



COMMISSION FOR CHILDREN AND YOUNG PEOPLE

15 April 2016
CCYPD/16/225

Consultation Paper Submission
Royal Commission
GPO Box, 5283,
Sydney, NSW, 2001

Dear Sir/Madam

Re: The Commission for Children and Young People (the Commission) response to the Royal Commission's consultation paper - Institutional Responses to Child Sexual Abuse in Out-of-Home Care – March 2016

Thank you for the opportunity to provide a submission in response to the consultation paper. This submission draws on issues arising from the work undertaken across the Commission, in particular, a current inquiry concerning Aboriginal children in out-of-home care, the "... as a good parent would..."(2015) Inquiry report and the broader work of the Commission in monitoring out-of-home care.

The Commission's current inquiry concerning Aboriginal children in out-of-home care arose from Taskforce 1000 (the Taskforce): a collaborative project between the Department of Health and Human Services (the Department) and the Commission which started in 2014. The Taskforce is seeking to improve outcomes for Aboriginal children and young people and inform future planning by reviewing the current circumstances of the approximately 1000 Aboriginal children and young people in out-of-home care, and to identify and address the issues associated with their over representation in out-of-home care. The Commission's Inquiry is being informed by the work of Taskforce 1000 and through other Commission data, inquiries and research.

The submission also draws on the Commission's report "... as a good parent would..." (2015) 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 (August 2015) (the Inquiry report). The Minister for Families and Children has provided in principle support for all nine recommendations of the Inquiry report.

The recommendations have implications for all forms of out-of-home care. A number of recommendations are addressed in the Roadmap for Reform: Strong Families, Safe Children (the Roadmap) that was launched on 13 April 2016. The Roadmap is a project underway to reform the Victorian child and family services system, which includes child protection, early intervention services and out-of-home care.

The Commission looks forward to providing ongoing contributions to the Royal Commission's work.

Liana Buchanan
Principal Commissioner



Submission to Institutional Responses to Child Sexual Abuse in Out-of-Home Care Consultation Paper - March 2016
From Commission for Children and Young People (Victoria)

This submission is structured around the themes in the consultation paper for ease of reference.

1 Child sexual exploitation and child-to-child sexual abuse

The Commission's "... as a good parent would ..." ¹ Inquiry found that the current residential care system creates opportunities for the sexual abuse of children and does not prevent sexual abuse or offer consistent responses when it occurs. The Inquiry called for an urgent redevelopment of residential care services in Victoria, a reduction of the number of children being placed in residential care, and the development of specialised care options for children.

The Inquiry's nine key recommendations have far reaching implications for changes required in all parts of out-of-home care and child protection. The following provides specific areas for improvement in relation to the Department's responsibilities in the provision, monitoring and regulation of out-of-home care services.

Placement planning

The Commission recommended that the admission of a child to the out-of-home care sector be approved by an expert placement panel to ensure the best interests of children are considered through adequate assessment and matching of residents.

Placement planning is also impacted by placement availability and funding. At present, where appropriate placements are not available, children are placed in 'contingency' units which are short-term residential care arrangements. The cost of these unfunded placements is significant and comes at the expense of other important programs. Additional funding for appropriate and stable placements is needed in Victoria.

The Inquiry found that the Department's Divisional structure works against effective planning and placement of children; there is often confusion about who has the ultimate decision making responsibility in relation to placements. ² During the course of the Inquiry, community service organisations (CSOs) reported receiving insufficient information about the children being referred for placement from the Department. There is often no opportunity for a robust assessment of the child or the impact of the placement on the other children resident.

Kinship placements

There is a need for more rigorous family search during placement planning, to ensure every effort is made to place children and young people with extended family networks where possible, particularly for Aboriginal children. The Commission noted through the work of the Taskforce 1000, that there was often a lack of understanding and acknowledgement of the impact on Aboriginal families of past government policies. This led to insufficient effort being made to search within the extended family for suitable Aboriginal carers or family that could provide additional support. Through the work of Taskforce 1000, some progress has been made in the development of genograms for Aboriginal children in care, but greater attention and effort is required to ensure Aboriginal children are placed according to the Aboriginal Child Placement Principle ³ as legislated. The Taskforce has demonstrated a need for consideration to be given to the development of a state wide family search program for Aboriginal children in

¹ <http://www.cryp.vic.gov.au/goodparent.htm>

² Inquiry report - Finding 2, page 17

³ http://www.dhs.vic.gov.au/_data/assets/pdf_file/0006/580614/aboriginal-child-placement-principle-guide-2002.pdf

out-of-home care, to facilitate connection to family and community. This is currently only available to adults.

