

WITNESS STATEMENT OF EMMA WHITE

I, EMMA WHITE, Acting Director General of the Department for Child Protection and Family Support, in the State of Western Australia, do say as follows:

1. This statement has been prepared with the assistance of the State Solicitor's Office for the purposes of the Royal Commission into Institutional Responses to Child Sexual Abuse and is based on my review of various statements provided by the Royal Commission as well as historic and current documents held by the Department for Child Protection and Family Support (the **Department**), and my knowledge of relevant policies and changes to those policies.

Employment history & qualifications

2. I presently hold the position of Acting Director General within the Department.
3. I commenced in this position on 29 March 2014.
4. I am responsible for the management and performance of the Department and the overall achievement of approved strategies and outcomes. I am also responsible for leading and coordinating activities of the corporate executive in achieving the effective and efficient management of Departmental resources; maintaining and monitoring effective corporate governance; providing advice to the Government through the Minister on matters relevant to the portfolio and providing strategic leadership to maintain service settings and develop capacity within them to competently deliver the functions of the Department.

5. I have been employed by the Department since January 2005. I commenced my service in the West Kimberley, working in the Broome Office. Since that time, I have worked in various service delivery positions in the West and East Kimberley, including Case Manager, Team Leader, and District Director.
6. I took up the position of District Director, East Kimberley in November 2008 and transferred to District Director Fremantle in December 2010.
7. I commenced my substantive position as Executive Director, Country Services on 9 January 2012. In this position I am responsible for strategic direction, policy development, case practice standards and management of the Country Services Directorate. I also contribute to the effective strategic management of the Department as a member of the Department's Corporate Executive and identify, through community engagement, significant issues that might impact on service quality.
8. Prior to joining the Department, I worked in the community services arena. Since 1994 I have worked in a variety of service delivery roles in government and non-government sectors. I have also worked in the policy and evaluation arena of State Government.
9. I hold a Bachelor of Social Work with Honours (Curtin University 1999); I have been a member of the Australian Association of Social Work since 1995 and have been on the Advisory Committee School of Occupational Therapy and Social Work from 2000 to 2003 and again from 2013 to present.

BACKGROUND

10. The Department's core statutory function is to safeguard and promote the wellbeing of children and provide for their protection and care in circumstances where their parents have not protected, or are unlikely to or unable to protect, them from harm or further harm.
11. The Department has seven directorates including seventeen district offices across Western Australia which undertake child protective assessment and investigations and deliver Out of Home Care (OOHC) for children and young people in the CEO's care pursuant to section 30 of the current Act.
12. The Department's Accommodation and Care Services Directorate is responsible for providing therapeutic residential care for children in OOHC which is comprised of home-based care (including relative foster care and foster care), facility based care and independent living.
13. Facility based care options include the Department's residential care and Secure Care facilities, as well as family group homes provided by the non-government sector.
14. As at 31 March 2014, 4,223 children were in the care of the Department, 9% were in residential care.

SCOPE OF ROYAL COMMISSION INQUIRY

15. I provide this statement because the Royal Commission has requested that a senior officer of the Department provide a statement addressing the circumstances in which various historical inspection reports were made, and the current practices of the Department in relation to monitoring and supervision of children in OOHC.

THE INSPECTION REPORTS

16. The documents and witness statements identified by the Royal Commission for comment by the Department relate to St Joseph's Trade and Farm School Bindoon, Castledare Junior Orphanage Castledare, St Mary's Agricultural School Tardun, and St Joseph's Orphanage Clontarf (the **Institutions**), all of which were Christian Brothers' organisations which have now ceased operation.
17. In the current terms of classification, the Institutions would be best understood as facility based residential care. However, as explained further below, the Department does not have in existence any facility that even approximates the nature of the Institutions.
18. The Royal Commission has specifically referred to documents 0077, 0078, 0079, 0111, 0134, 0148 and 0154 (the **Inspection Reports**).
19. I have examined the Inspection Reports, which span an eleven year period from 1947 to 1958.
20. I have also examined a number of witness statements provided to the Royal Commission by men who resided at the Institutions as children.

