaking in to other cars. Several unknown people have gone to Chase's residential care house because they believed he has stolen money from them.

Chase regularly uses ice and is known to be at risk of sexual exploitation. While in the community, a carer saw Chase with a man who appeared to be in his forties. At the time, Chase appeared to be heavily affected by substances. Despite concerns, Chase has never been the subject of a sexual exploitation incident report.

Several stakeholders noted that children and young people in residential care may come from families in which committing crime is accepted or even expected. Consequently, seeking connection with family also leads to engagement in crime. In this context, the family relationship may be a form of criminal exploitation.[311]

Some kids who are raised in a family where criminality is part of the moral code … Some kids in those families end up in Child Protection, not all, but those who do end up in Child Protection are at the bottom of the pecking order of the criminal family or group. Criminal behaviours are not so much organised, but familial and networked. It shapes what they know and believe is a reasonable thing to do. (Residential care staff member)

It's about what they have seen themselves. We had one young girl from a family with AOD [alcohol and other drug] issues. Her dad was thieving. He was putting his daughter through the window to steal things. That is their normal. They don't know anything different … It's linked to intergenerational trauma – it happens generation after generation. If their own parent will do it, anyone will do it. (Residential care staff member)

Like child sexual exploitation, children and young people in residential care may influence or recruit other children and young people to engage in criminal activity.

DHHS wants to reduce crime and you put a perfectly good person who does not do drugs and alcohol with someone who has been to Parkville numerous times and you think 'This is how you reduce crime? Woohoo!' (Rohan, residential care, 17, Aboriginal)

311 Baidawi et al., 'Criminal exploitation of Child-Protection involved youth', [3.1].

Stakeholders suggested that the influence of some children and young people on others to engage in criminal activity is linked to a need to gain acceptance or status among peers, which may lead to exploitation.[312]

They think if I steal that car, they'll like me; or if I punch that person in the face, they'll think I'm funny. Adults that exploit these kids are very clever. They meet the needs of these kids superficially. (Residential care staff member)

They are looking for brotherhood in joining gangs. They are looking for connection in gangs. They are families. (Residential care staff member)

[Criminal networks provide] a group that accepts them and creates a family. We see most of it with our young males, for example being referred to as a 'brother'. That acceptance is huge for them. A lot of young people are so wrapped up in wanting to be a gangster, they replicate that; for example, wearing bandanas. It allows them to feel self-worth in their way. They are paid in substances, cash, and weapons. (Residential care staff member)

Some boys are really motivated to be in organised crime because it offers structure, safety and protection, which they love. A lot have been the victim, so anything that they can attach themselves to that gives them a sense of strength, power and protection, they see as appealing. (Residential care staff member)

While many stakeholders referred to boys and young men involved in crime and criminal exploitation, a number emphasised that it should not be treated as a gendered issue.

Young males and females, it makes no difference. Just as many girls are caught up in organised crime, and just as many boys are caught up in sexual exploitation. (Residential care staff member)

There is insufficient data to reach a conclusion on whether boys and young men are more at risk of criminal exploitation than girls and young women.

Some stakeholders also suggested there is a significant overlap between criminal and sexual exploitation. For example, a predator may manipulate or coerce a child or young person involved in a sexually exploitative relationship to commit crimes.[313] Alternatively, involvement in criminal exploitation may lead to sexual exploitation, for example through threats or other forms of manipulation and coercion.

Apart from criminalisation, involvement in criminal exploitation can also expose children and young people to more direct risk of harm.

For a number of them, they may have to pay the piper; for example, to help with drugs. They are threatened at knife or gunpoint … because it's part of the day-to-day criminal activity. (Residential care staff member)

Stakeholders consulted as part of this review suggested that more emphasis needs to be placed on recognising and disrupting criminal exploitation of children and young people in residential care, in line with sexual exploitation.

It would be great if we can broaden [our response to] exploitation in general. The reality is that these young kids are being exposed to criminal behaviour much younger, and there are often older people in the mix that are leading this. We need a better system in place to disrupt that. (Residential care staff member)

312 Baidawi et al., 'Criminal exploitation of Child-Protection involved youth', [3.2] and [4].

313 See, for example, Baidawi et al., 'Criminal exploitation of Child-Protection involved youth', [3.1].

Case study: Grooming for child criminal exploitation

Louis (12) has an intellectual disability. He has been in residential care since he was 8 years old. He goes absent or missing daily. In the 18 months to 31 March 2020, Louis was reported as an absent client 73 times and was the subject of one sexual exploitation report. Louis sometimes goes missing overnight and is believed to spend time with unknown members of the community. Louis's management care plan requires that he is supervised and monitored at all times.

Louis regularly obtains cigarettes and tobacco when absent or missing. On one occasion, Louis returned to residential care with tobacco. When his carer asked how he obtained it, Louis explained that Issy, a teenage girl, gets him to deliver things to other people on the street such as bags of tobacco and beer. In return, Louis receives cigarettes or tobacco. When asked why he does it, Louis responded that 'Issy says I have to'.

Louis is also considered to be at risk of sexual exploitation.

Contribution of other factors to criminalisation

Leaving care to engage in criminal activity may also be associated with a child or young person's need for adrenalin, which is linked to a history of, and potentially ongoing, trauma.

> *For a lot of our kids, the need for high-risk behaviour releases some really good endorphins, so they feel good when they steal a car. (Residential care staff member)*

> *We had one young boy … who was compulsively stealing cars, absconding, chroming, using substances. We picked him up one morning and we said, 'We're coming back to the unit and will get you fed, washed up.' He actually lay in the back seat of the car in a fetal position and said, 'I feel sick and need to steal something.' The caring and nurturing response, his body couldn't process it. He needed to get his heart rate back to what he had always known; to put himself in a situation where his body felt normal. (Residential care staff member)*

Stakeholders suggested that the need for adrenalin may escalate due to engaging in crime itself.

> *When young kids are getting into high-adrenaline crime at a young age, then their baseline is increased dramatically. If they are stealing cars at 12, to get that level of excitement they have set the bar very high. So, they will step up to the next level much younger with older people. (Residential care staff member)*

Other factors that stakeholders suggested prompt children and young people to leave care to engage in criminal activity included children and young people seeking to:

- address a sense of shame they may feel due to their status as a 'resi kid', something they have done in the house, or being sexually or criminally exploited
- be charged and sent to a youth justice centre as a way of connecting with family or friends who may also be in the youth justice system, or because the environment of a youth justice centre is more 'containing'
- avoid police who may go to a residential care house to arrest them for prior offences
- obtain money to buy drugs or repay debts, sometimes in response to threats.

In some instances, children and young people go absent or missing with the intention of committing crime. However, in other instances, criminal activity is not planned but is associated with the connections they make, and other experiences they have, both in care and while absent or missing from care.

> *They are caught up in the moment with other kids and end up breaking the law. For example, they could get drunk and do something while drunk. They are more at risk of ending up on a youth justice order. (Residential care staff member)*

The connection between unplanned criminal activity and being absent or missing is often complex.

> *They start by just planning to see friends for a few hours, and then because they are out and about and it's been a few days, they are too scared to come back because they think they will be in trouble. Then this cascades because they need food or clothes, so they end up shoplifting, or they are bored, or not thinking clearly. They lose hope very quickly. They are throwing their hands up and saying, 'The police will get me anyway, so I'll make the most of it. I'll be in trouble anyway.' They don't care anyway, because everything else has gone to shit. (Residential care staff member)*

Finding 20: Criminalisation

Children and young people who are absent or missing from residential care are at high risk of criminalisation through exposure to and engagement in criminal activity, which in some instances is linked to criminal exploitation.

Criminalisation through language, processes and police intervention

As outlined in Chapter 2, children and young people who are absent or missing from residential care may be perceived as 'troublemakers' who deserve punishment. One departmental staff member commented that frequent contact with police can lead to a spiral of criminalisation. In some instances, alternatives to criminal charges may be more appropriate, as suggested in Victoria's Framework.[314] However, alternatives are less likely to be considered for more serious crimes such as car theft and drug dealing, which may be linked to criminal exploitation.[315] In these cases, the perception that children and young people are 'bad' may be heightened.

> *[Police] see these kids as residential care kids, and when they go missing, they think, 'Why can't you keep them locked up?' When they commit crime, they are seen as rotten kids. They don't see that the kids are exploited and harmed. (Stakeholder with policing experience)*

This perception is reflected in research in the UK, where the Howard League for Penal Reform in the UK stated: 'Police tell us that many officers are finding it difficult to make that mental shift from seeing children who are carrying drugs and who may have been involved in violent activity as victims rather than criminals.'[316]

Children and young people who are absent or missing from care can also experience the processes designed to find and return them to care as criminalising. As outlined in Chapter 2, even though these are technically civil processes designed for children and young people's protection, the language and processes of missing person reports, warrants, absconding and police intervention can be conflated with criminal processes. Children and young people often perceive being picked up on a section 598 warrant as being arrested, with a small number describing being handled roughly.

314 DHHS, *Framework to reduce criminalisation of young people in residential care*, guiding principle 8.
315 See discussion of criminal exploitation above.
316 Howard League for Penal Reform, *Victims not criminals*, p 7.

They let us go out, they check in every hour. Then, if we don't answer, they tell After Hours DHHS and then they call the cops. Then they arrest you. Getting shoved up against the glass window and being pretty much kicked. Cos we're black … If they feel like they aren't getting their own way, they [get physical] when they arrest us. Happened to me, my brother, my sister. (Tyson, residential care, 17, Aboriginal)

Kids are often assaulted in custody, numerous times by police, so we need to prioritise them, but it doesn't mean that next time they get picked up we can support them, and they will probably get their head kicked again … Some young people are assaulted in police custody. It's not all the time. The behaviours of the young people are really challenging. The police assault them because they are mad at them. (Residential care staff member)

Children and young people are transported in police cars and held at police stations, often for hours at a time.

Sometimes [the police pick me up]. They chuck me in the back of the divvy, it's not very nice. I'm not a criminal. I have a safe custody order. (Leila, residential care, 15)

Even the term of getting a 'warrant'. They have not committed a crime; they are absent from their home. Lots of kids run away from the family home, but we do not obtain a warrant. They are not technically arrested, but they are apprehended and placed in police cars. It's distressing and creates a level of distrust with police and brings children to the attention of police when they haven't committed a crime. (Residential care staff member)

A small number of stakeholders gave examples of police treating section 598 warrants as arrest warrants, and, in at least one instance, remanding a young person to appear before the court.

There are some shocking examples of police who, because it is a warrant, they have arrested and remanded these kids. (Senior stakeholder)

One young person came through the dock on a section 598 warrant. You can't do that. The police were complicit. In another case, a child was 'remanded' [on a section 598 warrant] and appeared before the Children's Court. The fact that it's called a 'warrant' suggests a criminal process. A section 598 warrant is a trigger to break and enter, but it's very different to a criminal search warrant. (Senior stakeholder)

Finding 21: Criminalisation through terminology

The term 'warrant' is primarily associated with the criminal justice process. Some children and young people told the Commission that they are 'arrested' on a warrant and taken into police custody. Other stakeholders told the Commission that the term 'warrant' can cause confusion regarding the status of children and young people subject to a section 598 warrant, and in some instances this is linked to a punitive and criminalising response.

When children and young people are located, they may be substance-affected and their behaviours may escalate due to their trauma response to a perceived threat. This may escalate to offending, for example, if they assault or resist police or an emergency worker.[317] Further, when executing a section 598 warrant, police may find the child or young person has committed a crime, such as driving a stolen car, at the time they are found. Consequently, the protective intervention of a warrant may lead to a criminal charge.

Finding 22: Criminalisation through police intervention

Reliance on warrants to find and return children and young people who are absent or missing from residential care has the potential to criminalise children and young people as a result of interactions with police when children and young people are located, transported and held in custody.

Substance use, addiction and other health risks

Yeh, I guess cos I was addicted to ice that was my life. I would much rather go and do that than anything … I do understand when I was on ice ruining my body, they needed to find me and that. (Meredith, formerly residential care, 17)

The relationship between children and young people being absent or missing from residential care and their use of alcohol and other substances is complex. As outlined in Chapter 5, some children and young people have an addiction they are seeking to fulfil when they are absent or missing from care. This addiction often starts in residential care where older residents supply alcohol and other substances.

Before when I was going for a long time, they would search my bag for drugs [when I returned], because they did not want me to bring back drugs because they're dangerous. At one point, I was supplying drugs to other kids in the unit. They would feed me, especially when I was on meth because I would not be eating while on meth. So, when I got back, I would eat, eat, eat, eat … (Colette, residential care, 17)

Some children and young people use alcohol and other substances as a conduit to connecting with, and being accepted by, friends and peers in the community. Use of alcohol and other substances can also be linked to past trauma and related adrenaline-seeking behaviours, or can be linked to sexual and criminal exploitation. In many instances, these factors overlap.

Whatever the reasons, children and young people are often at significant risk of harm when they use alcohol or other substances. These harms may be direct (such as an overdose) or indirect (being injured or exploited while substance-affected). Sadly, in some cases, children and young people who were absent or missing from residential care have died due to substance use and addiction.

The analysis of incident reports for the 3-month period to 31 December 2019 identified 2 young people who had been absent or missing for lengthy periods prior to their deaths from overdose.

Consultations, incident reports and file reviews included examples of children and young people being taken to hospital for drug overdoses and alcohol poisoning, sometimes requiring life support. Children and young people spoke of drug abuse ravaging their bodies and the damage to mental health due to addiction.

People were worried about the shit I was doing. I literally could have died I was on that much. (Hunter, residential care, 13)

317 See, for example, the feedback from stakeholders to the Sentencing Advisory Council regarding the impact of 'running away from care': Sentencing Advisory Council, *'Crossover kids': Report 2*, p 56.

Case studies: Deaths of Kobe and Alice

In the few months prior to his death, Kobe was absent for extended periods. He was believed to be at a family member's house when he died. He was using drugs and at risk of family violence and neglect. A carer who saw Kobe after he was absent for a few weeks described him as 'unrecognisable' due to extreme weight loss and poor physical appearance. During this absence, Kobe was arrested and taken to hospital having reportedly taken prescription drugs. Kobe died of a drug overdose a number of weeks after the last date of absence from care. At the time of his death, he was absent from placement.

Alice had been absent from residential care for lengthy periods prior to her death. In one year, she was the subject of more than 20 absent client incident reports and one sexual exploitation incident report. Incident reports indicate that, at one point Alice had been absent for a couple of months, having returned to the residential house only once in that time. Incident reports suggest that while absent or missing from care, Alice spent time with a family member, as well as a man referred to as her 'boyfriend' or POI (person of interest) and was 'sleeping rough'. Alice used drugs and was sexually exploited. A couple of months after the date she was last reported absent, Alice died of an overdose at the house of the POI. She had recently been moved out of residential care to a new placement.

Case study: Substance abuse – 'no immediate risk'

Georgia (17) is frequently reported as 'absent' from residential care. She is described as having an extensive history of alcohol and substance use, including ice. According to an incident report, Georgia was 'kicked out' of a detox program due to smoking a bong on the premises. When contacted while absent or missing from care, she sometimes slurs her words.

In one absent client incident report, Georgia's mother was reported as not knowing where Georgia was and believed she was using ice again. However, the report recorded that After Hours Child Protection would not seek a warrant as 'there is no immediate risk'. The incident was reported as non-major.

Using alcohol and other substances while absent or missing from care can lead to children and young people visiting high-risk places. For example, children and young people spoke of going to 'crack dens' and other unsafe places to access drugs. Incident reports refer to children and young people being taken by co-residents to 'trap houses' where sexual exploitation and drug use is suspected.

Being affected by alcohol and substances reduces children and young people's inhibition and their capacity to assess risk, which can heighten their vulnerability to other risks, such as engaging in criminal activities and sexual exploitation. Alcohol and substances are frequently offered as an inducement or coercion to engage in sexual or criminal exploitation.

Finding 23: Harm due to use of alcohol and other substances

Children and young people often use alcohol or other substances when they are absent or missing from care, which places them at significant risk of harm, including death.

In addition to the health risks associated with alcohol and substance use, children and young people have suffered a range of other injuries and adverse health consequences linked to incidents while they are absent or missing from care.

As highlighted in several of the case studies above, consultations, incident reports and file reviews included many examples of the following health risks and harms:

- adverse impacts on mental health, for example, due to sexual exploitation, criminal victimisation and involvement in other traumatic events
- sexually transmitted illnesses and unplanned pregnancies
- interruption to courses of medication for conditions such as diabetes, disability, and mental illness
- injuries occurring in high-risk scenarios, such as high-speed car accidents and incidents around trains
- injuries due to physical and sexual assaults and other criminal acts, sometimes linked to sexual and criminal exploitation
- injuries resulting from self-harm, including suicide attempts
- neglect of health needs, such as not eating, not sleeping, poor hygiene and dehydration (sometimes associated with substance use)
- exposure to extreme weather.

I went through some shitty things. I had an abortion and that really fucked me up. (Meredith, formerly residential care, 17)

Finding 24: Harm due to injury and other adverse health consequences

Some children and young people who are absent or missing from residential care suffer harm arising from injury, adverse mental health impacts, sexually transmitted diseases, unplanned pregnancies, interruption to medication and neglect of other health needs.

Developmental harm

A less tangible, but no less serious, harm that may be experienced by children and young people while absent or missing from residential care is developmental harm. When children and young people are absent or missing, efforts to build connection, support recovery, engage them in education and meet their developmental needs are interrupted.

They are missing appointments, missing health care, missing those helpful social interactions – all the things that set them up for life outside the care system. (Departmental staff member)

The harm is that we are just not meeting their developmental needs when they are absent. They're just not growing when they are out there because they are not being challenged with development, education and life skills. (Residential care staff member)

Further, as found in the Commission's *In our own words* inquiry and outlined in Chapter 5, the current model of residential care is often not meeting children and young people's developmental needs and may compound their trauma.[318] This itself is a significant contributor to children and young people going absent or missing.

When absent or missing from residential care, children and young people may also find themselves in situations that have a negative impact on their development. Children and young people may be exposed to poor role modelling, which shapes their world view, expectations and behaviour. This may be in the family home (where they may return seeking connection) or in other environments where they feel accepted.

[People on the streets] were educating me, maybe not about the right things, but they were a source of education and learning when you don't get that from your family. It was about how to be a human. So, you learn from other people. Someone was teaching me how to steal, places to go heat up food in a microwave, and how to be resourceful. (Zoe, lived experience of homelessness)

The negative impact on children and young people's development may be compounded by traumatic experiences. As outlined above, children and young people may experience additional trauma through exploitation, substance use, exposure to violence, injury and other health impacts. The experience of being found and returned to care can itself be re-traumatising if, for example, they are picked up by police against their will and treated in a similar way to offenders. Some stakeholders suggested that the consequence of re-traumatisation can be developmental regression.

At least one departmental staff member highlighted that the experience of residential care itself can compound rather than change challenging behaviours, including going absent or missing. This experience may limit young people's options to seek placements other than residential care.

The risk potentially is that all the goodwill and intention peter out. While we may still hope for the best, the capacity to future focus starts to be challenging. There is compassion fatigue … For some young people, who might have been appropriate [to be placed with] different carers, [the behaviour] cements their future in resi care … It starts to limit their life options. (Departmental staff member)

Another departmental staff member noted that disconnection from services due to frequent and lengthy absences from residential care can also limit their options post-care.[319]

Kids that have been missing from placement, who have not engaged in independent living programs while they are in placement, they are too high-risk to house and so they exit into homeless[ness]. (Departmental staff member)

Finding 25: Developmental harm

When children and young people are absent or missing from care, efforts to build connection, support recovery, engage them in education and meet their developmental needs are interrupted. The extent of this disruption depends on the effectiveness of these efforts, which is limited by the current model of residential care.

318 Commission for Children and Young People, *In our own words*.

319 For a review of children and young people's experiences transitioning from and post-care, see Commission for Children and Young People, *Keep caring*.

Cultural harm: Aboriginal children and young people

As outlined in Chapter 5, connection to culture is a key part of children and young people's development, particularly for Aboriginal children and young people.[320] The Commission's *In our own words* inquiry found that a substantial number of Aboriginal children and young people in out-of-home care said they felt disconnected from community and culture and need more support to build and maintain this connection.[321]

Disconnection from culture is a form of developmental harm. In consultations, an ACCO staff member described the difficulties experienced by Aboriginal children and young people who have not had opportunities to participate in Aboriginal rituals of adolescence, and have not developed an understanding of Aboriginal values, such as respect for Elders. Consequently, the staff member said they are 'acculturated to a non-Aboriginal world' and 'can't fit into Aboriginal communities when they return'.[322]

The impact of being absent or missing from residential care on children and young people's cultural development is complex. When children and young people go absent or missing, it may be driven by a need to reconnect with family, community, culture and country.[323] It may, in part, be an attempt to meet their cultural development needs and obligations. However, in returning to family, one ACCO staff member explained that children and young people may be at risk of harm through what they described as 'cultural load-up'.

> *For example, a 13-year-old boy is often pulled back to family to protect his adult aunties. They are seeking him out to protect them from an ex-partner. It's a challenging cultural dynamic … They use a 13-year-old as the man of the family because there are no other men in the family they can call on. We say he is a child, and he should be at school. He is exposed to family violence. The 13-year-old looks at himself and says, 'Who is protecting mum or aunty? The men in the family are causing harm so it's up to me to stand up for them.' There's an additional layer of harm through cultural load-up. (ACCO staff member)*

Time spent away from care may also disrupt efforts within the child protection system to support children and young people's connection to, and understanding of, their culture. This assumes, however, that these efforts are genuine and effective, which is not always the case. The Commission found in *In our own words* that:

> … poor compliance with legislated processes and principles to support Aboriginal children and young people in care – such as cultural support planning, Aboriginal family-led decision making and the Aboriginal Child Placement Principle – continues to undermine their right to culture.[324]

Consequently, the level of disruption to children and young people's cultural development resulting from them being absent or missing from residential care partly depends on the level of support they are receiving within the care system to connect to culture.

320 For a discussion of the importance of culture and the impact of out-of-home care on Aboriginal children and young people, see Commission for Children and Young People, *In our own words*, chapter 4.

321 Commission for Children and Young People, *In our own words*, finding 2.

322 The Aboriginal staff member referred to the work of Kenn Richard in Canada: K Richard, 'A commentary against Aboriginal to non-Aboriginal adoption', *First peoples child and family review*, 2004, 1(1), pp 101–109.

323 See discussion in Chapter 5.

324 Commission for Children and Young People, *In our own words*, finding 3.

Finding 26: Potential cultural harm

The impact of being absent or missing from residential care on Aboriginal children and young people's cultural development is complex. They may reconnect with their culture by returning to family, community and country. However, this connection is unsupported and may disrupt efforts within the child protection system to support children and young people's connection to and understanding of their culture.

Financial exploitation

When children and young people are absent or missing from care, their financial status may place them at risk of exploitation.[325] Stakeholders described how children and young people who are entitled to Centrelink payments can be targeted by co-residents, family or others in the community to obtain access to their money. Children and young people who are not entitled to financial support or otherwise lack funds may engage in exploitative activities to obtain money.

> *At 16 years old they are entitled to Centrelink. We give them access to finances and it does not reflect the real world. They are not required to pay rent, food, toiletries etc. If they have an AOD [alcohol and other drugs] issue, it's just exacerbated … We have kids that get massive back pays; for example, $8,000 to $10,000. That can go in 2 to 3 days. Sometimes the family will re-engage with them to get the money. They can't manage it. Any time kids get their hands on money, it is a problem. It makes them more popular; gives them greater access to drugs and alcohol and connection. (Residential care staff member)*

Children and young people with intellectual or learning disabilities are particularly vulnerable to financial loss and exploitation.

> *We have one kid with autism, who, as soon as he gets his money, he's off to the toy shop; off buying other kids presents. As soon as he has money, it is gone. We are not teaching them. (Residential care staff member)*

The risk of financial exploitation of children and young people while they are absent or missing from care may have been exacerbated by the increase in Centrelink benefits in response to COVID-19.

> *We had a young person who had been in a fight, lost her phone and her bank card. She took off … She had just got $750 from the government. She blew $600 in 24 hours due to others taking advantage of her. At the moment, there is more risk involved because they are getting an additional $550 a fortnight [due to COVID-19]. One person is getting $800 a fortnight and that is a risk in itself. These young people want so much to be loved, needed and wanted. I can only imagine who they take the money to. (Residential care staff member)*

Having little or no money may prompt children and young people to engage in high-risk activities while absent or missing from residential care. As outlined above, children and young people may engage in sexually or criminally exploitative activities in exchange for money. They may also engage in crimes such as shoplifting to obtain goods to sell.

> *This young lady is being sexually exploited … She wants things, but it's difficult because she is not an Australian citizen. She is currently applying for a visa, but she can't get Centrelink, so she is fully reliant on the system for money. For example, we are trying to get her some money so that she feels independent. At the moment, she is exploiting herself to get the things she wants. (Residential care staff member)*

325 The issue of financial exploitation was raised by departmental and residential care staff, but not by children and young people in consultations.

Several stakeholders suggested that the financial exploitation experienced by some children and young people when they are placed in residential care is a form of developmental harm, because they are not learning how to manage money when they ultimately leave the out-of-home care system. Some stakeholders suggested the lack of guidance regarding budgeting and money management skills while children and young people are in care 'sets them up to fail'.

> *They don't have mum and dad to set up a savings account for them and to get support from their parents when they can't cope. (Residential care staff member)*

Consequently, children and young people's experiences regarding money when they are absent or missing from care can have a long-term, harmful impact on their management of money in the future.[326]

Finding 27: Financial exploitation

Some children and young people's financial status places them at risk when they are absent or missing from care. In some instances, children and young people with access to funds may be exploited by others to obtain access to their money. In other instances, children and young people without funds may engage in exploitative activities to obtain money.

326 For a discussion of the development of independent living skills, including the management of money, see Commission for Children and Young People, *Keep caring*, pp 105–108.

Chapter 7
The care response – current practice and strategies

In recent years, and with varying degrees of effort and focus over time, the department, Victoria Police and residential care service providers have worked to develop a range of strategies to address the issue of children and young people being absent or missing from residential care, and to target the associated risks of sexual exploitation and criminalisation. This includes revisions to the Child Protection Manual, the creation of new planning tools, development of temporary specialist responses such as the Child Sexual Exploitation Enhanced Response Model pilot, and various service provider initiatives to provide a more holistic and therapeutic model of residential care. These initiatives sit within the broader Victorian Government commitment to reforming the out-of-home care system outlined in the Roadmap.[327]

As part of implementing the Roadmap, the department has developed the *Action plan 2020 residential care* (Action Plan 2020), which sets out a range of actions to improve the current model of residential care.[328]

Consultations with stakeholders indicated that these reforms are underpinned by a genuine concern for the health, wellbeing and safety of children and young people who are absent or missing from residential care. Most stakeholders acknowledged the trauma children and young people in residential care have suffered and may continue to suffer, the risks they are exposed to, and the need for an effective therapeutic and trauma-informed response. Many stakeholders also recognised that addressing children and young people's need for connection is fundamental to addressing the issue of children and young people being absent or missing from residential care.

327 DHHS, *Roadmap for reform*.

328 Department of Health and Human Services (DHHS), *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*, Residential Care Action Plan Working Group, unpublished internal document, State of Victoria, Melbourne.

This chapter outlines the current reform agenda across the department, Victoria Police and residential care service providers since 2015. These approaches and initiatives broadly fall into 2 categories:

- the care response, which aims to support children and young people to remain in care
- the safety response, which is designed to safeguard the children and young people while absent or missing from care and to return them to placement.

This chapter focuses on the care response, highlighting the critical importance of a relationship-based model of care as outlined in the Commission's *In our own words* inquiry.[329]

Progress on the roadmap to reform

In its 2016 Roadmap, the Victorian Government acknowledged that 'outcomes are poor for children who live in residential care'.[330] It committed to a new system in which:

> … residential care services will evolve into more personalised adolescent care and treatment services. We will work with experts, clinicians and the community sector to design sub-acute and intensive trauma-informed residential treatment programs for young people between 12- and 17-years-old who have highly complex or extreme symptoms and challenging behaviours caused by recent or past histories of sexual, physical, and/or emotional abuse and/or placement disruptions.[331]

However, as noted in the Commission's 2019 *In our own words* inquiry, 'The transformation of residential care promised under Roadmap has not been realised.'[332]

At the end of 2019, the department finalised the Action Plan 2020 as part of its Roadmap commitments.[333] The Action Plan 2020 acknowledges continuing 'significant system failings experienced by children and young people in residential care' which 'sometimes cause further trauma'.[334]
It 'recommends immediate actions and next steps to:

- improve the safety, effectiveness and connectedness of residential care services
- alleviate current system pressures impacting on the quality of care
- provide a pathway to realise the longer-term transformation of care services outlined in *Roadmap for Reform: Strong Families, Safe Children*.'[335]

These actions are mapped against 5 domains linked to the department's outcomes framework: safety, effectiveness, voice, connected, and sustainable.
It includes recommendations that aim to:

- improve safety and placement stability
- implement consistent behaviour support
- make properties homely
- implement new models of care, including more intensive models of therapeutic support
- support workforce stability and skills
- improve children and young people's relationships with workers
- enable children and young people to have a voice in decision-making
- improve connections to family and community
- support cultural safety and connection.

The department intended to begin implementation of priority actions from early 2020. However, in consultations, the department confirmed that implementation had been delayed by the department's responsibilities in response to COVID-19 and was compounded by the deferral of the 2020–21 Budget to November 2020.[336]

329 Commission for Children and Young People, *In our own words*.
330 DHHS, *Roadmap for reform*, p 8.
331 DHHS, *Roadmap for reform*, p 17.
332 Commission for Children and Young People, *In our own words*, p 274.
333 DHHS, *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*.
334 DHHS, *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*, p 3.
335 DHHS, *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*, p 2.
336 In its response to a draft of this inquiry report, the department advised that it has recommenced this work.

The Victorian Government signalled its ongoing commitment to reform of the residential care system in the 2020–21 Budget, handed down in November 2020, which included $80 million to increase the number of 2-bedroom and 3-bedroom residential care homes, $16 million to expand the KEYS program and $9 million to establish 'care hubs' providing wraparound support for some children entering residential care.

In addition to these proposed reforms, the department, Victoria Police and residential care service providers have piloted and implemented a range of strategies since the Commission's 2015 inquiry, *"… as a good parent would …"*, which directly or indirectly target the issue of children and young people being absent or missing from residential care, and the associated risk of sexual exploitation.

At a central level, departmental initiatives include:

- extensive revisions of the Child Protection Manual supported by departmental literature reviews and guidance on children and young people missing from care and sexual exploitation[337]
- the development of planning tools, such as the Repeat Missing Template, Sexual Exploitation Information Template, behaviour support planning tools and a draft connection planning tool
- the creation of Sexual Exploitation Practice Leaders (SEPLs), with an increased focus on intelligence gathering, mapping of networks and disruptive actions, and providing practice support in relation to sexual exploitation
- the creation of monitoring tools for CIMS incidents, warrants and sexual exploitation (discussed in Chapters 3 and 4)
- the development of Overnight Safety Plans in residential care houses, supported by the requirement to have a stand-up staff member[338] in all 4-bed residential care houses.[339]

Locally, departmental divisions and areas have developed a range of local missing person and warrants trackers and local monitoring initiatives. As discussed in Chapter 3, these systems vary across the state, resulting in inconsistencies in reporting that limit the department's capacity to conduct systemic monitoring.

Jointly, the department, Victoria Police and other agencies have also developed a range of initiatives since *"… as a good parent would …"*, some of which have not been sustained. In some instances, this has resulted in a loss of focus and momentum to address the issue of children and young people being absent or missing from residential care, and the associated risk of sexual exploitation. For example, the joint departmental and Victoria Police pilot of the Child Sexual Exploitation Enhanced Response Model, which operated from 2016 to 2017, was not formally expanded despite a favourable evaluation. This is discussed in detail below. Similarly, the interdepartmental committee established in 2015 to oversee the implementation of the whole-of-government *Keeping children safe from sexual exploitation strategy* has since ceased, leaving a gap in centralised monitoring, reporting and inter-agency coordination about children and young people in care who are at risk of sexual exploitation.

More recently, in 2019, the department and Victoria Police established the Vulnerable Children and Youth Subcommittee to oversee joint initiatives, including:

- an intelligence collaboration to identify emerging issues and risks relating to children and young people who go missing from care services

337 See, for example, DHHS, 'Missing children and young people – advice'; Department of Health and Human Services (DHHS), 'Missing children and young people', *Child Protection Manual*; Department of Health and Human Services (DHHS), 'Missing persons report', *Child Protection Manual*, Document ID number 1511, version 5, 17 July 2020, State of Victoria, Melbourne; Department of Health and Human Services (DHHS), 'Warrants', *Child Protection Manual*, Document ID number 1213, version 5, 5 May 2020, State of Victoria, Melbourne; Department of Health and Human Services (DHHS), 'Sexual exploitation – advice', *Child Protection Manual*, Document ID number 2405, version 3, 16 March 2017, State of Victoria, Melbourne; Department of Health and Human Services (DHHS), 'Sexual exploitation', *Child Protection Manual*, Document ID number 1604, version 5, 30 June 2018, State of Victoria, Melbourne; DHHS, *Missing from care*; DHHS, *Child sexual exploitation*.

338 This is a staff member who works on overnight shift in a residential unit.

339 Department of Health and Human Services (DHHS), *Overnight safety plan: improving safety for children and young people in residential care*, DHHS website, accessed 1 December 2020; Department of Health and Human Services (DHHS), *Overnight safety plans: further guidance to support approval and review processes,* DHHS website, 2018, accessed 1 December 2020.

- a review of responses when children and young people in out-of-home care go missing, conducted initially by an external consultancy, Nous Group, in 2017 and followed by an action plan developed in 2020 after the initiation of this inquiry.

At a local level, the department and Victoria Police conducted joint missing person forums in 2019 and early 2020. However, further forums were deferred due to each agencies' responsibilities in relation to the COVID-19 response. The department and Victorian Police are discussing the recommencement of these forums in some areas in 2021.

Local liaison also occurs between Child Protection, residential care service providers and specialist policing units, including SOCIT, Youth Specialist Officers, Youth Resource Officers and Proactive Policing Units. Local liaison is supported by tools such as High-Risk Youth Panels and Local Area Panels, which are designed to share knowledge and harness the expertise of a range of professionals and agencies.[340] The quality of local liaison varies across the state and appears to be dependent on the strength of local relationships, as discussed in Chapter 8.

An example of focused and coordinated local effort is the Community Around the Child pilot developed in inner-eastern Melbourne involving the Department of Justice and Community Safety, Victoria Police and residential care services. This pilot is discussed in further detail in Chapter 8.

In addition, the department and residential care service providers have also developed a range of therapeutic initiatives that include elements aimed to address the issue of children and young people going absent or missing. These initiatives include the KEYS pilot funded by the department and implemented by Anglicare, Berry Street's Teaching Families Model pilot, and MacKillop Family Services' commitment to providing a therapeutic care model in all residential care houses. These are each discussed in further detail below.

340 For information on high-risk youth panels, see: DHHS, 'High-risk youth panels and schedules – advice'.

Building connection founded on a relationship-based response

A key driver of children and young people being absent or missing from care is their poor connection to placement. As found in Chapter 5, many of the deficits in the current model of residential care identified in the Commission's *In our own words* inquiry continue to impede the development of meaningful connections between children and young people and their carers, houses, communities and fellow residents. *In our own words* highlighted the critical importance of a relationship-based model of care, founded on care and concern, to promote connection.

This section considers 3 key areas of connection building:

- the role of care teams and planning
- response to child sexual safety and child criminal exploitation
- therapeutic interventions.

Care teams and planning

Well-functioning and proactive care teams are critical to children and young people being encouraged to remain in care. Care teams comprise 'a number of people who share responsibility for doing the things parents generally do for their own children. The purpose of a care team is to manage the day-to-day care and best interests of the child.'[341] Care management must be undertaken by the care team 'in accordance with the overall case plan using Looking After Children (LAC) processes.'[342] These processes include maintaining, reviewing and regularly updating the LAC records. In particular, the care team is required to review and update the LAC care and placement plan (for children up to 14) or the 15+ care and transition plan (collectively referred to as 'care plans' in this report) every 6 months.[343]

341 Department of Health and Human Services (DHHS), 'Care teams – advice', *Child Protection Manual*, Document ID number 2110, version 4, 20 June 2019, State of Victoria, Melbourne.
342 DHHS, 'Care teams – advice'.
343 DHHS, 'Care teams – advice'.