Placement support

Ongoing information gathering and rigorous risk assessments and re-assessments are critical considerations for the placement of children in out-of-home care. The children reviewed in the Inquiry averaged 16 different placements. Many were placed in residential care after the breakdown of a foster or kinship care placement. File reviews revealed little or no effort was made to maintain these placements and prevent placement breakdown. The Commission's child death Inquiry reviews for 2014-15 identified poor information gathering (47% of inquiries) and poor risk assessments (63% of inquiries) as significant issues that lead to poor outcomes for children.⁴

Capability of carers

In relation to the suitable screening of carers, the Inquiry report recommended the improvement of the skills and capabilities of direct-care staff through regular training and supervision, and the introduction of a minimum diploma-level qualification in Child, Youth and Family Intervention for all direct-care staff in out-of-home care. The Inquiry also recommended that recruitment of direct-care staff must include an evaluation of their aptitude for working with traumatised children and their own psychological resilience.

The screening, training, accreditation and ongoing support and reassessment of foster carers and kinship carers is addressed in the responses to themes 3 and 7.

Child-on-child sexual abuse

Chapter five of the Inquiry report discusses the findings regarding child-to-child sexual abuse in residential care. Improvement is needed to ensure children are given information and support to seek redress and/or civil litigation. The Commission found that there is often inadequate supervision of the children in the residential care units. The Commission found poor follow-through of counselling support for all children involved and an absence of redress and compensation for the affected child.

Of the file reviews conducted during the Inquiry, there was an absence of holistic placement planning that considered the needs of all children in the placement. Placement decisions appeared to prioritise bed availability and budgetary considerations over the needs of individual children.

Furthermore, significant deficits were identified with the Department's present Quality of Care (QoC) system (the Department's internal procedures and staff structures to receive and investigate reports relating to the quality of care to children placed in out-of-home care). The current system precludes child-to-child sexual abuse occurrences as within scope for investigation and there is concern regarding independent oversight to the QoC investigations.

Recommendation three of the Inquiry report highlights the need for an independent body to ensure the voice of children and their rights are being upheld in matters regarding how they are cared for. The Inquiry report recommended the establishment of an independent complaints body that can hear directly from children regarding their concerns and also have the delegation to investigate QoC allegations.

The Department requires all funded service providers to comply with its client incident management and reporting processes; the Client Incident Report (CIR) system. A CIR is required for all critical incidents involving or impacting upon clients that occur at the service or during service delivery. The Commission recommended that expert practitioners should be available in CSOs to ensure the timely coordinating the investigation, timely completion of CIRs, referral to

⁴ Commission for Children and Young People Annual Report 2014-15, page 55

the complaints body of QoC matters, and the immediate support and counselling for the child and where appropriate, the family. The current resourcing available (four positions across the state) is considered inadequate.

2 Data limitations

The Commission's Inquiry report found serious limitations in available data concerning the recording and tracking of sexual abuse and sexual exploitation allegations. The Inquiry found that the Department's CIR and QoC systems are inadequate:

- the current paper-based CIR system is outdated, inefficient and open to misinterpretation through a lack of consistent definitions;
- the structure is not child focused and lacks an effective feedback loop;
- the current QoC system precludes child-to-child sexual abuse occurrences within scope for investigation and the absence of any independent oversight to the QoC investigation;
- analysis of case files revealed little evidence of the recording of outcomes from QoC investigations.

Further analysis is provided in chapter three of the Inquiry report.

Improving these systems will improve data collection to support a detailed understanding of the nature and the extent of the problem and the risk of sexual abuse in care and guide the development of effective responses.

The Commission analyses each quarter the "category one" CIRs received from the Department. The Commission's 2014-15 Annual Report analysis of the CIR data shows:

- 65% of reports are for children placed in residential care, despite this being the smallest proportion of care;
- For children in residential care, the majority of reports (65%) related to sexual abuse (allegations of inappropriate sexual behaviour, sexual exploitation and sexual assault).