Relevant departmental employees

21. The Department does not, to the best of our knowledge, retain any current employee with direct knowledge of the history of the Department's involvement with the Institutions.
22. The Department does not have access to employee records prior to 1972. I instructed the Director, Corporate Information, Ms Marie Waldeck, to check that there are no current employees of the Department who were employed

in 1972. I understand that this occurred and Ms Waldeck confirmed that no current employees were employed by the Department in 1972.

23. Therefore, to the best of our knowledge, there is no one presently employed in the Department who was employed at the time the Inspection Reports were prepared.
24. In light of the historic nature of the Inspection Reports and the lack of persons with direct knowledge about the institutions, practices and policies of the time period, my ability to comment on the practices and policies in place during the period of the Reports is necessarily limited.

DEVELOPMENTS IN CHILD WELFARE

25. I observe that since the period in which the Inspection Reports were generated there have been comprehensive and significant developments that have advanced child welfare generally and have also radically altered the way in which the Department cares for and monitors children in OOHC.

Legislative framework

26. The objects of the *Children and Community Services Act 2004* (WA) (the **current Act**) are set out in section 6 as follows:
 - a) to promote the wellbeing of children, other individuals, families and communities; and
 - b) to acknowledge the primary role of parents, families and communities in safeguarding and promoting the wellbeing of children; and
 - c) to encourage and support parents, families and communities in carrying out that role, and
 - d) to provide for the protection and care of children in circumstances where their parents have not given, or are unlikely or unable to give, that protection and care; and

- e) to protect children from exploitation in employment
27. The legislation in force when the Inspection Reports were prepared was the *Child Welfare Act 1947* (WA) (repealed) (the **repealed Act**). The repealed Act was assented to on 10 January 1947. It was enacted to consolidate and amend the law relating to the making of better provision for the protection, control, maintenance and reformation of neglected and destitute children, and for other purposes connected therewith.
 28. All of the Institutions were subsidised Government Institutions under the repealed Act.
 29. It is clear that there have been major attitude shifts in dealing with children, including children in care, since the enactment of the repealed Act. For example, the repealed Act refers to children in terms of legitimate and illegitimate children.
 30. Furthermore, the powers and obligations imposed by the repealed Act on the Child Welfare Department, as it then was, were discretionary in nature. Site visits and institution inspections were not mandated but rather were conducted at the discretion of the Minister and the Governor (acting on advice of the Minister).
 31. In contrast to the general and discretionary nature of the repealed Act, Part 4, Division 5 of the current Act prescribes in detail the practices and procedures that the Department must adhere to in order to promote children's safety and act in accordance with their best interests, including express provisions about the requirement to compile individual care plans.
 32. When comparing the provisions of the repealed Act to the current Act it is clear that there has been a significant change in attitude towards children in care.

Attitude to children and children's rights

33. Since the period of the Inspection Reports the child welfare landscape has significantly altered.
34. The Department continues to work to provide safety for children in care and meet their individual needs. Care is now designed and monitored on an individual rather than institutional basis.
35. A further positive development has been the entry into force of the United Nations Convention on the Rights of the Child (UNCRC) in Australia on 16 January 1991. Under the UNCRC, Australia is committed to respect, protect and fulfil the rights of children and young people. The Department is mindful of Australia's international obligations.
36. In accordance with the Department's commitment, a copy of the Charter of Rights is given to the children in care and their carers as required by section 78 of the current Act.

Annexed hereto and marked EW1. is a copy of the *Charter of Rights*.
37. I also note that while limited child employment laws existed in Western Australia prior to the period of the Inspection Reports, there has nonetheless been a gradual shift in attitude towards children in the workplace, including raising the age of legal employment from 12 to 15 years of age. Further, children are also required to stay in formal education until the age of 17.
38. There have also been major developments in the Department's policies in relation to disciplining children in residential care. The Department's residential care staff, and staff employed by non-government organisations to

administer residential care facilities, must not use physical discipline.

39. There are specific legislative provisions in the current Act regarding the powers of restraint, search and seizure (Division 8, section 112 to 119).
40. The use of physical restraint may only be undertaken by an authorised officer who has received appropriate training and has been assessed as competent, and should not be used as a punishment.
41. The Department has also adopted Standard 3.11 of the *Better Care, Better Services* policy, which requires carers to use methods of behaviour management that do not involve physical or emotional punishment.