Care plans are a subsection of the child or young person's overall case plan.[344]

The department's Child Protection Manual is the primary source of policy and procedural guidance for child protection practitioners. In addition, residential service providers support their workforce with additional policy guidance, procedures and tools. Over the past 5 years, the department has revised sections of the Child Protection Manual concerning missing persons, warrants and sexual exploitation to improve practitioners' understanding of, and response to, these issues. These changes were informed by the 2014 and 2017 literature reviews outlined in Appendix B, the department's 2017 child sexual exploitation guidance and an external review conducted in 2017 that aimed to improve responses when children or young people in out-of-home care go missing.[345]

For example, the Child Protection Manual advice on missing persons includes information on risk assessment and understanding missing behaviour, additional guidance on the purpose and conduct of 'return to care conversations', and highlights the link between being missing and sexual exploitation.[346] It also includes guidance for the use of the Repeat Missing Template as part of planning processes. Similarly, Child Protection Manual advice on sexual exploitation provides extensive advice on the nature and identification of this harm and guidance on risk and response planning, such as use of Sexual Exploitation Information Templates and other tools, such as harbouring notices, 'no contact' letters and intervention orders.[347]

In 2018, the department issued a practice guide and template to assist practitioners and residential care service providers to develop behaviour support plans. The practice guide 'provides information on the relationship between trauma and behaviour and outlines elements of best practice to address more significant behaviours (referred to as behaviours of concern) through the use of behaviour support planning'.[348] Behaviours of concern may include going absent or missing. The Victorian Framework, launched in February 2020, requires that all young people in residential care have a behaviour support plan.[349] The department advised the Commission that:

> This change will be facilitated through the update of *Program requirements for residential care services in Victoria,* a piece of work that is not currently being progressed, while the unit's efforts remain focused on sector support and response for coronavirus (COVID-19).[350]

At least one service provider, MacKillop Family Services, has already implemented the requirement that every child and young person in its care has a behaviour support plan, having developed its own policy guidance and template for such planning.

Other planning tools are designed to support care teams to safeguard children and young people in times of crisis. Safety plans (sometimes referred to as crisis management plans) identify specific risks to a child or young person and the proposed response if they eventuate. For example, they may include strategies for prevention and directions on how to respond when a child or young person is absent or missing, such as when to lodge a missing person report, when to seek a warrant, key people to contact (such as family and friends), and locations to conduct outreach. Updates to the safety plan should be reflected in care plans and behaviour support plans.

344 The case plan is a formal plan endorsed during a statutory case planning meeting. The requirements for case plans are contained in section 166 of the CYFA.

345 Jackson, *Literature review: young people at high risk of sexual exploitation, absconding, and other significant harms*; DHHS, *Missing from care*; DHHS, *Child sexual exploitation*; Nous Group, *Improving responses when children and young people in out of home care go missing,* Nous Group, Melbourne, 2017.

346 DHHS, 'Missing children and young people – advice'.

347 Harbouring notices and no contact letters are served on a person to direct them not to harbour, conceal, or prevent a child or young person returning, or not to have contact with a child or young person, in accordance with sections 495 and 497 of the CYFA. For details see: DHHS, 'Sexual exploitation – advice'.

348 Department of Health and Human Services (DHHS), *Practice guide: behaviour planning to best support children and young people in out-of-home care*, State of Victoria, Melbourne, 2018, p 1; Department of Health and Human Services (DHHS), *Behaviour Support Plan: Template*, State of Victoria, Melbourne, 2018.

349 DHHS, *Framework to reduce criminalisation of young people in residential care*, pp 21–23.

350 Email from the department to the Commission, 12 October 2020.

Connection planning: a new approach

Since mid-2019, the department's SEPLs have been developing a new approach of 'connection planning', which is designed to support children and young people to remain in placement and safeguard them when they are in the community. Connection planning focuses on 4 domains of a child or young person's life, described as:

- relational: supporting their relational world, we 'care' approach
- environmental: providing an environment of comfort and care
- developing: promoting all opportunities for children and young people to develop skills/ learn and reach their potential
- community safeguarding: promoting children and young people's right to be safe in the community.[351]

Connection planning builds safe connections between children and young people, their placements, carers, family and communities and is personalised to a child or young person's needs. It is shaped by what the child or young person says matters to them, including being listened to, getting a birthday card, spending time with them, getting to know them, being able to see family, not having police come to their friend's house, having fun, someone caring, being told about their care team and what happened, not calling police when they are angry, and being including in their care plans.[352]

These concerns mirror those expressed by children and young people to the Commission during the *In our own words* inquiry. When unmet, these needs or wishes are drivers of poor connection leading to children and young people going absent or missing from care.

Many elements of connection planning overlap with the LAC domains, which are required to be covered in children and young people's care plans.

The department advised that the SEPLs have developed a draft guide to connection planning and have prepared examples of connection plans. However, further development has been delayed as a result of COVID-19.

The Repeat Missing Template is an optional tool that may be used to inform the development or review of a child or young person's safety plan and guides practitioners' analysis and risk assessment of repeat missing behaviour. It may be used by care teams, including to communicate the assessment of risk to police.

In consultations, stakeholders emphasised the importance of the care team's role in 'holding' the child to support them to remain in placement.

> *Care teams are the engine room for keeping young people safe … The golden ticket sits in the care team – to hold the child in the centre – to think about the child's experience. (Departmental staff member)*

Stakeholders' views on the effectiveness of care teams and planning for children and young people in residential care was mixed, with many highlighting the features of successful care teams.

351 *Guide to connection planning (draft)*, unpublished internal document, provided 19 May 2020.

352 *Guide to connection planning (draft)*, unpublished internal document, provided 19 May 2020.

What works well is when a care team has a really clear and defined structure to set the meeting frequency, agenda, clear roles and responsibilities, and having the right people around the table to reach an understanding of each member's individual agendas but also shared goals … to support the needs of the individual young person. (Departmental staff member)

Clear working goals, mutual respect, prompt communication and clear role definition. These are the fundamental things to get a care team functioning well. (Departmental staff member)

Others said some care teams did not function well. Some of the key problems highlighted include the care team:

- lacking a clear agenda and shared purpose
- operating reactively rather than proactively
- failing to adopt an individualised response
- not having the right representation
- not communicating regularly with key agencies, such as the police
- failing to engage or involve the child or young person and seek their views.

People talk about what is happening for a child, but really it can be case practice by numbers rather than an individualised approach for the child. (Departmental staff member)

For high-risk youth, why are they [the care team] not meeting weekly? (Departmental staff member)

Some stakeholders commented on the difficulty of ensuring a balance between responding to a crisis compared to planning for the future.

A lot of resourcing is focused on chasing; where they've gone, who they're with. With limited resources, they are just trying to do that rather than the strong parallel process of planning for the next number of years. (Departmental staff member)

People sit in a position of crisis. They mimic the client's own crisis. You go to care teams and everyone is stressed. (Departmental staff member)

For example, Child Protection insists they do a missing person report every time the young person leaves, then the police have a go at the resi worker, and the resi worker goes into bat for the young person. These are understandable reactions – they are caught up in the trauma of the young person and the chaos. (Departmental staff member)

My experience is that often I have to take it back to a basic level of sparking reflection in care teams. I'll say, 'Isn't this difficult, but equally let's stop and think about the vulnerability and stop thinking about ourselves.' Think about what it means for them, the push–pull factors, and respond in a thoughtful joined-up way, instead of not responding at all … (Departmental staff member)

Stakeholders from the department and residential care service providers emphasised the role of more senior practitioners, such as team leaders and principal practitioners, to provide oversight and guidance to care teams.

Much of what we try to promote at the central level is the notion of a child being visible and basic principles of practice that people come together who are involved with the child. It's the care team approach of genuinely coming together and understanding what is going on in their life, therapeutically, and ensuring a connection to family and culture. If there's not a strong care team, it's very easy for children to be invisible. It makes a big difference if the care team is well facilitated. (Departmental staff member)

Several stakeholders observed that poorly functioning care teams can undermine effective planning processes.

It feeds into the case planning process for children … If we don't have the formal mechanisms around frequent care planning, the case just drifts. (Departmental staff member)

A number of departmental staff emphasised that when developing and reviewing plans, it was important not to take a 'cookie-cutter' or 'box-ticking' approach. Instead, case managers and care teams should apply their professional judgement to determine which tools to use and how to individualise them to the child.[353]

If you look at the tools, templates, and reports, there's a risk that if we try to fit children into them, we get it back to front. That's where role of the Office of Professional Practice and skilled practitioners come in. (Departmental staff member)

Some stakeholders commented that, while there are a range of planning tools, these tools are either not used well or their function in relation to other planning tools is unclear. In particular, a number of stakeholders commented that the Repeat Missing Template was under-used.

The Repeat Missing Template is not updated regularly or done well; it doesn't go anywhere. It does go onto CRIS and nothing happens. (Departmental staff member)

There can be a whole lot of different plans, and it's sometimes challenging for people to see the overall strategy for the child and how it can be integrated. (Departmental staff member)

If we just went back to basics and utilised the tools we have. We have the basic stuff – we need to put more effort into completing them. (Departmental staff member)

What our file review found on care teams and planning

The file review conducted for the inquiry of 12 children and young people who were frequently reported absent from residential care in the 18 months to 31 March 2020 suggested that, even for this small group of children who were each reported absent an average of 3.7 times a month in the 18-month period, there was a mixed approach to care team involvement, use of planning tools and oversight or intervention by more senior staff, such as practice leaders.

In some instances, it was clear that the care team was managing risks proactively and intensively, had engaged with senior staff and a range of supports, had accessed consultation mechanisms such as the High-Risk Youth Panel process, and were in close communication with other agencies, such as police. For example, at least one of the care teams met weekly for a period of time, and a further 6 care teams met at least monthly during the 6-month review period to 31 December 2019. While only one young person

353 For a discussion of achieving a balance between prescriptive, centralised procedures and supporting practitioners to develop and exercise professional judgement, see E Munro, *The Munro Review of Child Protection: final report – a child-centred system*, Department for Education, UK, London, 2011.

appeared to be formally allocated to the Intensive Case Management Service, a further 4 were managed by active multi-disciplinary teams. Eleven out of 12 children and young people were classified as 'high-risk', with 5 rated as 'acute'. Two of the 11 were referred to the High-Risk Youth Panel for consideration during the 6-month review period. Eight of the children and young people had a behaviour support plan, all of which considered the risk of the child or young person going absent or missing.

For other children or young people, there was little evidence of regular care team meetings or communication. For example, in 5 files, there was no evidence that care teams had met at least monthly during the 6-month review period. For some children and young people, there was no evidence that key plans were in place. For example, in 9 files, there was no evidence of a current care plan. If key plans were in place, there was sometimes no evidence that they had been reviewed or updated recently in response to changes in the child or young person's circumstances.

Planning for children and young people who are frequently absent or missing

Plan/template	Current plan	Absent/missing risk and actions
Case plan	• All 12 had a case plan.	• 7 case plans did not address this risk. • 4 noted this risk. • 1 noted this risk and addressed it in the actions table.
Care plan	• For 9, there was no evidence of a care plan. • 3 had a care plan, all were updated in the 6-month review period. • 2 had plans that may have been care plans by a different name.[a]	• The 3 care plans considered the risk and included a response plan.
Safety plan	• 7 had a safety plan.[b] • For 5, there was no evidence of a safety plan.	• The 7 safety plans set out roles and responsibilities.
Behaviour support plan	• 5 had behaviour support plans.[c] • 3 had plans that may have been behaviour support plans by a different name.[d]	• All 8 plans address the risk and actions in response.
Repeat Missing Template	• 2 had Repeat Missing Templates. • For 10, there was no evidence of a Repeat Missing Template.	• The 2 Repeat Missing Templates address the risk and actions in response.
Sexual Exploitation Information Template	• 10 had Sexual Exploitation Information Templates (9 females and 1 male) • Risk ratings: 5 children and young people were rated Tier 1; 3 were rated Tier 2; 2 had no rating.[e] • 2 did not have Sexual Exploitation Information Templates (2 males).	• All 10 Sexual Exploitation Information Templates included information on risk of absent/missing: – 6 templates – SOCIT contacted – 3 templates – SOCIT not contacted – 1 template – SOCIT refused to receive the information.

a Disruption and connection plan or client management plan.

b Sometimes called a crisis management plan, management care and crisis plan, or Victoria Police response plan. Some safety plans were a component of a behaviour support plan.

c One behaviour support plan formed part of the young person's care plan.

d Management care and crisis plan, therapeutic crisis plan or client management plan.

e Tier ratings articulate the severity of the risk. For Tier 1, there is confirmed information of exploitative activity. For Tier 2, the child's behaviour or actions suggest they are being sexually exploited, but further investigation is required: DHHS 2017, 'Sexual exploitation - advice' *Child Protection Manual*, Document ID number 2405, version 3, 16 March 2017, State of Victoria, Melbourne.

While Sexual Exploitation Information Templates were common (10 out of 12 children and young people), Repeat Missing Templates were rarely used (2 out of 12 children or young people). Sexual Exploitation Information Templates were frequently used to capture information about the risk of the child or young person going absent or missing. In 6 out of 10 instances, the Sexual Exploitation Information Templates recorded contact with SOCIT. In 3 cases, the templates confirmed that SOCIT had not been formally contacted. One template recorded that SOCIT had refused to take the details in the template due the age of the young person (almost 18) and because the young person did not want to make reports. In the 18 months to 31 March 2020, this young person had one sexual exploitation incident report and 123 absent client incident reports.

The table above sets out detailed findings regarding planning and templates for the 12 children and young people frequently reported absent.

Consultations and file reviews conducted for the inquiry confirm that the effectiveness of care teams and associated planning is inconsistent.

Some young people who go missing all the time are really lucky and have functioning care teams who are there and so there's a consistent, effective thoughtful response. For example, there's thoughtful planning around when little Jonny is missing, the planning is carried out, and the police are on board … Compared to other cases where [Child Protection, police and other agencies] just think Jane goes missing 5 times a week and has done for 6 months. It's just her going missing again. Rather than the more thoughtful consideration: Jane is remarkably vulnerable and needs a helpful, joined-up response. (Departmental staff member)

Finding 28: Inconsistent care team functioning and planning

The level of care team functioning and effective planning to support children and young people to remain in residential care and safeguard them in the community is inconsistent and, in many cases, inadequate.

The Commission found evidence that some children and young people who frequently go absent or missing from residential care are managed by a well-functioning care team who seek the child or young person's views, are in regular contact with key agencies such as police, and regularly review and individualise planning for the child or young person. In many other instances the Commission found evidence of children and young people who received little support due to poorly functioning care teams, disjointed relationships with other agencies and poor planning.

Finding 29: Planning tools

The department has developed a range of tools to support and guide planning for children and young people who are at risk of being absent or missing from residential care. The Commission found evidence that, in many instances these tools are not used, are not used effectively, and/or are not regularly updated. In some instances it is unclear how these tools integrate with other planning documents.

Planning prior to placement in residential care and when moving between residential care houses

A key area of concern stakeholders raised in consultations is inadequate planning to support children and young people to move into their first residential care placement or to move between residential care placements. Stakeholders highlighted the link between inadequate planning prior to placement, placement instability and a lack of sense of home. As outlined in Chapter 5, these factors contribute to young people going absent or missing from residential care.

As found in the Commission's *In our own words* inquiry, placements are often done at short notice with little preparation or input from the young person.[354] In consultations for this inquiry, children and young people, as well as other stakeholders, described frequent moves between placements, with little or no planning to support them.[355]

> *Kids will say, 'Why am I being moved?' Their bags are packed for them and they are moved … Their belongings are put in a black garbage bag, and they are moved at short notice. Then they have to form relationships in a new house with kids with their own established pecking order. There's an incentive to run away. (Residential care staff member)*

Several stakeholders emphasised the importance of using the period just prior to and immediately after placement to support a child or young person's transition into residential care for the first time or to move to a new house. This period can be used to introduce the child or young person to one or 2 key carers prior to placement, to familiarise them with the house, to discuss house routines, potentially meet co-residents, show them their bedroom and give the child or young person the opportunity to choose items to personalise their space, such as linen and pictures.

In practice, work to support a child or young person's placement in or moves between residential care houses sometimes occurs and is part of the connection planning approach described above.

> *We try to put wraparounds around the young person when the news is given about going to resi care. It's about how we respond with that first meeting. For me looking at the connection plan, it's critical to sit down with the young person to understand their skill sets, hobbies, and what they enjoy. So you have an immediate routine in place that shows they are valued by the adults around them. We rely on care teams to do that, but there can be a time delay. Also, we need to consider having the young person's voice in connection planning, but also their family where possible. (Departmental staff member)*

However, consultations suggest that this approach to transitional support through connection planning is not the experience of many young people placed in residential care.

A number of stakeholders referred to the current process to determine placement in a therapeutic residential care house, which occurs over a period of weeks to enable the assessment of the young person's needs and appropriate matching. They contrasted this with the experience of young people placed in non-therapeutic homes. Several suggested there should be a form of transitional care when a child or young person is first placed into residential care to enable thorough assessment and to prepare the child or young person for placement in a residential care house.

> *We get pressure to take kids straight from home, but they shouldn't go to a resi home with long-term experienced older kids. There needs to be reception homes, to go there on interim protection orders. Then to be assessed from there, whether they will return home or go into the system. Now they just go straight into the system. (Residential care staff member)*

354 See discussion of young people's experience of placement instability: Commission for Children and Young People, *In our own words*, pp 135–137.

355 The drivers for frequent moves are discussed in detail in Commission for Children and Young People, In our own words, chapter 6.

We need to stop the instability and chess playing with kids' lives. It's really damaging … We need to think more about a transitional assessment model of care when kids first come into care so they are not immediately placed somewhere. It needs additional resources to do a really thorough assessment. Ideally we want a way to prepare young people for resi and do connection planning before they go into a place that is an unknown scary place. This idea [of a transitional assessment model] is always on the table but it never appears because it would be costly. It would be the entry place, not a forever place, to be able to decide where's the best place for the young person or even to avoid resi care altogether. (Departmental staff member)

Finding 30: Planning and support for children and young people moving into and between residential care houses

While the Commission identified several examples of emerging planning to support children and young people prior to, and immediately after, placement in and between residential houses, evidence of well-planned, timely support was limited. Poor planning prior to, and immediately after, placement and placement moves contributes to placement instability and poor placement matching, which, in turn, undermine the development of children and young people's connection to placement.

Child Sexual Exploitation Enhanced Response Model

In 2015, the Commission's *"… as a good parent would …"* inquiry highlighted the significant level of sexual exploitation and abuse of children and young people in residential care. In recent years, the department and other government agencies have proactively attempted to address the issue of sexual exploitation of children and young people in out-of-home care and the link to children and young people being absent or missing from care. As outlined above, some of these efforts have been sustained, such as the work of the SEPLs. However, other initiatives have not been maintained or resourced to expand, resulting in a loss of momentum. One of the key initiatives that has not been resourced to continue or expand is the Child Sexual Exploitation Enhanced Response Model, despite a promising evaluation.

As part of the 2015 whole-of-government *Keeping children safe from sexual exploitation strategy*, the department and Victoria Police implemented the Child Sexual Exploitation Enhanced Response Model pilot from mid-2016 to 2017. The pilot operated in 5 Victoria Police SOCIT locations. The model established interventions and processes focused on governance, intelligence, investigation and disruption of offenders. It aimed to enhance relationships and information sharing between the department, Victoria Police and community sector organisations (particularly residential care service providers).

An external consultancy conducted an evaluation of the Child Sexual Exploitation Enhanced Response Model pilot in November 2017. The evaluation found that the model was innovative, noting that 'few jurisdictions worldwide have well developed and integrated models to address child sexual exploitation' and that 'Victoria was leading the way nationally'.[356] It found that, despite the short time frame for implementation without additional resources, 'there are positive signs regarding the effectiveness of the ERM [Enhanced Response Model] in both reducing harm to children at risk of CSE [child sexual exploitation] and disrupting offenders'.[357] From an economic perspective, the evaluation found that, for

356 Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, p ii.
357 Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, p iv.

every dollar invested in the model, the estimated return was $3.20.[358] The evaluation concluded that the promising findings regarding the model's effectiveness suggest it is an 'appropriate model that requires an ongoing commitment to fully determine its sustainability and effectiveness'.[359]

Despite the evaluation's positive findings regarding the Child Sexual Exploitation Enhanced Response Model's effectiveness and positive return on investment, Victoria Police determined that it was not feasible to implement the model more broadly without an additional investment of resources from the Victorian Government.[360] Consequently, the full model was discontinued at the conclusion of the pilot.

While the full Child Sexual Exploitation Enhanced Response Model has been discontinued, elements of the model continue to operate at several of the pilot sites, such as Dandenong. Based on consultations, the continued operation of the model in some locations relies on local commitment of funding in those areas within the existing area budget, combined with good local relationships between agencies.

> *[The continuing Child Sexual Exploitation Enhanced Response Model in some local areas] speaks to the good relationships we have managed to build with Victoria Police, but it's based on goodwill and handshake agreements. There is nothing in Victoria Police to say they must undertake this work, so there's really inconsistent practice across the state. (Departmental staff member)*

Finding 31: Child Sexual Exploitation Enhanced Response Model

The joint commitment between the department and Victoria Police to develop and implement the Child Sexual Exploitation Enhanced Response Model pilot from 2016 to 2017 resulted in significant improvements in the way sexual exploitation of children and young people in care was understood and responded to in practice. The initiative improved coordination of responses and information sharing between the department and Victoria Police.

Victoria Police's decision not to formally continue or expand the pilot due to lack of additional investment from the Victorian Government has contributed to a loss of momentum and inconsistent responses to the issue of sexual exploitation of children and young people in residential care.

Sexual Exploitation Practice Leaders

SEPLs are a core component of the department's response to sexual exploitation of children and young people in out-of-home care. Originally 4 positions and expanded to 8 in 2019, the SEPLs play a critical role in addressing the issue of children and young people being absent or missing from residential care.

The SEPLs are responsible for developing and implementing key practice tools such as Sexual Exploitation Information Templates and link charts of 'persons of interest', promoting disruption activities, providing training within the department and to residential care service providers, intervening in and providing guidance to care teams, and seeking to improve and change people's understanding of sexual exploitation, including emphasising the link to children and young people being absent or missing from care. As outlined above, since mid-2019, the SEPLs have been developing a new form of connection planning.

358 Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, p v.
359 Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, p 59.
360 Victoria Police, *Response to further questions on Victoria Police submission*, p 4.

Stakeholders who have worked with SEPLs were very positive about their role and effectiveness.

> *We are absolutely supported by the Sexual Exploitation Practice Leader. She is very available to us and is often part of the care teams as well. (Residential care staff member)*

> *I have found that working closely with the Sexual Exploitation Practice Leaders from the department is massive. It's huge to have her involved in care team meetings. The difference I saw from when she was not attending to when she was, was huge. It disrupted the POIs [persons of interest]. (Residential care staff member)*

While the number of SEPLs doubled to 8 in 2019, several stakeholders suggested this was still too limited, with one stakeholder describing their role as 'boutique' rather than mainstream.

Finding 32: Sexual Exploitation Practice Leaders

The department's Sexual Exploitation Practice Leaders play a key role in increasing stakeholders' awareness of child sexual exploitation and its link to children and young people going absent or missing from residential care. They develop and promote more proactive care and safety responses.

Localised approaches to sexual exploitation

Local information sharing and response arrangements between the department, residential care service providers and Victoria Police established as part of the Child Sexual Exploitation Enhanced Response Model continue to operate in several areas. For example, in some areas, Sexual Exploitation Panels meet monthly to review and plan strategies to respond to children and young people in out-of-home care at risk of sexual exploitation. Other agencies, such as CASA, are invited to attend these meetings in some areas. The risk of sexual exploitation is also considered through the High-Risk Youth Panel process.

Several residential care workers and departmental staff said the Child Protection and police response to children and young people at risk of sexual exploitation was well coordinated, collaborative and proactive.

> *We feed into those information-sharing sessions. They were actually able to take down some pretty key players at end of last year through disclosures made by young people in care through SOCIT. (Residential care staff member)*

> *We have one girl who, the minute she walks out the door, the police have to be informed. Police are very proactive and are all over that. They are always checking in with the house and her and visiting her. They are quickly serving harbouring notices or intervention orders or trying to find further information about the people these girls and boys seek out. (Residential care staff member)*

However, other residential care staff members gave examples of poor responses to requests for assistance.

We can gather information, but if Victoria Police does not act on it with the same urgency as us, then it goes nowhere. I have one young person who is at very high risk. It's a daily battle to get buy-in from Victoria Police that it is as urgent as we deem it to be. (Residential care staff member)

As noted above, one young person was reported as absent 123 times in the 18 months to 31 March 2020, and had one sexual exploitation incident report, but, according to her file, SOCIT was unwilling to take details of the information recorded in her Sexual Exploitation Information Template due to her age and the fact that she did not want to make a report.

Some stakeholders suggested that the level of cross-agency support had reduced in the past few years. Several residential care staff members said the focus on sexual exploitation had 'dropped off' in recent years, and that police had 'retreated from this space'.

We had a really good involvement with SOCIT and a young person about 2 years ago. SOCIT were at every care team; they were really proactive. But we have another person at the same level of risk now, and nothing. (Residential care staff member)

Many stakeholders also noted that, while specialist police generally have a good understanding of sexual exploitation and the risks associated with children and young people who are absent or missing from residential care, other police members are often less responsive to these issues.

There is a disparity between police during the day in SOCIT, and uniforms on the ground at night. They don't know what the Enhanced Response Model is, and what the requirements are under it. (Residential care staff member)

We get a different response from specialist police. The YRO [Youth Resource Officer] is more connected with out-of-home care agencies and has more presence in the residential care units in the neighbourhood where they work. They have a connection and interaction and understanding of the young people living in those placements … We've developed a really good collaborative understanding in responding to sexual exploitation, and missing young people is a real factor in that. [Police] have a greater understanding of our work, and us theirs. They have been able to work in a really proactive way with an understanding of the out-of-home care system, and the barriers and challenges with this cohort of kids. They do not come to interactions from a point of view of identifying a crime and holding one person accountable. Whereas the average member at a station, who we contact to report a young person missing, is dealing with a million other things and all with a focus on dealing with crime in the community. (Departmental staff member)

Finally, several stakeholders suggested that, while there has been an increased focus on activities to disrupt sexual exploitation, there had been less focus on prosecuting alleged offenders. Some stakeholders suggested that, rather than relying on obtaining disclosures of sexual offences from children and young people, more resources should be directed to other investigative techniques to obtain evidence. A small number of stakeholders suggested that the lack of prosecutions reinforced the message to children and young people that they are not valued. In response, other stakeholders said that disruptive activities, such as prosecuting breaches of intervention orders, have a more immediate protective effect to break the connection between a child or young person and a person of interest, compared to prosecutions for sexual offences which can take many years and have low conviction rates.

> *Where it has worked well with VicPol is that getting someone convicted is not the sole aim. Actually disrupting practices and making things unpleasant for them [alleged offenders] is a really important part of work. Prosecution takes time. Young people will not make those kinds of reports. To identify people is a risk to themselves and is not a better alternative to what is on offer. (Departmental staff member)*

This commentary is anecdotal but suggests divisions within the sector regarding the appropriate balance. The Commission has not reviewed prosecution rates or prosecutions policy for this inquiry.

Skill development and relationship building

As outlined in the Commission's 2020 *Keep caring* inquiry, an essential role of out-of-home care is to develop children and young people's independent living skills prior to leaving care.[361] These skills include the capacity to assess and manage risks in the community. Development of these protective skills is closely linked to therapeutic support, including support for key relationships as part of the care response.

In response to the heightened risk of sexual harm faced by children and young people living in out-of-home care, MacKillop Family Services developed the *Power to kids: respecting sexual safety* project, which aims 'to co-design, implement and evaluate strategies to prevent and intervene early in harmful sexual behaviour, child sexual exploitation and dating violence in residential care'.[362] The strategy includes 3 prevention strategies:

- The first focuses on whole-of-house respectful relationships and sexuality education.
- The second targets the issue of children and young people being absent or missing from care.
- The third is a sexual safety response.

The second 'missing from home' strategy aims to:

> … establish practice partnerships between each child or young person and their residential carers (involving social media) to counter grooming; assertively engage children and young people using safety planning and social media or phones to stay in touch especially when missing from home; and work consistently with Enhanced Response Model & Sexual Exploitation Protocol.[363]

An evaluation of the project 'indicated positive shifts on each outcome measure' including that 'children and young people were missing from home less often'.[364] It noted that carers and workers suggested that the reduction in children and young people going missing:

> … did not relate to the program's smart phones and staying in touch by text or social media, but rather to the improved relationships between carers and young people. The improvement of relationships between carers and young people appeared to emerge from the new appreciation amongst carers of the factors that contribute to sexual exploitation and sexualised behaviours and a shift in their practice from focusing on boundaries and rules to a relationship-based approach.[365]

It also commented on the importance of 'brave conversations' between carers and young people about sexual health and safety issues. The evaluation found that the education model 'capitalised on existing relationships of young people and carers' and '[a]s a result, these relationships were strengthened further, allowing for young people to want to stay home and stay safe'.[366]

361 Commission for Children and Young People, *Keep caring*, chapter 6.
362 McKibbin et al., *Power to kids*, p 2.
363 McKibbin et al., *Power to kids.*
364 McKibbin et al., *Power to kids,* p 3.
365 McKibbin et al., *Power to kids,* p 4.
366 McKibbin et al., *Power to kids,* p 4.

Finding 33: Focus on skill development and relationship-building

The MacKillop Family Services *Power to kids: respecting sexual safety* project demonstrates the importance of building strong relationships between carers and children and young people to support skill development and to reduce how often they are absent or missing from residential care.

Child criminal exploitation

As outlined in Chapter 6, there is emerging recognition among stakeholders that children and young people who are absent or missing from residential care are at risk of criminal exploitation. Children and young people in residential care are vulnerable to exploitative adults who offer a sense of belonging, status, acceptance and sometimes money or drugs in exchange for engaging in criminal activities on the adult's behalf. Children and young people may be lured from residential care or targeted while they are absent or missing through networks of peers and family. Consultations suggested there is a strong link or overlap between children who are sexually exploited and those who are criminally exploited while absent or missing from residential care.

Unlike child sexual exploitation, child criminal exploitation has not been subject to a coordinated joint-agency response or strategy in Victoria. In its submission to this inquiry, Victoria Police noted that it does not have a current specific strategy to target child criminal exploitation.[367] It stated that 'key work in this area is undertaken through the *Framework to reduce criminalisation of young people*'.[368] The Framework is outlined in detail in Chapter 8.[369] Its primary focus is on reducing unnecessary police contact with children and young people in residential care, promoting a trauma-informed response and the use of discretionary Victoria Police powers as an alternative to criminal charges. It is not targeted at identifying and disrupting criminal exploitation networks. Nor is it designed to identify, support and safeguard young people who are being criminally exploited.

Victoria Police is currently developing a 10-year youth strategy. It includes improving responses to children and young people in residential care, 'in recognition that young people are most vulnerable to criminal and/or sexual exploitation while missing from care'.[370]

However, it is not clear if the youth strategy will include specific and enhanced responses to the issue of child criminal exploitation.

Similarly, the department has not dedicated specific resources or developed a strategy to target criminal exploitation of children and young people in residential care. There is some overlap with the department's work on child sexual exploitation, but it is not the primary focus of this work.

Finding 34: Responses to child criminal exploitation

There is little evidence of a coordinated or specialist response to identify, support and safeguard children and young people who are being criminally exploited or who are at risk of child criminal exploitation.

367 Victoria Police, *Response to further questions on Victoria Police submission*, p 23.
368 Victoria Police, *Response to further questions on Victoria Police submission*, p 23.
369 DHHS, *Framework to reduce criminalisation of young people in residential care*.
370 DHHS, *Framework to reduce criminalisation of young people in residential care.*

Therapeutic initiatives

As noted in Chapter 5, the Victorian Government has not yet achieved its commitment under the Roadmap to transform residential care into a 'program of intensive treatment and stabilisation'.[371] While approximately 30% of residential care houses are provided with additional funding and support as therapeutic residential care units, the Commission's *In our own words* inquiry found that there was no evidence that these units were meeting the standards required of the program, nor was there a noticeable difference in the quality of care compared to standard residential care settings.[372]

In consultations for this inquiry, a number of stakeholders expressed similar concerns regarding the implementation of the therapeutic residential care program. Several consulted stakeholders worked in residential care when the current model of therapeutic residential care was introduced and compared their experience of the pilot compared with its broader roll-out.

> *When we first started, we shut down the house for 4 weeks before we saw the kids. [It gave us time] to work with staff and understand how to do things, we planned and thought out things. There was so much training and support in the system, but it was really expensive. (Former residential care staff member, pilot unit)*

> *The whole model of therapeutic residential care was well-intentioned and resourced as pilots. Each region had a lot of input into what the pilot program looked like for resourcing, costs and staffing … The pilot produced excellent results. (Former residential care staff member)*

However, these stakeholders suggested that when the program was rolled out following the pilot, it received less funding, less support and has been 'watered down over time'.

> *Where it went off-kilter was when they cut resourcing so we couldn't provide the same supports. It was well-intentioned and the idea was really good, but it didn't keep its legs over the years. Without resources, there is not the same ability to put supports in place for great client outcomes. (Former residential care staff member)*

While these comments are anecdotal, they highlight the risks involved in transitioning from a well-supported pilot to a broader roll-out, which may lose momentum and consistent implementation without continued investment, oversight and systemic commitment.

Current examples of initiatives seeking to provide a more holistic and effective approach to therapeutic care are set out below.

371 Commission for Children and Young People, *In our own words*, p 274.
372 Commission for Children and Young People, *In our own words*, finding 45.

Anglicare: Keep Embracing Your Success

In 2017, the department funded Anglicare to implement the Keep Embracing Your Success (KEYS) model, comprising 2 components or phases of care. The first is the 'living-in' phase when children and young people live in a residential care house with embedded services for mental health and family support workers. The aim is to prepare children and young people to move to the second phase of transitioning to independent living. Children and young people receive up to 8 months support in the transitioning phase. As at June 2020, the program was supporting 4 children and young people to 'live-in' and 3 children and young people who were transitioning. Since its inception in 2017, consultations suggested that the program had supported approximately 15 children and young people.

The department's Action Plan 2020 sets out actions to implement new models of care including more intensive models of therapeutic support for children and young people with multiple and complex issues. These actions include the expansion of the KEYS model. In the Victorian Government's 2020–21 Budget, released in November 2020, the government committed close to $16 million to expand the KEYS model.[373] The Premier's Budget announcement describes KEYS as an 'intensive, trauma-informed model of care for children with mental health and complex needs, and includes therapeutic treatment as well as life-skills development to enable a transition back to home-based care'.[374]

In consultations, a residential care staff member with experience of the KEYS model said the importance of the model was that it brought services to the child or young person rather than expecting the child or young person to access and engage with external services. The staff member described services as 'embedded, and they don't close the service if the young person doesn't engage. They are involved for the whole program, compared to providing a service in the community.'

Berry Street: Teaching Families Model

Since 2019, Berry Street has been gradually implementing the Teaching Families Model across 5 therapeutic residential care houses. The Teaching Families Model was developed in the US in the 1970s, and has been adopted in a range of jurisdictions, including Canada and New Zealand.[375] It is overseen by the US-based Teaching Families Association, which supports implementation and is ultimately responsible for accreditation of agencies operating the model. Berry Street was due to be evaluated for accreditation in September 2020. However, this process was delayed due to the impact of COVID-19.

The Teaching Families Model is described as 'an evidence-based and trauma-informed best practice treatment approach'.[376] It has 5 goals: humane and respectful practices, effective treatment, individualised treatment, a trauma-informed approach, and quality assurance systems.[377]

373 Premier of Victoria, *Supporting young Victorians – and their future* [media release].
374 Premier of Victoria, *Supporting young Victorians – and their future* [media release].
375 For further information, see *Teaching Families Association* [website], accessed 6 December 2020.
376 For further information, see *Teaching Families Association* [website].
377 For further information, see *Teaching Families Association* [website].