The Commission is aware that the Department is reviewing its incident management process and is involved in the consultation process currently underway. It is not yet known when the review will be completed.

In relation to the proposed data model detailed on page 46 of the consultation paper, any proposed national data model needs to include agreed definitions of all data items to be gathered, to ensure effective and meaningful analysis. Determining the threshold for reporting an incident is important; as a change to the criteria for reporting may result in a reduction of reports, diminish transparency and the ability to effectively monitor the processes used to address incidents. Consideration also needs to be given to incidents that do not meet the threshold; addressing how will they be monitored to ensure effective resolution of the issues.

The new mandatory Child Safe Standards introduced in Victoria should also help to strengthen reporting and data collection. Standard 5 deals with processes or responding to and reporting suspected child abuse and should be considered in the development of any national data model (further detail regarding Victoria's Child Safe Standards are provided under theme 5 of this submission).

3 Regulation and oversight

Regulation and oversight are important elements of a system of protection for keeping children in out-of-home care safe. It is important that regulation and oversight are balanced with resources, capacity and practices that enable carers, CSOs and others to comply with the departmental standards required to keep children in out-of-home care safe.

In Victoria, the Commission has oversight of the services to children and particularly vulnerable children in out-of-home care. The inaugural appointment of a Commissioner for Aboriginal Children and Young People in 2013 is an important acknowledgement of the need to address the over-representation of Aboriginal children and young people in child protection and provides focused oversight of the needs of Aboriginal children and their families.

The Victorian Government has introduced a further strengthening of regulation with the introduction of the Child Safe Standards for all organisations working with children. (see also response to theme 5). The standards are mandatory and a model for assessing and enforcing compliance is currently being considered as is a Reportable Conduct Scheme (see also response to theme 4).

There are a range of strategies in place within the Department to regulate the provision of services for children in out-of-home care. The Department requires all funded organisations to be accredited and comply with the Human Services Standards⁵. This includes undertaking an independent review against the standards once every three years to achieve and maintain accreditation against the standards. The process of accreditation aims to ensure organisations review and develop improvements to their services. It includes standards around the assessment and accreditation for carers and the provision of a safe physical environment (which includes policies regarding safety online for children in out-of-home care).

In addition, the Department administers a carers register. A quality-of-care coordinator in each Division manages the investigation of QoC concerns raised, oversees formal care reviews and ensures the implementation of recommendations. Following a QoC process the Department may refer the matter to the independent Suitability Panel for determination about the ongoing registration of the carer. The need for a greater level of independence and oversight of the Department's CIR and QoC systems is addressed in the response to themes 1 and 2.

The Inquiry report recommended that the Royal Commission progress an interconnected national register of carers, for staff who work with vulnerable people, such as children people with a disability and the elderly, to reduce the risk of abuse. This is particularly important for children who are involved in both child protection and disability services. In addition, the Commission would welcome greater consistency for the accreditation and monitoring of carers across jurisdictions to increase the safety for children.

4 Information sharing

The Commission is currently involved with the Victorian Government in the development of a Reportable Conduct Scheme that will require information exchange. Consideration is being given to Chapter 16A of the Children and Young Persons (Care & Protection) Act 1998 (NSW), used in New South Wales which relates to the legislative capacity for certain human services, justice agencies, and non-government organisations to share and exchange information relating to the safety, welfare or wellbeing of children with or without their consent and whether or not the child is known to community services. The New South Wales Ombudsman uses Chapter 16A to access and provide records to police, the Children's Guardian (operator of the Working With Children Check (WWCC)) and other relevant agencies. In addition, the Ombudsman has direct access to police and child protection databases and is therefore in a unique position to determine who needs what information to assist in keeping children safe. The Commission notes that there is strong support in New South Wales for the way in which Chapter 16A provides the authorising environment for all parties to share information.

In addition, there is currently work being undertaken at a national level to harmonise the approach across jurisdictions for the WWCC to provide mutual recognition of state and

⁵ <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies-guidelines-and-legislation/human-services-standards>

territory standards and reduce the risk of perpetrators being able to cross jurisdictions undetected.