Annexed hereto and marked EW2. is a copy of the *Better Care, Better Services* policy.

42. I note that it remains lawful for a parent or a person in the place of a parent, or for a schoolmaster, to use by way of correction towards a child or pupil under his or her care, such force as is reasonable under the circumstances.

APPROACH TO OOHC - INSPECTION REPORTS v. CURRENT PRACTICES

43. The Inspection Reports (except for document 134) represent what would now be classified as a log audit or environmental review rather than a comprehensive progress report. The Inspection Reports do not address the welfare of the children in the Institutions.
44. The Department currently implements a suite of mechanisms, policies and frameworks, procedures, training and monitoring structures, which collectively contribute to building a therapeutic system that seeks to cater for the

safety and wellbeing of children in Residential Care, as well as preventing abuse in care.

45. Standard 3 of the *Better Care, Better Services* policy entitled 'Safety for children and young people in care' is designed to promote safe relationships and living arrangements, and informs all aspects of OOHC arrangements.
46. I set out below my observations and comments as to procedures which would apply today to the issues raised in the Inspection Reports.

Child protection workers and care providers

47. Departmental practices, policies and procedures in relation to *child protection workers and OOHC care providers*, their training and their roles and responsibilities have undergone many fundamental changes since the period the focus of the Royal Commission.
48. In WA, residential care staff are now subject to a department records and criminal history check, as well as a Working with Children Check.
49. Residential care staff complete three weeks of mandatory training when they commence with the Department, including an introduction to Child Protection eLearning module that includes information on sexual abuse, Impact of Trauma on Children and Youth, Residential Care Sanctuary Framework and Therapeutic Crisis Intervention which focuses on the impact of abuse and strategies for working therapeutically with abused children. Ongoing learning and development is provided by the Department's Learning and Development Centre as provided for in the

Department's Residential Care (Sanctuary) Framework (the **Sanctuary Framework**).

Annexed hereto and marked EW3. is a copy of the *Department's Residential Care (Sanctuary) Framework*.

50. The Department's facility based carers provide the highest level of supervision and care and are staffed by trained residential care workers who are supervised by a manager (residential care), and other professional staff.
51. Family group homes provided by the non-government sector are staffed by a full time live in specialist carer, assisted by additional service and program staff, and supported by respite staff.
52. Non-government OOHC providers are required to comply with the Department's standards for children and young people in protection and care which are embodied in its *Better Care, Better Services* policy.
53. The staff of the non-government OOHC facilities provide the day-to-day care of the children in residential care.
54. As part of the Community Sector Roundtable forums, the Department's Executive meets with the CEOs of the key non-government agencies every six weeks to discuss and address systemic and quality assurance issues.
55. Each child in the CEO's care is also assigned a child protection worker as their case manager. A child protection worker is responsible for, on average 12 children. The number of children assigned to a child protection worker is designed to enable the child protection worker to develop a meaningful and trusting relationship with the children, their family and carers.

56. Each child protection worker maintains a file on Assist (the Department's electronic database) in relation to each child (discussed further at paragraph 80 below).
57. While child protection workers do not provide day-to-day care, they are required to develop a relationship with the children for whom they are responsible. A child protection worker must have regular one on one contact with their assigned children, the minimum standard contact being once every three months and in the majority of cases this occurs much more regularly (discussed further at paragraph 70 below).
58. Records are kept of all children in the CEO's care pursuant to section 128 of the current Act. Regulation 5 of the *Children and Community Services Regulations 2006* prescribes information that is required to be included such as the child's personal details, a copy of the child's care plan, information about the child's health, education, cultural, religious, ethnic and family background.

Case and Care Plans

59. The Department has an individualised approach to the provision of care for children.
60. Children are supported to actively participate in meetings and other forums, and their views on decisions impacting on them are taken into consideration. This is in line with the child participation principle in section 10 of the current Act.
61. Children in care have a case plan, being an overview of relevant information with respect to them and their care and background. It may, for example, include information not strictly personal to the child, such as information about a parent or events leading to the child coming into care.