Consultations suggested that the model was well-regarded and having a positive impact. Staff commented on the use of 'preventive, supportive, and corrective teaching', 'effective praises' and working on 'target skills' to guide children and young people's development. The houses aim to empower children and young people to have a voice, holding family meetings 2 to 3 times a week, and providing other feedback mechanisms for children and young people. There is also an emphasis on supporting children and young people to connect to their families. A young person discussed her connection to the carers and the support provided as part of this program. This included describing a range of activities available that were tailored to her interests, concluding that, 'This house has gone from like average to pretty fucking awesome.'

MacKillop Family Services: The Sanctuary model, therapeutic care for all and Outcomes 100

MacKillop Family Services seeks to operate a therapeutic model across all its residential care houses, regardless of whether or not they are allocated additional departmental funding as therapeutic residential care houses. In consultations, MacKillop staff discussed initiatives such as the Sanctuary model, Therapeutic Life Story work, HEALing Matters, and training in family-focused practice, therapeutic crisis intervention and restorative justice. Funding for this additional therapeutic support in residential care houses is currently sourced through philanthropy.

This therapeutic approach is underpinned by the Sanctuary model, which MacKillop has implemented across its program. It is a model developed in the US that 'focuses on safety and creating an understanding of how past adversity can continue to have an impact throughout life'.[378] It aims to 'enable an organisation to create a safe, non-violent environment and relationships that teach people to cope more effectively with stress and trauma'.[379]

In 2020, MacKillop released its Outcomes 100 report, which collated and analysed the findings of comprehensive case reviews conducted for each child or young person in MacKillop's residential care homes from July 2018 to May 2020.[380] Relevant findings from Outcomes 100 regarding children and young people's multiple and complex needs are referred to throughout this report. These findings highlight the need for a therapeutic approach to caring for all children and young people in residential care.

378 MacKillop Family Services, *The Sanctuary model*, MacKillop Family Services website, 2020, accessed 6 December 2020.
379 MacKillop Family Services, *The Sanctuary model.*
380 MacKillop Family Services, *Outcomes 100*.

In addition to these models, the department is committed to developing a specialised therapeutic model of residential care for Aboriginal children and young people.[381] This model is in the early stages of development with the ACCOs, Victorian Aboriginal Child Care Agency and Mallee District Aboriginal Services. Full details of the model are not yet available.

Across the sector, these types of therapeutic intervention have clear potential to contribute to the promised transformation of care services under the Roadmap and the Action Plan 2020. However, large scale, well-resourced reform across all residential care houses remains necessary. The Commission was pleased to see the government's ongoing commitment to residential care reform reflected in the 2020–21 investment of $80 million to build new 2-bedroom and 3-bedroom residential homes, discussed in Chapter 5.

Finding 35: Inadequate therapeutic support or care

The Commission identified promising models of therapeutic care operating in some residential care homes but most children in residential care do not have access to effective and consistent therapeutic services. The need for system-wide reform remains.

381 DHHS, *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*.

Chapter 8
The safety response – current practice and strategies

I was in a cycle, I would leave the unit, get picked up by the cops, taken to secure [welfare] and then go out to do the same thing again. (Colette, residential care, 17)

I think DHHS need to have a different approach to kids. Work with them, not against them. Not going out and putting a warrant on them. (Meredith, formerly residential care, 17)

While the care response is primarily concerned with establishing relationships and providing therapeutic support to children and young people to help them to remain in care, the safety response is about intervening to safeguard children and young people while they are absent or missing from care and returning them to their placement.

On its face, the safety response comprises interventions such as conducting outreach, completing missing person reports, seeking warrants, strategies to interrupt harmful and exploitative relationships and short-term containment, such as secure welfare. However, these interventions are just tools, and their success relies, in part, on building safe connections between children and young people and their family, friends, carers, place and community. As outlined in Chapter 5, activities such as texting and calling children and young people when they are absent or missing from care to encourage them to return are more likely to be successful if the person calling has a genuine relationship with the child or young person.

Safety interventions that are not informed by a care response can also undermine efforts to support children and young people to remain in care. For example, a shaming or criminalising experience when a child or young person is collected on a warrant can reinforce their disconnection from the care system. Without an effective care response, safety interventions are likely to be of limited effectiveness.

This chapter assesses the key elements of the safety response, which ideally begins before the child or young person leaves care, continues while the child or young person is absent or missing, and is reinforced when the child or young person returns to care.

Before a child or young person goes absent or missing from residential care

The foundations of an effective safety response must be established prior to a young person going absent of missing from care. This section outlines the importance of concise, current, accessible and shareable information about the child or young person to inform risk assessment and guide responses when they are absent or missing. As outlined in Chapters 5 and 7, strong relationships that connect young people to placement are critical. Strong relationships facilitate better information collection and understanding of the child or young person, to improve responses when they are absent or missing from residential care.

Quality of information collection and sharing

Consistent, concise and current collection of key information about children and young people in residential care, which is easily accessible, searchable and shareable with key stakeholders, is critical to:

- inform planning and support for children and young people to remain in care[382]
- safeguard, find and return children and young people to care when they go absent or missing
- create an evidence base to guide systemic reforms to policies, procedures and practice.[383]

Information collection, analysis and sharing between agencies in relation to children and young people who go absent or missing from care is flawed. As outlined in Chapter 3, the department, residential care service providers and Victoria Police collect a wide range of information about children and young people in residential care. This information is recorded in a variety of formats and contained in multiple different databases. Much of the information collected by different agencies cannot be easily cross-referenced, analysed or shared for the purposes of identifying and responding to children and young people at risk, nor to identify trends across the system.

Key information that may be critical to the assessment of risk is often 'buried' in generic document types or free-text fields in systems with limited search capacity. For example, information about an episode involving a child or young person being absent or missing, or an admission to the secure welfare service, may be captured in CRIS under the generic description 'case note', of which there may be thousands on a child or young person's CRIS file. Some key documents, such as Sexual Exploitation Information Templates, are saved as specific document types, but many planning documents are hard to locate, appear to be in draft form and their current status is unclear. Frequent changes in placements and turnover of child protection workers and residential carers, combined with unwieldy and inconsistent data collection systems and practices, inevitably leads to the loss of 'organisational memory' regarding children and young people's lives, care needs and the risks they face, particularly when they are absent or missing from care.

A number of residential care service providers described examples of bespoke software interfaces designed to ensure key information, such as key planning documents and health information, are more easily accessible and integrated with other information collected by the residential care service providers. However, these systems vary across service providers, and are not shared with or used by Child Protection, resulting in inconsistent practices across the state.

In its submission to the inquiry, Victoria Police noted various arrangements in place to share identified data between stakeholders. However, it expressed concern about poor information sharing in practice.

> Despite the existence of these agreements, information sharing between CSOs, DHHS and Victoria Police is often unstructured and ad hoc. This is influenced by the varying systems, reporting processes, training and responses from all parties. At a local level, Victoria Police notes that CSOs are often unaware of the existence of information sharing agreements between DHHS and Victoria Police. It is further noted that CSOs often do not hold relevant information relating to young people in their care. [384]

382 The importance of consistent, concise and current information to inform planning is considered in detail in Chapter 7.

383 The need to create an evidence base to inform and support systemic reform is considered in detail in Chapters 3 and 4.

384 Victoria Police, Submission to *Out of sight* inquiry, p 13, referring to 'the existing memorandum of understanding between DHHS and Victoria Police, the *Privacy and Data Protection Act 2014*, section 192 of the CYFA and the Child Information Sharing Scheme'.

A recent Joint Department and Victoria Police Intelligence Collaboration used data linkage to gain insights into children and young people reported missing to police from residential care.[385] The project analysed data sourced from Victoria Police Law Enforcement Assistance Program, the department's CIMS and CRIS data, and health data sets, including hospital admissions, emergency services, drug and alcohol, sexual assault, homelessness and mental health. It is a promising example of how different data sets can be integrated to identify areas of risk and opportunities to improve policy and practice. However, it also highlighted the absence of systematic real-time sharing of information, inconsistent collection and reporting of departmental data regarding episodes of children and young people being absent or missing from residential care, limited useability of information recorded in free-text fields and case notes, and gaps in information collection, such as the location a young person was found by police.

Finding 36: Information collection, accessibility and sharing

Key agencies, including the department, residential care service providers and Victoria Police, collect large amounts of information about children and young people in residential care. This information is recorded across a wide range of databases, and frequently in formats that are not easily accessible, searchable or shareable. Combined with frequent changes in placements and turnover in child protection workers and residential carers, these unwieldy and inconsistent data collection systems and practices mean that responsible agencies have an incomplete understanding of children and young people's lives, care needs and the risks they face, including when they are absent or missing from care.

385 Department of Health and Human Services and Victoria Police, *Children and young people missing from residential care: 2012-20 Joint DHHS and Victoria Police Intelligence Collaboration, summary of findings*, unpublished internal document, State of Victoria, Melbourne, 2020.

Impact of poor information collection and sharing practices

Incomplete and out-of-date information that is poorly shared undermines the effectiveness and efficiency of the care and safety response to safeguard children and young people who go absent or missing from residential care. As noted in Chapter 7, planning documents in which key information should be recorded, such as the Repeat Missing Template, are frequently not completed or updated. Similarly, as outlined below, information obtained from return to care conversations regarding previous instances when the child or young person has been absent or missing is likely to be labelled as a 'case note', if it is recorded at all.[386]

The consequence of these deficiencies is that children and young people can face greater risks, and ultimately suffer greater harm, when they are absent or missing from residential care. Poor information sharing and communication in this situation can result in delays in finding young people, placing them at greater risk of harm. For example, several stakeholders suggested that carers sometimes make missing person reports to police without adequate information regarding key contacts, locations they might go to, key risks they are likely to face while absent or missing from residential care, or information on how to respond to the individual child or young person in a trauma-informed way.

> *Even just the simple things like agencies having their own On Call and After Hours services means that sometimes agencies' After Hours information does not filter through to Child Protection After Hours [service] and we miss information or it takes couple of days to establish that a young person is missing or what has occurred. We need to ensure communication is always transparent. (Departmental staff member)*

386 In its response to a draft of this inquiry report, the department commented that this statement did not 'accurately describe labelling and creating case notes in CRIS and in particular that case notes have a variety of subjects or categories which include "return to care conversation" or "client has returned to placement" or "absconding/missing".' Despite the policy requirements, however, the statement reflects what we saw occurs in practice, through file reviews conducted for this inquiry.

Several stakeholders commented that a lack of information and understanding among agencies can compound the trauma experienced by children and young people when they are found and returned to placement. For example, if a child or young person is located by police, a lack of information and understanding of the child or young person's history and about how to respond in a trauma-informed way risks compounding the trauma experienced by the child or young person.

It's always very jarring if you have a positive relationship with one policeman, and then you try to have the same relationship with another policeman who throws you in a divvy van for that same behaviour. It's very harmful. (Adele, lived experience of homelessness)

I understand that police can be held up with other things, but these are vulnerable young people so please take it seriously. The police response can be hit and miss, and not trauma-informed at all. We have set up a group of police that we share young people's behaviour support plans with. They share the information with uniformed members but that does not mean the uniform will read how to respond to the young person. For example, their triggers and history. If I ring a uniform and say a young person is absent and it is quite concerning, they may say it's only been 40 minutes. (Residential care staff member)

A number of stakeholders suggested that pre-populated templates should be used more widely. This practice has been adopted by some residential care service providers but is not consistent across the system. The Queensland Government has developed a similar practice.[387] Its guidelines for reporting children missing from care include a 'missing person checklist' for the care team to complete to assist police. It collects key information about the young person, such as a physical description, specific risks or vulnerabilities, information about places the young person frequents and key contacts. Parts of the checklist can be pre-populated to save time when making a report. The Repeat Missing Template developed by the department in Victoria contains similar details. However, as noted in Chapter 7, the template does not appear to be frequently or consistently used and updated.

In some areas, agencies have developed localised responses to address the issue of poor information sharing, particularly for children and young people who are frequently absent or missing from residential care.

At our house we have had a VicPol response plan delivered to police. Instead of sending the missing person report out, we have a plan that has information about the young person over the last few days that includes people the young person has mentioned, POIs [persons of interest] mentioned in the lead-up to leaving. It also includes the young person's triggers, what they like to talk about, what they do when they see police. It's really improved the police's response to the girls. It just gives them a bit of background on the young person and helps police to see them as a person. (Residential care staff member)

The Community Around the Child initiative developed in 2017 in the inner-eastern Melbourne area (outlined in more detail below) includes improved information sharing and communication between key agencies. The initiative created a 'profile on a page' for children and young people in the area who are at risk of going absent or missing from residential care. The profile is reviewed and shared each month with local police. It includes information on behaviours of concern, triggers and best responses to assist police to respond in a trauma-informed way with specific knowledge about the young person. This approach to information collection and sharing to support a trauma-informed response aligns with the department's commitment to ensure all children and young people have a behaviour support plan, as outlined in Chapter 7.

387 Queensland Government, *Reporting missing children: Guidelines for approved carers and care services* [PDF], Queensland Government website, 2016, accessed 8 December 2020.

While these initiatives are positive, they are limited to certain local areas and are not embedded through governance processes. They often rely on key relationships between agencies, which can be undermined by staff turnover and changes in local priorities.

Finding 37: Impact of inconsistent and inaccessible information collection

Flaws in information collection and sharing between the department, residential care service providers and Victoria Police compromise the effectiveness and efficiency of efforts to support and safeguard children and young people who go absent or missing from residential care. As a consequence, the risks faced by children and young people when they are absent or missing from residential care are exacerbated, which can result in the children and young people suffering greater harm with devastating and lifelong consequences.

When a child or young person is absent or missing from residential care

When a child or young person goes absent or missing from residential care, care staff are required to initiate a safety response to attempt to locate the child or young person and encourage them to return to care. This approach may be supported by a police response using tools such as missing person reports, warrants and media alerts.

Several children and young people described mixed experiences of the response when they are absent or missing from residential care.

They put a missing person's [report] on us. Some resi staff try to contact us, some don't … Some resis I was in, they would try to contact me every day. In another they wouldn't try at all. (Carina, residential care, 17, Aboriginal)

I would stay out after school and sleep out. They let me go out for a sleepover for 3 days and there was nothing. When I got back to the unit, I asked if there were warrants, and they said 'Nah' and everything was normal. So, I thought 'They don't care.' (Rohan, residential care, 17, Aboriginal)

Consultations, file reviews and analysis of incident reports conducted for the inquiry indicated that, in practice, the level of preparedness and responsiveness when a child or young person goes absent or missing from residential care varies. In many instances, the response of residential care service providers and Child Protection is proactive, consistent and timely, and is guided by a safety plan or crisis management plan. However, in other instances this is not the case. As previously discussed, not all children and young people who are frequently reported absent or missing have safety plans in place, suggesting that any response when these children or young people are absent or missing may be reactive and under-prepared.

This section assesses the framework that guides the system's response when a child or young person goes absent or missing from residential care, including the risk assessment process and the tools used to locate children and young people and safely return them to placement.

Assessment of risk

Decisions about when to respond, when to escalate and what tools to use when a child or young person is absent or missing from residential care are generally informed by an assessment of risk. For example, a 9-year-old who is absent or missing for a short time should, in most instances, prompt a swifter response than a 17-year-old who does not return by curfew. However, if the 17-year-old is known to be at risk of sexual exploitation or has a disability or medical condition, this should change the urgency of the response.

Yes, for some if they leave the house after curfew, immediately they do a missing person report and get a warrant straight away. For other kids, it's if they've gone for a night or 2. If I go out, I will say I'm going to [town] and I will tell them that I'm staying at this person's house. The carers will want to talk to them to make sure I'm there. For some kids, on the other hand, it does not work for them. They know that they are not meant to be at those places, and the cops will go there. So, it's good for them to keep them safe, but they are annoyed. The people are like, 'If you keep coming back here, the cops keep coming.' (Colette, residential care, 17)

Consultations suggested that, in practice, assessment of risk, planning, timing of responses and which tools to employ varies considerably. As noted in Chapter 7, not all children and young people who are frequently reported missing have a safety plan. If they do, the actions and responsibilities vary even where the risks are similar. While planning tools and manuals include guidance and examples of risk assessment, the lack of a clear framework leads to inconsistent approaches in practice.

For example, for some children and young people considered to be at high risk, their safety plans may require an immediate response as soon as they leave, including an application for a warrant.

We know children may only be gone from their place of residence for a couple of hours to be exploited. It's not necessarily a long time away. We need to individualise the risk and approach. We drop the ball if we think, 'They are only gone for 24 hours [it's not an issue]'. No, you need to think about what this means for the individual child. (Departmental staff member)

For other children and young people who are also at high risk, stakeholders said they had negotiated 24-hour or 48-hour plans that provide that, if a child or young person is in regular contact, staff will not seek a warrant for that period of time. Several stakeholders suggested that this approach involved the child or young person in decision-making to promote their sense of independence and to develop their capacity to assess and respond to risk for themselves.

For some young people, we advocated for a 24-hour plan before we seek a missing person report, because otherwise we are placing and removing missing person reports every night. We succeeded in getting that plan approved. We had a positive support system of pros and cons which we discussed with young person to have a 24-hour plan. It was then endorsed by the department and care team at the time. We had one 17-year-old who advocated for herself to have a 24-hour plan as well. (Residential care staff member)

Other stakeholders expressed concern about this approach, saying that all children or young people are at risk when they are absent or missing, justifying swift responses and early use of warrants. They considered that regular contact or sightings were insufficient to safeguard children and young people from harm, emphasising the system should not presume a child or young person is safe. They also suggested that all children and young people deserve the same level of response.

While they continue to get the young person at the end of the phone, they will assume they are safe, but frankly no parent would. (Residential care staff member)

We take everyone seriously. The one time you don't, then something happens. (Residential care staff member)

We had a high-risk young person who, the second she walked out the door, we would follow up and make a missing person report … We used a missing person report as a bare minimum. If we do it for her, we should do it for everyone. If anyone goes, we should follow the same response. (Residential care staff member)

Incident reports contained similar examples of 24-hour or 48-hour plans that only trigger a missing person report or warrant application if the young person was not sighted in that period of time.

In its response to a draft of this inquiry report, the department noted that 'An additional factor that influences the application of a 598 warrant is the court's threshold as each magistrate will interpret risk differently. For example: some magistrates won't grant a warrant within the same day unless immediate and significant risk can be proven and if an initial warrant application is denied because the magistrate does not deem the risk high enough, this can impact the subsequent applications under the same "missing episode".'

In part, these stakeholders' concerns reflect that assessment of risk is not necessarily done well and that the responses are often not adequate to address the risk.

Case study: 48-hour plan for a 13-year-old

A residential care staff member expressed concern about a 48-hour plan for a 13-year-old girl who was at risk of sexual exploitation and engaging in criminal activity. The plan provided that if the girl was sighted during the 48-hour period, then the countdown before seeking a warrant would reset. In practice, this meant the girl could be absent or missing for long periods of time without a warrant being sought. In this instance, the stakeholder considered that the 48-hour plan was designed to reduce the workload associated with missing person reports and warrant applications, but did not provide for alternative protective interventions.

She is running from police, shoplifting 3 times in a day, has ADHD and won't take medication. She is out in the community unmedicated. [A relative] will let us know where she is, but she knows that she just has to come back every 48 hours and there won't be a warrant – or we have to go to sight her – she calls to be sighted [at a place in town] – which is enabling her to stay out for another 48 hours. (Residential care staff member)

Case study: 24-hour plan for a young woman living in the community

An incident report described a young woman who appears to be continually absent and is reported to be 'staying with a male friend'. The report noted that her behaviour management plan requires that she 'maintains verbal contact' and arranges 'to be sighted' every 24 hours. Staff filed a missing person report after the young woman failed to maintain contact for 3 days. The report suggested the young woman is not engaged in education and uses drugs and alcohol.

The incident report recorded that: 'DHHS Case Manager not concerned requesting the [service provider] case manager to sight [the young woman] every few days.'

Stakeholders' concerns about these approaches also reflect that the response in practice when a child or young person goes absent or missing from residential care is not as urgent or intensive as it is for other children or young people who are absent or missing from home. At times, this lesser response is influenced by the characterisation that they are not 'genuinely missing', particularly if there is some level of contact with them. Consequently, they are considered to be less at risk.

There's an expectation that a young person in care has less of a right to safety than other young people, or should be able to protect themselves. It's an area that's lacking. We can gather information, but if Victoria Police does not act on it with the same urgency as us then it goes nowhere. (Residential care staff member)

It's about how police view our young people in care. There are negative connotations for frequent flyers. The police tend to see them as a nuisance and looking for them is not a good use of police resources. (Departmental staff member)

As a consequence, the risks faced by children and young people when they are absent or missing from residential care may be downplayed and lead to a lesser response. However, the fact that a child or young person's whereabouts may be known and there has been some contact with them or they have 'experience of the streets' does not mean that they are at less risk. In fact, frequent episodes of being missing or absent from care can indicate increasing risk.[388]

In its submission to the inquiry, Victoria Police expressed concern about the requirement in the Child Protection Manual that 'absent' children and young people whose whereabouts are known but their absence is not approved should be treated as 'missing'.

> The conflation of missing and absent children and the adherence to a singular process for both groups often leads to a policing response for children whose whereabouts are known or who frequently abscond from residential care and return of their own accord. When children in these categories are treated as missing, an excessive number of Missing Person Reports are subsequently filed, often unnecessarily exposing vulnerable youth to a police presence where other responses would be more appropriate. [389]

388 DHHS, 'Missing children and young people – advice', quoting Jackson, *Literature review: young people at high risk of sexual exploitation, absconding, and other significant harms*, p 42; DHHS, *Framework to reduce criminalisation of young people in residential care*, p 23.

389 Victoria Police, Submission to *Out of sight* inquiry, p 2.

Victoria Police recommended that missing person reports should only be made when a child or young person's whereabouts are unknown and there is genuine fear for the child's safety and wellbeing, as is currently required by *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police.*

> Victoria Police considers that Missing Person Reports are effective where a child is missing, but many of these young people are more accurately classified as absent. There is currently no mechanism for Victoria Police to record a child as absent rather than missing … Where the whereabouts of a child are known, these reports are not an effective use of police resources.[390]

A different response to missing person reports based on the distinction between being 'missing' compared to 'absent' was tested in the UK in reforms introduced in 2013. This approach was relatively short-lived, as outlined in the following section.

'Missing' compared to 'absent': the experience in the UK

In 2013, police services in the UK introduced a new recording system for people reported missing where people were classed as 'missing' or 'absent'.[391] Only those classified as missing received an active police response.[392]

A review of this approach in 2016 by an All Party Parliamentary Group (APPG) 'heard evidence that children reported as absent – for whom the police decided there was no apparent risk – ended up falling through the safety net, exploited by adults for sex or criminal activity such as running drugs across county lines.'[393] It found that those classed as absent were 'effectively "off the radar"'. It concluded that 'the new absent category is not fit for purpose and should be scrapped. It was introduced to save police time but has turned out to be a blunt, crude assessment tool that leaves children at risk.'[394]

The APPG recommended that 'The separate "absent" category should be abandoned by the police and missing children should instead receive a proportionate response based on the risks they face.'[395] The APPG recommended a tiered approach to assessment of the level of risk of all missing children to be categorised as either low, medium or high.[396] It further recommended that no child should be categorised as low risk without prior joint assessment of the risks they face being undertaken by both the police and children's services.[397]

The APPG inquiry also highlighted the lack of data about children and young people categorised as absent and noted that risk assessments are not adequately informed by 'all available intelligence about a child's life'.[398] It emphasised that risk assessment should be underpinned by robust evidence and consistent

390 Department of Health and Human Services (DHHS) and Victoria Police, *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police,* State of Victoria, Melbourne, 2012, referred to in Victoria Police, Submission to *Out of sight* inquiry, p 4.
391 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children*, p 3.
392 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children.*
393 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children.*
394 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children.*
395 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children,* recommendation 1.
396 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children,* recommendation 1.
397 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children,* recommendation 1.
398 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children,* recommendation 1, p 9.

interpretations of levels of risk.[399] To address these issues, it made recommendations to introduce a national database of information on missing children and to improve information sharing for the purposes of risk assessment, accompanied by oversight of data sharing by external agencies.[400]

Following the APPG recommendations, police in the UK discarded the categories of missing and absent, and instead adopted the recommended risk tiering approach.[401] The level of risk determines the approach and resources dedicated to the response. For example, if a missing person report is assessed as high risk, it 'almost always requires the immediate deployment of police resources'.[402] Medium risk 'requires an active and measured response by police and other agencies'.[403] Low risk requires 'proportionate enquiries' to 'ensure that the individual has not come to harm'.[404] A final category of 'no apparent risk' requires agreement on actions to locate the subject or gather further information.[405]

A 2019 report by Missing People, a UK-based charity, highlighted the critical importance of adequate information gathering, sharing and analysis. It found that, in practice, police risk assessments concerning missing children were often based on partial information, either because the risks faced were unknown or because agencies involved with the child had not shared all relevant information with police.[406] It also noted inconsistencies in information-sharing practices.

The definitional issues raised by Victoria Police regarding when a child or young person is missing for the purposes of a missing person report, and the need for alternatives to police intervention, are considered in further detail below. However, given the findings and recommendations of the APPG and current understandings about the potential risks faced by children and young people who are absent from residential care, the Commission considers the distinction between whether a child or young person is genuinely missing compared to absent should not determine the level and nature of response required to safeguard the child or young person.[407] Instead, a risk tiering approach is appropriate, provided it is adequately informed by timely and appropriately shared information about the child or young person. This risk-based approach is discussed further in Chapter 9.

399 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children,* recommendation 1, p 9.
400 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children,* recommendations 2, 3 and 5.
401 See discussion of risk-tiers in: Missing People, *A safer return*, pp 6–7.
402 Missing People, *A safer return*, p 6.
403 Missing People, *A safer return*, p 6.
404 Missing People, *A safer return*, p 6.
405 Missing People, *A safer return*, p 6.
406 Missing People, *A safer return*, p 7.
407 This is consistent with the *Child Protection Manual*, which treats 'absent' and 'missing' as the same. This is discussed further below.

Finding 38: Assessment of risk

Decisions by child protection practitioners, residential care staff and police regarding when to respond, when to escalate and what tools to use when a child or young person is absent or missing from residential care are generally informed by an attempt to assess the child or young person's vulnerability and the risks they may face when absent or missing from residential care. However, assessment of vulnerability and associated risks is often not done well, and the responses are not always proportionate to the risks faced by the child or young person. There is evidence of significant variation in practice across departmental divisions, residential care service providers and Victoria Police.

The quality of risk assessment is undermined or influenced by:

- information about the child or young person, which may be incomplete, challenging to access, out of date and/or poorly communicated to other agencies
- inadequate and inconsistent guidance on how to identify and assess vulnerability and risk
- a perception that the child or young person is not 'genuinely missing', is 'streetwise' and/or may be less deserving than other children and young people of intensive efforts to find and return them to care.

First response

> *Once I was missing for 3 months … I stayed in one place, staying with a mate that was 35 … [There was no contact] Nah, I didn't have a phone at that time … Sometimes, if I was involved in other stuff, and the police were around. But no one could contact me, not even my family. I got found on my birthday. They took me to secure [welfare]. (Hunter, residential care, 13)*

When a child or young person goes absent or missing, carers may gather information before and at the time the child or young person leaves (such as descriptions of clothing, number plates of cars they have left in, the direction they went, and names of people who they have recently spoken to). They may try to follow the child or young person, call and text them encouraging them to return, visit locations the child or young person is suspected to be, contact family and friends of the child or young person, contact agencies such as the Streetwork Outreach Service[408] for support, and notify and seek advice from their service provider's on-call service or the After Hours Child Protection Emergency Service.[409]

408 The Streetwork Outreach Service provided by the department operates between 4 pm and 1 am in the inner-city and St Kilda for children and young people who are homeless and at risk. Streetwork practitioners are 'protective interveners' who may exercise their statutory responsibility to protect young people if they assess them to be in need of protection, and the matter cannot be left until the next working day. The Streetwork service was suspended for a period of time in 2020 in response to the risk of COVID-19. For further information, see: Department of Health and Human Services (DHHS), 'Streetwork Outreach Service', *Child Protection Manual*, Document ID number 2720, version 2, 1 March 2016, State of Victoria, Melbourne, 2016.

409 Some larger residential care service providers operate their own after-hours, on-call service which can provide advice and act as a liaison with the department's After Hours Child Protection Emergency Service.

Depends who is on. Like [carer], she annoys me, texts me and calls me all the time. And [carer] who used to work here, every 5 seconds. So I'd just block their number for the rest of the day. They call me while I'm trying to sleep, they ruin my slumber. I just message them every now and again. And sometimes if I'm missing, I'll come in during the day and say 'Hi guys'. So I'll message them or sometimes take their calls. And some of them worry. (Leila, residential care, 15)

In consultations, some children and young people said they were warned that carers would 'call the cops' if they left or failed to stay in contact.

Yeah, I'd answer their calls and that because they would say if they called, they wouldn't put out a warrant. (Meredith, formerly residential care, 17)

As soon as I leave, they text me and keep texting me and ask me to talk to them. And if I don't text back, then they call the police (Ryan, residential care, 17, Aboriginal)

They let us go out, they check in every hour. Then if we don't answer they tell After Hours DHHS and then they call the cops, then they arrest you. (Tyson, residential care, 17, Aboriginal)

A number of residential care staff commented that limited staff numbers, combined with a high administrative workload, impeded their ability to build relationships with children and young people and to respond quickly when they are absent or missing.

If one kid wants to go for a drive, but only one staff member is on, or the house car is not available, if you don't meet that need instantly, then they are gone because they are so sensitive to rejection. We really struggle to manage … Particularly overnight, we only have one staff member on. If there is only one staff member, they can't follow the young person when they leave and do that proactive work. (Residential care staff member)

When we have chronic absconders, if we have only one staff member and one [young person] leaves, the other 3 feel like they're not getting attention, then the risk increases. (Residential care staff member)

Several stakeholders suggested that, in recent years, their practice around the initial steps when a young person goes absent or missing has been increasingly informed by a care response, rather than a punitive approach. For example, rather than threatening to get a warrant or call the police, some stakeholders said they focus on expressing concern, saying they miss the child or young person, offer to pick them up, and try to entice them home with the promise of food and other home comforts.

Threats of warrants and police do not work. They say, 'Stuff you, call them.' It's more about letting them know we worry about them, that we want to see and engage with them and do activities together. (Residential care staff member)

We will do things like text photos of dinner (like roasts) and tell them what's on tonight. Going to kids' tummies is always a good strategy. (Residential care staff member)

A number of residential care staff said that this approach was a continuation of their relationship-building strategy, which they maintain when the child or young person is away from the house.

We provide their favourite lollies or chocolate or put a photo of the team in their bag so when they pick up the bag, there's something to jog a memory that there is a house that cares that I can go back to. (Residential care staff member)

Consultations suggested that this relationship-building, care-based response is relatively new and not consistent across the system.

This is new stuff that we have started to develop and work hard on with our girls over the last year or so. (Residential care staff member)

Further, as highlighted in Chapter 5 and in MacKillop's *Power to kids* project discussed earlier, the effectiveness of this response is limited when the child or young person does not have a genuine care-based relationship with the person who is contacting them.

Finding 39: First response

Recently, some residential care providers have focused on a care-based response when children and young people go absent or missing from care. They express care and concern when contacting the child or young person to encourage them to return without police intervention. However, this approach is not consistently applied across the system and is undermined by poor or underdeveloped relationships between key staff and children and young people in residential care.

Escalation of response: police intervention

They call the police for a missing persons [report] and they will have a warrant for us kids. There is either a 'Return to Placement' or 'Hold and Assess' [direction on the warrant]. They hold us, wait for DHHS to come and assess. I've had both, plenty of warrants, over 190 safe custody warrants. (Carina, residential care, 17, Aboriginal)

I'm on 5 sets of bail and have a bail curfew. Yeah, they put a missing persons [report] on you and then yeah, the cops will come pick you up and that. (Hunter, residential care, 13)

I get [a] safe custody [warrant] every time … they call me and I have a long chat with them. They ask me, 'Are you going home tomorrow?' Then they ask me what time. I can't give them a time for tomorrow! I don't like having the police involved. (Leila, residential care, 15)

If the first response steps are unsuccessful, residential care service staff (or the on-call or after-hours services) may escalate to seek police assistance, which may include requesting police to conduct welfare checks at locations where the child or young person is suspected to be, placing a missing person report with the local police station, and seeking a section 598 warrant. In instances when a child or young person has been absent for a lengthy period or is considered to be at very high risk, Child Protection may liaise with police to release a media alert.

Missing person reports

The purpose of a missing person report is to trigger an investigation to find the missing person. The Victoria Police Manual defines a missing person as a person reported to police whose whereabouts are unknown, and there are fears for the safety or concern for the welfare of that person.[410] The Child Protection Manual requires that 'When the whereabouts of a child is unknown, child protection must ensure that a missing persons report (MPR) is made.'[411]

Missing person reports are made to local police stations. Police are required to investigate immediately.[412] Initially, the investigation is conducted at a local level. It may be referred to a specialist area, like the Criminal Investigation Unit (CIU), depending on the circumstances. In practice, stakeholders suggested that reports are referred to the CIU after 28 days unless specialist investigation is considered more urgent.

Missing person reports do not authorise police to take a missing person into custody or, in the case of children and young people in out-of-home care, to return them to placement. Police may offer to do so. However, without a warrant, police cannot make a child or young person subject to a missing person report return to placement involuntarily.

A missing person report is resolved once the missing person is found. This may be by police directly or by another agency such as the department. Once found, the missing person investigation is closed. Police policy does not require that the missing person return home, for example to placement, before the investigation is closed.

Section 598 warrants

The purpose of a section 598 warrant is to authorise police to place a child or young person in 'emergency care' and take them to a place specified on the warrant or nominated by Child Protection.

If a young person is missing or absent from residential care 'without lawful authority or excuse', child protection practitioners may apply to the Children's Court for a warrant that authorises police to enter and search premises where the young person is suspected to be, place the young person in 'emergency care' and take the young person to a place specified on the warrant or to a place nominated by Child Protection.[413]

In practice, warrants usually specify that police return a child or young person to placement, take them to secure welfare, or require that police hold the child in custody until Child Protection conducts an assessment to determine where they should be placed. The latter is referred to as 'hold and assess'.

410 Victoria Police, 'Missing person investigations', p 1. In consultations and the submission from Victoria Police, there is dispute over the definition of 'missing person' in practice. This definitional uncertainty is addressed below.
411 DHHS, 'Missing persons report – advice', p 2.
412 DHHS, 'Missing persons report – advice', p 2.
413 CYFA, ss 598(1)(b), 598(3).

The Child Protection Manual advises that 'A warrant is appropriate where:

- child protection intervention alone has not been, or would not be, effective in addressing the child's immediate risk situation, and
- the authorisation for police to enter and search a place or place the named child in emergency care is the only viable option.'[414]

When deciding whether to apply for a warrant, considerations include the level of risk and whether it is imminent, and whether other means of gaining access to the child or young person would be effective.[415] The Child Protection Manual directs that warrants should be sought during business hours unless there is an unacceptable risk to the child or young person after hours.[416] After-hours applications are for urgent matters only, when the risk to the child or young person is determined to be immediate and unacceptable.[417]

Once a warrant has been executed, police are responsible for returning the executed warrant to the issuing court and informing the Victoria Police Records Services Division. Alternatively, if a child or young person returns to placement without being taken into custody, the warrant can be cancelled by making a request to the Records Services Division and the warrant is withdrawn.

Several stakeholders discussed the connection between the role of a missing person report and a warrant, noting that missing person reports alone were generally ineffective as they do not give police authority to take the child or young person into emergency care. For example, if police sight and speak to a child or young person who was reported missing, police may close the report without further action in accordance with police policy.[418]

Sometimes police cancel them [missing person reports] but don't tell us. For example, because a young person has been sighted with a person in the community and were OK. But they don't tell us, and we don't have the young person, we are not engaged with them. (Departmental staff member)

Stakeholders noted that, while warrants empower police to take a child or young person into emergency care, they should operate in conjunction with a missing person report to prompt an investigation to locate the child or young person and to provide further information about the child or young person. Consequently, relying on either a missing person report or warrant alone is often considered to be ineffective.