The Commission supports the concept that sharing information across agencies and jurisdictions is an important element of any mechanism that aims to increase the safety of children in out-of-home care. Notwithstanding privacy and confidentiality considerations, any information sharing mechanism must include the safety of vulnerable children as a primary guiding principle.

5 Child Safe organisations

The Victorian Government has introduced compulsory minimum standards that apply to all organisations that provide services to children, including out-of-home care. They are:

- Standard 1: Strategies to embed an organisational culture of child safety, including through effective leadership arrangements;
- Standard 2: A child safe policy or statement of commitment to child safety;
- Standard 3: A code of conduct that establishes clear expectations for appropriate behaviour with children;
- Standard 4: Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel;
- Standard 5: Processes for responding to and reporting suspected child abuse;
- Standard 6: Strategies to identify and reduce or remove risks of child abuse;
- Standard 7: Strategies to promote the participation and empowerment of children.

Each organisation is required to include the following principles as part of each standard:

1. Promoting the cultural safety of Aboriginal children;
2. Promoting the cultural safety of children from culturally and linguistically diverse backgrounds;
3. Promoting the safety of children with a disability.

Phase 1 organisations (those that provide services for children that are government funded and/or regulated) were required to work towards compliance by 1 January 2016. Phase 2 organisations (those that provide services for children) will be required to comply by 1 January 2017⁶. Resources and information sessions have been provided by the Department to assist organisations to apply the standards and support compliance⁷.

From 1 April, the Commission assumed responsibility for capacity building Phase 2 organisations that are required to be compliant by 1 January 2017. The Commission is operating a helpline and will be conducting information, training and development sessions in partnership with peak bodies and specialist service providers. A Child Safe Organisations Guide and tips sheets, developed by the Commission to assist organisations to move towards compliance with the standards⁸, are available on the Commission's website. On 23 February 2016, the Victorian Government announced that the Commission will have responsibility for a reportable conduct scheme that will centralise reporting of allegations of child abuse by workers or volunteers in organisation with a high level of responsibility for children. The Government has indicated that under the scheme the Commission 'will be empowered to monitor investigations into abuse

⁶ In scope organisations are detailed at: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies-guidelines-and-legislation/in-scope-organisations-for-child-safe-standards>

⁷ Departmental resources available at: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies-guidelines-and-legislation/child-safe-standards-resources>

⁸ Commission resources available at: <http://www.cyp.vic.gov.au/>

and report on trends, share information with key organisations to lift child safety and hold the power to inquire into the safety systems of organisations engaged in child-related work’.

The Commission is presently working with the government to inform the design of the scheme.

6 Prevention of sexual abuse in OOHC

The Commission supports the notion of a national out-of-home education strategy that encompasses the elements described in the consultation paper. It was evident in the Commission’s Inquiry that there was very little consistent sexual health and wellbeing education provided to children and young people in residential care.

Sexual health and wellbeing education for all children in out-of-home care should include at a minimum, information about sexual health, positive relationships, reproduction, and issues related to consent, safe use of the internet and social media platforms, safe sex practices and protective behaviours. There are a number of relevant educational programs and strategies in other jurisdictions that could be considered in the development of national strategies.

To support this, the Inquiry report identified the need for specialist practitioners with expertise in sexual assault and sexually abusive or problematic behaviours for each residential care unit. Increasing access to an expert practitioner to all of out-of-home care would ensure a continuing focus on reducing the incidence of sexual assault and increase the availability of education, advice and assistance to children, staff and carers. Since the release of the Commission’s Inquiry report, the Victorian Government allocated approximately \$2 million for four dedicated child protection practice leaders to coordinate the responses to sexual exploitation for children involved in child protection. Whilst this is a start, the Commission would like to see a multidisciplinary approach adopted.

The Taskforce 1000 area panels have demonstrated a need for consideration to be given to the development of culturally competent services that are responsive to intergenerational trauma for Aboriginal children and their families. Culturally appropriate and holistic services that provide family healing and counselling are critical elements in the prevention of sexual abuse.

In addition, the Victorian Policy Advisory Group on Sexual Health Education for Children and Young People in Out-of-Home Care, which is chaired by the Parliamentary Secretary for Human Services, Sharon Knight MP, aims to investigate how best to promote better sexual health and relationship outcomes for this group. The objective of the Policy Advisory Group is to support the development of an overarching sexual health policy for children and young people in out-of-home-care, to better promote better sexual health and relationship outcomes for these children and young people. The work of this group has commenced and may offer insights into effective approaches in the future.