62. Each child's case plan also contains a safety plan. The safety plan is based on the *Signs of Safety Child Protection Practice Framework* (the **Signs of Safety Framework**). The Framework is implemented via the *Signs of Safety Child Protection Policy*

Annexed hereto and marked EW4. is a copy of the *Signs of Safety Framework*.

Annexed hereto and marked EW5. is a copy of the *Signs of Safety Child Protection Policy*.

63. The Signs of Safety Framework is designed to be a collaborative process for open and transparent decision making. It has been applied since 2008. It sets out the signs of safety tools, which child protection workers can use to engage with children in care to seek their input into signs of safety mapping meetings and safety planning meetings.

64. Child protection workers regularly review safety plans and take actions to reduce danger and improve safety for the child. For example, it is taken seriously if a child in care harms another child in care either mentally or physically. The safety plans of both children would be reviewed and potentially modified to prevent harm from occurring again.

65. Furthermore, in accordance with its obligations under the Act, the Department's current practice is to prepare, implement and review an individual care plan for each child in care. This is in stark contrast to the institutional approach to child welfare evidenced in the Inspection Reports.

66. A care plan must be prepared and implemented as soon as practicable after the child first comes into the CEO's care. In practice this is within 30 working days.

67. Care plan requirements are legislated in subdivision 3 of Division 5 of the current Act and detailed in the Department's *Care Planning Policy January 2012*

Annexed hereto and marked EW6. is a copy of the *Care Planning Policy*.

68. A care plan is a written plan that:

- (i) identifies the needs of the child;
- (ii) outlines the steps or measures to be taken in order to address those needs;
- (iii) sets out directions about the care and decisions about placement; and
- (iv) sets out decisions about contact between the child and a parent, sibling or other relative of the child or any person who is significant in the child's life.

69. Each child is required to have a care plan, and a separate education plan used to inform that care plan. In accordance with extract 7.19 '*Residential Care Services*' in the Case Work Practice Manual, placement arrangement are part of the care plan.

Annexed hereto and marked EW7. is a copy of extract 7.19 of the Case Work Practice Manual entitled '*Residential Care Services*'.

70. Care plans are formally reviewed annually, and are modified where necessary, for example following the completion of quarterly reports by their departmental child protection worker.

Health and Education

71. The Inspection Reports, for example document 77, demonstrate a one dimensional institutional, rather than child focused, approach to monitoring child wellbeing.
72. There is now a strong child welfare based focus on health and education with respect to children in care.
73. Children undergo health screening upon coming in the CEO's care. Health issues are now documented in each child's care plan which is saved in Objective (discussed at 82 below). Health problems or concerns are noted and actioned as part of the case management process (discussed at 80 below).
74. As a result of the *Rapid Response Framework* all relevant Western Australia Government Departments have signed up to prioritising access to government services by children in care. A number of key initiatives have been implemented such as documented education plans, health care planning, improved access to education assistance for children in care and access to priority housing wait lists for young people from 17 years of age.

Annexed hereto and marked EW8. is a copy of the *Rapid Response Framework*
75. Each residential care facility in the metropolitan area has a registered or clinical psychologist (at a ratio of 1 to 8 children). In country residential care, children have access to the district psychologist and specialist visiting psychologists on a regular basis.
76. The education plan informs the child's care plan. The details of the procedures with respect to education plan obligations

are set out in the Case Work Practice Manual at extract 10.9 entitled '*Education Planning*'.

Annexed hereto and marked EW9. is a copy of extract 10.9 of the Case Work Practice Manual entitled '*Education Planning*'.

77. If a child is found to be behind in education today (as the children in Inspection Reports 0077 and 0078 were noted to be), the Department would liaise with the school and classroom teacher in developing an individual programme, engaging tutors or any required aide, and providing support to the carers to better equip them to meet the needs of the child.

78. The Department has also developed practice guidance for staff in relation to dealing with suicide attempts and self-harm as well as mental health of children in the CEO's care. This is contained in the Case Work Practice Manual extracts 15.1 and 15.2.

Annexed hereto and marked EW10. is a copy of extract 15.1 and 15.2 of the Case Work Practice Manual entitled '*Mental Health Issues*' and '*Responding to Suicide and Self Harm*'.