Reducing criminalisation of children and young people in residential care

[When I'm picked up by police] it's pretty daunting and terrifying. It makes you feel like you're in trouble, kind of makes you feel unsafe cos you worry that if the police find where you are, the people who you're with could get in trouble or they are mad at you. (Natasha, residential care, 16)

414 Department of Health and Human Services (DHHS), 'Children's Court search warrants – advice', *Child Protection Manual*, Document ID number 2212, version 5, 5 May 2020, State of Victoria, Melbourne.
415 DHHS, 'Children's Court search warrants – advice'.
416 DHHS, 'Children's Court search warrants – advice'.
417 DHHS, 'Children's Court search warrants – advice'.
418 Victoria Police, 'Missing Person Investigations', p 5.

Missing person investigations and section 598 warrants are not technically criminal justice processes. However, in consultations, children and young people generally associated police and warrants with the criminal justice system.[419] They referred to being 'arrested', 'chucked in a divvy van', and spending long hours in custody at the police station. As outlined in Chapter 6, these processes can be criminalising, compound trauma and reinforce children and young people's negative perceptions of police and vice versa. Consequently, unnecessary contact with police through these processes should be minimised.

This position accords with the Victorian Framework, which the department, Victoria Police and other agencies committed to in February 2020. The Framework 'aims to reduce the unnecessary and inappropriate contact of young people in residential care with the criminal justice system'.[420]

The Framework includes guiding principles and a decision-making guide for residential care workers regarding when to contact police. The Framework sets out roles and responsibilities, and commits the department, Victoria Police and other agencies to develop an action plan to implement the Framework.

The Framework refers to 'running away or going missing' as a behaviour of concern covered by the Framework and includes practice advice on 'missing from care'.[421] This advice highlights that repeated episodes of being missing can be evidence of increasing risk and that every episode should be taken seriously. It further notes the importance of return to care conversations, and the potential for police to be involved in these conversations. It highlights the obligations on residential care services to contact police when a child or young person is missing.[422]

While the Framework briefly refers to the issue of children and young people going missing from care, its primary implementation focus appears to be minimising police callouts to residential units, ensuring that when police are called their response is trauma-informed and promoting the use of Victoria Police's discretionary powers as an alternative to criminal charges, whenever appropriate. It contains a decision-making guide for when to call police which 'aims to reduce unnecessary police involvement in matters that would normally be dealt with by parents in a traditional home environment'.[423] It also outlines how police should respond if they are called to an incident in residential care.

Implementation of the Framework in 2020 was delayed due to the COVID-19 pandemic. The Commission has been told that work to develop the action plan commenced in May 2021.

Finding 40: *Framework to reduce criminalisation of young people in residential care*

The *Framework to reduce criminalisation of young people in residential care* represents a positive commitment by key agencies including the department, residential care service providers and Victoria Police to adopt a trauma-informed and proactive approach to reducing criminalisation of children and young people in residential care. Unfortunately, due to COVID-19 and other competing priorities, little has been done to put the Framework into practice.

In addition, while the Framework includes some practice advice on children and young people who are missing from care, its primary focus is to guide responses to incidents in residential care houses.

419 See discussion in Chapters 2 and 6.
420 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 2.
421 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 23.
422 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 27.
423 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 20.

Alternatives to police intervention

In its submission to the inquiry, Victoria Police stated that it is often engaged in a 'behaviour management' role for children and young people who are simply refusing to return to care.[424] In most instances, Victoria Police state that police involvement should be a last resort. It further highlighted that reliance on police to transport and hold children and young people until child protection staff arrive to conduct an assessment unnecessarily exposes children and young people to police and the criminal justice system. Its submission suggested that agencies should work together to achieve positive outcomes for children and young people with minimal intervention from police.

Minimising contact with police when children and young people are absent or missing from residential care largely depends on there being viable alternatives to finding and returning them to placement.

In consultations, several children and young people supported the idea of an alternative specialised service enabling them to return to placement, rather than being picked up by police. They emphasised the importance of knowing and being comfortable with the people involved. This suggestion highlights the importance of the safety response being founded on a broader relationship-based strategy, which links children and young people to key workers.

I would stop the cops being called on the kids every time they run off. It doesn't make you wanna come home. It doesn't make you feel good … I think it would be a great idea if we had someone from DHHS or like a foster care place or whatever it's called, to come out especially for that. Then it's somebody we know so we have some sort of relationship, so it's not some scary, scary thing … [Like a specialist team] And it would be good if the kids could be familiarised with the team as such, and maybe the kids could each be assigned a certain person so they are comfortable. (Natasha, residential care, 16)

Currently, the ability of care staff to follow children and young people, conduct outreach and to collect them when they are away from care can be limited by the number of staff on duty.

There's lots of good work done by resi staff, but they are the least empowered in system. They try to have tenuous threads to a child, for example through texts, but they have no real mandate to bring them back or to find them other than checking in – 'Are you OK?' – and offering to pick them up. That's the most they can do as resi carers. (CASA worker)

We need something other than just missing person reports and safe custody warrants. We need something to collaboratively locate the young person without criminalising them. VicPol's hands are tied because for them to transport a young person they need a safe custody warrant, so I wonder if part of reviewing the process, is there another way we can develop relationships to enable us to do what we need to for the young person in a way that is not so heavy handed. There is no avenue at the moment. It's a really important change that needs to be looked at. (Residential care staff member)

We know where the child is – with mum. So, the only option we have is to ring police. If we visit the house, it causes big fights. They won't do that with the police, but there have to be better approaches than only calling the police to do that. Absolutely at times it is a waste of police time. They spend so many hours picking up young people and transporting them back to resi centres. (Residential care staff member)

424 Victoria Police, Submission to *Out of sight* inquiry, p 2.

We can't do outreach to enter squats, so we need police to be really supportive to enter squats or to be attending with us when we think the young person is there and in a timely manner, that stuff needs to be a focus. (Residential care staff member)

Some larger service providers have established outreach or rover services that can collect children and young people if they request a pick-up. For example, Anglicare established a rover service in March 2020 that provides one rover during the day, and 2 at night. This enables pick-up without residential care staff having to leave the house.

Alternatively, the rover service can fill in for staff at the houses to allow the staff who know the child or young person to conduct outreach or collect them. Without this service, children and young people may have to wait until there are sufficient staff on shift to allow one staff member to leave the house. Anglicare's rover service can also assist staff at the house if a child or young person's behaviour is difficult and can provide cover for sick leave without using agency staff. As noted in Chapter 5, challenging behaviour of co-residents and use of agency staff both contribute to children and young people going absent or missing.

The development of rover services and outreach teams is positive, but their availability is limited. Stakeholders' comments suggest there is scope for a more collaborative, care-based approach between outreach services and police.[425]

425 In its response to a draft of this inquiry report, the department commented that 'since 1 October, every four-bed home has … been subject to an Overnight Safety Plan, which requires community service organisations to provide an on-call or mobile support team response within 39 minutes, either to provide additional support in the residential care home or collect young people outside of the home to ensure their timely and safe return'. However, during the Commission's consultations, feedback from stakeholders was that, in most instances, this is more a coordination role in practice, than a true outreach/rover function.

Finding 41: Reliance on police intervention and limited alternative options

Departmental and residential care service providers frequently rely on police intervention using tools such as missing person reports and warrants to find and return children and young people to residential care. The limited availability of alternative options such as rover services to find, encourage and support children and young people to return safely to residential care contributes to the reliance on police intervention.

A trauma-informed response

The guiding principles in the Framework emphasise the importance of a trauma-informed response. It includes a commitment by Victoria Police to 'pursue opportunities to build the capacity of its workforce with training relevant to trauma and vulnerable young people'.[426]

Stakeholders frequently highlighted the expertise and trauma-informed response of some specialist police officers and units such as Youth Resource Officers, Youth Specialist Officers, Proactive Policing Units and SOCITs. However, many expressed concern about inconsistent responses of frontline officers whose understanding and implementation of a trauma-informed response is less common.

When I lived in [area], I was close with the police youth task force. I never really had a problem with them. I also knew when they came to get me, they were doing what DHHS told them to do and they hated DHHS as much as I do. (Meredith, formerly residential care, 17)

426 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 12.

I had heaps of missing person reports put on me. Sometimes the police checked to see if I was alive and safe, then left. But other times they would grab and put me in the divvy van … But I also had positive experiences with PSOs [Protective Services Officers] at the stations. They would stay there all night, they supported me and a friend with suicidal behaviours, who was self-harming. It was really great, and they would make sure we were still alive … It was just having conversations, through that we built a relationship, so we could go to them for support … But other police arrested me and treated me like shit. It's good for police to have relationships with young people, that they are not always trying to punish you, but to understand and have conversations. (Zoe, lived experience of homelessness)

If police see a young person at 2 or 3 am doing something they know is sus, will the police say that I know they've suffered complex trauma and send them home or call them little shits and treat them as if they are bad? (Stakeholder with policing experience)

YSOs [Youth Specialist Officers] are brilliant. We need 10 times as many of them. Also, we need a lot more SOCIT. (Residential care staff member)

As detailed in Chapters 2 and 6, some children and young people and other stakeholders described interactions with police as potentially traumatising, ranging from being taken forcibly from the family home in distressing circumstances and being treated as a 'rotten kid' through to allegations of assault at the point of being taken into custody and while at the police station awaiting assessment and collection.

Specialist police are a scarce resource. At the end of 2020, of 16,140 sworn police officers in Victoria, there were 44 Youth Specialist Officers and approximately 100 Youth Resource Officers and Proactive Policing Officer positions across the state.[427] Consequently, frontline police are usually responsible for responding when a child or young person is absent or missing from residential care, particularly after hours. Many stakeholders emphasised the need for more training and increased awareness of the impact of trauma on children and young people among frontline police.

It cannot be a specialist role – there's not enough of them [specialists]. It needs to be a frontline policing response and so they need to be better trained and more responsive … Police won't treat these kids as 'bad kids' if police have better information and training. (Stakeholder with policing experience)

An example of a providing local response is the Community Around the Child initiative piloted between 2016 to 2019 in the inner-eastern metropolitan region of Melbourne. Rather than relying on a specialist police response, the initiative targeted frontline police to promote a trauma-informed response when interacting with children and young people placed in residential care.

427 Victoria Police, *Response to further questions on Victoria Police submission*, pp 2–3; Victoria Police, *Employees by location as at December 2020* [PDF], Victoria Police website, State of Victoria, 2020, accessed 20 January 2021, p 2.

Community Around the Child: an initiative in inner-eastern Melbourne

The Community Around the Child pilot was part of a broader project called the Building Resilience in Young People: Therapeutic Approach Plus initiative. It was delivered in the inner-eastern metropolitan region of Melbourne to provide trauma-informed therapeutic care and supports to children and young people residing in residential care, through 3 components:

- therapeutic life story work
- linguistic capacity
- building a community around the child.

The project was a joint initiative between the department, Victoria Police, the Department of Justice and Community Safety, and the Department of Education and Training.

The Community Around the Child pilot aimed to build capacity in the community to provide a holistic response to the needs of the children and young people living in residential care. The response intended to reduce the criminalisation of these children and young people through the delivery of improved information sharing through new profiles on a page, policy buddy systems and the creation of intensive training in trauma-informed care for program participants including residential care staff, frontline police and the wider care team, who act as the 'parenting community'. The training supported the parenting community to recognise behaviours of concern and use tools and strategies to address these and distinguish them from behaviours more likely to warrant a police response.

The initiative developed a 'profile on a page' for each child or young person, including key information about behaviours of concern, triggers and best responses to assist police to respond in a trauma-informed way with specific knowledge about the child or young person.

Preliminary findings on the Community Around the Child initiative in 2018 reported a reduction in missing person reports in the local area, a reduction in property damage, reduced criminal activity and reduced callouts to the residential care houses.[428] Youth Justice is undertaking an evaluation of the initiative, analysing its efficacy through qualitative studies from stakeholders in the initiative, and quantitative analysis of missing person reports, residential 000 callouts and Youth Justice Orders in the pilot period.

The Community Around the Child initiative led to the development of a new trauma-informed training module, *Community Around the Child 2020*, which is available to all police members through the Victoria Police Learning Hub.[429] It aims to assist frontline members to understand underlying triggers and drivers of behaviour in children and young people, and to understand the impact police have on children and young people when they are in situations of crisis and trauma.

The preliminary findings on the outcomes of the Community Around the Child initiative and the development of the Victoria Police training module are promising. However, the initiative is limited to one area, and its continuation is uncertain. There are currently no plans to expand it to other areas. Further, the Victoria Police Community Around the Child 2020 training module is optional. The Victoria Police Academy provides information to its recruits about youth offending, including training that is focused on the drivers of crime and priority communities, but the Community Around the Child 2020 training module is not a core part of the academy's curriculum.[430]

428 Watkins et al., *Community around the child*.
429 Victoria Police, Submission to *Out of sight* inquiry, p 12.
430 Victoria Police, *Response to further questions on Victoria Police submission*, p 2.

Finding 42: Trauma-informed responses

While the Commission identified promising examples of trauma-informed responses, such as the Community Around the Child initiative in the inner-eastern metropolitan region, responses by frontline workers and police members are inconsistent, and in some instances potentially compound the trauma experienced by children and young people when they are absent or missing from residential care.

Effectiveness of missing person reports and warrants

While the risks faced by children and young people who are absent or missing from residential care may be underestimated for the reasons outlined earlier, escalation to a full police response is not appropriate in all cases. Immediate escalation to a missing person report or warrant, as suggested by some stakeholders in this inquiry, may simply pass the responsibility to another agency, such as the police or courts, without being an effective response. Some children and young people expressed concern about using police resources in this way.

> *Cops should be out helping people being burgled and in life-threatening things instead of picking up a young person at their mum's house and dropping them back, who will go straight out again. (Colette, residential care, 17)*

In consultations, many stakeholders believed that missing person reports and warrants can be useful tools to ensure children and young people are located and returned to care more quickly. However, many also considered that these tools are only effective if they are used as part of a broader strategy to support the child or young person to remain in care.

> *Missing person reports and warrants can be really important in mitigating risk to young people who are at risk of sexual exploitation and criminal exploitation in terms of getting them found sooner, but sometimes when it becomes the default, I wonder why. What are we using this to achieve? If we are seeking a warrant or dispersing a missing person report, and the only requirement is that they return to placement, then they say, 'Get lost' and leave again. (Departmental staff member)*

> *If it's just done in isolation, then it's not effective at all. If you lodge a missing person report and nothing else, then it's just an administrative exercise, and it's the same for a warrant to be pursued. (Departmental staff member)*

> *Where warrants come in is disruption work. It's to make life hard for offenders around the young person because police are kicking their door in every weekend. It makes their life miserable, so they stop hanging around resi units. That has a purpose in some ways because if every time Jane goes missing the police knock on the door, they will stop inviting Jane over. [But without more] she won't be sexually exploited by you, she will just be sexually exploited by the next nasty man. (Departmental staff member)*

Some stakeholders said that missing person reports and warrants were the only tools that worked or were available in the current system to locate and return children and young people to care. However, they also acknowledged the limitations of these tools.

We can't make them come back without a warrant. [Warrants are needed] so police can physically bring them back here. But it's a waste of police time. They have better things to do than bring kids back to the house. They then just leave again. Sometimes police drop off the young person, check off the warrant and the young person just leaves straight away. (Residential care staff member)

At a local level, stakeholders reported encountering police frustration in relation to children and young people who are reported missing multiple times a week and leave care almost as soon as they are returned. Police may feel that their efforts in finding and returning children and young people are achieving little when residential care service providers and child protection practitioners are not doing enough to support the child or young person to remain in care (or simply to stop them leaving). A sense of frustration and debate over who should be responsible further undermines the effectiveness of these tools.

The more we get warrants, [the more] the police will then insist on securing the young person. For example, they refuse to return the young person to placement. They say, 'This is the tenth warrant this month, you need to get him secured.' They become the case planner! (Residential care staff member)

We have one girl who has had 4 missing person reports in one day. The police are irate. (Residential care staff member)

The police, I think, it's hard for them, but they need to respond to our calls quicker. For example, if a young person has been missing for weeks and we know they are at an address, and then the police take hours to respond, [we've lost the opportunity] and then we are after them for another couple of weeks. (Residential care staff member)

These comments were supported by evidence in file reviews. For example, one file contained correspondence from the local police highlighting the frequency of missing person reports and the need for an alternative approach.

In its submission to the inquiry, Victoria Police expressed concern about which agency is best placed to respond when a child or young person is missing from residential care.

> … the view and subsequent involvement of Victoria Police as 'key' responders to children absent from care, instead of better suited agencies such as DHHS and CSOs, is a key concern for any future criminalisation of these children.[431]

Victoria Police suggested that further engagement with support services other than the police was necessary to address the issue of children and young people being absent or missing from care.

> Further engagement of key support agencies including DHHS and CSOs with these young people would also be useful to identify and address the key drivers and desires for absconding from care … Attempts to understand the underlying causes of this behaviour is important in promoting a proactive approach to managing risk and responding to incidents … Victoria Police also considers that the focus should remain on ensuring [the] residential care environment mirrors practices within a healthy and safe family environment.[432]

Victoria Police also pointed to the 'strain on police resources in taking Missing Person Reports', noting that 'there are further impacts when a search warrant is in place'.

> … as these search warrants are sometimes utilised for behaviour management purposes, Victoria Police are required to respond, only for the young person to be located safe and unwilling to return to their care facility. This is a further unnecessary strain on police resources … When a child is the subject of both a Missing Person Report and a search warrant, the resourcing implications on Victoria Police are heightened as investigative, transport and logistical resources are all expended.[433]

431 Victoria Police, Submission to *Out of sight* inquiry, p 9.
432 Victoria Police, Submission to *Out of sight* inquiry, p 9.
433 Victoria Police, Submission to *Out of sight* inquiry, p 5

Stakeholders' concerns about the effectiveness of missing person reports and warrants, and questions about who should be responsible for responding to these, highlight the importance of treating police intervention as a tool within a broader, care-based, relationship-building strategy, rather than as the only option available.

Finding 43: Effectiveness of police intervention

The effectiveness of missing person reports and warrants to safeguard children and young people who are absent or missing from residential care is limited when these tools are not integrated into a clear, relationship-based strategy founded on care and concern to support children and young people to remain in their residential care placement and to safeguard them when they are absent or missing from care.

Definitional uncertainty and administrative burden

A wide range of stakeholders expressed concern that the effectiveness of missing person reports and warrants is undermined by a lack of clarity between stakeholders regarding the definition of 'missing person' and the administrative burden of processes associated with missing person reports and warrants.

In its submission to the inquiry, Victoria Police highlighted that *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police* states that a missing person report should only be made to Victoria Police if the child or young person's whereabouts are unknown and there is a genuine fear for the child or young person's safety and wellbeing.[434] The submission notes that, in contrast, the Child Protection Manual refers to children and young people who are either missing (whereabouts unknown) or absent (whereabouts known but their absence is not approved).[435]

As outlined above, the submission suggests the conflation of the 2 groups in the Child Protection Manual is problematic, resulting in an excessive number of missing person reports, and unnecessarily exposes vulnerable children and young people to a police presence.

As highlighted above, Victoria Police also expressed concern about the resource impact of definitional issues regarding when a child or young person is missing.

> … definitional differences between agencies in relation to when children are missing leads to an overwhelming amount of Missing Person Reports being filed with Victoria Police. The very process of taking these reports is a strain on police resources.[436]

Other stakeholders confirmed that the whereabouts of children and young people who are absent or missing from care is often known or suspected. However, they noted that knowing the child or young person's whereabouts does not necessarily reduce the risks faced by the child or young person, and they may still require police intervention to remove the child or young person from an unsafe situation. While a warrant may be sufficient to do this alone, they suggested that a missing person report ensured police had relevant information about the child or young person.

> *I think the definition of missing is [an issue] I find difficult at times. They [the child or young person] are not where they are meant to be, but we might know where they are. We want the missing person report to start the process to get them back; to initiate the investigation to get them back with a missing person report. But police may say, 'You know where they are, so we are not accepting it.' (Departmental staff member)*

434 DHHS and Victoria Police, *Protecting children*.
435 Victoria Police, Submission to *Out of sight* inquiry, p 4.
436 Victoria Police, Submission to *Out of sight* inquiry, p 5.

In other situations, stakeholders noted that while they may be in regular contact with a child or young person when they were absent or missing, they often did not know the child or young person's whereabouts. Consultations with children and young people and the analysis of absent client incident reports confirmed that children and young people may deliberately avoid giving information or mislead carers about where they are.

I used to go into the city. I don't go to bed straight at night. Mainly I would go around Flinders Street. I would tell carers I'm going to Glen Waverley, then jump on a train to go to the city. (Sian, formerly residential care, 19)

Stakeholders reported that definitional disputes, combined with the administrative burden imposed by frequent missing person reports and warrant applications, sometimes prompted frustration and 'push-back' from police.

We will call police to place a missing person report as we are supposed to, but the police will refuse because the young people go missing all the time or they tell us to lock the kids up so they can't leave. (Residential care staff member)

For some children, the police won't respond to a missing persons warrant for one to 2 days. But if the behaviour is off the kids' baseline of what's normal, it will be a quicker response time. (Residential care staff member)

Others reported that sometimes police refuse to take a missing person report without a warrant being granted or insist that a person must be missing for 24 hours before a report can be accepted. Neither a warrant, nor a waiting period of 24 hours, are required to lodge a missing person report. However, this misconception appears to be common, even among children and young people.

Some workers do it [lodge a missing person report] as soon as we leave the house, they are not supposed to. They are supposed to wait 24 hours. It's a safety issue sometimes. They just put it out cos it's something to do when you leave. (Carina, residential care, 17, Aboriginal)

One night, police officers will say they will do it straight away, the next night another police officer will say wait for 24 hours. Technically, the young person may not be 'missing', but we don't know who they are with, what they're doing, what state they are in. There's no set system with police about when we can get a missing person report. (Residential care staff member)

They say wait 24 hours, but a lot can happen in 24 hours. That response is because they are from resi care. They say they were only missing 2 nights ago or last week, they will come back, or we only closed the missing person report last night, and now we have to do another. There's almost a resentment in having to do it. Police are busy, but we have the lives of these young people who are at risk. They need to be shown that we support, love and care for them. (Residential care staff member)

Many residential care staff and departmental staff acknowledged that missing person reports entailed hours of work for police and could understand their frustration when a child or young person is reported missing repeatedly in a short space of time. They also acknowledged that this frustration is heightened when the child or young person leaves again as soon as a warrant is removed.

Other residential care staff reported that their experience with the police was generally supportive. Often this support was in the context of residential care service providers and local police establishing close working relationships and clear information sharing pathways.[437]

> *Police don't often push back on missing person reports. Sometimes a constable may be stressed, but usually the sergeants are quite supportive. Last year, we met with VicPol to discuss supporting us with missing person reports. Now we have a pro forma missing person template. It includes details and a risk summary, so it provides the police with the information they need. (Residential care staff member)*

Inefficient processes and poor communication

In addition to concerns about the administrative burden, stakeholders pointed to inefficiencies in processes and poor communication between agencies causing delays and confusion at each point in the process, from the point a missing person report is placed through to cancellation of a warrant.

For example, a number of stakeholders suggested that the procedural requirement that missing person reports must be lodged in person can result in delays and is an inefficient use of resources.[438] Residential care staff are often not able to attend the local police station to make a report. Consequently, police are required to attend the house to take the report.

Several stakeholders suggested that, while police are required to immediately investigate any report of a missing person, this did not always occur, particularly if police resources were engaged elsewhere.[439] In most cases, it takes 28 days before a missing person report is escalated to the CIU, which a number of stakeholders considered to be too long.

> *Currently, missing person reports are held by uniform for a month, then go to CIU [the Criminal Investigation Unit]. In 80–90% of cases, once it's escalated to CIU, then they find the young person within 5 days. With repeat missing persons, if we could go straight to CIU it would be better. (Departmental staff member)*

> *The missing person report sits in uniform police. There is no one person we can liaise with. It sits in the office where it was reported, every day a person looks into it. There's just lots of people looking or involved in it in a piecemeal way. At the 28-day mark, if the young person is not located, then the missing person investigation moves to CIU and is allocated to a detective to look into it. A lot of our work is to agitate and advocate to get CIU to take over earlier than the 28-day mark … Most practitioners don't know they can advocate for a missing person report to go to CIU earlier than the 28-day mark. It's a real challenge for us. (Departmental staff member)*

Several stakeholders noted that police do not always inform the department or residential care staff when they close a missing person report following a sighting of the child or young person. Consequently, if the child or young person has not returned to care, staff may believe that a missing person investigation is ongoing.

Some residential care staff expressed concern that the procedures to obtain approval to seek a warrant and to make the application can take many hours. During this time, the opportunity to locate and return the child or young person may be lost. It can also mean that efforts to find and return the child or young person under warrant occur at night, when resources are more limited and execution of a warrant may be a more distressing experience for the child or young person who, for example, may be asleep at the family home.

437 In its response to a draft of this inquiry report, the department stated that 'much of the definitional uncertainty and administrative burden between DFFH and police relates to differences in risk assessment and perception of risk. Child Protection has a much better understanding of the risk to children and access to information not available to police.'
438 Victoria Police, 'Missing person investigations', p 2.
439 Victoria Police, 'Missing person investigations', p 2.

Some stakeholders suggested that the quality of warrant applications and supporting affidavits was mixed. For example, it was suggested that some affidavits contained extraneous information, whereas others contained insufficient information to make an informed assessment of risk. In some instances, the information appears to be cut and pasted from previous applications, without adequately updating current circumstances. These issues can lead to delays if magistrates seek further information or corrections, or if they refuse the application due to inadequate information.

Several stakeholders noted that warrant application processes had improved in 2020 in response to COVID-19 emergency measures, which enable the use of email and electronic lodgement of applications and associated documents rather than relying on hard-copy documents and faxes. One departmental staff member suggested that these recent changes provided the opportunity for processes to be further streamlined.

The new requirements under COVID have brought this along, but historically they required us to print things, sign, fax, wait for magistrates to be awake; it can be very time-consuming. Then the magistrates send it back if they don't like the way it's worded. It's not even running smoothly during the day. The daytime staff have up to 4 pm to get a warrant application to the registrar. If it's late, they won't look at it then. They wait until the after-hours process kicks in. So, the daytime staff are waiting for a return warrant, then by the time it gets to police, it's well into the night. They are [executing warrants] at 2 am. They are ripping kids out of things at weird and wonderful hours of the day. (Departmental staff member)

A final issue of concern raised by several stakeholders was delays in processes to cancel or withdraw warrants. Some gave examples of children and young people who had returned to care of their own accord who were later picked up on warrants, for example, when they were at the shops with permission. Some stakeholders also noted that some police refuse to accept a request to withdraw a warrant without first sighting the child or young person. As a consequence, police may attend the house or require that staff bring the child or young person to the station, often at a time when staff are encouraging the child or young person to stay and go to bed.

Even if the young person comes home, if we have a warrant for them, we still need to get police to come and sight them [to remove the warrant]. There is no way around direct police contact … (Residential care staff member)

To overcome these inefficiencies and delays, a range of stakeholders emphasised the importance of proactively developing local networks and information-sharing arrangements to clarify roles and definitions. Stakeholders described a variety of measures, from regular meetings with local police to discuss children and young people at risk, update information and review responses, through to the more formal processes associated with the Child Sexual Exploitation Enhanced Response Model to address sexual exploitation, as discussed in Chapter 7.

Stakeholders spoke of the importance of establishing trust and improving understanding of children and young people's behaviour and a trauma-informed response to enable police and child protection practitioners to work together rather debating responsibilities and roles.

We developed with VicPol a first responders' practice guide. The guide is attached to the young person's profile in their system, so if they are arrested or have contact with police, the police read through and understand their sensory needs. For example, if police pick them up, don't take them to the police station; arrange a later date interview. It has a less harmful impact when they are missing from placement. We are only able to get this for really high-risk kids, but if could do that for all resi kids – about how to meet their needs in a different way and have it readily available – we would see a better process around not criminalising kids away from placement. (Residential care staff member)

I've seen the best and worst of police. For the first few months, we were getting abused by police, I had sergeants yelling at me, 'Why can't I lock the kids up?' 'There's too many missing person reports.' So I led intensive work with the senior sergeant and go through the process of resi, to show that we have all got a part to play in the safety of this child. In the end, the senior sergeant asked me to come in to teach compassionate training to police. (Residential care staff member)

In 2019 and early 2020, this approach was progressed through area-based missing person forums held jointly by Victoria Police and the department. These forums were postponed for most of 2020 due to COVID-19. The department and Victoria Police are discussing recommencement of these forums in some areas in 2021.

Some stakeholders noted that the reliance on local relationships without overarching leadership and governance arrangements meant that local efforts were sometimes undermined due to changes in staffing at agencies. When a champion or key relationship holder leaves an agency, momentum and commitment to a collaborative response may be lost.

The police issue, it is relationship based. You get a good sergeant and inspector who leaves and then you have to start again. We invest so much time getting them on board and then we have to start again. (Departmental staff member)

The Community Around the Child initiative outlined earlier is an example of a local coordinated cross-agency response, which relies not only on good relationships, but also on agreed processes and common understandings of the children and young people in the area, and their specific needs.

While examples like the Community Around the Child initiative and other local developments are encouraging, consultations confirmed that clarity concerning roles, information sharing, and collaborative inter-agency relationships are inconsistent across the state. This inconsistency and lack of clarity compounds the frustrations of people working within the system.

Finding 44: Missing person reports and warrants – operation in practice

In practice, the effectiveness and efficiency of missing person reports and warrants as tools to find and return children and young people who are absent or missing from residential care are often compromised by:

- **uncertainty and disputes between agencies about the definition of 'missing person' and whether a police response is necessary. In some instances, police refuse to take a missing person report if they consider a child or young person to be 'absent' rather than 'missing', or if they have been missing for less than 24 hours.**
- **time-consuming administrative requirements, such as making missing person reports to police in person**
- **inefficient processes and delays in communication of key information between agencies.**

Media alerts

Media alerts are a tool occasionally used to help locate a child or young person who is absent or missing from residential care. Using media publicity to help locate a missing child or young person is a matter for police, in consultation with the department.[440] Media alerts are published on the Victoria Police website, with a link sent to media contacts. The alerts remain active for 7 days and are shared across Victoria Police Twitter and Facebook accounts.[441]

Compared to missing person reports and warrants, media alerts are used much less frequently when a child or young person is absent or missing from residential care. The file review conducted for the inquiry of 12 children and young people frequently reported missing found that in the 6-month review period, 4 of the children and young people had been subject to media alerts. Of those, 2 had one media alert each and 2 had 2 media alerts each. Media alerts are more likely to be used if the child or young person is considered to be at high risk and not sighted or contactable within an expected period, if they have urgent medical needs, or if they are believed to have travelled interstate.

Stakeholders' views on the effectiveness and appropriateness of media alerts as a tool to locate children and young people were mixed. Some considered that media alerts have limited impact because they are often not picked up by the media, possibly because children and young people in residential care are not considered to be newsworthy.

> *I've never known a kid that was located through a media release. (Departmental staff member)*

Other stakeholders thought they were sometimes effective, particularly if the child or young person was aware of the alert.

Several stakeholders expressed concerns about media alerts as negative representations of children and young people. Often the photos attached to the alert are unflattering.

> *The photos were taken the last time the young person was at the police station. (Departmental staff member)*

While the alert itself rarely, if ever, identifies that the child or young person is involved in the child protection system, stakeholders said that social media posts sometimes attracted derogatory and hurtful commentary and could be shaming for the child or young person and their family. Comments sometimes blame the child or young person, suggesting they must just stop doing things that put themselves in danger and be more aware of their surroundings and the 'creepy' people they are with. Comments can also be patronising, directing the child or young person to just go home and to 'Look after yourself, young lady'.

Some stakeholders also expressed concern that media alerts may have a detrimental impact on the child or young person's future, as they remain in media organisations' archives online and are easily found using an internet search tool. One stakeholder suggested that regular media alerts could highlight the child or young person's vulnerability, making them a potential target for exploitation. Other stakeholders expressed concern that children and young people's photos are circulated more widely than necessary.

The Commission has previously expressed concern to the department and Victoria Police about these issues when posting media alerts. For a period, the capacity to comment on media alerts on Victoria Police Facebook posts was disabled. Unfortunately, it has since resumed.

It was clear in consultations that the department is aware of these sensitivities and consequently applies a high-level approval process. The Commission understands that the department and Victoria Police continue to review the use of media alerts, and that the Victoria Police Media Unit is developing a policy for missing persons media coverage to provide a more tailored approach, targeting social media posts to specific locations rather than across the state.

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440 Department of Health and Human Services (DHHS), 'Publication of identifying details – advice', *Child Protection Manual*, Document ID number 2354, version 2, 12 March 2020, State of Victoria, Melbourne.

441 Since the date of Victoria Police's submission to the Commission, it has amended its media alerts policy to ensure that only the first name of a child or young person appears in alerts issued except in limited circumstances.

Finding 45: Media alerts

There is insufficient evidence to conclude that media alerts are an effective tool to find children and young people who are absent or missing from residential care. Some stakeholders told the Commission that the publicity associated with media alerts has the potential to harm children and young people.

When a child or young person returns

> *I feel like when I went away and came back, they were usually welcoming and would try to get me to stay. And the ones I got along with would work on getting me to stay. But once I had my mind set. I was leaving, nothing would change that. (Meredith, formerly residential care, 17)*

Following a child or young person's return following a period of being absent or missing from residential care, carers and child protection staff should gather information to identify the child or young person's immediate and ongoing support needs, to inform planning for that child or young person, and to identify areas of risk for other children and young people. This process should occur within the context of an ongoing relationship-based care strategy.

This section considers 2 key components of the response when a child or young person returns:

- return to care conversations
- secure welfare.

Return to care conversations

When a child or young person returns to care, most stakeholders emphasised the importance of addressing their immediate safety and care needs (for example, the need for food, a shower, sleep and possibly medical assistance). Most stakeholders said the response should be within the context of expressing care and concern, rather than punishing them for their actions. Several stakeholders said they tried to ensure the house and child or young person's room was welcoming on their return. One residential care staff member gave the example of leaving freshly laundered clothes on the end of a young person's bed because the young person really loved clean clothes. Others offered children and young people their favourite food. In consultations, many residential care staff said it was important not to push the child or young person to have a conversation when they first returned, but rather said they gave children and young people the opportunity to return to baseline before attempting to engage with them further.

Return to care conversations are a key tool to address the issue of children and young people being absent or missing from care. According to the Child Protection Manual, a return to care conversation must be held within 48 hours of a child or young person's return to care.[442] The conversation must be conducted by a person nominated in a response plan, reported to the case manager and recorded in CRIS.[443]

The department updated its advice on return to care conversations in the Child Protection Manual in August 2019 to provide additional guidance on the purpose and process for these conversations.[444] The advice says that the conversation should be conducted by a professional whom the child or young person trusts. If there was a warrant or missing person report made while the child or young person was missing or absent from care, the conversation may be conducted jointly with police to gather information, which may assist in investigations of future missing person reports.

442 DHHS, 'Missing children and young people'.
443 DHHS, 'Missing children and young people'.
444 DHHS, 'Missing children and young people – advice'.

According to the Child Protection Manual, the purpose of these conversations is to:

- understand why the child or young person left, and express care and concern
- highlight the serious and dangerous nature of the episode
- gather information about their whereabouts and who they were with
- meet the child or young person's immediate needs (for example, food, sleep, hygiene, medical)
- understand the push and pull factors underpinning the missing behaviour
- discuss what needs to happen to support the child or young person to stay safe and stay in placement.[445]

The level of compliance with the requirement to conduct a return to care conversation with children and young people is unclear. Incident reports often referred to an intention to conduct a return to care conversation (sometimes referred to as a Life Space Interview) and most residential care staff referred to return to care conversations as part of their response when children and young people returned to care. However, in the file review conducted for the inquiry of 12 children and young people frequently reported absent, it was difficult to identify whether return to care conversations routinely occurred. In the 6-month review period, the Commission was unable to identify case notes specifically referring to a return to care conversation. In 7 files, there was evidence of frequent conversations or attempts by staff to engage with the child or young person following their return to care. Case notes of these conversations contained elements of return to care conversations. In 5 files, there was no evidence of such conversations. It is possible that these conversations occurred but were not recorded on CRIS.