The Commission is currently preparing a response to the Royal Commission’s *Best practice principles in responding to complaints of child sexual abuse in institutional contexts: Consultation Paper (March 2016)* and anticipates a response that will elaborate on the principles of best practice around complaints management and hearing the voice of children.

Standard 6 of Victoria’s Child Safe Standards (CSS) requires organisations to develop and implement strategies to reduce or remove the risk of abuse. Organisations are expected to adopt a risk management approach by identifying and considering their child safety risk(s) based on a range of factors. Such an approach is part of organisations’ recognition of their legal responsibilities to ensure the safety of children.⁹

⁹ Page 23 – An overview of Victorian Child Safe Standards, <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies-guidelines-and-legislation/child-safe-standards-resources>

7 Supportive and quality care environment

Research demonstrates that supportive and quality care environments are critical to the healing of trauma and healthy development for children in out-of-home care. Chapter seven of the Commission's Inquiry report detailed a range of strategies for improving the safety and wellbeing of children in residential care. It includes broader systemic changes that would improve the safety and wellbeing of children across all forms of out-of-home care. The development of any option needs to ensure that the focus remains centred on creating meaningful connections and relationships for children. The following elements can contribute to improving children's experience of out-of-home care.

Prevention - creating a homely environment

Chapter six of the Inquiry report details the Commission's observations from the 21 visits conducted to residential care units across the state. The Inquiry found that there was little to no monitoring by the Department of compliance with service standards for the provision of residential care and virtually no focus on outcomes for children in care. The Commission had serious concerns about the physical environment of many residential care units where restrictive, intrusive and punitive practices towards many of the children were observed.

The physical environment of care offered to traumatised children has a profound impact on their wellbeing. A warm, appealing environment that offers safety and protection provides a reparative setting for healing for children who have experienced trauma, abuse and neglect. Such an environment must include:

- maintenance of a homely environment where children want to remain;
- strategies for dealing with children who are regularly absent from their placement that includes addressing the reasons behind why this is occurring and proactive strategies that engage children to stay at home;
- meaningful relationships with carers that build attachment and connection;
- strategies that enable care staff to effectively monitor Internet and social media.

Over the past 12 months the Commission has piloted an Independent Visitor Program to 13 residential care units in the South Division which has resulted in significant improvements in the resolution of maintenance issues and the creation of homelike environments. This has increased the confidence of young people in the units that their concerns are taken seriously.

Addressing barriers to disclosure

The introduction of the Victorian Child Safe Standards for all organisations that are involved or work with children, and the establishment of a Reportable Conduct Scheme are measures that aim to strengthen organisations' capacity to address sexual abuse and exploitation. By raising the standard across the community, the confidence of children to make a disclosure will increase.

Timely and readily accessible counselling available to children is an important element of addressing the barriers to disclosure. However, where a child does not have assurance of a nurturing care environment where they feel safe and can get the help they need, the benefits of counselling and the likelihood of disclosure are seriously diminished.

Focused attention through the Department's *The Keeping Children Safe from Sexual Exploitation Strategy* aims to create safe environments and practice where children feel safe to disclose sexual abuse and exploitation. The strategy identifies four key actions:

- enhanced responses by the Department of Health and Human Services and Police to respond to children at risk of sexual exploitation¹⁰;
- the development and implementation of an education plan for Victorian children;
- development of a residential care workforce initiative;
- strengthened data and information sharing between Police and the Department of Health and Human Services.

An interdepartmental committee has met three times to implement the strategy.