79. Where young people in care are at serious risk to themselves or others, they can be placed at the specially designed Secure Care facility. The multi-disciplinary approach used at the facility provides intensive therapeutic intervention and can act as a circuit breaker for the young people who require this level of intensity because of the risk their behaviours pose to themselves and others.

Assist / record sharing

80. The Inspection Reports do not reflect a child focused approach to the provision of OOHC. The Department's current practices reflect an overhaul in record keeping methodology as compared to the period of the Inspection Reports.
81. From the mid-1980s, the Department's record keeping system was called the Client Records Information System (CRIS). From 1995 to 2010, the record system was called the Client and Community Services System (CCSS).
82. In March 2010, "Assist" was implemented as the Department's new electronic client information recording system. Assist, together with the record and file management system, "Objective", provides a comprehensive integrated means of storing and electronically accessing details of the Department's involvement with the client family groups and individuals.
83. Assist mentors are attached to each district to support the training and development of staff to use the information system effectively. The mentors also provide a quality assurance and audit function.
84. Pursuant to extract 7.2 of the Case Work Practice Manual entitled '*Child History Folder and Child History File*', child protection workers are required to keep accurate and up to date individual records in respect of every child in the CEO's care.

Annexed hereto and marked EW11. is a copy of extract 7.4 of the Case Work Practice Manual entitled '*Child History Folder and Child History File*.'

85. Departmental staff are able to effectively search for any individual who has had contact with the Department. Once identified, a comprehensive summary view of all aspects of the Department's involvement with the family is presented together with links to more information and to individual case files.
86. Child protection workers throughout the State can access Assist. The system simultaneously compels the recording of action taken and future actions, and has a built in audit trail.
87. Staff are also able to complete an automated chronology of all the Department's contacts and reason for involvement with families during any period of time. This function enables all reported incidents of concern for a family to be chronologically viewed and assessed holistically and not in isolation.
88. *The Case Practice Unit is responsible for developing and monitoring case management practices in districts and providing advice and support as necessary. The role is one of support to the districts and provision of a quality control mechanism of practices and procedures to address the needs of vulnerable children in a familial and communities context.*

Normal Family Structure

89. The Department endeavours to provide children with as close as possible to a normal family structure.
90. *It is the view of the Department that residential care facilities should be as reflective of everyday family life as possible.*
91. The Department's residential facilities are operated in line with the core elements of the Sanctuary Model, being a

coherent therapeutic approach to care, which is trauma-informed and a model for organisational change.

92. There are seven dominant characteristics of the Sanctuary Model that serve as goals directly related to resolving trauma by creating a culture of:
- (i) non-violence;
 - (ii) emotional intelligence;
 - (iii) inquiry and social learning;
 - (iv) democracy;
 - (v) open communication;
 - (vi) responsibility; and
 - (vii) culture of growth and change.
93. The Department has no policy on gender ratio required in a care facility, however in line with the goal is to reproduce stable safe family life, facilities house children of both genders. Typically each care facility now accommodates 4 children. The Department endeavours to provide consistent, long term carers to achieve stability and allow children to establish relationships with the adults in their lives.
94. Children are encouraged to participate in activities normal in family life. For example, children are asked to contribute to development of the food menu and are encouraged to learn to cook.
95. The current approach is radically different from the care provided in the Institutions.

Contact with family, friends and the community

96. The children in the care of the Institutions were geographically and socially isolated from their communities, families and friends.

97. The Department makes every effort so that children in care today do not experience such seclusion. For example, the Department has procedures for dealing with unaccompanied humanitarian minors (UHMs) who come into its care, recognising the additional support they may require. At present, there are a very small numbers of UHMs in Western Australia.

Annexed hereto and marked EW12. is a copy of extract 7.4 of the Case Work Practice Manual entitled '*Unaccompanied Humanitarian Minors*'.

98. Where safe to do so, the Department encourages children to have contact with family and friends whilst in care. This is provided for in the Department's *Contact Policy July 2012*.

Annexed hereto and marked EW13. is a copy of the *Contact Policy*.

99. The Contact Policy outlines the Department's position in relation to promoting contact between children in care and their family, and guides staff in the planning and implementation of contact arrangements. Contact arrangements are recorded in a child's care plan.