At the very least, the challenges encountered by the file review suggests poor compliance in ensuring that return to care conversations are clearly recorded in CRIS. It also demonstrates that it is not possible to accurately determine the level of compliance, nor to assess the quality of these conversations. Further, it appears that key information obtained through this process is not being recorded in a way that makes it easily accessible or shareable with other stakeholders to inform and improve the care and safety response for the child and young person, or for other children and young people who may be facing similar risks.

In consultations, stakeholders' descriptions of return to care conversations were mixed. Most residential care staff said that when children and young people return to care, they would wait until the child or young person had returned to baseline after some sleep and food before initiating a conversation. However, for children and young people who only briefly returned before leaving again, there was little opportunity to have the conversation.

Children and young people spoken to for the inquiry said they were willing to talk and disclose information about their experiences while away from care.

> *When I get back, I am usually open about where I have been. Like, I had a really good sleepover. Here are some photos. (Rohan, residential care, 17, Aboriginal)*

Others were less so.

> *They try to ask me where I was, and I don't tell them cos it's my business. (Tyson, residential care, 17, Aboriginal)*

Many children and young people described inconsistent approaches to return to care conversations.

> *They want to know where I am and that I'm safe. They want to do their job, and not get in trouble with their bosses and stuff basically. Some of the staff are good with it and some are hopeless. (Natasha, residential care, 17)*

Another young person described his experience, suggesting elements of both information gathering and a care response.

445 DHHS, 'Missing children and young people – advice'.

Yeah, when the police leave, they talk to me about everything. Just like, 'Mate if you stay, we'll buy you Maccas for a week straight.' They try to spoil me. Hahaha. They say, 'We'll buy you Lego, football, whatever you want.' (Ryan, residential care, 17, Aboriginal)

This young person also described changes in practice following these conversations, such as new arrangements to drop him off and collect him from places. In response, he said 'I started pulling my head in and doing it.'

Some stakeholders raised concerns about the quality of return to care conversations. For example, one departmental staff member said that there is insufficient emphasis on the care component.

I'm not seeing evidence of that stuff [expressing care and concern] happening. Instead, it's straight to a grilling exercise, rather than 'We are happy you are back'. We need to flip stuff around. (Departmental staff member)

Other stakeholders highlighted that quality of practice is very inconsistent, with some carers approaching the conversation as a formality conducted by a checklist, without any follow-up to revise care planning or update templates. To improve practice, several senior staff described assisting practitioners with return to care conversations, sometimes involving a SEPL if the child or young person was at risk of sexual exploitation.

The effectiveness of the return to care conversation to build connection and gather information is likely to depend on the quality of the relationship between the person conducting the conversation and the child or young person. As noted above, the Child Protection Manual requires that the conversations are conducted by a professional whom the child or young person trusts. However, as outlined in Chapter 5, sometimes there is no professional the child or young person trusts, and they have spent so little time in placement there has not been an opportunity to build a trusted relationship.

One of the things that worries me is kids who don't have a meaningful connection with someone safe. What happens when they are missing from placement? How do we find out about that and mitigate? That can be a hard place to navigate when kids have significant trauma, betrayed trust, and have been let down by adults repeatedly. Sometimes that's been us, the department, who's let them down. (Departmental staff member)

Dr Kath McFarlane, who was consulted for this inquiry, expressed concern about carers' lack of independence when conducting return to care interviews.[446] She suggested that children and young people may be unwilling to disclose their reasons for leaving, particularly if they relate to the safety or quality of their care. Dr McFarlane referred to practice in the UK that requires that 'return home interviews' be conducted by an independent party, separate to police and care services.[447]

There are existing mechanisms within the child protection system in Victoria for children and young people to voice concerns about their care arrangements. However, it does not appear that return to care conversations refer to these mechanisms. The Commission assessed existing complaints mechanisms in its *In our own words* inquiry, and recommended the establishment of a child and young person-centred complaints function.[448] Independent mechanisms are an essential oversight and quality-of-care tool and should be readily available in this context. However, there is also value in conducting a conversation with someone the child or young person trusts (if there is such a person), as they may be more willing to disclose harm they have suffered while absent or missing from care in these circumstances.

446 Dr Kath McFarlane is an associate adjunct professor at the Kirby Institute of the University of New South Wales.
447 For an overview of 'return home interviews' see: McFarlane, Children and youth reported missing from out-of-home care in Australia, pp 152–154.
448 Commission for Children and Young People, *In our own words*, finding 13 and recommendation 4.

In the UK, return home interviews are offered to all children and young people who have been reported missing upon their return, not just to children and young people in care. A recent report in the UK found that return home interviews 'are an essential tool for identifying the reasons why a young person has gone missing, including identification of risk of CSE [child sexual exploitation], child criminal exploitation … problems at school or home, and many other types of harm.'[449] The report also highlighted the importance of sharing information gathered through return home interviews to ensure the child or young person, and potentially other children and young people, are safeguarded from risks, including from perpetrators of exploitation.[450] It noted that failure to share key information 'undermines the child's trust as their voice and concerns have not been listened to or acted on'.[451] The report also highlighted the importance of guidance and independent oversight of compliance with statutory requirements, recommending increased oversight of, and refreshed guidance on, return home interviews.[452]

Finding 46: Return to care conversations

There is insufficient evidence to assess whether return to care conversations are conducted, or to assess the quality of these conversations when they do occur. Information obtained through return to care conversations is not routinely collected in a way that makes it easily accessible or shareable with other stakeholders.

Inconsistent practice, combined with poor information collection and sharing processes, limit the capacity of these conversations to inform and improve the care and safety response for the individual child or young person, and for other children and young people who may face similar risks.

Current departmental guidance does not require that children and young people are offered the opportunity to speak to an independent person, and it does not appear that this is offered prior to, or as part of, return to care conversations.

Secure welfare service

Secure welfare is used at times to safeguard children and young people who are frequently absent or missing from residential care.[453] The Child Protection Manual states that:

> Placement at a secure welfare service is one response option within the statutory protection and care system for children who need a highly structured setting during a significant crisis. This service is considered an option of last resort, where containment is deemed necessary, and when the broader protection and care network cannot manage or reduce the risks to the child. As the secure welfare service is a secure facility, placement at a secure welfare service is the most extreme form of protective intervention and all other options must be explored first and relevant human rights considered.[454]

Secure welfare consists of two 10-bed facilities, one for males and one for females. However, the capacity of the service was reduced in 2020 (6 beds for males and 7 beds for females) in response to COVID-19 to enable isolation and quarantine arrangements if necessary. A child or young person may be placed in secure welfare for a period not exceeding 21 days if the secretary of the department or a court is satisfied there is a substantial or immediate risk of harm. In exceptional circumstances, this period can be extended for a further period not exceeding 21 days. The Child Protection Manual states that:

> The aim of the secure welfare service is to keep the child or young person safe while a suitable case plan is established to reduce the risk of harm and return the child or young person to the community as soon as possible in a safe and planned way.[455]

449 Missing People, *A safer return*, recommendation 1.
450 Missing People, *A safer return*, recommendation 4.
451 Missing People, *A safer return*.
452 Missing People, *A safer return*, recommendation 5.
453 CYFA, s 72P.
454 Department of Health and Human Services (DHHS), 'Secure welfare service', *Child Protection Manual*.
455 DHHS, 'Secure welfare service'.

The file review of 12 children and young people frequently reported absent from residential care found that 10 of the 12 children and young people had been admitted to secure welfare at some point during their current child protection intake, with the number of admissions ranging between one and 20 admissions (the length of time of the current intake period varied). In the 6-month review period, 6 children and young people had been admitted to secure welfare. Of the 6, one young person was admitted 5 times, 3 children and young people had been admitted 3 times, and 2 children and young people had been admitted twice.

Consultations suggested that children and young people who are frequently reported absent or missing from residential care may be admitted to the secure welfare service for the following reasons:

- to address immediate safety risks associated with substance abuse and to enable medical treatment and mental health support
- to provide containment to return the child or young person to baseline to allow for a more thorough assessment of their needs[456]
- to disrupt exploitative connections, particularly sexual exploitation.

Most stakeholders confirmed that secure welfare should only be used if it is necessary to ensure the child or young person's safety; for example, to provide medical care and a safe environment, to treat substance abuse and for mental health concerns. Some noted that the environment was 'containing' and enabled children and young people to feel safe. It was also described as an opportunity to review and treat children and young people's medical needs that were otherwise untreated due to prolonged absences from care. Secure welfare service staff were described as supportive and skilled.

However, many stakeholders expressed concerns that secure welfare was only a short-term intervention, and that many children and young people went absent or missing from their residential placement shortly after they were discharged from the secure welfare service. File reviews supported this view. Of the 6 children and young people admitted to secure welfare in the 6-month review period, at least 3 always went absent or missing from placement less than 24 hours after leaving secure welfare. One young person described spending 5 weeks in the secure welfare service. Upon return to residential care, he said he 'left straight away'.[457]

Some stakeholders expressed concern that secure welfare was used due to lack of access to more appropriate services in the community, such as mental health services and drug rehabilitation programs.

> *Often they come to secure after an assessment in the emergency department because they are very dysregulated, have been assaulted or self-harmed or have assaulted others, or they have smashed up the resi property. They get taken by police and seen at the emergency department and inevitably we get, 'It's not an acute mental health issue, it's behavioural'. (Departmental staff member)*

In consultations, stakeholders commented that secure welfare provided an opportunity for care team engagement and planning, which is the stated aim of the service, as noted above. The file review found that, of the 6 children and young people admitted to the secure welfare service during the 6-month review period, 4 of their care teams were actively engaged while the child or young person was in secure welfare. However, there was little evidence of formal exit plans, and in only one case was there evidence of a change to planning following admission. A number of stakeholders noted that demand for beds in secure welfare could result in children and young people being discharged earlier than planned, disrupting planning for the child or young person.

456 In consultations, stakeholders frequently used the term 'baseline'. This term appears to refer to the point a young person is calm and able to engage with carers and others. It may also refer to an assessment of the child or young person's current level of development. A child or young person may be off baseline when they are affected by alcohol or other substances, or their behaviour is escalating, for example, in response to feeling unsafe or rejected.

457 Hunter, residential care, p 13.

My biggest challenge with secure welfare is when we have to do unplanned exits … It's hard when we are in the middle of a week-long plan. It makes me feel like the whole secure welfare admission has not really worked. (Departmental staff member)

One departmental staff member described examples where medical appointments and tests were not completed due to early discharge from the service.

Several stakeholders expressed concern about decisions by magistrates issuing section 598 warrants that direct that a child or young person be taken directly to secure welfare upon execution of a warrant. Stakeholders acknowledged that, on the information available, containment in secure welfare may appear to be a necessary protective action. However, they expressed concern that it can disrupt planning and support for the child or young person.

It's challenging if we are working with a 16-year-old and we are trying to send a message about how we will work with them and the boundaries. But then they are sent to secure and the planning is thrown out and the trust with the young person is gone. (Departmental staff member)

A number of stakeholders noted that this issue is exacerbated by the limited number of beds in secure welfare. If multiple children and young people are referred to the service on warrants in one night, the children and young people may instead be placed 'in a police station for hours or all night' waiting for a bed that may not be available.

However, other stakeholders expressed concern that the alternative direction to hold and assess a child or young person frequently resulted in a perfunctory assessment, sometimes conducted by phone, which was unlikely to genuinely assess the child or young person's needs and placement options. They also noted that the direction to hold and assess can result in a child or young person spending hours at a police station waiting for child protection or residential care staff to attend.

Children and young people described disruptive experiences when admitted to secure welfare as required by a section 598 warrant.

One day I came home on a Friday night and I woke up to cops in my room taking me to secure. I felt like some workers at DHHS had it in for me and wanted to hurt me. (Meredith, formerly residential care, 17)

Several stakeholders confirmed that admission to secure welfare sometimes disrupted efforts to keep the child or young person connected to their placement.

One downfall is that if a young person is missing for a long time, they get dragged off to secure welfare, even if they've come home by themselves. I've had one girl come home on Christmas Day on her own, she was then picked up by police and taken to secure welfare. In another case, a girl was missing for 72 days, and she came home of her own accord. She was sleeping in her bed, and the police came and woke her up and dragged her away to secure welfare. This happened about a month ago. Even though she returned by herself. (Residential care staff member)

The residential care worker who gave these examples suggested that alternative circuit breakers should be considered, noting that children and young people are less likely to return of their own accord if they think they will be taken to secure welfare.

Efforts to build connection to placement may also be undermined if a child or young person develops an attachment to the secure welfare service. One young person who had been admitted to the secure welfare service 18 times acknowledged this concern.

I'm the only young person who will say that I actually love secure welfare. It provides that safe feeling that I love. Some of the staff there are so loving and caring. They could see the good in me when I couldn't see the good in myself. They were giving me strategies to get better. They would say, 'You should do this or that, because we don't want to see in here again.' So, I could see it hurt them to see me again, when they knew I could do better. (Colette, residential care, 17)

A departmental staff member gave the example of a young person who had been admitted to secure welfare 20 times.

She used to refer to it as her safe place or home and would call the carers 'mum'. But then we had to break that cycle because we did not want secure welfare to be a source of comfort. That had to be the resi unit. (Departmental staff member)

However, for other children and young people, the experience of secure welfare reinforced their sense of disconnection.

They should work in a different way to putting us in fucking secure for 2 weeks. Talk to us more, treat us like human beings, not just fucking chucking us in 4 walls, you know. (Meredith, formerly residential care, 17)

Time spent in secure welfare may enable children and young people to connect with other high-risk children and young people, who they reconnect with in the community when they are absent or missing from care.

You meet new connections in there, it doesn't help anybody. (Meredith, formerly residential care, 17)

It's a spot where they are safe, but then they build relationships with other young people who are engaged in that behaviour. Then they link with them through social media. (Residential care staff member)

A range of stakeholders suggested that, in some instances, alternative circuit breakers and respite options are offered. Some gave examples of children and young people attending therapeutic camps, such as Camp Kiah, and going away for weekends with carers. One stakeholder noted that planning these activities could provide children and young people with a sense of control and choice. They can also provide an opportunity for carers to build relationships with children and young people. Some children and young people thought that using alternative respite options would have helped them want to stay in placement.

Utilising the Queenscliff house, the respite house, more would have been better. (Sian, formerly residential care, 19)

However, some stakeholders said costs and approval processes for alternative activities could be prohibitive. The file review found that 8 out of 12 of the children and young people frequently reported absent had been offered alternative circuit breakers such as respite weekends in the 6-month review period. In some instances, it appeared that these activities did not go ahead, in at least one case due to the child or young person being absent from care, and in another due to the cost.

Assessment of the role and effectiveness of secure welfare in the context of the child protection system as a whole is beyond the scope of this inquiry. In relation to children and young people who are frequently absent or missing from care, admission to secure welfare service an opportunity to address children and young people's immediate medical needs, which otherwise are challenging to meet due to prolonged absences and the limited availability of other community-based services. Secure welfare should also offer the opportunity for more intensive planning and care team engagement with the child or young person, provided the care team is proactive and collaborative.

The Commission found many examples of children and young people going absent or missing again shortly after their return to placement after a period in secure welfare. In some instances, it appears that the use of secure welfare may disrupt efforts to connect the child or young person to placement and may expand children and young people's networks with other high-risk youth.

As stated in the Child Protection Manual, 'all other options must be explored first and relevant human rights considered' before a child or young person is admitted to secure welfare.[458] Based on evidence from consultations and file reviews, there is further scope to explore alternative circuit breakers and respite options for children and young people who are frequently absent or missing from residential care, provided that these options are planned as part of a broader care and safety response to support these children and young people to remain in care.

Finding 47: Secure welfare service

There is insufficient evidence to asses the effectiveness of secure welfare as an intervention to respond to children and young people who are frequently absent or missing from residential care. While the Commission found some evidence of secure welfare enabling more intensive planning and support for children and young people, often this does not occur.

The Commission found examples of the department and residential care service providers accessing alternative options for respite or as circuit breakers, such as weekends away and specialist camps. However, it appears that there are some barriers to accessing these alternatives, potentially associated with costs and approval processes.

458 DHHS, 'Secure welfare service'.

Chapter 9
Areas for reform and recommendations

Children and young people in residential care have a right to be safe and feel safe, as well as a right to a stable and caring home and connection to family, friends, community and culture.

Children and young people who have been placed in care often have significant histories of trauma and experience high levels of disadvantage and vulnerability. When a child or young person is absent or missing from residential care, they are at increased risk of a multitude of harms, many of which contribute to lifelong traumatic consequences and occasionally result in the child or young person's death.

In placing a child or young person in care, the state has an obligation to act as a good parent and keep them safe. However, this inquiry found that Victoria's out-of-home care system is not doing enough to prevent children and young people from going missing or absent from residential care and to locate them and support their safe return.

Children and young people go missing or absent from residential care at an alarming rate. Although systems to collect information about these children and young people are inconsistent and incomplete, we know that the rate is much higher than for children and young people in the general population.

We found that the current model of residential care is not meeting children and young people's fundamental need for human connection, contributing to them leaving residential care to find connection elsewhere. In attempts to find this connection, these children and young people often engage in high-risk activities and they are targeted by predators wishing to exploit them. This inquiry found evidence of children and young people being criminally and financially exploited, raped and assaulted, and suffering physical injuries and self-harm; extensive and damaging use of substances and alcohol; and disruption to development and cultural connection.

The findings of this inquiry demonstrate the urgent need for coordinated action across government agencies, police and residential care service providers to support carers and other stakeholders to stem the number of children and young people who go absent or missing from residential care, to minimise the harm they suffer, and to support their development and healing in a safe and caring environment.

Building on previous recommendations

As described in Chapter 1, the recommendations in this inquiry build on the Commission's previous inquiries, *"… as a good parent would …"*, *In our own words* and *Keep caring*, which were designed to drive major reform in the out-of-home care system.

The recommendations in these earlier inquiries are foundational to the recommendations in this report. In this inquiry, the Commission again advocates for a child-focused, rights-based model of care that:

- listens to the voice of the child or young person
- builds connection rather than reinforcing isolation
- addresses trauma through comprehensive and accessible therapeutic care
- actively intervenes to prevent further trauma.

Recommendations from previous inquiries have been cross-referenced in this chapter as relevant.

Areas for reform

Based on the findings of this inquiry, this chapter outlines 18 recommendations across 6 areas of reform to prevent children and young people from going missing or absent from residential care, and respond effectively when they do.

The first 3 areas of reform (Recommendations 1 to 4) advocate for systemic change to redesign the residential care system by:

- driving cultural change
- implementing an effective, relationship-based, trauma-informed residential care model
- embedding the care model within an integrated trauma-informed service system response.

These reforms aim to provide children and young people who have been removed from their families with a model of care that keeps them safe and is adequately resourced to ensure:

- access to stable placements
- home-like residential care environments
- well-trained and supported carers and other staff
- effective and efficient case management tools implemented by proactive care teams.

Achieving system improvements requires long-term reform. The Commission acknowledges that some children and young people will continue to be absent or missing from residential care despite these reforms. The tools and interventions used to safeguard children and young people when they are absent or missing from care are therefore also a critical component of the response. In addition to the broader systemic reforms, changes are urgently needed within the current model of care to better meet the immediate needs of children and young people.

The remaining 3 areas of reform (Recommendations 5 to 18) focus on addressing the needs of children and young people better within the current model of residential care through:

- the development and roll-out of statewide responses to child sexual and criminal exploitation
- safeguarding children and young people when they are absent or missing
- investing in information collection, monitoring and oversight.

The Commission spoke to 5 young people about the recommendations developed for this inquiry. Their responses and observations are included throughout this chapter.

Systemic reforms to redesign Victoria's model of care

This section outlines the Commission's recommendations for systemic reforms to redesign Victoria's model of care for children and young people who are absent or missing from residential care.

These areas of reform build on and, in Recommendation 2, reiterate the recommendations in the Commission's *In our own words* inquiry, which called for major reform of out-of-home care, including significant changes to the current model of residential care.[459]

459 Commission for Children and Young People, *In our own words*.

Cultural change to tackle stigma and criminalisation

> *Absconding is such a big word – it's used all the time. I had one or 2 carers that were real professional and I guess were more by the rules and used 'absconding' and that. Then I had some that were less maybe professional but more friendly and personable with me, and they were the good ones. They didn't talk about 'absconding' and stuff which made a huge difference to me. The more relaxed ones were more guiding and really helped me out rather than just used it as a job. (Mary, post-care, 17)*

History, language and culture shape perceptions and actions. Despite more than 30 years of legislative and policy reforms founded on the principle of promoting the best interests of children and young people, effective responses in out-of-home care are too often hindered by the legacy of historical misconceptions about children and young people. Genuine cultural change across the system is essential to improving service responses to children and young people who are missing or absent from residential care.

As outlined in Chapter 2, the historical conflation of neglect with criminality, combined with criminalising language such as 'absconding', continues to shape the response to children and young people who are absent or missing from residential care. Stigmatising and pejorative language is evident in the way in which those responsible for supporting children and young people describe their actions – for example, stakeholders reported having heard words such as 'troublemaker' to describe a 13-year-old leaving to check in on a parent with heroin addiction, 'runaway' to describe a 16-year-old Aboriginal young person returning to culture, family and country, or 'sex worker' to describe a 14-year-old girl seeking affection from a much older man who exploits her vulnerabilities for financial gain.[460]

Children and young people are sometimes viewed as the 'undeserving missing' and the risks they face may be underestimated because they are considered 'streetwise' or because they leave all the time and always come back.

Our inquiry shows that the many inconsistencies in service responses are due to differing levels of understanding of the reasons why children and young people go absent or missing from residential care, the risks they face and the harm they may suffer. In some instances, the response of carers and others appeared to be minimal and/or poorly coordinated. For example, a boy returned to residential care to check in and his carers said 'Hi' and 'Bye' without expressing care, concern or encouraging him to stay. In another example, a girl at risk of sexual exploitation was placed in an area of the state where there is only limited collaboration between child protection and policing services.

In other instances, a protective response designed to manage risk often entails layers of approval that ultimately create barriers to children and young people's connection with family, friends and community. Consequently, the child or young person votes with their feet' and simply leaves without permission. In these cases, the risk is not managed or mitigated by the official approval processes. Instead, it is shifted to the child or young person and sometimes to the police who may be tasked with finding them. While this response is intended to be protective, it is informed by historical paternalism in a system that may interpret the 'best interests' of the child as 'we know best', rather than genuinely consulting with, and listening to, the child or young person to understand their need for connection and how it may be met safely in a supported and timely way.

Through our inquiry, we heard that children and young people's sense of a lack of control or a voice in decision-making contributes to them going absent or missing from care. In doing so, they may be 'taking control' by avoiding approval processes and seeking connection with people they believe listen to them.

The Commission initiated the *In our own words* inquiry because it wanted the voices of children and young people in out-of-home care to be heard.[461] For that inquiry, the Commission spoke to over 200 children and young people with experience of care. It found that there was a lack of opportunities for children and young people to participate in significant decisions,

460 This terminology was referred to during consultations conducted as part of this inquiry.

461 Commission for Children and Young People, *In our own words*, findings, 6, 7, 8, 9, 11, and 12.

including a lack of participation in planning and decisions about placement.[462] In response to these findings, the Commission recommended that 'the department review and revise all foundational guidance, training and tools to embed children's participation in decision-making'.[463] It further recommended that children and young people have a key worker 'with authority and access to resources to make day-to-day decisions relating to implementing the child or young person's case plan and helping to navigate the system'.[464] Similarly, the Commission's *Keep caring* inquiry highlighted the importance of young people's participation in planning and the critical role of a key worker.[465]

These recommendations in *In our own words* and *Keep caring* are essential to a system that is genuinely founded on the 'best interests' principle and that listens and responds to the voice of the child or young person. While there are instances in which case management and care is guided by these principles, this inquiry found that historical understandings of 'absconding', sometimes combined with poor risk assessment or a response that shifts risks to the child or young person, often undermines the implementation of these principles in practice.

Systemic reforms to the model of residential care must be supported by genuine cultural change across key stakeholders, including the department, residential care service providers and Victoria Police. This change must be driven by a shared understanding of the reasons children and young people are absent or missing from residential care, the risks they face and the harm they suffer.

Staff should be trained to change their language, to suggest rather than tell. Instead of being more assertive, 'you have to …', suggest 'maybe we should stay in tonight and …' or just 'Let's sit down and have a chat.' I think this is what you are saying in this recommendation. (Sian, formerly residential care, 19)

They say, yeah they've run away, absconded from placement whereas they should just say 'they are not home'. A term they used at [suburb where residential unit is located] is 'away from the house' and that's better than absconding. That should be how it is at every house. It's an easy thing to do but can actually make a huge difference. (Colette, residential care, 17)

Recommendation 1: Lead cultural change

That the department lead cultural change to challenge the continuing perception among some stakeholders, including departmental staff, residential care staff and police, that children and young people who are absent or missing from residential care are less at risk or less deserving of a timely, care-based response than other children and young people, by:

- **removing references to the term 'absconding' from all relevant policies, procedures, guidelines and training modules**
- **including further guidance in policy, procedures and training on:**
  - **the reasons children and young people leave residential care**
  - **the risks they face and the harm they may suffer**
  - **the language used to describe this behaviour**
- **supporting improved understanding across other agencies, including Victoria Police, of the reasons children and young people leave care, the risks they face and the harm they may suffer.**

462 Commission for Children and Young People, *In our own words*, findings, 6, 7, 8, 9, 11, and 12.
463 Commission for Children and Young People, *In our own words*, recommendation 4.
464 Commission for Children and Young People, *In our own words*, recommendation 5.
465 Commission for Children and Young People, *Keep caring*, findings 7 and 13.

A relationship-based, trauma-informed model of care

Socially and emotionally, we avoid relationships because we think they are going to leave. The kids aren't really aggressive or angry. It's usually a response to things that have happened or all this change that is happening out of their control. They just need someone to sit down with them and explain things in a caring way. I think it will [improve things]. The way to go about it is you don't want to force [young people] to form a relationship. All in due time. Take that into account. They are not really angry with you, they don't want to let people in because of their fear of you leaving. This [recommendation] is about making sure all the staff can do this, not just some. (Sian, formerly residential care, 19)

The Commission's *In our own words* and *Keep caring* inquiries called for reforms to the model of residential care founded on a relationship-based, trauma-informed approach. It is clear, once again, from the findings in this inquiry that a new model of care is urgently needed.

To effectively support children and young people in residential care, address the factors that may influence a child or young person to leave their placement, and respond effectively when they do, the model must include the following elements:

- care aimed at addressing and healing trauma
- connection to placement founded on genuine relationships
- maintenance of placements when a child or young person is absent or missing for a prolonged period
- fostering connection to family, friends and community
- improving processes that enable contact with family, friends and community
- fostering connection with family, community, culture and country for Aboriginal children and young people
- improving skills, processes and supervision of care teams
- adopting a multi-agency panel approach
- ensuring integrated, clear and up-to-date planning.

Address trauma

All houses need to have access to therapeutic support. (Colette, residential care, 17)

All children and young people who are placed in residential care have a history of trauma.[466] High-quality therapeutic support that addresses trauma and promotes healing should be available to all children and young people in residential care.

Our inquiry shows that the current model of residential care is failing to provide adequate therapeutic care and, in many instances, compounds children and young people's trauma. Not all children and young people in residential care who have experienced trauma will go absent or missing, but the lack of a genuinely therapeutic model of care may contribute to children and young people leaving residential care due to:

- feeling threatened or unsafe in residential care, which may prompt a flight response to somewhere that is familiar where they feel safe or to someone who appears to offer protection, affection or belonging
- seeking to fulfil a need for adrenaline that is not being met in residential care
- wanting to use alcohol or other substances to 'numb the pain' because they do not have adequate support to address their addiction.

As found in *In our own words* and outlined in Chapters 5 and 7 of this report, the Victorian Government's intention, articulated in the Roadmap to reform and Action Plan 2020, to transform residential care into a 'program of intensive treatment and stabilisation' remains unrealised.[467] In response, the Commission recommended in *In our own words* 'That the Victorian Government create and fund a suite of therapeutic options for children and young people in care which support children and young people with complex trauma and challenging behaviours to transition over time to more family-like care environments …'[468]

466 See discussion and references in Chapter 5.
467 Commission for Children and Young People, *In our own words*, p 274.
468 Commission for Children and Young People, *In our own words*, recommendation 16.

It further recommended that the Victorian Government ensure that staff and carers are provided with appropriate supports to respond to trauma, including:

- 'All contracted agency staff should be required to undertake training in regard to trauma-informed care.
- Learning and development for child protection staff that provides regular updates on evidence-based approaches to children and young people living with trauma.'[469]

Similarly, in *Keep caring*, the Commission highlighted young people's lack of access to and engagement with mental health and substance use support.[470] It recommended that when implementing the recommendations of the *In our own words* inquiry, a new model of care should be 'founded on a continuum of supports which begins early …' and 'should include a focus on supporting young people to … develop enduring connections with the services they may need to address mental health, trauma or substance use'.[471]

As discussed in Chapter 7, the department and residential care service providers have implemented a range of approaches to therapeutic care, such as the KEYS model and Berry Street's Teaching Families model. At this stage, these initiatives are operating on a small scale. The Victorian Government's commitment of nearly $16 million in additional funding for KEYS in the 2020 Budget is welcome.[472] However, given that most children and young people in residential care have experienced trauma, a therapeutic model of care should be provided to all children and young people in residential care.

Our inquiry identified key components from a range of therapeutic models that can assist in addressing the issue of children and young people being absent or missing from care. These factors should be incorporated into the new model of residential care. They include:

- a strong focus on developing trusted relationships with carers and a key worker to support greater connection to placement
- a consistent care experience provided by carers and across houses and service providers founded on care and concern, not punitive responses
- provision for personal skill development, including the capacity to assess and manage risks, particularly the risk of sexual harm[473]
- embedded services, particularly for treatment of mental health conditions and dependence on alcohol and other substances
- adequate resources and timely approval processes to ensure children and young people can access a range of activities relevant to their interests, skill development and which, for some children and young people, can help to meet their need for adrenaline in a safe manner
- clear integration of therapeutic support in case and care planning, including the development and regular reviews of behaviour support plans.

For embedded services, it is critical that these services meet the child or young person where they feel comfortable and do not 'close' because the child or young person misses appointments. It is also important that mental health services are not limited to the treatment of acute conditions but extend to the behavioural impacts of complex trauma.

Build connection founded on genuine relationships

> *I think [with] this rec you are basically saying … the main focus of any resi care is staff having a relationship that is like a mentor or a parental figure for the young people, one that is nurturing and that this is the focus before anything else in the role. (Colette, residential care, 17)*

469 Commission for Children and Young People, *In our own words*, recommendation 15.

470 Commission for Children and Young People, *Keep caring*, findings 6.3 and 11.

471 Commission for Children and Young People, *Keep caring*, recommendation 1.

472 Premier of Victoria, *Supporting young Victorians – and their future* [media release]. The Commission notes that MacKillop Family Services has indicated a commitment to ensure all its residential care houses provide a therapeutic model of care, including those houses which are not currently funded as therapeutic residential care houses.

473 The Commission's *Keep caring* inquiry made a range and findings and recommendations regarding the development of independent living skills: Commission for Children and Young People, *Keep caring*, findings 5 and 10, recommendations 1 and 2.1.

A key driver of children and young people leaving residential care is their need for connection. Preventing children and young people going absent or missing involves implementing a model of care that promotes connection between children and young people and their placement. Central to building these connections is a focus on genuine relationships.

As discussed in Chapter 5, we found many elements of the current model of care inhibit children and young people from developing genuine relationships with their carers and a sense of connection to placement. Impediments include placement instability and poor placement mix. Children and young people often lack a sense of home and feel unsafe in residential care. They often experience a lack of autonomy and control over decision-making, and they may be offered limited activities. Aboriginal children and young people can lack adequate support to connect to family, community, culture and country.

In *In our own words*, the Commission recommended several reforms relevant to building genuine relationships and connection to placement. Specifically, the Commission recommended:

- more suitable care placement options that are tailored to meet the needs of children and young people in care
- more focused placement planning to minimise placement changes
- additional service supports to assist sibling groups to stay together or help them reunify while still in care, especially for larger groups of siblings in kinship care
- supports to help carers maintain placement, including during times of crisis or difficulty
- measures to ensure children and young people are provided with appropriate and supported opportunities to participate in decision-making processes that impact on them
- increased funding for ACCOs to provide case management as part of the transition process to Aboriginal Children in Aboriginal Care
- significant ongoing training and development for child protection staff, including therapeutic and trauma-informed approaches to children and young people.[474]

To improve children and young people's sense of safety and the living conditions in residential care, the Commission further recommended that the department:

- as part of its work to improve placement matching, 'provide guidance to improve decisions about the co-placement of children and young people with complex needs'[475]
- 'develop guidelines about what a home-like residential care environment looks like' and conduct assessments including speaking to children and young people about their views on the extent the physical living environment feels like a home.[476]

The Commission also made recommendations to provide a single point of contact/key worker for all children and young people in care, listen and respond to the voice of children and young people, and to establish a child and young person-centred complaints function.[477] These recommendations are designed to build genuine relationships with carers, and to enhance children and young people's voices and participation in decision-making, leading to a greater sense of control and autonomy.

To improve children and young people's access to and engagement in activities, in *In our own words*, the Commission recommended that the department:

- 'review the effectiveness of the current carer authorisation policy to maximise the participation of children and young people in care in activities in their community
- review the adequacy of the current budget allocation to support children and young people in all forms of care to engage in activities both inside and outside their homes.'[478]

Through such activities, children and young people can build a sense of belonging to placement and their community, which may reduce their need to seek connection elsewhere. Planned activities tailored to the child or young person's needs and interests may also address some children and young people's

474 Commission for Children and Young People, *In our own words*, recommendation 1.

475 Commission for Children and Young People, *In our own words*, recommendation 11.

476 Commission for Children and Young People, *In our own words*, recommendation 13.

477 Commission for Children and Young People, *In our own words*, recommendations 4, 5 and 6.

478 Commission for Children and Young People, *In our own words*, recommendation 7.

higher need for adrenaline arising from their experience of trauma.

This inquiry confirmed that concerns regarding the model of care examined in *In our own words* and outlined in Chapter 5 continue to contribute to children and young people going absent or missing from residential care. While the Victorian Government announced some welcome investment in this area in the November 2020 Budget, at the time of preparing this report, the Commission was yet to receive an implementation plan for the *In our own words* inquiry and understands that action on many of the recommendations has been limited, in part because of the pressures associated with the COVID-19 pandemic. Consequently, the Commission reiterates these recommendations as essential to building children and young people's connection to their placement and preventing them from leaving residential care.

Stabilise placements

> *I was threatened a few times about moving placement at [location of residential care unit]. I knew when I was moved I just wouldn't go back to the unit. Whereas at [different location], I'd always come back to check in and have a chat with them and stuff. So, having me know that that was my place was a big difference for me. But yeah, if I was moved, and everyone is moved all the time, it's like why go back anyway. (Leila, recently moved to lead tenant, 15)*

Addressing placement instability is critical to building genuine connections to placements for children and young people. An effective, relationship-based model of care ensures that a child or young person's placement is not reallocated when they are absent or missing for a prolonged period. It also involves adequate support before and immediately after entering care, and activates additional support for emergency placements.

Through this inquiry, the Commission identified particular concerns about the closure of placements while a child or young person is absent or missing for a prolonged period. In these circumstances, reallocation of a bed to another child or young person sometimes occurs due to the high demand for residential care placements, as outlined in Chapter 5. A known place for a child or young person to return to or contact is important to building or maintaining some level of connection when a child or young person is absent or missing. It should not be the responsibility of residential care service providers to make the case that a placement should be maintained, unless it is clear that specific problems with the placement itself (rather than the model of care) are prompting the child or young person to go absent or missing.