Keeping sibling groups together

Throughout the work of Taskforce, the Commission encountered many Aboriginal children and young people who have not been placed with extended family or with other siblings. This can result in a loss of cultural identity and connection to community and extended family; in contravention of Article 8 of the United Nations Conventions on the Rights of the Child regarding the preservation of identity. Research suggests that placing siblings together provides protective factors that contribute to reducing the likelihood of sexual abuse or exploitation for children and young people in out-of-home care. Greater effort needs to be made to keep siblings groups together. CREATE Foundation's recent report *Sibling Placement and Contact in Out-of-Home Care (2015)*¹¹ by Dr J. McDowall, details benefits of keeping siblings groups together in out-of-home care, including:

- sibling bonds and connections ameliorate feelings of anxiety, trauma, grief, guilt and loss of identity children may experience on entering care, and these bonds not only reduce the impact of some of the negative occurrences in care, but also provide a valuable support well into adulthood;
- placements are more stable, and strongly predicts successful reunification;
- sibling groups that are placed together have more contact with grandparents and other relatives than children in any other form of placement;
- girls placed with one or more of their siblings present with better mental health and socialization than girls who are separated from their siblings.

The report found that children and young people are more likely to be placed with a sibling in kinship care than in any other form of placement, and sibling groups are more likely to be kept intact.

The research highlights the need to develop better support models for kinship placements; this includes financial resources as well as the effort required by carers and case workers to organise and facilitate sibling connect.

Professionalise foster care

The number of registered foster carers is declining; chiefly due to the lack of remuneration and the complex needs and behaviours of the children requiring foster care. Professional foster care models operate successfully in a number of jurisdictions. The Commission engaged Professor Brett Inder of Monash University to describe and cost a model of professional foster care based on variations of existing models in Australia and internationally. The proposed model maintains the use of voluntary foster care (along with increased reimbursement levels)

¹⁰ Barnados' 'It's not on the radar' (2016) report by Carron Fox on the hidden diversity of children and young people at risk of sexual exploitation in England, suggests that developing local profiles of at risk children can help police and partner agencies develop a clearer understanding of how they can plan and operate to prevent sexual exploitation and target offenders. <http://www.theguardian.com/social-care-network/2016/apr/04/child-sexual-exploitation-stereotypes-rotherham?CMP=ema-1696&CMP=>

¹¹ Report available at: <http://create.org.au/resources/sibling-contact/>

and an additional professional foster care model to provide care for children who would ordinarily be placed in residential care.

The Commission encourages all levels of government to take a lead role in addressing any barriers (such as taxation and jurisdictional matters between state and federal governments) that impede the development of professional foster care.

Support for Kinship Carers

The Commission continues to be concerned about the assessment of, and level of support provided to, kinship and relative carers, given that kinship care is the fastest growing form of home based care. In particular:

- the initial assessment and ongoing support and supervision of these arrangements are mostly undertaken by over-stretched child protection workers;
- guidance about kinship assessment is provided in the Child Protection Manual, but the Commission has noted over time inadequate assessments in some child death inquiries;
- kinship carers receive less financially than foster carers and are usually older and potentially have an increased level of health needs due to aging;
- For Aboriginal carers, there are additional issues such as intergenerational trauma and the impact of past government policies that need to be considered. For non-Aboriginal carers caring for Aboriginal children, information, training, supervision and support should be made available at a local level to ensure carers are equipped and resourced to provide culturally competent care.

The Commission would welcome a review of the current model of kinship care that considers how extended families can be best supported to care for children.

Specialist group care

The Inquiry report recommended the development of a suite of specialist services and placement options to cater for the needs of particular groups of children to enable intensive treatment to occur before possible transition to home-based care options. This includes:

- Aboriginal children;
- sibling groups;
- children with a disability;¹²
- children who are at risk of sexual exploitation;
- pregnant girls and young parents.

Therapeutic care

A number of therapeutic residential care (TRC) units visited by the Commission did not meet the basic standards set by the Department's practice guide. The look and feel of most TRC properties was hostile, bland and institutional. Often untrained labour-hire staff were employed and despite additional training expectations and requirements for staff in these units, the Commission was advised by a number of TRC direct-care staff that they had not undergone any additional training. The Commission questioned the Department's level of oversight and quality assurance in monitoring the implementation of TRC.

The Commission did visit two TRC units that were vastly different to the other TRC units visited. They had higher quality furnishings and décor. These physical differences had a strong impact on the atmosphere and ambience that was created in the unit; they were 'home-like' and felt

¹² The NDIS represents an opportunity to set bench marks around care registration for children in any form of alternative care setting.

safe and the children remained at home. This difference demonstrates the need for greater levels of oversight and monitoring by the Department to ensure compliance with expected standards.