100. Where appropriate, family members are encouraged to visit OOHC sites. Where there are geographical and financial barriers to visitation, the Department may resource families to come and visit their child in care.

101. There are no limits placed on the number of letters or emails that a child is able to send their birth family, if safe to do so

and absent any court order. Social media and technology have also opened up a variety of options for facilitating contact.

102. The Department also encourages and aims to facilitate children in care becoming involved and active members of the community. For example, children are encouraged to join community sporting and art clubs.

Facilities

103. The number of children in each care facility is now determined by the children's acute needs rather than by the cubic metres available (in contrast to the rationale apparent in document number 154).
104. *It is no longer considered acceptable practice for children in the care of the Department to reside in dormitories; efforts are made for each child to have their own bedroom, or to share with a sibling.*
105. The facilities at the Institutions would not be tolerated in the current OOHC regime.
106. The Department's Facility Management Division (**FMD**), through the Department of Treasury and Finance (Building Maintenance and Works) is responsible for the management of maintenance services relating to properties in the metropolitan area and regional centres.
107. There are specific procedures regarding breakdown repairs, response timeframes, routine maintenance, swimming pool and garden maintenance for all Department owned houses, private rentals and houses occupied by non-government organisations and houses leased from the Department of Housing. Faults are lodged by calling Building Maintenance and Works' call centre number.

108. Staff from FMD conduct site visits to residential care services and family group homes on a six to eight week basis to check property conditions. These regular visits enable issues to be identified early and discussed with the house manager.
109. While the role and responsibilities of the FMD staff are distinct to those of the child protection worker, both FMD staff and child protection workers are in a position to observe a child's home and are obliged to report any concerns.

Leaving Care

110. The witness statements provided to the Royal Commission by people who experienced care in the Institutions reveals a failure to provide those children with leaving care services, notwithstanding that some children left care at the age of 14 years old.
111. The Department provides support to young people who leave the care of the CEO to make a successful transition from care to independence pursuant to its *Leaving Care Policy September 2011*

Annexed hereto and marked EW14. is a copy of the *Leaving Care Policy*.
112. The Policy aims to improve the preparation and planning for leaving care, ensuring young people's transition from care is well organised and gradual, and provide appropriate support for young people after leaving care.
113. The Department commences planning for leaving care when a child in care is 15 years of age, acknowledging that the transition to independence is a gradual process.

114. The CEO of the Department may be legally responsible for the care of some children until they attain 18 years of age. All children over 15 years of age for whom the CEO has parental responsibility, including those in residential care, are entitled to leaving care services up to 25 years of age.

KEEPING CHILDREN SAFE - INSPECTION REPORTS v. CURRENT PRACTICES

115. The Department implements strategies designed to protect children in care from all forms of harm, including sexual abuse as an important part of achieving its standards designed to advance the best interests of children in its care. The standards are outlined in the *Better Care, Better Services* policy.

Monitoring of OOHC

116. As set out above, the Inspection Reports (except for document 134) are a cursory form of log audit or environmental review rather than a comprehensive progress report.
117. Forms of environmental review or log audit have continued utility in the daily requirement of OOHC staff to maintain a record of the environment of the residential care facility, including the hygiene routines attached to each shift. However, such reports are just one component of monitoring and review processes rather than the entire form of review.
118. The Department now undertakes a comprehensive review of residential care facilities and individual review of the care and wellbeing of each child within a facility. This is done at two levels. Firstly, the FMD undertakes regular visits to check the physical environment. Secondly, the

Accommodation and Care Services leadership team which consists of directors, assistant directors, senior practice development officers and senior psychologists, regularly go to the residential facilities to meet with staff and residents. Any issues or concerns regarding standards of care are identified and addressed in a timely manner.