In addition to the areas for reform recommended in *In our own words*, this inquiry highlighted the importance of planning to support children and young people prior to and immediately after entering or moving between residential care houses. A lack of adequate preparation for placement can contribute to a young person's lack of a sense of home and feeling unsafe, which in turn may prompt them to go absent or missing.

As found in *In our own words*, placements are often done at short notice with little preparation or input from the child or young person.[479] As described in Chapter 5, this process is disruptive not only for the child or young person placed in the house, but also for other children and young people already placed in the house. From the start of placement, children and young people may feel a lack of control over where they live and who they live with, compounded by feeling unsafe in an unfamiliar place with unknown people.

The period just prior to and immediately after placement is an important time to support children and young people. As outlined in Chapter 7, some stakeholders told us they use this time to introduce children and young people to a limited number of carers, familiarise them with the house and personalise their space. In some instances, this process is part of connection planning. While promising, this process does not appear to be widespread, particularly in non-therapeutic units.

In some instances, emergency placements in residential care at short notice are the only option

479 See discussion of young people's experience of placement instability: Commission for Children and Young People, *In our own words*, pp 135–137.

available. However, this should be a last resort, with specific supports and options for temporary accommodation provided while assessments are conducted and an appropriate placement is found.

Foster connection to family, friends and community

> *Why don't they have it set up that when you go into resi, your worker gets to know you, who your friends and family are, then they support connections from there instead of making it just fucken harder. Which is what happens. And then it leads to kids leaving the resi! Which is what we are talking about, right!? (Leila, recently moved to lead tenant, 15)*

The desire to connect with family, friends and the community is a key driver of children and young people going absent or missing from residential care. Addressing this by supporting effective management of contact with family and friends, and participation in activities in the community, while mitigating risk, is key to a model of care that responds to children and young people's needs.

As outlined in Chapter 5, inadequate support to foster and maintain connections with family, friends and the community once a child is in care may prompt children and young people to make their own arrangements to see family or friends by simply leaving care without permission. As outlined in relation to driving cultural change above, imposing layers of approval does not adequately manage or mitigate the risk potentially posed by seeing family and friends. Rather, in many cases, it simply shifts the risk to the child or young person and other agencies.

The Commission's *In our own words* inquiry highlighted that 'maintaining connections where possible and appropriate with siblings, family and friends and community is critically important for children and young people's sense of wellbeing'.[480] To support connections to family and community, the Commission made a range of recommendations, including that the department design guidelines and training to support children and young people to participate in decision-making regarding contact with family and friends, to reflect their views in case planning, to review contact supports for children and young people with a disability, and to amend case planning guidelines to improve planning and support for children and young people in care to develop and sustain safe, appropriate and positive friendships.[481]

Similarly, the Commission's *Keep caring* inquiry highlighted the lack of social supports for young people finding that 'Many young people leave care with a lack of positive social networks around them to support them as they make their way through life …'[482] It further found that 'Many young people also lack support to repair connections with their family members prior to and after leaving care.'[483] It recommended that a new model of care should 'focus on supporting young people to … build or heal positive connections with family and with the wider community'.[484]

Consultations for this inquiry highlighted continuing challenges for children and young people to maintain and build connections with family, friends and community, particularly once a child or young person is placed in residential care. As noted in Chapter 5, it appears that efforts at family finding and fostering connection often lose momentum, particularly if the child or young person's case plan does not contemplate family reunification.

However, consultations and documents provided to the Commission for the inquiry also highlighted efforts across different parts of the sector to reinvigorate family finding and foster connection to family and friends, including the new draft connection planning guidance and templates developed by the department's SEPLs in 2019. Several stakeholders acknowledged that there is inevitably risk associated with connections to families from which children and young people had been removed, and there may be risks in spending time with certain friends. However, they suggested it was better to manage this risk

480 Commission for Children and Young People, *In our own words*, p 269.

481 Commission for Children and Young People, *In our own words*, recommendation 7.

482 Commission for Children and Young People, *Keep caring*, finding 12.

483 Commission for Children and Young People, *Keep caring*, finding 12.

484 Commission for Children and Young People, *Keep caring*, recommendation 1.

openly through some form of supported contact rather than driving it 'underground'. The Commission considers it important to explore the development of connection planning as a fundamental component of a child or young person's case and care plans and that, where possible, connection planning should begin prior to children and young people's placement in residential care or move to new residential care house.

Enhance connection to culture and country

> *Big time, the connections are lost when you go to resi … I think it would be good to foster those connections but with interstate travel for Aboriginal children it should be allowed when they turn 18 and there should be money available. Like with Better Futures – I can't use it if I leave Victoria. So how do I plan this? It is annoying because at this point I can't go to NSW. I hate Victoria. (Rohan, formerly residential care, 17, Aboriginal)*

Successive laws, policies and interventions over generations have caused immeasurable spiritual, emotional and physical harm to Aboriginal children and their families and their legacy is felt today. The out-of-home care system must not perpetuate this by further undermining Aboriginal children and young people's right to culture and their connectedness to Aboriginal family and community.

As outlined in Chapter 5, disconnection from culture and country contributes to some Aboriginal children and young people going absent or missing from residential care. Without adequate support to sustain connections to family, culture and country, Aboriginal children and young people may feel compelled to leave residential care to seek that connection. In some instances, the pull to family is linked to a sense of obligation to protect family members, such as siblings, mothers and extended family who they fear are at risk of family violence. Being placed off country can lead some Aboriginal children and young people to travel significant distances alone to return to their family, community and culture.

As noted in Chapter 4, Aboriginal children and young people are reported absent from residential care at a slightly lower rate compared to non-Aboriginal children and young people, but they are subject to section 598 warrants at the same rate. Given the significant over-representation of Aboriginal children and young people in residential care, they are disproportionately at risk of harm.

The Commission's *In our own words* inquiry highlighted the over-representation of Aboriginal children and young people in out-of-home care.[485] It identified ongoing problems with cultural planning and the provision of cultural supports. It noted the significant efforts of the Victorian Government, community sector organisations and ACCOs to improve cultural safeguards and progress towards returning power and responsibility for decision-making to Aboriginal organisations and communities. To support these efforts, the Commission recommended:

> That the department explore how accountability and governance measures can be strengthened at a regional and local level to lift the quality and implementation of legislated processes to support connection to culture for Aboriginal children and young people in care.[486]

It further recommended:

> That the Victorian Government continue to support Aboriginal people's right to self-determination, including through increased investment in community-led early intervention services and greater transfer of responsibility for the case management and case planning of Aboriginal children and young people in care to ACCOs.[487]

Similarly, the Commission's *Keep caring* inquiry highlighted a lack of adequate cultural supports for Aboriginal young people in care and when they leave care and made recommendations to address this.[488]

The Commission notes the substantial and promising work that has been made to establish systems to drive the implementation of *Wungurilwil Gapgapduir* and all actions agreed by the Aboriginal Children's Forum at

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485 Commission for Children and Young People, *In our own words*, chapter 4.

486 Commission for Children and Young People, *In our own words*, recommendation 2.

487 Commission for Children and Young People, *In our own words*, recommendation 3.

488 Commission for Children and Young People, *Keep caring*, findings 6.1 and 14 and recommendations 2.1, 2.2, 2.3 and 8.

divisional and local levels, including cultural planning compliance. Nonetheless, the findings in this report confirm the ongoing harm that Aboriginal children and young people can suffer when they do not receive adequate support to maintain and build connection to family, culture, community and country. The Commission reiterates previous recommendations to support Aboriginal children and young people's connection to culture and to reduce the over-representation of Aboriginal children and young people in care.

Focus on care teams: the engine room

Well-functioning, engaged care teams are critical to successful intervention and management of the risks associated with children and young people who are absent or missing from residential care, particularly for children and young people who leave frequently and may be away for lengthy periods of time.

Several stakeholders described care teams as the 'engine room' that responds to and manages the risks associated with children and young people being absent or missing from residential care. Consultations and file reviews provided some examples of engaged care teams that comprise key professionals providing intensive management of the needs of children and young people at high risk of being absent or missing from care and associated harms such as sexual exploitation. However, consultations and file reviews also found examples of care teams that were unwieldy, lacked a clear agenda, were reactive and crisis-driven, did not include the voice of the child or young person, met irregularly and did not effectively engage in planning and information sharing.[489]

Several departmental staff described the role of senior practitioners as providing guidance and assistance to care teams, particularly in times of crisis and high risk. They also referred to other support and oversight mechanisms, such as the High-Risk Youth Schedule and Panel process. While these interventions are conducted by skilled and experienced practitioners, the process for identifying when care teams require assistance is unclear, particularly as CIMS reports and other oversight systems do not necessarily identify children and young people who are most at risk or whose care team is underperforming.

Improving the operation and engagement of care teams is essential to building connection, addressing trauma, and safeguarding children and young people who are at risk of being absent or missing from residential care.

Adopt a multi-agency panel approach

The expertise and oversight of a multi-agency panel response is needed to guide the response for all children and young people who are absent or missing from residential care. Multi-agency approaches like the High-Risk Youth Schedule and Panel only apply to a small cohort of children and young people who are assessed to be at the highest level of risk. Further, the inquiry heard that, in practice, an even smaller proportion of children on the High-Risk Youth Schedule are referred to the Panel for consideration each month. Consequently, the care and supports in place for many children and young people who go absent or missing from residential care, who may or may not be on the High-Risk Youth Schedule, are not regularly reviewed by a multi-agency group.

The care and support needs of children and young people who are absent or missing cross a range of agencies, including health, justice, education and cultural support. A multi-agency panel approach should be founded on a common understanding of the child or young person's vulnerabilities, the nature and level of risks the child or young person faces when absent or missing from care, and agreed expectations of responsibilities for each agencies' response when the child or young person is absent or missing. This panel approach should be integrated into existing planning tools, such as behaviour support planning, safety planning and the new draft connection planning.

489 The Commission's *Keep caring* inquiry also highlighted barriers to effective planning, including frequent staff turnover, high workload and crisis resolution focus limiting opportunities to plan with young people for their life after care: Commission for Children and Young People, *Keep caring*, finding 7.

Ensure integrated, clear and up-to-date planning

> *Basically, they treat us all like we are the same. Like there are kids who are doing real bad shit, then there is like grade A students. So they should adapt the care team approach to the individual. So, my key worker from the resi was so good in this, she understood this point and actually really advocated and worked with me as an individual. (Leila, recently moved to lead tenant, 15)*

Well-functioning care teams need to be underpinned by clear, integrated, regularly updated and individualised planning for the child or young person. Planning should include crisis management, behaviour support and future-focused planning. However, in practice, the Commission identified that this is not always the case. In some instances, this is due to underperforming and under-resourced care teams. However, it also appears to be due to a confusing planning framework, comprising a range of planning tools and information templates that lack clear integration and are impeded by inefficient administrative processes.

The Commission's *In our own words* and *Keep caring* inquiries identified similar concerns. *In our own words* highlighted that children and young people are frequently not involved in planning, and found that, in the files reviewed by the Commission, one in 5 children and young people in out-of-home care did not have a case plan.[490] *Keep caring* highlighted a high rate of non-completion of care plans and found that many plans were not up to date.[491] It also found that completed plans were generally of poor quality.[492]

There appears to be a lack of clarity about case and care planning processes to adequately guide the exercise professional judgement. Planning processes and associated documents may overlap and, in many instances, are not regularly updated. Based on current departmental guidance, it can be challenging to discern how different planning tools interact, how often they should be updated and who they should be shared with. New tools are sometimes created but are not well integrated with existing tools, and their purpose can be unclear. For example, it appears that Repeat Missing Templates are under-used. It is often challenging to identify current planning documents on CRIS, or to determine whether they exist. Some documents appear as drafts but are unfinished. Other documents contain information that is out of date and may not accurately capture the child or young person's current needs, wishes or the risks they face.

The Commission welcomes the SEPLs' development of connection planning to prioritise children and young people's need for connection. However, elements of connection planning overlap with existing planning tools, such as care plans and behaviour support plans. It is important that, as this new tool is developed, it is clearly integrated with existing processes to avoid duplication or the potential for it to become another under-used or out-of-date planning tool.

The Commission encourages consideration of appropriate technology to support integrated planning, including the development of digital solutions that remind or prompt staff to ensure that they update plans and that they include supervision and monitoring features that allow senior staff to assist and intervene where necessary.

In both the *In our own words* and *Keep caring* inquiries, the Commission recommended a new, relationship-based model of residential care that is safe, trauma-informed, provides therapeutic pathways, supports connection to family, community and culture, and listens and responds to the voice of children and young people. This inquiry provides further evidence of the need for a new model of care and for major reform to residential care in particular.

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490 Commission for Children and Young People, *In our own words*, findings 9, 10, and 11.

491 Commission for Children and Young People, *Keep caring*, finding 3.

492 Commission for Children and Young People, *Keep caring*, finding 4.

Recommendation 2: Fund and implement a new model of care as recommended in *In our own words*, to better respond to the needs of children and young people in residential care and reduce absences

That, when funding and implementing the new model of care recommended in the Commission's 2019 *In our own words* inquiry, the Victorian Government ensure the following elements are delivered to address the specific needs of children and young people who become absent or missing from residential care.

Recommendation 2.1: Address and heal trauma through a therapeutic model of residential care

That the new model of residential care include:

- a strong focus on developing trusted relationships with carers and key workers
- a consistent care experience provided by carers and across houses and service providers founded on care and concern, not punitive responses
- an emphasis on personal skill development, including the capacity to assess and manage risks, particularly those associated with sexual harm
- embedded services, including services for treatment of mental ill health and dependence on alcohol and other substances
- adequate resources and timely approval processes for children and young people to engage in activities
- clear integration of therapeutic support in case and care planning.

Recommendation 2.2: Foster connection to family, friends and community

That increased effort and investment be deployed to foster children and young people's connections to family, friends and community, as part of and where possible prior to their transition to residential care settings.

Recommendation 2.3 Improve processes that enable contact with family, friends and community

That authorisation policies for contact with family and friends, and participation in activities in the community, be reviewed to ensure timely decision-making and support to effectively manage and mitigate risk.

Recommendation 2.4: Foster connection with family, community, culture and country for Aboriginal children and young people

That ongoing and additional effort and investment be deployed to support connection to culture, paying particular attention to the causes of, and potential consequences for, Aboriginal children and young people going absent or missing from residential care, including the potential for cultural harm.

Recommendation 2.5: Improve skills, processes and supervision of care teams

That the department invest in improving the skills, processes and supervision of care teams for children and young people in residential care. Improvements should be implemented through updated guidelines, policies and training. Care teams should be supported by agendas, action items, and clear role allocation and communication channels. The department should encourage a culture where care team members are empowered to seek senior engagement and active supervision when needed.

Recommendation 3: Additional measures to prevent children and young people from becoming absent or missing from residential care in the new model of care previously recommended by the Commission

That, when funding and implementing the new model of care recommended in *In our own words*, the Victorian Government ensure the following additional elements are delivered to reduce the number of children and young people who become absent or missing from residential care.

Recommendation 3.1: Maintain placements when a child or young person is absent or missing for a prolonged period

That, when a child or young person is absent or missing from residential care for a prolonged period, their residential care placement should not be reallocated to another child or young person unless there are concerns that the specific placement itself is contributing to the child or young person being absent or missing.

Recommendation 3.2: Support connection to residential care placement

That the department develop and implement clear guidelines for planning to support children and young people prior to and immediately after entering residential care and moving between residential care houses. For emergency placements, the department should implement additional supports, and consider provision of temporary accommodation while assessments are conducted and an appropriate placement is found.

Recommendation 3.3: Adopt a multi-agency panel approach

That a multi-agency panel approach to planning, with clear allocation of responsibilities between agencies, be implemented for all children and young people who go absent or missing from residential care. The multi-agency panel approach should be founded on a common understanding of the child or young person's vulnerabilities, the nature and level of risks the child or young person faces when absent or missing from care, and agreed expectations regarding the response when the child or young person is absent or missing.

Recommendation 3.4: Ensure integrated, clear and up-to-date planning

That the department review planning tools (including draft connection planning tools) to clarify how planning tools align, which tools are optional, when they should be updated and who they should be shared with. Integration of planning tools should be supported by a visual map to guide practitioners and care teams. Development of new planning tools should be integrated into existing processes to avoid duplication and additional administrative burden.

A trauma-informed approach across all services

The need for a therapeutic, trauma-informed approach does not stop at the door of residential care. Other services involved in responding to and supporting children and young people who are absent or missing must also provide a trauma-informed approach. As recognised in the Victorian Government's Framework:

- Understanding the underlying causes of a young person's behaviour is critical to promote healing from trauma, and to effect positive behaviour change.[493]
- Workforce training, support and resources must recognise the impact of trauma on a young person's behaviour and provide a proactive approach to managing risk and responding to incidents.[494]

Community Around the Child, a joint initiative between Victoria Police, the department, the Department of Justice and Community Safety and the Department of Education and Training, discussed in Chapter 8, is an excellent example of local agencies working together to apply a consistent, trauma-informed approach to respond to incidents involving children and young people in residential care. However, this initiative operates in a limited geographic area and its success appears dependent on local good will and relationships. Given positive findings about the impact of this initiative, it is disappointing that it has not yet been identified for broader implementation.

While specialist police units and officers like Proactive Policing Units, Youth Resource Officers, Youth Specialist Officers and SOCITs are an important component of the response to children and young people who are absent or missing from care, they are generally unavailable at 2 am when local police may encounter a child or young person reported as missing or when they are executing a section 598 warrant. It is important that, in these situations, frontline police act in a trauma-informed manner, and their actions do not contribute to further trauma and unnecessary criminalisation. In the Framework, Victoria Police has committed to pursuing 'opportunities to build the capacity of its workforce with training relevant to trauma and vulnerable young people'. As noted in Chapter 8, Victoria Police has developed the Community Around the Child 2020 training module, which is available to all members. However, it is optional and is not currently a core module, even in police academy training.

Recommendation 4: Develop and implement an integrated trauma-informed approach

That the Victorian Government ensure and support all agencies, including Victoria Police, to develop and implement trauma-informed training, tools and guidance for frontline workers who are likely to interact with children and young people when they are absent or missing from residential care. The Community Around the Child initiative provides a good model for the development of training, tools and guidance. All services, including Victoria Police, should implement trauma-informed training as a compulsory core module for all frontline staff, supported by ongoing professional development.

Reforms to the current response

The systemic, long-term improvements to the model of residential care recommended in *In our own words* and this inquiry will assist in addressing the key drivers of children and young people going absent or missing from residential care. This section outlines the Commission's recommendations for urgent reforms within the current model of care to better meet the immediate needs of children and young people. Based on the findings from this inquiry, the Commission makes recommendations for:

- the development and roll-out of statewide responses to child sexual and criminal exploitation
- safeguarding children and young people when they are absent or missing
- investing in information collection, monitoring and oversight.

493 DHHS, *Framework to reduce criminalisation of young people in residential care*, guiding principle 2, p 11.
494 DHHS, *Framework to reduce criminalisation of young people in residential care,* guiding principle 3, p 12.

Coordinated, statewide responses to child sexual exploitation and child criminal exploitation

> *Police have Youth Liaison Officers but it is only one or 2 per station. I had a really good YLO and she was amazing. If I ever went missing, she would drive down to the station I had been dropped to and she would take me home. That should be common, not like just for me. (Colette, residential care, 17)*

As outlined in Chapters 5 and 6, the link between child sexual exploitation and children and young people going absent or missing from care is well established. More recently, evidence has confirmed a similar link to the risk of child criminal exploitation, which can also overlap with child sexual exploitation. Children and young people who are absent or missing from residential care need a specialised and coordinated service response to experiences of sexual and criminal exploitation, which are available across the state, adequately resourced and supported by clear leadership and governance.

At the time of the Commission's *"… as a good parent would …"* inquiry, the department and other agencies, including Victoria Police, recognised the extent of sexual exploitation of children and young people in care, and worked together to address the issue. As outlined in Chapter 7, some of this work continues, such as the department's SEPLs and some local initiatives. However, other key initiatives have not been sustained, resulting in a loss of momentum and inconsistent responses. In particular, the joint department and Victoria Police Child Sexual Exploitation Enhanced Response Model pilot, which operated from 2016 to 2017, was formally discontinued because Victoria Police determined 'it was not feasible to implement more broadly without an additional investment of resources', despite a promising evaluation.[495]

Given the encouraging findings of the 2017 evaluation of the effectiveness and positive economic benefit of the Child Sexual Exploitation Enhanced Response Model, the Commission believes that the model should be expanded across the state to ensure that all children and young people in care who are at risk of sexual exploitation receive its protective benefits. To support the successful implementation of the model, clear leadership and governance mechanisms are required, together with a commitment of adequate resourcing.

Recommendation 5: Commit to and maintain a joint, targeted, statewide response to child sexual exploitation

That the Victorian Government fund, reinstate and expand the Child Sexual Exploitation Enhanced Response Model across the state, including the provision of additional resources if needed. The expansion should be supported by clear leadership and governance mechanisms.

There is little evidence of a coordinated or specialist response to identify and support children and young people at risk of child criminal exploitation. Given the emerging evidence about children and young people being criminally exploited while they are absent or missing from residential care, the Commission considers that the department should work with key stakeholders to improve understanding of child criminal exploitation and to develop a specialist response, like the Child Sexual Exploitation Enhanced Response Model.

The specialist response to child criminal exploitation should include awareness raising through new guidelines, policies and training, combined with intensive interventions and support for children and young people in residential care at risk of child criminal exploitation. Given the links between child criminal exploitation, child sexual exploitation and the issue of children and young people going absent or missing from care, specialist responses to these issues should be aligned and coordinated.

495 Victoria Police, *Response to further questions on Victoria Police submission*, p 4; Deloitte Access Economics, *Evaluation of the child sexual exploitation Enhanced Response Model pilot*.

Recommendation 6: Commit to and maintain a joint, targeted, statewide response to child criminal exploitation

That the department and key stakeholders including Victoria Police work to improve understanding of child criminal exploitation and develop a specialist response across the state, like the Child Sexual Exploitation Enhanced Response Model. The specialist response should include awareness raising through new guidelines, policies and training, combined with intensive interventions and support for children and young people in residential care who are at risk of child criminal exploitation. The model should be supported by clear leadership and governance mechanisms, and additional resources if needed.

The recent evaluation of the MacKillop Family Services *Power to kids: respecting sexual safety* project demonstrated the effectiveness of a relationship-based approach to reducing the incidence of children and young people going absent or missing from residential care and their consequent exposure to the risk of sexual exploitation.[496] It focused on building relationships between staff and children and young people to support the development of skills in relation to sexual safety. The evaluation highlighted the central role that improved relationships between children and young people and carers played in reducing the number of children and young people going missing, noting 'a shift in practice from focusing on boundaries and rules to a relationship-based response'.[497] Given the positive findings of the evaluation regarding the reduction of children and young people going absent or missing from residential care, the Commission believes that the Victorian Government should fund a statewide roll-out of the *Power to kids* program to all residential care houses.

I had info given to me about what's going on for me. Like they suggested to me that this could be happening … So it is very important from my perspective that they get the right information. That helped me, and I think all young people need it presented to them in a way like this, cos often I don't think they see it as being a bad thing or a bad relationship, but in reality it is. (Leila, recently moved to lead tenant, 15)

Recommendation 7: Roll-out the *Power to kids: respecting sexual safety* program statewide

That the Victorian Government fund the roll-out of the MacKillop Family Services *Power to kids: respecting sexual safety* program to all residential care houses in Victoria.

Safeguarding children and young people when they are absent or missing

The Commission acknowledges that some children and young people will continue to be absent or missing from residential care, despite the reforms recommended above. The tools and interventions used to safeguard children and young people when they are absent or missing from care are therefore also a critical component of the response.

Improve information collection and sharing

An effective and timely response to children and young people who are, or are at risk of going, absent or missing from residential care relies on the collection of consistent, concise and current information that can be shared efficiently with relevant stakeholders when necessary. Significant improvements are needed in information collection and sharing to effectively safeguard these children and young people.

As outlined in Chapters 3, 7 and 8, this inquiry found that, while the department, residential care service providers and police collect large amounts of information about individual children and young

496 McKibbin et al., *Power to kids*, p 4.
497 McKibbin et al., *Power to kids,* p 4.

people in residential care, it is recorded in a range of databases, often in formats that are not easily accessible, searchable or shareable.

In addition, file reviews found that planning documents and templates in which key information should be recorded are often not completed or kept up to date. Staff turnover and placement instability, combined with poor and inconsistent information collection systems, leads to a loss of 'organisational memory' about children and young people's lives, needs and the risks they face when absent or missing.

To ensure stakeholders have concise, clear and current information about a child or young person when they are absent or missing from care, several stakeholders suggested using a pre-populated template. As noted in Chapter 8, the Queensland Government requires a missing person checklist to be completed by carers to assist police.[498]

The Community Around the Child initiative described in Chapter 8 includes a 'profile on a page' that residential carers update and share with local police each month. To assist police to respond in a trauma-informed way, the profile includes information on the child or young person's behaviours of concern, triggers and best responses. Similar information is recorded in behaviour support plans. The department committed to introducing behaviour support plans for all children and young people in residential care in early 2020 but this commitment has not yet been actioned.[499]

The Community Around the Child approach to information sharing is an example of locally developed good practice. However, these localised systems rely on local goodwill and relationships between agencies, which may not be sustainable when 'champions' of these processes move on.

Over the course of a year, fewer than 1,000 individual children and young people are placed in residential care. To safeguard those who go absent or missing, information collection and sharing systems must be significantly improved.

Recommendation 8: Improve information collection and sharing

Recommendation 8.1: Ensure consistent, concise and current information collection and sharing

That the department ensure that consistent, concise and current information is collected about individual children and young people at risk of going absent or missing from residential care. The collection systems should ensure that key information about the child or young person:

- **is easily identifiable and accessible by child protection and residential care staff**
- **is up-to-date and accurate**
- **can be shared swiftly with other agencies, such as Victoria Police, when required.**

Recommendation 8.2: Implement an information sharing checklist

That the department develop a missing child checklist to ensure swift and comprehensive sharing of key information with other agencies if a child or young person is absent or missing from residential care.

The checklist should include additional information similar to that contained in the Community Around the Child initiative's 'profile on a page' for each child or young person at risk of going absent or missing from residential care to support police and other key agencies to respond in a trauma-informed way. This information should align with the child or young person's behaviour support plan. The checklist should be pre-populated, reviewed and shared regularly. The department should ensure there are checks in place to guarantee that these checklists are completed, easily accessible and up-to-date.

498 Queensland Government, *Reporting missing children*.
499 DHHS, *Framework to reduce criminalisation of young people in residential care*, pp 21–23.

Apply a risk-based assessment founded on improved information collection and sharing

> *I know with me it was just so dependent on what staff member was on. So, if there is a clear framework for this it would help because carers for me would sometimes not be OK with me being out at an approved place while other carers would. (Mary, post-care, 17)*

The current approach to risk assessment varies widely across the state and is not necessarily done well. As a result, responses in practice are inconsistent, and often inadequate. A clear risk assessment framework is needed to drive consistent, targeted responses to children and young people.

As outlined in Chapters 2 and 8, the perception that a child or young person who is missing or absent from residential care has 'absconded' or is 'merely absent' rather than being 'genuinely missing' leads to an underestimation of the risks faced by the child or young person. As highlighted in the Child Protection Manual and the Framework, the fact that a child or young person goes absent or missing repeatedly does not mean they are able to look after themselves.[500] In fact, it may be an indicator of increasing risk. Nor does the fact that residential care staff know or suspect where a child or young person is located mean that the child or young person is less at risk than a child or young person who is 'genuinely missing'. Stakeholders may know or suspect the child or young person is with a sexual predator or in a violent home. In some instances, staff may think they know where the child or young person is, but they don't.

As outlined in Chapter 8, the decision by UK police to institute a distinction in the approach to missing person reports based on whether a person was 'absent' or 'missing' resulted in children reported as absent being overlooked, with many exploited by adults for sex or criminal activity.[501] Consequently, the UK adopted an approach based on an assessment of risk to determine the level and nature of activities in response, including the level of police involvement required.

For these reasons, the Commission is not recommending that, as suggested by Victoria Police, responses and police involvement should be determined by whether a child is missing or their whereabouts known.

The Commission considers that a risk-based assessment model is an appropriate framework to triage the response when a child or young person is absent or missing from residential care. To support this model, clearer consistent guidance across all agencies, including Child Protection, residential care service providers and police, is needed to inform the assessment of risk and the appropriate response. It must also be informed by relevant, up-to-date information about the child or young person, and subject to regular review.

In practice, a risk-based framework should support more-efficient and effective allocation of resources to ensure those children and young people who are most at risk receive an urgent, coordinated response from all relevant agencies. The following case studies provide examples of how a risk-based response may operate in practice.

A lack of a clear risk assessment framework to drive consistent, targeted responses means that children and young people like Leo, Emily and Drew would currently receive very different responses depending on where they are placed, what information is collected and shared, and how well carers, child protection practitioners and local police in their area respond. A clear risk assessment framework must be applied consistently across the state, supported by significantly improved information collection and sharing systems.

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500 DHHS 'Missing children and young people – advice'; DHHS, *Framework to reduce criminalisation of young people in residential care*, p 23.

501 APPG for Runaway and Missing Children and Adults, *Inquiry into the safeguarding of 'absent' children*, p 3.

Case studies: Risk-based assessment framework in practice

Leo (13)
Vulnerabilities: Family violence, substance use **Risk: High**
Missing person report: No **Warrant: Yes** **Rover service: Yes**

Leo frequently returns to his mother's home without permission. She is a heroin user who lives with a violent partner. When Leo is at his mother's house, he often experiences family violence and is offered drugs. Leo has been assessed as being at high risk of significant harm when absent or missing from residential care. Since carers know or suspect Leo is at his mother's house, a missing person report is not immediately necessary because a police investigation is not required to determine Leo's location. However, carers are unable to enter the mother's home without her permission and it can be unsafe for them to approach without support. Consequently, carers may seek a warrant to authorise police to enter and take Leo into emergency care. However, carers know that Leo finds it very distressing when he is collected by police and sometimes police use force to execute the warrant. Consequently, carers may request assistance from a rover service staffed by people who know Leo to collect him, with police in attendance to provide support if required. Carers provide police with information about Leo, such as a checklist or 'profile on a page' to ensure police have relevant information and to support a trauma-informed response. Note: the role of rover services is discussed further below.

Emily (16)
Vulnerabilities: Sexual exploitation, substance use **Risk: High**
Missing person report: Yes **Warrant: Yes** **Rover service: Yes**

Emily is at high risk of sexual exploitation and frequently goes absent or missing from residential care, sometimes for weeks at a time. She is known to use ice. While carers have some idea who is exploiting Emily, they usually do not know where Emily is. It is critical that Emily is located quickly to minimise the harm she experiences and to disrupt the networks seeking to exploit her. This requires a coordinated response across agencies to ensure that when Emily is reported missing to police, a police investigation and response is prioritised, including swift escalation to a specialist unit such as SOCIT. Assistance from a rover service may also assist to minimise unnecessary, repeated contact with police.

Drew (13)
Vulnerabilities: Young age **Risk: Medium**
Missing person report: No **Warrant: No** **Rover service: Yes**

Drew likes to go to the park with his friends after school. He does not seek permission because he doesn't think he will be allowed and does not want to be labelled a 'resi kid'. Carers generally have some idea where he is. Before lodging a missing person report and seeking a warrant, carers have agreed with Drew that he will text them after school to say where he is going and when he will return. Carers have arranged with their rover service that they will 'drive by' to check Drew is in fact where he says he is and that he appears to be OK. If they are concerned, they will call Drew and encourage him to return to the house, before considering escalating the response to Child Protection or the police.

This basically to me means that you are saying rather than having a standard thing where the carers call the cops if you're away from the unit, they assess the individual scenario and can decide from that? Like for me, it ties in with the first recommendation we spoke about, the carers who think about young people or talk to them like this with the language (absconding etc) are the ones who will ring the cops and make out that it's an offence you aren't at the unit, even if I've checked in with the unit every hour, telling them where I am, and who I'm with and that it's safe. (Sally, post-care, 19)

Recommendation 9: Develop a risk-based assessment framework to guide the response when a child or young person is absent or missing from residential care

That the department work with residential care service providers and Victoria Police to develop a common risk-based assessment framework to guide agencies' response when a child or young person is absent or missing from residential care. This framework should incorporate an assessment of a child or young person's vulnerability informed by known or suspected risk factors such as exposure to sexual or criminal exploitation, substance use, disability, medical conditions and age.

The risk assessment framework should inform response planning in the event the child or young person goes absent or missing. Planning should clearly articulate when to escalate the response by seeking police intervention and which tools to employ, such as a missing person report or warrant.

If a missing person report is made, escalation of the investigation to specialist police units such as the Criminal Investigation Unit or SOCITs should be based on an assessment of risk, rather than a standard period of time from the date of the report.

The terms 'missing' or 'absent' should not determine the level of risk and corresponding response required. Risk assessment guidelines should clarify that, even if child protection or residential care staff suspect they know where a child or young person is likely to be, this does not mean that the child or young person is at less risk. If a child or young person's location is known (not merely suspected), alternatives to a missing person report should be considered, such as attendance of a rover or other outreach service.

Embed a relationship-based response founded on care and concern

Again for me this is like the first one, having the first and foremost like objective of the job the carers do, to have a relationship that is caring, loving and like a parent. Then the other stuff following that. (Sally, post-care, 19)

A relationship-based response when children and young people go absent or missing is crucial for children and young people to feel safe and supported in their home. Responses that are punitive, criminalising or threatening do not work.

Examples of expressing care and concern include telling a child or young person they are missed and encouraging them to return, giving specific reasons about why they are missed, offering to collect them, and offering them their favourite meals or activities. Examples of a punitive response include threats to call the police or seek a warrant if the child or young person does not stay in contact or return, and a failure to express concern or care about their safety and wellbeing.

As outlined in Chapter 8, some residential care staff and child protection practitioners employ a range of tools to encourage children and young people to return when they are absent or missing from residential care. These tools include assertive outreach, attempts to contact and locate the child or young person and liaison with other services, such as the Streetwork Outreach Service and police. Consultations for this inquiry suggested that these tools are more effective in safeguarding children and young people if they are part of a care response founded on genuine relationships. For example, rather than threatening to call the police if the child or young person leaves, some stakeholders instead stressed the importance of expressing care, concern and attempting to explain why they are concerned. They also emphasised the importance of consistent care responses, so that all carers reinforce the same message of care and concern. Stakeholders highlighted actions to reinforce the expression of care and concern, such as cooking children and young people's favourite meals to entice them home or placing treats and photos in their backpacks to remind them they have a safe place to return to.

In consultations, some children and young people commented on the positive impact of an approach founded on consistent and repeated expressions of care and concern, particularly by carers who take the time to talk to and listen to them. While expressions of care and concern on their own are insufficient to change behaviour, they are an important component of an overall shift in culture that focuses on trauma-informed relationship building and connection rather than a punitive response that relies on threats, rules and consequences.

Examples of an intentional shift by a range of stakeholders to focus on care and concern in these interactions is promising. However, as outlined in Chapters 5, 7 and 8, these responses are not consistent across the residential care system. Policies, guidelines and training across the sector in relation to responding to children and young people who go absent or missing from care should place a greater emphasis on a relationship-based response founded on care and concern. This approach is an extension of the Commission's recommendation in *In our own words* to provide staff and carers with appropriate supports to respond to trauma, as discussed above.[502]

Recommendation 10: Embed a relationship-based response founded on care and concern

That the department review policies, procedures, training and service expectations to ensure that, when a child or young person is absent or missing from residential care, child protection and residential care staff:

- **consistently apply a strengths-based response to express care and concern when contacting the child or young person**
- **do not respond in a way that is punitive, criminalising, threatening or that otherwise suggests a lack of care for the child or young person's safety and wellbeing.**

502 Commission for Children and Young People, *In our own words*, recommendation 15.

Minimise contact with police

> *Like not only is it wasting the cops' time, but it basically just makes resi like a jail cos cops are always called. (Colette, residential care, 17)*

Unnecessary police intervention for children and young people who are absent or missing from care can lead to harm, experiences of stigmatisation and criminalisation. To reduce unnecessary and potentially harmful police intervention, the current model of care should minimise police contact by integrating risk-based responses into a broader relationships-based strategy, and making available safe and trusted alternative options to find and return young people to their placement.