119. In WA, the Department's funded OOHC agencies provide placement services and are contract managed by the Department. They are required to complete six monthly progress reports, including aggregated data on client demographics and reporting on achieving the *Better Care, Better Service Standards*.
120. All funded OOHC agencies participate in ongoing case reviews with the Department, the child or young person, their family and other relevant stakeholders. The OOHC provider reports on the individual child/young person's progress on a three month basis to the child protection worker. They also undertake self-assessment and external monitoring against the *Better Care, Better Service Standards*.
121. The Department established the Standards Monitoring Unit (SMU) in 2007 to develop and progress the implementation and monitoring of standards as one of the ways to examine services, assure the quality of services and identify and realise opportunities for continuous improvement. The nine step monitoring process employed by the SMU in standards monitoring visits are set out in the *Standards Monitoring Information for Placement Service Providers January 2010*. Annexed hereto and marked EW15. is a copy of the *Standards Monitoring Information for Placement Service Providers January 2010*.

122. SMU assesses the provision of quality care by the Department (districts and residential facilities) and funded OOHC services, as defined in the *Better Care, Better Service Standards*. It provides quality assurance and continuous improvement function of OOHC services provided by the Department and non-government OOHC providers.
123. Independent assessors have been appointed under section 125A of the current Act and to date have inspected *Secure Care and residential care facilities in the metropolitan area*.
124. Funded non-government OOHC have been monitored by the Department's Standards Monitoring Unit approximately every two years against the Better Care, Better Standards policy. It involves a structured and comprehensive mixed methodology, by interviewing staff, carers, children and other professional stakeholders. This monitoring is supported by other mechanisms which include:
 - (i) the Department's contract managers conduct service reviews with the funded services (three reviews in a five year contract period) and takes a proactive contract management approach by addressing issues as they arise;
 - (ii) staff from FMD conduct site visits to non-government family group homes on a six to eight week basis to check property conditions. Case managers visit the children and staff at the facilities;
 - (iii) senior staff from the Accommodation and Care Services directorate meet with all family group homes every two months. As all referrals to the family group homes come from the Department,

staff have oversight of the planning for children in the facilities; and

- (iv) as part of delivering therapeutic care the non-government agencies employ other professionals such as psychologists, speech therapists, education support workers and a paediatrician, who all play a role in monitoring and meeting the needs of the child.

125. If the facility does not meet the required standard, increased monitoring and reporting is required, and if necessary the OOHC provider will be removed.

126. The Department has adopted the *Complaints Management Policy and Procedures*. The policy sets out the process for children, parents, carers, family members and community members to have their complaints addressed by the Department. The Complaints Management Unit oversees complaints about the Department and is responsible for referring complaints to the appropriate avenue.

Annexed hereto and marked EW16. is a copy of the *Complaints Management Policy and Procedures*

127. The Ombudsman Western Australia is also able to undertake an own motion investigation based on patterns, trends and themes that arise from the resolution of individual complaints, child deaths and family and domestic violence fatalities.

128. The Advocate for Children in Care (the **Advocate**) also provides advocacy services for children in the CEO's care, including support and assistance to access formal complaints management and appeals processes. Children and young people in care across the State can contact the

Advocate in a number of ways, including telephone, email or a face to face visit. The Advocate is also responsible for the state-wide roll-out of Viewpoint to promote greater participation by children in care in decision making (see paragraphs 129 to 131 below), as well as disclosures with respect to harm and sexual abuse suffered by children in care.

129. Children in care are informed of the function and availability of Viewpoint. Viewpoint is an international, comprehensive, interactive, computer assisted, self-interviewing tool that has been robustly evaluated as an effective methodology for engaging with and eliciting information from vulnerable and isolated children and young people in care.
130. Viewpoint enables all children and young people in care five years and older to express their views, concerns and thoughts in a non-threatening, self-paced environment. It is also used to meet the Department's reporting obligations against the national standards for OOHC.
131. Children can access this alone, with their child protection worker or another person. The information on Viewpoint is then reviewed by a senior officer of the Department. This provides for a further avenue for children in care to remain safe and voice any concerns or complaints.
132. Information with respect to Viewpoint is set out in extract 10.4 of the Case Work Practice Manual entitled '*Viewpoint and Care Plans – Helping children in care to have their say*'.

Annexed hereto and marked EW17. is a copy of extract 10.4 of the Case Work Practice Manual entitled '*Viewpoint*

and Care Plans – Helping children in care to have their say.'

Concerns about children in care

133. The Department has a Protocol for Standard of Care and Safety and Wellbeing Concerns for Children in the CEO's Care (the **Protocol**) implemented in conjunction with non-government placement agencies.