Since the inception of the child protection system in Victoria in the nineteenth century, police have played a role in locating and returning children and young people who are absent or missing from care.[503] Historically, this role is strongly associated with a criminal justice response, deploying police tools developed for criminal investigations and warrants to take children and young people into emergency custody. Police involvement in this process can contribute to the criminalisation of children and young people placed in residential care.[504]

The Commission's *In our own words* inquiry found that 'Many of the children and young people in residential care told the Commission that residential care providers rely too much on police to resolve incidents of challenging behaviour in young people.'[505] Research suggests that unnecessary police involvement is a contributing factor to the criminalisation of children and young people in care.[506] The Commission recommended that the department ensure that any inter-agency protocol to reduce contact between children and young people and police is developed and monitored in consultation with children and young people with experience of residential care, an ACCO and the Commission.[507] The Commission further recommended that implementation of the protocol be supported by additional training and support for residential care workers.[508]

As outlined in Chapter 8, the 2020 Framework is a commitment between the department, the Department of Justice and Community Safety, Victoria Police, residential care service providers and frontline staff 'to reduce unnecessary and inappropriate contact of young people in residential care arising from behaviours manifesting from childhood traumatic experiences and resultant involvement with the criminal justice system'.[509] The Commission welcomes this cross-agency commitment. However, the focus for the Framework's implementation appears to be on minimising police callouts to residential units and promoting the use of discretionary powers as an alternative to criminal charges whenever appropriate. The Framework only includes brief advice on young people who go missing from residential care.[510] Action to implement the Framework was delayed in 2020 due to the relevant agencies' responsibilities to support the COVID-19 pandemic response, and was resumed in May 2021.

This inquiry demonstrates that further inter-agency work needs to be done to reduce contact between police and children and young people who are absent or missing from residential care. Significant contact occurs when police execute section 598 warrants, resulting in police transporting and holding children and young people at police stations, often for hours at a time. These late-night interactions, when a child or young person may be substance-affected and distressed, can reinforce negative perceptions of children and young people that police may hold, and vice versa.

As a first principle, the Commission considers that police intervention should be a last resort when a child or young person is absent or missing from residential care. The Commission supports the current requirement that a warrant should only be sought

503 See overview of the role of Victoria Police in Chapter 2.
504 See discussion in Chapters 6 and 8.
505 Commission for Children and Young People, *In our own words*,.
506 Commission for Children and Young People, *In our own words*, finding 18.
507 Commission for Children and Young People, *In our own words*, recommendation 12.
508 Commission for Children and Young People, *In our own words*, recommendation 12.
509 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 8.
510 DHHS, *Framework to reduce criminalisation of young people in residential care*, p 23.

where Child Protection intervention alone has not been, or would not be, effective to address the immediate risk to the child or young person, and where police authority to enter and search, and place the child or young person in emergency care, is the only viable option.[511]

Whether police intervention is 'the only viable option' depends on what alternatives are available. It appears that, in some instances, residential care and child protection staff seek police intervention due to a lack of alternative options. For example, there may be insufficient staff available to conduct assertive outreach because at least one staff member must remain at the house.

As outlined in Chapter 8, some service providers have recently developed new services, such as Anglicare's rover service, to assist in locating and transporting children and young people who are absent or missing from care. These services are needed to ensure there is a genuinely viable alternative to police intervention, rather than just a statement of principle in the Child Protection Manual. Larger residential care service providers also operate their own after-hours, on-call services to provide support and coordination of responses when children and young people are absent or missing, which aim to complement the Child Protection After Hours Emergency Service.

The Commission believes there is scope for services such as the rover services and on-call services to provide more intervention and support to minimise children and young people's contact with police and provide trauma-informed support when they do have contact with police. For example, in instances involving missing person reports only, if a child or young person is sighted by police, police could call a rover service before closing the investigation. The service could either attempt to speak to the child or young person by phone or in person to express care and concern, and to offer a lift back to care.

In situations where residential care or child protection staff know where a child or young person is or is likely to be, it will sometimes be possible to attempt to locate them and return them to placement using a rover service, rather than calling on police. For example, if a child or young person is known to regularly visit a friend or return to family, the rover service could, as a first step, attend the residence if it is safe to do so. The Commission notes that some residential care service providers are already conducting this kind of assertive outreach, but, in some instances, it is hampered by a lack of available staff.

Some situations will still require police intervention authorised by a warrant. For example, if a child or young person refuses to leave a private property, police powers of entry are required. It may also be unsafe for residential care or child protection staff to approach locations where they believe a child or young person is located, such as squats or violent homes. If police or service providers locate a child or young person at a private property or if the child or young person is refusing to return to care, a rover service could accompany police when they are executing a warrant.

> *The rover idea would be so good … I feel like so much of the time the police intervention wasn't needed, so it's a waste … Which I agree was kinda pretty harmful for me when cops are called for not much of a reason, especially now looking back at it. (Sophie, post-care, 18)*

The rover service may also be able to transport children and young people (or accompany police) following the execution of warrants and provide support while children and young people await assessment at a police station. Alternatively, the rover service could back-fill for residential care staff at a house to enable staff who know the child or young person to accompany police. The presence of rover services or residential care staff is likely to support a more protective outcome, particularly if the execution of the warrant is not followed by the child or young person being transported in a police van and spending hours alone at a police station. A collaborative response may also assist in building stronger relationships between local police and residential care staff and agencies.

511 DHHS, 'Children's Court search warrants – advice'.

Rover services also have the potential to increase the visibility of children and young people in the community by developing more trusted relationships with children and young people and their families. If viewed as an alternative to police intervention, rover services may further contribute to minimising children and young people's contact with police.

Recommendation 11: Minimise police contact

Unnecessary and harmful police intervention and contact with children and young people who are absent or missing from residential care must be reduced to a minimum.

Recommendation 11.1: Integrate risk-based response planning for police intervention into a relationship-based strategy

That the department ensure risk-based response planning for the use of missing person reports and warrants is integrated into a broader relationship-based strategy founded on care and concern to support children and young people to remain in their residential care placement and to safeguard them when they are absent or missing from care.

Recommendation 11.2: Ensure availability of alternative options to police intervention, including rover services

That the Victorian Government ensure availability of properly resourced, viable alternative options to police intervention when a child or young person is absent or missing from care and is located. In particular, residential care rover services should be resourced to assist in locating, transporting and supporting children or young people who are absent or missing from care. Rover services should work collaboratively with local police to minimise police contact with children and young people in residential care.

Recommendation 11.3: Incorporate access to alternative options into the action plan to implement the *Framework to reduce criminalisation of young people in residential care*

That the department incorporate access to viable alternative options to police intervention and contact when children and young people are missing from residential care into the action plan for the implementation of the *Framework to reduce criminalisation of young people in residential care* as a priority in 2021.

As outlined in Chapter 6, the processes designed to find and return children and young people who are absent or missing from residential care can sometimes be conflated with criminal processes. For example, many children and young people picked up on section 598 warrants view the experience as being 'arrested'. Being held at a police station awaiting assessment feels very similar to the experience of being held in cells awaiting charge.

> *You think of a warrant, you think of cop shows. I hate it. It shouldn't be used when you are just away from the unit, it [this recommendation] is important. (Collette, residential care, 17)*

It is not only children and young people who think of the process in criminal terms. As noted in Chapter 6, in consultations, the Commission heard examples of confusion regarding legal process, with some children and young people being held on remand and brought before a court on a section 598 warrant. The terminology itself, combined with the police role, implies a criminal justice response, despite no offending being involved. To promote a care-based response and minimise confusion about appropriate legal process, the term 'warrant' should be replaced with an alternative term that is not associated with the criminal justice process.

Recommendation 12: Replace the term 'warrant'

That the Victorian Government replace the term 'warrant' in section 598 of the *Children, Youth and Families Act 2005* (Vic) with an alternative term that is not associated with the criminal justice process. The new term should convey that the response is care-based and not criminal. The department should work with key stakeholders, including residential care service providers and Victoria Police, to implement updated guidance and training for staff to promote the adoption of the change in terminology, including training on the reasons for the change.

Streamline processes and clarify roles concerning missing person reports and warrants

Effective service responses are impeded by inefficient processes and a lack of clarity about when, how and who should respond when a child or young person is absent or missing from residential care. A collaborative response is essential to ensure common understandings, clear roles and responsibilities and efficient processes.

As outlined in Chapter 8, inefficiencies and lack of clarity contribute to an unnecessary administrative burden, adding to stakeholders' frustration and fatigue surrounding the issue of children and young people being absent or missing from residential care, and occasionally leading to 'push back' on who is responsible for responding. Inefficiencies and role confusion, combined with poor information sharing, contribute to delays and under-resourced responses that ultimately place vulnerable children and young people at higher risk for potentially longer periods of time when they are absent or missing from residential care.

Examples of inefficient and unclear processes and roles identified in this inquiry included disagreements, concerns or uncertainty about:

- whether a child or young person is 'missing' for the purposes of a making a missing person report if their location is known or suspected
- whether a missing person report can be made within 24 hours of child or young person going missing
- whether a missing person report can be accepted without a warrant, or vice versa
- whether a missing person report should be made to police in person
- what information should be provided to police when making a missing person report
- whether a missing person report should be withdrawn if police sight a child or young person, and how and when this information should be communicated to the residential care or child protection staff
- what information should be included in the warrant application and supporting affidavit
- how court filing processes should operate
- when and how warrants should be withdrawn or cancelled
- whether police need to sight a child or young person who has returned to a residential care house of their own accord before cancelling a warrant.

Part of the uncertainty regarding these processes arises from discrepancies between definitions, processes and expectations outlined in key documents, including relevant sections of the Child Protection Manual, the Victoria Police Manual and *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police*. The department and Victoria Police executed the latter protocol in 2012, followed by an addendum to the protocol in 2014, *Preventing sexual exploitation of children and young people in out-of-home care*. Since that time, stakeholder awareness of the risks faced, and harm suffered, by children and young people when they are absent or missing from care has increased, reflected in changes to the Child Protection Manual and the development of initiatives such as the Child Sexual Exploitation Enhanced Response Model pilot.

As noted in Chapter 7, since 2017, the department and Victoria Police have been engaged in a joint project to identify areas for improvement and to implement changes in their response to children and young people who are absent or missing from care.[512] Part of this work includes reviewing and streamlining processes and information sharing. The Commission welcomes the department and Victoria Police's renewed commitment to this work, which is evident in a recent action plan agreed to in 2020.[513]

Recommendation 13: Streamline processes, and clarify definitions and roles concerning missing person reports and warrants

That the department work with key stakeholders, including police, residential care service providers and the Children's Court, to streamline processes and clarify definitions and roles concerning missing person reports and warrants (however renamed, as recommended above) for children and young people in residential care. In particular, the department should work with key stakeholders to:

- clarify that if a child or young person's location is known (not just suspected), they are not 'missing' so a missing person report is not required (noting that police intervention or support may nevertheless be needed)
- ensure that a missing person report can be made as soon as a child or young person goes missing, rather than waiting 24 hours prior to making a report
- ensure that there is no need for a missing person report to be made prior to applying for a warrant, or vice versa, as is currently the case
- remove the requirement that a missing person report be made to police in person, making it possible for residential care staff or child protection staff to make a missing person report by telephone
- streamline processes for providing police with information for missing person reports and warrants, using checklists and pre-populated forms
- require that if police sight a child or young person who is subject to a missing person report, police notify and consult with residential care staff or child protection staff prior to closing the missing person investigation
- standardise information in affidavits in support of warrant applications, for example using templates, and include all relevant, up-to-date information
- facilitate the procedure for filing warrant applications through electronic processes where possible
- review the procedure for withdrawal or cancellation of warrants and facilitate swift notification through an electronic process where possible
- ensure that if a child or young person returns to a residential care house of their own accord, police are not required to sight the child or young person and hold them until an assessment is conducted prior to cancelling a warrant, but an assessment must occur within 24 hours of the child or young person's return.

The department should ensure all relevant guidelines, policy documents and training are updated to reflect streamlined processes, definitions and roles, including relevant sections of the Child Protection Manual, *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police* (2012), and the addendum to the protocol, *Preventing sexual exploitation of children and young people in out-of-home care* (2014).

512 Nous Group, *Improving responses when children and young people in out of home care go missing*.

513 Nous Group, *Action plan: Response to children and young people who go missing from care*, Nous Group, Melbourne, 2020.

Review media alert policy and practice

Child Protection and Victoria Police occasionally release a media alert to help locate children and young people and to encourage them to return when they are absent or missing from residential care. As noted in Chapter 8, the department and Victoria Police are currently reviewing the media alert policy. Consultations for this inquiry suggested that the effectiveness of media alerts as a tool to locate children and young people is mixed. Evidence of their effectiveness appears to be anecdotal only.

Several stakeholders expressed concern that:

- archiving of media alerts on media organisations' websites may adversely affect a child or young person's future, as the alerts are easily located through an internet search
- media alerts may highlight a child or young person's vulnerability, making them a potential target for people who wish to exploit them
- photos attached to the alerts are often unflattering, 'mug-shot' style images
- social media posts of alerts can attract derogatory commentary
- social media posts may be disseminated further than necessary
- the existence of an alert may be shaming to the child or young person and their family.

The Commission welcomes the department and Victoria Police's review of media alert policy and processes in relation to children and young people who are absent or missing from care. The review should be urgently progressed and must be informed by evidence about whether media alerts are effective and whether aspects of their use compound harm to children and young people.

Recommendation 14: Review media alert policy and practice

Recommendation 14.1: Review the impact and effectiveness of media alerts

That, as part of a review of media alert policy and practice, the department work with Victoria Police to assess the impact that media alerts have had in the past when a child or young person is absent or missing to identify the circumstances in which they are an effective tool. The findings of this review should inform the parameters of their use, including the level of approval required to issue an alert.

Recommendation 14.2: Use positive photos and disable or moderate social media commentary

That, when a media alert is issued, the department ensure that Victoria Police is provided with a positive photo of the child or young person, where possible. The department should also work with Victoria Police to disable or moderate social media commentary attached to media alert posts.

Enhance the role of return to care conversations

Return to care conversations are an essential part of the response when children and young people have been absent or missing from care. However, improvements to the approach to return to care conversations are needed to enhance their protective potential.

The option to speak to like an independent person would be good. Cos like even with [service provider] when you make complaints in that process, it gets back somehow to staff and they know and then they feel like you've ratted them out. So, it should be someone we can talk to. I had some good chats with [carer] when I came back to placement, but no one else. So, it just goes back to the fact we got along so well pretty much. (Leila, recently moved to lead tenant, 15)

The ones that worked were conversations understanding or at least wanting to understand my view and my reasons, and hearing me; it wasn't blaming. So I think those conversations are also about the relationship … Having an independent complaints thing is important. With our unit we had [service provider] after hours who kinda played that role but if it was independent I woulda been way more comfortable. (Mary, post-care, 17)

As outlined in Chapter 8, child protection policy requires that return to care conversations occur within 48 hours of a child or young person's return and that they be recorded on CRIS.[514] Ideally, these conversations should provide an opportunity to address the child or young person's immediate care and safety needs, build relationships with key care staff, and gather information to refine planning and inform the response if the child or young person leaves again. They also have the potential to gather information about possible risks to other children and young people, such as sexual and criminal exploitation networks and unsafe environments where children and young people may gather, such as squats and 'trap houses'.

While most stakeholders consulted for this inquiry referred to return to care conversations as a key part of the response when a child or young person has been absent or missing, consultations and file reviews found that practice around return to care conversations is mixed. Some conversations focus on ensuring the child or young person is safe, expressing care and concern, exploring the reasons why the child or young person left and changing practice in response. However, other conversations follow a checklist approach, if they occur at all.

The file review found that opportunities presented by these conversations to safeguard children and young people, build relationships, and to obtain and share key information are sometimes missed.

In the UK, 'return home interviews' are conducted by an independent person for all children and young people reported missing, not just for those in care.[515] In contrast, child protection policy in Victoria requires that a return to care conversation be conducted by a person the child or young person trusts (assuming there is a professional the child or young person trusts) and may be conducted jointly with a police officer.[516] Offering children and young people the opportunity to speak to an independent person is not required.

As discussed above, in *In our own words* and *Keep caring*, the Commission recommended that the department provide a single point of contact/key worker for all children and young people in care.[517] In *In our own words*, the Commission also recommended that the department establish a child and young person-centred complaints function.[518] Implementation of these recommendations should enhance the effectiveness of return to care conversations by building trusted relationships, while also providing children and young people with more effective independent channels to express concerns. When conducting return to care conversations, staff should ensure children and young people are aware of these channels.

The information gathered in return to care conversations has the potential not only to improve the care and safety response for the child or young person involved, but also to identify risks to other children and young people. While some information

514 DHHS, 'Missing children and young people'.

515 For a discussion of the approach in the UK, see: Missing People, *A safer return*.

516 DHHS, 'Missing children and young people'.

517 Commission for Children and Young People, *In our own words*, recommendations 4 and 5; Commission for Children and Young People, *Keep caring*, recommendation 1.

518 Commission for Children and Young People, *In our own words*, recommendation 6.

gathered from return to care interviews is shared with other agencies, such as police, it is not routinely collected and analysed to identify patterns, networks or emerging areas of risk. As noted in Chapter 8, research in the UK has highlighted the importance of 'return home interviews' as a source of intelligence about sexual and criminal exploitation networks, and other areas of risk for children and young people and the harm they suffer when absent or missing from residential care. The department should establish mechanisms to systemically collect and analyse information gathered through return to care interviews.

Recommendation 15: Enhance the role of return to care conversations

Recommendation 15.1: Provide further guidance and training on the purpose of return to care conversations

That the department provide further guidance and training on the purpose of return to care conversations, emphasising the importance of conducting them from a position of care and concern while gathering information concerning risk and harm to the child or young person. This guidance and training should also emphasise the importance of incorporating the information gathered through return to care conversations in planning reviews and information templates for the child or young person.

Recommendation 15.2: Offer the opportunity to speak to an independent person

That, when implementing the recommendation from *In our own words* to establish a child and young person-centred complaints function, the department require that children and young people are offered the opportunity to speak to an independent person either to conduct the return to care conversation or following the return to care conversation (within 48 hours).

Recommendation 15.3: Record and monitor information collected

That information collected in return to care conversations should be recorded in a manner that:

- ensures it can be identified as a record of a return to care conversation
- enables compliance monitoring
- enables systemic monitoring to identify areas of risk across all parts and levels of the system.

Review operation of secure welfare

Children and young people who are frequently absent or missing from residential care are occasionally admitted to secure welfare as a crisis intervention, as outlined in Chapter 8. Children and young people who are frequently absent or missing may be admitted to secure welfare to address immediate health and safety risks, including dependence on alcohol and other substances, to provide containment, to enable a more thorough assessment of their needs, and to disrupt harmful connections, especially sexual exploitation.

> *I've been there 6 to 8 months. I'd be in there for 2 to 3 days, then back in there again. Yes and no. For some people it has worked. They were putting me in there to get me away from people and withdrawal. There were other kids in there for safe custody warrants. I'd get into the divvy van and wonder: 'Am I going home or to secure welfare?' It shouldn't be like that to be honest. (Colette, residential care, 17)*

There was evidence in the file review of the 12 children and young people frequently reported absent from residential care that the service provided a short-term opportunity to address some children and young people's immediate needs, such as health screening and treatment. While there was some evidence that the service enables more intensive planning and support for children and young people, this does not always occur, particularly if a child or young person is discharged earlier than planned due to demand for limited beds in the service. As a result, exit planning is not necessarily done well and there are often only limited changes to case and care planning following admission, if any.

Secure welfare is intended to be a short-term crisis-intervention only, rather than a model for long-term behavioural change. For some children and young people, it becomes a cycle where frequent episodes of being absent or missing are interspersed with placement in secure welfare. Consultations, file reviews and incident reports provided many examples of children and young people leaving residential care within 48 hours of discharge from secure welfare. In some instances, children and young people stayed at the residential care house only long enough to pack a bag and leave again.

The Child Protection Manual requires that 'all other options must be explored first and relevant human rights considered' before a child or young person is admitted to secure welfare.[519] Alternatives to secure welfare include respite options, such as weekends away and specialist camps. Stakeholders suggested that access to these alternatives is sometimes hampered by delays in approval processes and lack of funding. It appears that there is further scope to explore these alternatives as part of a care and safety response, prior to considering admission to secure welfare.

Recommendation 16: Monitor and report on the operation of the secure welfare service

Recommendation 16.1: Monitor and report on the operation of secure welfare

That the department monitor and report on the operation of secure welfare, with particular focus on children and young people who are frequently absent or missing from residential care. Potential metrics include:

- the rate of children and young people who are absent or missing from placement within 24 or 48 hours of discharge from secure welfare
- the proportion of children and young people who are discharged from secure welfare earlier than planned due to demand for beds
- the proportion of children and young people who have an exit plan with clear actions and responsibilities prior to discharge from secure welfare
- the number and type of services each child or young person accesses while in secure welfare (for example, medical screening and treatment, mental health services, and treatment for dependence on alcohol and other substances)
- the frequency of care team meetings for each child or young person while the child or young person is in secure welfare
- the frequency of visits by a care team member to each child or young person in secure welfare
- the frequency and length of admission for each child or young person and the period of time between admissions.

519 DHHS, 'Secure welfare service'.

Recommendation 16.2: Ensure regular care team meetings and planning occur while a child or young person is placed in secure welfare

That, if a child or young person is admitted to secure welfare, the department ensure processes are in place for the child or young person's care team to meet regularly while the child or young person is there and to use it as an opportunity to build stronger relationships between the child or young person and key care team members (for example, through daily visits if possible) and to engage in a planning review. Planning should include a clear exit plan for the child or young person, which is clearly identified as such on CRIS.

Recommendation 16.3: Review and remove barriers to the use of alternative options

That, other than when admission to secure welfare is court-ordered, the department ensure that secure welfare is only used after other options are considered. To ensure alternative options are viable, the department should review and remove barriers to their use where possible, including streamlining approval processes and providing adequate resources to enable children and young people's access to these alternatives.

Invest in systemic information collection, monitoring and oversight

Understanding what is happening, and why, is critical to effectively addressing the issue of children and young people being absent or missing from residential care. Comprehensive information that can be analysed across all parts and levels of the system is necessary to support evidenced-based reform and ultimately to provide children and young people with the support they need to remain in care, and to safeguard them as far as possible when they are absent or missing.

As outlined throughout this inquiry report, the department, residential care service providers, police and courts monitor children and young people who are absent or missing from residential care using a wide range of tools. However, a lack of consistency in reporting, and differing approaches to the assessment of risk and harm, prevents well-informed systemic analysis and oversight. Further, a large amount of key information is collected through case notes or in free-text sections of incident reports, which renders it largely incapable of being interrogated for the purposes of systemic monitoring, oversight and ongoing analysis.[520]

The Commission's *In our own words* inquiry identified 'significant gaps in the data collected and reported on', concluding that 'the department is effectively making key decisions about the sequencing and prioritisation of policy direction and investment in the dark'.[521] The Commission recommended 'That the Victorian Government develop mechanisms to track and report on outcomes for children in out-of-home care to ensure that care services, policy and programs are focused on improved outcomes for children and young people in care.'[522] The Commission recommended a range of key indicators that should be monitored by an internal governance body. At the time of preparing this inquiry, this recommendation had not been implemented.

The Commission notes recent initiatives by the department to collate and analyse information from a range of sources to identify individuals at risk and areas of existing and emerging risk across the state. For example, as noted in Chapter 3, the department has developed the Client Vulnerability Risk Indicator, which aims to identify and monitor children and young people at high risk. Further, as noted in Chapter 7, the Vulnerable Children and Youth Subcommittee, a joint department and Victoria Police group, is overseeing

520 Application of big data analytics may enable analysis of this information, but the department does not currently have the capacity to access this technology.

521 Commission for Children and Young People, *In our own words*, p 276. In *Keep caring,* the Commission made similar findings in relation to tracking life outcomes of care leavers and oversight of leaving care planning, and recommended improved monitoring and oversight: Commission for Children and Young People, *Keep caring*, findings 2 and 7, recommendations 2.3, 2.6 and 5.

522 Commission for Children and Young People, *Keep caring*, recommendation 17.

an intelligence collaboration to identify emerging issues and risks relating to young people who go missing from care services. While promising, these initiatives require further investment and ongoing commitment to ensure they contribute effectively to the identification and management of individual and systemic risks.

Recommendation 17: Invest in systemic information collection, monitoring and oversight

That, when implementing the recommendation from *In our own words* to improve government monitoring of out-of-home care, the Victorian Government improve information collection and monitoring and oversight mechanisms concerning children and young people who are absent or missing from residential care. Key indicators should include:

- **the rate children and young people are absent or missing from residential care (not just reported as absent)**
- **the length of time children and young people are absent or missing from residential care**
- **the number of missing person reports made for children and young people absent or missing from residential care**
- **the number of warrants issued for children and young people absent or missing from residential care**
- **where it is possible to ascertain, the exposure of children and young people to key risks while absent or missing from residential care, including sexual exploitation, criminal exploitation and criminal activity, alcohol and other substance use, and adverse health risks**
- **where it is possible to ascertain, harm suffered by children and young people when they are absent or missing from residential care, such as sexual assault, physical injuries, mental health consequences, criminal charges and criminal victimisation**
- **where it is possible to ascertain, where children and young people go and who they are with when they are absent or missing from residential care.**

This information should be collated, analysed and monitored to identify individual children and young people at risk, and systemic areas of existing and emerging risks, to inform case management and policy responses.

As outlined in Chapters 3 and 4, reporting of absent client incidents is inconsistent across service providers and departmental areas and divisions. The Commission found evidence of the application of different reporting thresholds and informal reporting rules. It also founded evidence of absent client reports that potentially masked other risks and harms to children and young people that have occurred when they were absent or missing from residential care. This information may be recorded in case notes and considered in care team meetings, but it is not otherwise collected, analysed or monitored in a systemic way.

Further, as outlined in Chapter 3, the number of sexual exploitation incident reports decreased significantly following the introduction of the department's current incident reporting system, CIMS, in 2018. The Commission acknowledges that CIMS is not the only mechanism the department relies on to assist in identifying and responding to children and young people who are at risk of, or experience, sexual exploitation. However, other mechanisms do not provide whole-of-system information and the Commission is concerned that the introduction of CIMS has reduced the opportunity for systemic and external oversight of sexual exploitation. This is particularly the case in relation to incidents where there is no disclosure or firm evidence, but sexual exploitation is nevertheless strongly suspected to have occurred when a child or young person was absent or missing from residential care.

Recommendation 18: Review the scope of the client incident management system's (CIMS) reporting of absent client and sexual exploitation incidents

That the department review the operation of CIMS, including reporting thresholds, in respect of absent client incidents and sexual exploitation incidents to ensure an appropriate level of review and response, and improve systemic oversight.

Appendices

Appendix A: Tables and figures

Chapter 1

Table 1: Absent client compared to all other incident types, 1 October 2018 to 31 March 2020

Primary incident type	Number	Percentage
Absent client	**2,375**	**31**
Major	155	7
Non-major	2,220	93
All other incident types (grouped)	**5,287**	**69**
Major	1,471	28
Non-major	3,816	72
Total	**7,662**	**100**

n = 7,662

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 2: Absent client and all other incident types (grouped) by placement type, 1 October 2018 to 31 March 2020

Placement type	Primary incident type						Total (number)	Total (%)
	Absent client			All other incident types (grouped)				
	Number	Percentage	Monthly rate per child*	Number	Percentage	Monthly rate per child*		
Residential care	2,375	90	0.3	5,287	70	0.6	7,662	75
Foster care	158	6	<=0.01	1,205	15	<=0.04	1,363	13
Kinship care	109	4	0	1,031	13	<=0.01	1,140	11
Total	**2,642**	**100**		**7,523**	**100**		**10,165**	**100**

* All rate calculations for incident types are calculated from the average monthly number of incidents endorsed in the stated reporting period and the average number of children and young people placed in residential care during this period.

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 3: Average monthly number of children and young people in out-of-home care by placement type, 1 October 2018 to 31 March 2020

Placement type	Average out-of-home care population per month	
	Number	Percentage
Kinship care	6,206	75
Foster care	1,645	20
Residential care	452	5
Total	**8,303**	**100**

n = 8,303

Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Table 4: Number of absent client incidents, by file review cohort and all other young people, 1 October 2018 to 31 March 2020

	Primary incident type – absent client
File review cohort (n =12)	775
All other young people	1,600
Total	**2,375**
Percentage of incidents from file review cohort	**33%**

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Chapter 3

Table 5: Residential care population and incidents, by absent client and all other incident types and DHHS division, 1 April 2020 to 31 December 2020

Division	Average residential care population	Number of incidents		Average monthly rate per client	
		Absent client	All other incidents (grouped)	Absent client	All other incidents (grouped)
East	91	146	508	0.2	0.6
North	90	353	731	0.4	0.9
South	103	355	905	0.4	1.0
West	150	1,008	725	0.7	0.5
Total	**434**	**1,862**	**2,869**	**0.5**	**0.7**

Source: Data provided to the Commission on 28 May 2021.

Table 6: Number of incidents reporting sexual exploitation in residential care, by reporting type, 2016–17, 2018–19 and 2019–20*

Financial year	Reporting system	Incident type	Total
2016–17	CIR	Behaviour – sexual exploitation	339
2018–19	CIMS	Sexual exploitation	137
2019–20	CIMS	Sexual exploitation	188

CIR – Client Incident Report; CIMS – Client Incident Management System

* The transition from CIR to CIMS occurred during the 2017–18 financial year, therefore this year is excluded from this table.

Source: DHHS data extraction from CIMS and CIR databases. CIMS data provided to the Commission on 23 December 2020.

Table 7: Number of primary incident types by children and young people's characteristics, 1 October 2018 to 31 March 2020

Primary incident type	Characteristic									Total
	Gender			Age				Aboriginal status		
	Female	Male	Non-binary/ not stated	<9	9–11	12–14	15–17	Non-Aboriginal/ not stated	Aboriginal	
Absent client	1,643	725	7	18	105	747	1,505	1,957	418	2,375
Dangerous actions – client	794	764	10	56	112	575	825	1,295	273	1,568
Self-harm/ attempted suicide	602	283	22	24	19	385	479	761	146	907
Inappropriate physical treatment	281	466	2	38	82	291	338	551	198	749
Physical abuse	171	194	3	17	33	146	172	280	88	368
Sexual abuse	196	56	7	5	13	108	133	208	51	259
Injury	91	159		20	12	85	133	188	62	250
Medication error	62	179	1	2	9	92	139	198	44	242
Emotional/ psychological trauma	140	97	4	8	19	81	133	186	55	241
Emotional/ psychological abuse	118	98	6	10	18	88	106	181	41	222
Sexual exploitation	173	41	6		4	82	134	198	22	220
Poor quality of care	73	53		2	8	42	74	89	37	126
Inappropriate sexual behaviour	64	58	2	7	16	57	44	104	20	124
Type with less than 100 incidents	4	7				1	10	11		11
Total incidents	**4,412**	**3,180**	**70**	**207**	**450**	**2,780**	**4,225**	**6,207**	**1,455**	**7,662**

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Chapter 4

Table 8: Monthly population of children and young people in out-of-home care, 1 October 2018 to 31 March 2020

Out-of-home care population	Number
Average monthly total out-of-home care population*	**8,303**
Average monthly residential care population	452 (5.4% of total)
Maximum monthly population (March 2019)	**475**
Minimum monthly population (March 2020)	**420**

n = 8,303

* Excluding permanent care

Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Table 9: Absent client incidents and all other incident types by children and young people's characteristics, 1 October 2018 to 31 March 2020

Characteristic*	Primary incident type					
	Absent client			All other incident types (grouped)		
	Number	Percentage	Monthly rate per child	Number	Percentage	Monthly rate per child
Female	1,643	69	0.5	2,769	52	0.8
Male	725	31	0.2	2,455	46	0.6
Non-binary/not stated	7	>1	0.2	63	>1	1.8
Age <9	18	>1	0.1	189	3	0.8
Age 9–11	105	4	0.2	345	7	0.7
Age 12–14	747	32	0.3	2,033	38	0.8
Age 15–17	1,505	63	0.3	2,720	51	0.6
Aboriginal	418	18	0.2	1,037	20	0.6
Non-Aboriginal/not stated	1,957	82	0.3	4,250	80	0.7
East Division	168	7	0.1	844	16	0.5
North Division	355	15	0.2	880	17	0.5
South Division	388	16	0.2	1,862	35	1.0
West Division	1,464	62	0.5	1,701	32	0.6
Placement agency – top 3 grouped	2,104	89	0.5	3,621	68	0.8
Placement agency – all other grouped	271	11	0.1	1,666	32	0.5
Total incidents	**2,375**	**100**	**0.3**	**5,287**	**100**	**0.7**

* The characteristics of 'client one' only are calculated. Multiple clients can be reported in a single incident. The details attributed to each client are the characteristics, role in incident, primary and secondary incident type and the care required (including counselling, safety needs, and medical care).

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 10: Number of section 598 warrants for children and young people in residential care, 1 October 2018 to 31 March 2020*

	Number
Total section 598 warrant applications	7,431
Total section 598 warrants granted	6,997
Average number of warrants granted per month	388
Minimum granted (November 2018)	**294**
Maximum granted (January 2020)	**454**

* Section 598 warrants are granted under section 598 of the CYFA.

Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Table 11: Section 598 warrants granted by children and young people's characteristics, 1 October 2018 to 31 March 2020

Characteristic	Section 598 warrants granted			
	Number	Percentage	Monthly rate per child*	Average per month
Female	4,228	61	1.2	235
Male	2,749	39	0.6	153
Non-binary/not stated	0	--	0.0	--
Age <9	5	<1	0.0	0.3
Age 9–11	213	3	0.5	12
Age 12–14	2,658	38	1.1	148
Age 15–17	4,101	59	0.8	228
Aboriginal	1,669	24	0.9	93
Non-Aboriginal/not stated	5,308	76	0.9	295
East Division	1,451	21	0.8	81
North Division	1,388	20	0.8	77
South Division	1,912	27	1.0	106
West Division	2,226	32	0.8	124
Placement agency – top 3 grouped	5,060	73	1.1	281
Placement agency – all other grouped	1,917	27	0.5	107
Total warrants	**6,997**	**100**	**0.9**	**388**

* The monthly rate per child or young person is calculated from the average monthly number of warrants granted in the stated reporting period and the average number of children and young people placed in residential care during this period.

Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Table 12: Incident follow-up processes conducted by residential care service providers, by absent client and all other incident types, 1 October 2018 to 31 March 2020

Follow-up process	Absent client		All other incident types		Total
	Number	Percentage	Number	Percentage	
Investigation	1	1	379	26	380
Root cause analysis	3	2	14	1	17
Case review	145	94	1,005	68	1,150
Total follow-up	**148**	**95**	**1,398**	**95**	**1,546**
Total major incidents	**155**	**100**	**1,471**	**100**	**1,626**

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 13: Number of children and young people who were only subject to non-major absent client primary incident reports by number of incidents

Non-major only absent client incidents per client	Number of clients
20 or more incidents*	9
10 to 19 incidents	23
5 to 9 incidents	37
Fewer than 5 incidents	204
Total	**273**

* The maximum number of non-major only absent client incidents a single client registered was 62.

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 14: Average monthly residential care population by children and young people's characteristics, 1 October 2018 to 31 March 2020

Characteristic	Average monthly residential care population	
	Number	Percentage
Female	203	44
Male	249	55
Non-binary/not stated	1	>1
Age <9	14	3
Age 9–11	27	6
Age 12–14	140	31
Age 15–17	271	60
Aboriginal	102	23
Non-Aboriginal/not stated	351	77
East Division	98	22
North Division	93	21
South Division	104	23
West Division	157	34
Placement agency – top 3 grouped	275	56
Placement agency – all other grouped	178	44
Average month total	**452**	**100**

Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Incidents reported during the Victorian COVID-19 lockdown period

Table 15: Average monthly rate of incidents per child or young person in residential care by primary incident type, 1 March to 31 August 2019 and 1 March to 31 August 2020

	Monthly rate per child	
Primary incident types	**2019**	**2020**
Absent client	0.32	0.44
All other incident types (grouped)	0.70	0.64

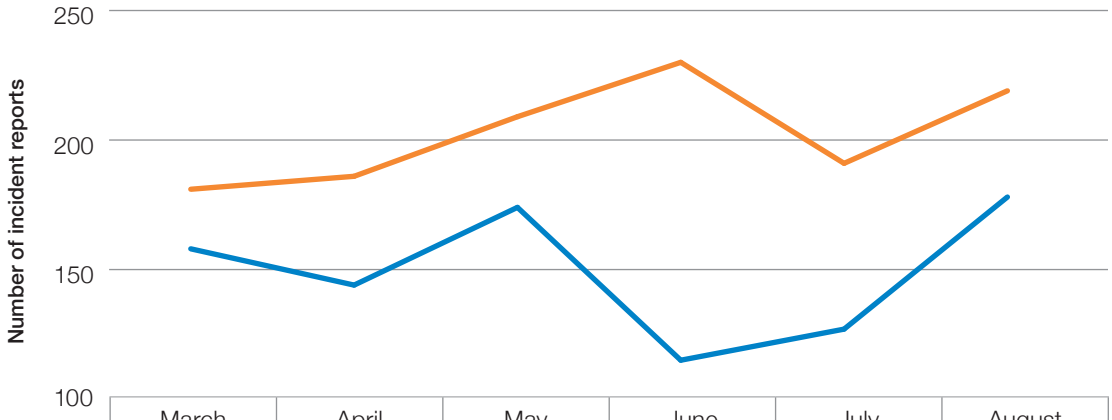
Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Table 16: Incidents per child or young person in residential care by primary incident type, 1 March to 31 August 2019 and 1 March to 31 August 2020

Primary incident type	Number		Percentage		Variance from 2019 to 2020	
	2019	2020	2019	2020	Number	Percentage
Sexual exploitation	71	105	3	4	34	48
Emotional/psychological abuse	59	82	2	3	23	39
Absent client	896	1,216	32	41	320	36
Physical abuse	130	169	5	6	039	30
Sexual abuse	95	109	3	4	14	15
Emotional/psychological trauma	78	88	3	3	10	13
Self-harm/attempt suicide	326	351	11	12	25	8
Financial abuse	0	1	0	>1	1	>1
Inappropriate sexual behaviour	52	50	2	2	–2	–4
Inappropriate physical treatment	267	249	9	8	–18	–7
Injury	87	77	3	3	–10	–11
Dangerous actions – client	612	417	22	14	–195	–32
Medication error	116	55	4	2	–61	–53
Poor quality of care	51	20	2	1	–31	–61
Total incidents	**2,840**	**2,989**	**100**	**100**	**149**	**5**

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

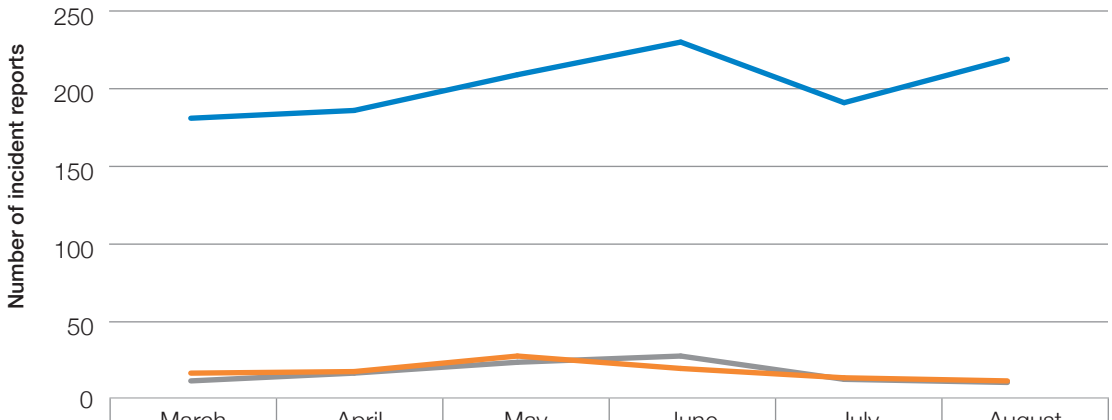
Figure 1: Number of absent client primary incident types in residential care, 1 March to 31 August 2019 and 1 March to 31 August 2020



	March	April	May	June	July	August
2019	158	144	174	115	127	178
2020	181	186	209	230	191	219

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

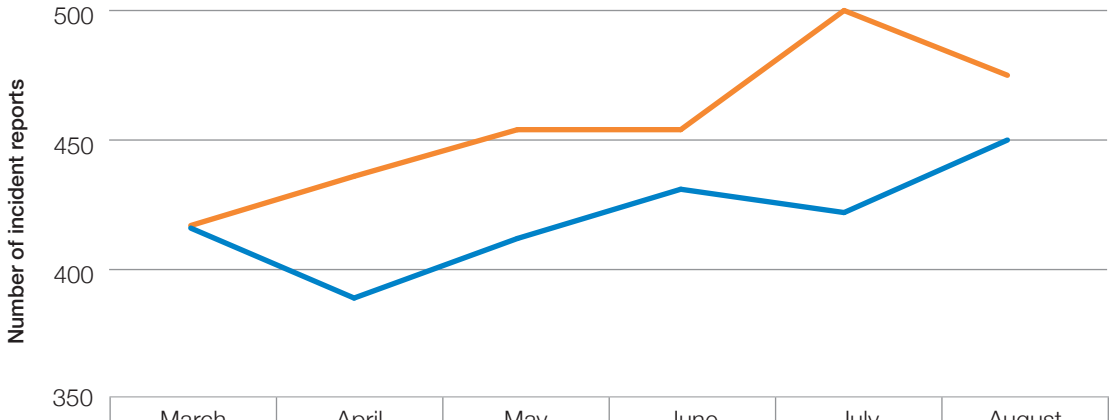
Figure 2: Number of absent client, sexual abuse and sexual exploitation primary incident types in residential care, 1 March to 31 August 2020



	March	April	May	June	July	August
Absent client	181	186	209	230	191	219
Sexual abuse	17	18	28	20	14	12
Sexual exploitation	12	17	24	8	13	11

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Figure 3: Number of section 598 warrants granted, 1 March to 31 August 2019 and 1 March to 31 August 2020



	March	April	May	June	July	August
2019	416	389	412	431	422	450
2020	417	436	454	454	500	475

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 17: Average monthly population of children and young people in out-of-home care, 1 March to 31 August 2019 and 1 March to 31 August 2020

Out-of-home care population	2019	2020
Average monthly out-of-home care population	8,447	8,867
Average monthly residential care population	464	444
Maximum – monthly population	**477 (March)**	**467 (August)**
Minimum – monthly population	**453 (July)**	**420 (March)**

Source: DHHS data extraction from CRIS database. Data provided to the Commission on 23 December 2020.

Table 18: Absent client incidents in residential care by children and young people's characteristics, 1 March to 31 August 2019 and 1 March to 31 August 2020

Characteristic*	Primary incident type – absent client						Difference (%)
	2019			2020			
	Number	Percentage	Monthly rate per child	Number	Percentage	Monthly rate per child	
Female	607	68	0.5	866	71	0.7	43
Male	288	32	0.2	341	28	0.2	18
Non-binary/not stated	1	0	0.1	9	1	0.7	800
Age <9	4	0	0.0	5	0	0.1	25
Age 9–11	60	7	0.4	34	3	0.2	–43
Age 12–14	322	36	0.4	408	34	0.5	27
Age 15–17	510	57	0.3	769	63	0.5	51
Aboriginal	146	16	0.2	202	17	0.4	38
Non-Aboriginal/not stated	750	84	0.3	1,014	83	0.5	35
East Division	57	6	0.1	74	6	0.1	30
North Division	152	17	0.3	174	15	0.3	16
South Division	154	17	0.2	223	18	0.3	45
West Division	533	59	0.6	745	61	0.8	40
Placement agency – top 3 grouped	801	89	0.5	1,088	89	0.7	36
Placement agency – all other grouped	95	11	0.1	128	11	0.1	35
Total incidents	**896**	**100**	**0.3**	**1,216**	**100**	**0.4**	**36**

* The characteristics of 'client one' only are calculated. Multiple clients can be reported in a single incident. The details attributed to each client are the characteristics, role in incident, primary and secondary incident type and the care required (including counselling, safety needs, and medical care).

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 19: All other primary incident types in residential care, by children and young people's characteristics, 1 March to 31 August 2019 and 1 March to 31 August 2020

Characteristics*	Primary incident type – all other incident types						Difference (%)
	2019			2020			
	Number	Percentage	Monthly rate per child	Number	Percentage	Monthly rate per child	
Female	1,008	52	0.8	1,000	56	0.8	–1
Male	913	47	0.6	734	41	0.5	–20
Non-binary/not stated	23	1	1.6	39	2	3.0	70
Age <9	62	3	0.6	68	4	0.7	10
Age 9–11	139	7	0.8	93	5	0.7	–33
Age 12–14	824	42	0.9	606	34	0.8	–26
Age 15–17	919	47	0.6	1,006	57	0.6	9
Aboriginal	358	18	0.6	310	17	0.6	–14
Non-Aboriginal/not stated	1,586	82	0.7	1,463	83	0.7	–8
East Division	252	13	0.4	294	17	0.5	16
North Division	315	16	0.5	445	25	0.8	41
South Division	695	36	1.1	533	30	0.8	–23
West Division	682	35	0.7	501	28	0.6	–27
Placement agency – top 3 grouped	1,308	67	0.8	1,251	71	0.8	–4
Placement agency –all other grouped	636	33	0.5	522	29	0.5	–18
Total incidents	**1,944**	**100**	**0.7**	**1,773**	**100**	**0.6**	**–9**

* The characteristics of 'client one' only are calculated. Multiple clients can be reported in a single incident. The details attributed to each client are the characteristics, role in incident, primary and secondary incident type and the care required (including counselling, safety needs, and medical care).

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 20: Sexual exploitation primary incident types in residential care by children and young people characteristics, 1 March to 31 August 2019 and 1 March to 31 August 2020

Characteristic*	Primary incident type – sexual exploitation						Difference (%)
	2019			2020			
	Number	Percentage	Monthly rate per child	Number	Percentage	Monthly rate per child	
Female	54	76	0.04	86	82	0.07	59
Male	15	21	0.01	15	14	0.01	0
Non-binary/ not stated	2	3	0.14	4	4	0.31	100
Age <9	0	0	0.00	0	0	0.00	Nil
Age 9–11	0	0	>0.01	2	2	0.01	200
Age 12–14	31	44	0.04	36	34	0.04	16
Age 15–17	40	56	0.02	67	64	0.04	68
Aboriginal	3	4	>0.1	18	17	0.03	500
Non-Aboriginal/ not stated	68	96	0.03	87	83	0.04	28
East Division	4	6	0.01	9	9	0.02	125
North Division	21	30	0.04	23	22	0.04	10
South Division	19	27	0.03	41	39	0.06	116
West Division	27	38	0.03	32	30	0.04	19
Placement agency – top 3 grouped	46	65	0.03	66	63	0.04	43
Placement agency – all other grouped	25	35	0.02	39	37	0.03	56
Total incidents	**71**	**100**	**0.03**	**105**	**100**	**0.04**	**48**

* The characteristics of 'client one' only are calculated. Multiple clients can be reported in a single incident. The details attributed to each client are the characteristics, role in incident, primary and secondary incident type and the care required (including counselling, safety needs, and medical care).

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Table 21: Number of absent client and all other incident types by placement providers, 1 March to 31 August 2019 and 1 March to 31 August 2020

Incident type/placement agency	2019			2020			Variation	
	No.	%	Rate	No.	%	Rate	No.	%
Absent client								
Top 3 placement providers	**801**	**100%**	**0.5**	**1,088**	**100%**	**0.7**	**287**	**26%**
Provider 1	400	50%	0.5	457	42%	0.7	57	12%
Provider 2	258	32%	0.2	226	21%	0.7	–32	–14%
Provider 3	143	18%	0.8	405	37%	1.0	262	65%
All other incident types								
Top 3 placement providers	**1,308**	**100%**	**0.8**	**1,251**	**100%0**	**0.8**	**–57**	**–5%**
Provider 1	425	32%	0.9	289	23%	0.7	–136	–47%
Provider 2	513	39%	1.0	554	44%	1.2	41	7%
Provider 3	370	28%	0.6	408	33%	0.7	38	9%

Source: DHHS data extraction from CIMS database. Data provided to the Commission on 23 December 2020.

Appendix B: What is known about why children and young people are absent or missing from residential care

The reasons young people are absent or missing from residential care are not well understood. A range of studies conducted over the past 20 years highlight a variety of risk factors, causes and triggers. However, a literature review conducted by the department in 2017 found that 'the evidence base on causes is still emerging'[523] noting that the majority of research is focused on children and young people who go missing from the family home, rather than from out-of-home care.[524]

In 2014 and 2017, 2 key literature reviews were conducted in Victoria on the issue of children and young people going absent or missing from care. The first, commissioned by the Commission, considered the risk of 'absconding', with particular focus on the sexual exploitation of children and young people at high risk of harm. The second, conducted by the department, focused on children and young people missing from care. The findings of these reviews are outlined below.[525]

Both reviews highlighted the link between children being absent or missing from care and the risk of child sexual exploitation, as discussed in Chapter 6.[526] The reviews also noted the link to some children and young people engaging in criminal activity when absent or missing, though recognition of child criminal exploitation is still emerging, as outlined in Chapter 6.[527]

In a 2021 report prepared for the Australian Federal Police Missing Persons Coordination Centre, Dr Kath McFarlane outlined her findings on children and young people reported missing from out-of-home care in Australia, based on a review of literature and analysis of Australian police data.[528] Key findings from the report on the reasons why children and young people go absent or missing from out-of-home care are outlined below.

523 DHHS, *Missing from care*, p 15.

524 DHHS, *Missing from care*, p 15.

525 In 2017, the Australian Institute of Criminology conducted a study of missing persons. It reviewed international and Australia literature on who is at risk, including studies on young people who are missing from care. It concluded that 'Young people who go missing from out-of-home care are largely rebelling against authority, the friction experienced with staff or other residents, isolation or other socio-environmental factors.' Bricknell, *Missing persons: who is at risk?*, p 27.

526 For resources on child sexual exploitation, see for example, Barnardo's, *Puppet on a string: the urgent need to cut children free from sexual exploitation*, Barnardo's, Essex, 2011; The APPG for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers, *Report from the joint inquiry into children who go missing from care*, APPGs, London, 2012; Barnardo's, *Cutting them free. How is the UK progressing in protecting its children from sexual exploitation?*, Barnardo's, Essex, 2012; E Smeaton, *Running from hate to what you think is love: the relationship between running away and child sexual exploitation*, Barnardo's, Ilford, 2013; Office of the Children's Commissioner, *"If only someone had listened": Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups: final report*, Children's Commissioner of England, London, 2013; Department for Education, *Statutory guidance on children who run away or go missing from home or care,* Department for Education, London, 2014; A Simon et al., *Heading back to harm: a study on trafficked and unaccompanied children going missing from care in the UK*, ECPAT UK and Missing People, London, 2016; Henderson et al., *Sexual exploitation of children involved in the Children's Hearings system*.

527 For resources on child criminal exploitation, see for example, Sturrock and Holmes, *Running the risks*; APPG on Runaway and Missing Children and Adults, *Briefing report on the roundtable on children who go missing and are criminally exploited by gangs*, APPG, London, 2017; Home Office, *Criminal exploitation of children and vulnerable adults*; J Hunter et al., *'All of us were broken': an exploratory study into family experiences of child criminal exploitation*, Missing People, London, 2019; Children's Commissioner, *Keeping kids safe: Improving safeguarding responses to gang violence and criminal exploitation*, Children's Commissioner for England, London, 2019; Howard League for Penal Reform, *Victims not criminals*.

528 McFarlane, *Children and youth reported missing from out-of-home care in Australia*.

2014 literature review: push factors, pull factors and triggers

In 2014, the Commission engaged Annette Jackson of the Berry Street Childhood Institute to conduct a literature review on the issue of 'young people at high risk of sexual exploitation, absconding and other significant harms'.[529] The review identified the following 'push factors', 'pull factors' and 'triggers'[530] that lead to children and young people 'running away from care'.[531]

Push factors	Pull factors	Triggers
• unsettled in placement • no one seeming to care, feeling alienated • restrictions in placement • lack of safety and abuse by caregivers • bullying • group escapes • non-attendance at school and boredom • maintaining links with a previous neighbourhood • avoiding rules and others' expectations	• desire for greater control and autonomy • being with family and friends • attending teenage activities and parties • drug use • to commit offences • peer recognition for beating the system • sense of excitement and freedom • to demonstrate they are adults and are able to care for themselves	• peer pressure or influence • an incident of abuse or unfairness • avoiding consequences • a positive or negative phone conversation with a parent or sibling • feeling lonely and depressed

2017 departmental literature review: risk factors and reasons

The department's 2017 literature review outlined a range of factors commonly identified in the literature as predisposing children and young people to greater risk of going missing from care.[532]

Common risk factors	Potential risk factors: further research required to confirm
• female • mid-adolescence, peaking at the age of 14–16 years • being older at the point of first removal into care • a history of going missing • problems with education • placement instability	• concerns about sexual identity • mental health concerns • a suspected history of sexual abuse • cultural identity* • maltreatment, including physical and sexual abuse • disability

* The department's 2017 review was unable to identify evidence about risk factors specific to Aboriginal children and young people who go absent or missing from care placements.

529 Jackson, *Literature review: young people at high risk of sexual exploitation, absconding, and other significant harms*. The review was conducted as part of a high-risk adolescent youth project established by the Commission in 2011.

530 Jackson, *Literature review*, referring to the findings of: Beckett, *'Not a world away'*; N Biehal and J Wade, 'Going missing from residential and foster care: linking biographies and contexts', *British Journal of Social Work*, 2000, 30(2), pp 211–225; L Ching-Hsuan, 'Children who run away from foster care: who are the children and what are the risk factors?', *Children and Youth Services Review*, 2012, 34, pp 807–813; HB Clark et al., 'A functional approach to reducing runaway behaviour and stabilizing placements for adolescents in foster care', *Research on Social Work Practice*, 2008, 18, pp 429–441; Smeaton, *Running from hate to what you think is love*; KA Tyler et al., 'A longitudinal study of the effects of child maltreatment on later outcomes among high-risk adolescents' *Journal of Youth Adolescence*, 2008, 37, pp 506–521.

531 Jackson, *Literature review*, p 44. The Child Protection Manual advice on missing children and young people incorporates these push and pull factors and triggers to guide practitioners' assessment and understanding of missing behaviour: DHHS 'Missing children and young people – advice'.

532 DHHS, *Missing from care*, pp 8–13, 16–17.

There was only limited or mixed evidence to support some risk factors, and further research was considered necessary to confirm these. The review noted that there was a limited understanding of the relationship between multiple risk factors and how this influenced children and young people being absent or missing from care.[533]

In addition to identified risk factors, the literature reviewed by the department identified the following key reasons children and young people go missing from out-of-home care:

- difficulty with the care placement, including a sense of loss of freedom, communication difficulties, fear of rejection, weak relationships, anxiety, distress, unhappiness, unfamiliarity and the culture of the residential unit
- an experience of detachment, noting it may be 'an adaptive response to severe stress or trauma' and pre-existing patterns of going missing[534]
- difficulty with the school system, noting that detachment from school and patterns of non-attendance may develop before or after placement in care and that patterns of going missing and detachment from school 'may be mutually reinforcing'[535]
- a need for social reconnection with their life outside of placement, including with family and friends.[536]

2021 Australian Federal Police/McFarlane report: the out-of-home care environment

Dr McFarlane's 2021 report for the Australian Federal Police set out a range of common push and pull factors identified in various studies as contributing to children and young people going missing from out-of-home care.[537] Noting various demographic factors identified in the literature, such as age, gender, and ethnicity, the report concluded that these factors cannot be separated from the historical, political and social environment in which they occur.[538] The report emphasised that it was important to understand the context of these children and young people's lives, stating that:

> Going missing is often a symptom, rather than the cause, of a problem. The literature is clear: going missing is a sign that something is wrong in a young person's life.[539]

The report identified the following reasons why children and young people commonly leave out-of-home care:

- to be with their friends and or partners and family
- to meet the need to reconnect with important aspects of their life outside of the out-of-home care environment, including maintaining relationships by checking in with family or friends for brief periods before returning to out-of-home care
- to visit 'street families' of friends and acquaintances for emotional support, material aid and protection, including people they may not know well or have just met, including adult males.[540]

The report further noted that:

> Going missing can be expected when maturing young people's drive for independence and autonomy clashes with a restrictive and artificial environment that fails to meet their individual needs.[541]

533 DHHS, *Missing from care*, p 13.
534 DHHS, *Missing from care*, p 16.
535 DHHS, *Missing from care*, p 17.
536 DHHS, *Missing from care*, pp 15–18.

537 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, pp 76–77.
538 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, pp 77–79.
539 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, p 78.
540 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, pp 24, 79–86.
541 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, p 24.

The report highlighted the connection between going missing from care and the out-of-home care environment, finding that young people in out-of-home care are most likely to go missing from group homes or residential placements.[542] The report reviewed literature that pointed to 'Unhappiness with the placement, feeing unsafe, being subjected to abuse from peers or adults, and a lack of support and services' as factors that prompt children and young people to go missing.[543] The findings of the McFarlane study '…indicated that some youth went missing from OOHC [out-of-home care] to seek safety and protection from an abusive or unsatisfactory placement'.[544] It also found that 'Some youths went missing in circumstances that suggested they were attempting to avoid exploitation, and a small number left following allegations of involvement in criminal activity.'[545]

542 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, pp 24, 96–102.

543 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, p 24.

544 McFarlane, *Children and youth reported missing from out-of-home care in* Australia, pp 24, 96–110.

545 McFarlane, *Children and youth reported missing from out-of-home care in Australia*, p 24.

References

AIHW (Australian Institute of Health and Welfare) (2020) *Child Protection Australia 2018–19*, AIHW, Canberra.

APPG for Runaway and Missing Children and Adults (2016) *Inquiry into the safeguarding of 'absent' children: 'It is good when someone cares', final report*, APPG, London.

APPG for Runaway and Missing Children and Adults (2017) *Briefing report on the roundtable on children who go missing and are criminally exploited by gangs*, APPG, London.

APPG for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers (2012) *Report from the joint inquiry into children who go missing from care,* APPG, London.

Baidawi S and Sheehan R (2019) *'Crossover kids': offending by child-protection involved youth*, AIC reports, Trends and issues in crime and criminal justice, No 582, Australian Institute of Criminology, Canberra.

Baidawi S, Sheehan R and Flynn C (2020) 'Criminal exploitation of Child-Protection involved youth', *Children and Youth Services Review* 118.

Barnardo's (2011) *Puppet on a string: The urgent need to cut children free from sexual exploitation*, Barnardo's, Essex.

Barnardo's (2012) *Cutting them free. How is the UK progressing in protecting its children from sexual exploitation?* Barnardo's, Essex.

Beckett H (2011) *'Not a world away'. The sexual exploitation of children and young people in Northern Ireland*, Barnardo's Northern Ireland, Belfast.

Biehal N and Wade J (2000) 'Going missing from residential and foster care: linking biographies and contexts', *British Journal of Social Work* 30(2):211–225.

Bowden F, Lambie I and Willis G (2018) 'Road runners: why youth abscond from out-of-home care in New Zealand', *Children and Youth Services Review*, 94:535–544.

Bricknell S (2017) *Missing persons: who is at risk?* AIC reports, Research Report 08, Australian Institute of Criminology, Canberra.

Bricknell S and Renshaw L (2016) *Missing Persons in Australia, 2008-2015*, Statistical Bulletin no.1, Australian Institute of Criminology, Canberra.

Chetwynd H and Pona I (2017) *Making Connections*, The Children's Society, London, referred to in Missing People (2019) *A safer return: an analysis of the value of return home interviews in identifying risk and ensuring return missing children are supported*, Missing People, London.

Children's Commissioner (2019) *Keeping kids safe: Improving safeguarding responses to gang violence and criminal exploitation*, Children's Commissioner for England, London.

Ching-Hsuan, L (2012) 'Children who run away from foster care: who are the children and what are the risk factors?', *Children and Youth Services Review*, 34:807–813.

Clark HB, Crosland KA, Geller D, Cripe M, Klenney T, Neff B and Dunlap G (2008) 'A functional approach to reducing runaway behaviour and stabilizing placements for adolescents in foster care', *Research on Social Work Practice*, 18:429–441.

Commission for Children and Young People (2015) *"… as a good parent would …": inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care,* Commission for Children and Young People, Melbourne.

Commission for Children and Young People (2018) *Annual report 2017–2018*, Commission for Children and Young People, Melbourne.

Commission for Children and Young People (2019) *'In our own words': systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system*, Commission for Children and Young People, Melbourne.

Commission for Children and Young People (2020) *Keep caring: systemic inquiry into services for young people transitioning from out-of-home care,* Commission for Children and Young People, Melbourne.

Commission for Children and Young People (n.d.) *Child Safe Standards*, Commission for Children and Young People website, accessed 23 October 2020.

Deloitte Access Economics (2017) *Evaluation of the child sexual exploitation Enhanced Response Model pilot*, Deloitte Access Economics, Melbourne.

Department for Education (2014) *Statutory guidance on children who run away or go missing from home or care*, Department for Education, London.

Department of Families, Housing, Community Services and Indigenous Affairs (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*, Commonwealth of Australia, Canberra.

DHHS (Department of Health and Human Services) (2016) 'Missing persons report – advice', *Child Protection Manual*, Document ID number 2356, version 2, 1 March 2016, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2016) 'Streetwork Outreach Service', *Child Protection Manual*, Document ID number 2720, version 2, 1 March 2016, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2016) *Program requirements for residential care in Victoria*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2016) *Program requirements for the delivery of therapeutic residential care in Victoria*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2016) *Roadmap for reform: strong families, safe children – the first steps*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2017) 'Looking After Children framework', *Children, Youth and Families,* DHHS website, accessed 23 October 2020.

DHHS (Department of Health and Human Services) (2017) 'Sexual exploitation – advice', *Child Protection Manual*, Document ID number 2405, version 3, 16 March 2017, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2017) *Child sexual exploitation: a child protection guide for assessing, preventing and responding,* State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2017) *Missing from care: a literature review,* State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2018) 'Sexual exploitation', *Child Protection Manual*, Document ID number 1604, version 5, 30 June 2018, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2018) *Behaviour Support Plan: Template*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2018) *Overnight safety plans: further guidance to support approval and review processes*, DHHS website, accessed 1 December 2020.

DHHS (Department of Health and Human Services) (2018) *Practice guide: Behaviour planning to best support children and young people in out-of-home care*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) 'Care teams – advice', *Child Protection Manual*, Document ID number 2110, version 4, 20 June 2019, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) 'Looking after children', *Child Protection Manual*, Document ID number 2742, version 3, 20 June 2019, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) 'Missing children and young people', *Child Protection Manual*, Document ID number 1515, version 2, 14 August 2019, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) 'Missing children and young people – advice', *Child Protection* Manual, Document ID number 2359, version 2, 14 August 2019, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) *Agency monitoring framework*, unpublished internal document, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) *Agency monitoring framework – Performance escalation*, unpublished internal document, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) *Agency monitoring framework – Risk tiering*, unpublished internal document, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) *Roadmap for reform: strong families, safe children – Action Plan 2020 residential care*, Residential Care Action Plan Working Group, unpublished internal document, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2019) *Service agreement requirements*, DHHS website, accessed 23 October 2020.

DHHS (Department of Health and Human Services) (2020) 'Child protection best interests case practice', *Child Protection Manual*, Document ID number 3019, version 5, 27 June 2020, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) 'Children's Court search warrants – advice', *Child Protection Manual*, Document ID number 2212, version 5, 5 May 2020, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) 'High-risk youth panels and schedules – advice', *Child Protection Manual*, Document ID number 2404, version 5, 17 July 2020, State of Victoria, Melbourne.

References

DHHS (Department of Health and Human Services) (2020) 'Missing persons report', *Child Protection Manual*, Document ID number 1511, version 5, 17 July 2020, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) 'Publication of identifying details – advice', *Child Protection Manual*, Document ID number 2354, version 2, 12 March 2020, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) 'Secure welfare service', *Child Protection Manual*, Document ID number 2722, version 4, 17 July 2020, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) 'Warrants', *Child Protection Manual*, Document ID number 1213, version 5, 5 May 2020, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) *Child Protection Manual*, accessed 23 October 2020.

DHHS (Department of Health and Human Services) (2020) *Client incident management guide: client incident management system,* State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) *Client incident management summary guide*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) *Framework to reduce criminalisation of young people in residential care*, State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) (2020) *Human Services Standards,* DHHS website, accessed 23 October 2020.

DHHS (Department of Health and Human Services) (n.d.) *Overnight safety plan: improving safety for children and young people in residential care,* DHHS website, accessed 1 December 2020.

DHHS (Department of Health and Human Services) and Victoria Police (2012) *Protecting children: protocol between the Department of Human Services – Child Protection and Victoria Police,* State of Victoria, Melbourne.

DHHS (Department of Health and Human Services) and Victoria Police (2020) *Children and young people missing from residential care: 2012-20 Joint DHHS and Victoria Police Intelligence Collaboration, Summary of Findings*, unpublished internal document, State of Victoria, Melbourne.

DHS (Department of Human Services) (2007) *Charter for children in out-of-home care*, State of Victoria, Melbourne.

DHS (Department of Human Services) (2012) *Best interests case practice model: summary guide,* State of Victoria, Melbourne.

Henderson G, Kurlus I, Parry R, Baird N, Dagon D and Kirkman M (2020) *Sexual exploitation of children involved in the Children's Hearings system: a research report by the Scottish Children's Reporter Administration and Barnardo's Scotland*, Scottish Children's Reporter Administration and Barnardo's Scotland, Edinburgh.

Home Office (2018) *Criminal exploitation of children and vulnerable adults: County lines guidance*, Home Office, London.

Howard League for Penal Reform (2020) *Victims not criminals: protecting children living in residential care from criminal exploitation*, Howard League for Penal Reform, London.

Hunter J, Dickson J and Allan J (2019) *'All of us were broken': An exploratory study into family experiences of child criminal exploitation*, Missing People, London.

Jackson A (2014) *Literature review: young people at high risk of sexual exploitation, absconding, and other significant harms*, Berry Street Institute, Melbourne.

Jackson A (2015) 'From where to where: running away from care', *Children Australia*, 40(1):16–19.

MacKillop Family Services (2020) *Outcomes 100: Residential Care Case Reviews Summary Report,* MacKillop Family Services, Melbourne.

MacKillop Family Services (2020) *The Sanctuary model*, MacKillop Family Services website, accessed 6 December 2020.

McFarlane K (2021) *Children and youth reported missing from out-of-home care in Australia: a review of the literature and analysis of Australian police data,* report prepared for the Australian Federal Police Missing Persons Coordination Centre.

McKibbin G, Bornemisza A and Humphreys C (2020) *Power to kids: respecting sexual safety evaluation report*, MacKillop Family Services, Melbourne.

Missing People (2019) *A safer return: An analysis of the value of return home interviews in identifying risk and ensuring return missing children are supported*, Missing People, London.

Missing People (n.d.) *Key Information*, Missing People website, accessed 12 November 2020.

Munro E (2011) *The Munro Review of Child Protection: final report – a child-centred system*, Department for Education, United Kingdom, London.

National Health and Medical Research Council (NHMRC) and Australian Research Council and Universities Australia (2018) *National Statement on Ethical Conduct in Human Research 2007*, updated 2018, NHMRC, Canberra.

Nous Group (2017) *Improving responses when children and young people in out of home care go missing*, Nous Group, Melbourne.

Nous Group (2020) *Action Plan: Response to children and young people who go missing from care*, Nous Group, Melbourne.

Office of the Children's Commissioner (2013) *"If only someone had listened": Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups: final report,* Children's Commissioner of England, London.

Premier of Victoria (24 November 2020) *Supporting young Victorians – and their future* [media release], Premier of Victoria, accessed 6 December 2020.

Queensland Family and Child Commission (2016) *When a child is missing: remembering Tiahleigh – a report into children missing from out-of-home care*, State of Queensland, Brisbane.

Queensland Government (2016) *Reporting missing children: Guidelines for approved carers and care services* [PDF], Queensland Government website, accessed 8 December 2020.

Richard K (2004) 'A commentary against Aboriginal to non-Aboriginal adoption', *First peoples child and family review*, 1(1):101–109.

Royal Commission into Institutional Responses to Child Sexual Abuse (2016) *Report of Case Study No. 30: the response of Turana, Winlaton and Baltara, and the Victoria Police and the Department of Health and Human Services Victoria to allegations of child sexual abuse,* Commonwealth of Australia, Canberra.

Sentencing Advisory Council (2019) *'Crossover kids': vulnerable children in the youth justice system, Report 1: Children who are known to Child Protection among sentenced and diverted children in the Victorian Children's Court*, State of Victoria, Melbourne.

Sentencing Advisory Council (2020) *'Crossover kids': Vulnerable children in the youth justice system, Report 2: Children at the Intersection of Child Protection and Youth Justice across Victoria*, State of Victoria, Melbourne.

Sentencing Advisory Council (2020) *'Crossover kids': Vulnerable children in the youth justice system, Report 3: Sentencing Children who have experienced trauma*, State of Victoria, Melbourne.

Simon A, Setter C and Holmes L (2016) *Heading back to harm: A study on trafficked and unaccompanied children going missing from care in the UK*, ECPAT UK and Missing People, London.

Smeaton E (2013) *Running from hate to what you think is love: the relationship between running away and child sexual exploitation*, Barnardo's, Ilford.

Sturrock R and Holmes L (2015) *Running the risks: the links between gang involvement and young people going missing* (report prepared for Catch22 in partnership with Missing People), United Kingdom, London.

Teaching Families Association (n.d.) www.teaching-family.org, accessed 6 December 2020.

Tyler KA, Johnson KA and Brownbridge DA (2008) 'A longitudinal study of the effects of child maltreatment on later outcomes among high-risk adolescents', *Journal of Youth Adolescence*, 37, 506–521.

UN General Assembly (2010) *Guidelines for the alternative care of children*, United Nations.

Victoria Police (2015) 'Missing person investigations', *Victorian Police Manual – procedures and guidelines*, State of Victoria, Melbourne.

Victoria Police (2020) *Commission for Children and Young People – inquiry into children and young people who are absent or missing from residential care, Victoria Police submission*, State of Victoria, Victoria Police.

Victoria Police (2020) *Employees by location as at December 2020* [PDF], Victoria Police website, State of Victoria, accessed 20 January 2021.

Victoria Police (2020) *Response to further questions on Victoria Police Submission,* State of Victoria, Melbourne.

Victorian Law Reform Commission (2010) *Protection Applications in the Children's Court: final report*, State of Victoria, Melbourne.

Victorian Ombudsman (2020) *Investigation into complaints about assaults of five children living in Child Protection residential care units*, Victorian Ombudsman, Melbourne.

Watkins R, Kontomichalos-Eyre S and Browne J (2018) *Community around the child*, presentation to 2018 ANZSOC Conference, University of Melbourne.

Legislation

Children, Youth and Families Act 2005 (Vic)

Children's Welfare Act 1954 (Vic)

Children's Welfare Act 1959 (Vic)

Convention on the Rights of the Child 1989 (UN)

Disability Act 2006 (Vic)

Juvenile Offenders Act 1887 (Vic)

Mental Health Act 2014 (Vic)

Neglected and Criminal Children's Act 1864 (Vic)

Neglected and Criminal Children's Amendment Act 1874 (Vic)

Neglected Children's Act 1887 (Vic)

Social Welfare Act 1970 (Vic)

COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

Commission for Children and Young People logo

The logo represents our vision for all children to be strong in health, education, culture and identity, and face the world with confidence.

The people are connected, equal in size and importance, and there is a fluidity that binds them together.

The mission of the Commission is for all young Victorians to achieve these goals.

The symbol is a Koori design created by Marcus Lee for the Commission.

The Commission respectfully acknowledges the Traditional Owners of the country throughout Victoria and pays respect to the ongoing living cultures of First Peoples.

COMMISSION FOR CHILDREN
AND YOUNG PEOPLE