Annexed hereto and marked EW18. is a copy of the Protocol.

134. OOHC providers have strict reporting requirements. A non-government OOHC provider is required to immediately advise the child protection worker where there are concerns for the child. The Protocol sets out a number of processes to provide guidance for addressing concerns about child wellbeing.
135. All notifications regarding children in the CEO's care are reported to the Department's Duty of Care Unit (**DoCU**) and recorded on Assist. The DoCU investigates all allegations of harm by approved carers to children in the care of the CEO.
136. Allegations of abuse, including sexual abuse are managed by a series of concurrent processes involving criminal investigation and administrative assessment. Collaboration and information sharing occurs between the Department, Western Australia Police and WA Health to assess and investigate allegations of sexual abuse.
137. If an OOHC carer is alleged as the person responsible, a carer investigation is undertaken by the DoCU jointly and concurrently with the safety and wellbeing assessment by the district child protection worker.

138. The Department also has procedures for dealing with children who run away or go missing from OOHC. They are designed to guide child protection worker's response to locate the child and make an assessment of the circumstances surrounding the child's disappearance or absconding and inform judgements about the level of risk to the child, including consideration of whether the child might be at risk of self-harm.

Annexed hereto and marked EW19. is a copy of extract 7.12 of the Case Work Practice Manual entitled '*When Children Abscond or are Missing.*'

Disclosure or allegations of abuse

139. The Department applies its *Policy on Child Sexual Abuse* when responding to situations of intra-familial and extra-familial child sexual abuse in line with the Department's role.

Annexed hereto and marked EW20. is a copy of the Department's *Policy on Child Sexual Abuse.*

140. The Department adopts the following principles with respect to assessing and responding to allegations of child sexual abuse:
- (i) every child has the right to be safe and protected from child sexual abuse;
 - (ii) children are not responsible for child sexual abuse;
 - (iii) children are unlikely to make false disclosures and are more likely to never disclose child sexual abuse; and
 - (iv) when a child discloses sexual abuse they must be listened to, taken seriously, and allegations acted upon.

141. If a child in OOHC or any other person makes an allegation of abuse against a carer, the alleged perpetrator would be immediately stood down whilst an investigation is undertaken. Integrity screening would take place, and the alleged misconduct would be investigated. The procedure is formalised in the extract 7.17 of the Case Work Practice Manual entitled *'Responding to Standards of Care Concerns and Safety and Wellbeing Concerns against Departmental Employees'*

Annexed hereto and marked EW21. is a copy of extract 7.17 of the Case Work Practice Manual entitled *'Responding to Standard of Care Concerns and Safety and Wellbeing Concerns against Department Employees.'*

142. A report would be made to the WA Police, who have an independent investigative function, about the alleged abuse.

143. It is not the role of the OOHC provider to determine if the disclosure is true. The child is to be reassured and supported, but is not to be questioned further. The Department must be immediately advised of the disclosure. The child protection worker is the first point of contact.

144. Where an OOHC provider becomes aware or suspects that harm has occurred without disclosure, the child protection worker is to be advised, and consultation occurs as to the best way to proceed.

145. As explained at paragraph 136 above, a collaborative information sharing occurs between the Department, WA Police, and the Department of Health in investigating allegations of sexual abuse.

146. It is also important to note that mandatory reporting of child sexual abuse by doctors, nurses, midwives, teachers and

police became operational in Western Australia from 1 January 2009. The *Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008* (WA) requires reporters (doctors, nurses, midwives, teachers and police) to make a report to the Department if they form a belief on reasonable grounds, in the course of their work, that a child has been or is subject to ongoing sexual abuse.

147. The Department is in the process of extending mandatory reporting to hostel workers. An amendment bill, currently being drafted, will include an extension of mandatory reporting to staff with care responsibility in educational hostels, for example boarding schools or agricultural schools.
148. The Department has also implemented practices, procedures and policies in relation to ensuring that carers, child protection workers, are aware of indicators of child sexual abuse, and can recognise behaviours that constitute grooming for sexual abuse.

Annexed hereto and marked EW22. is a copy of a document entitled '*Indicators of child sexual abuse.*'

Annexed hereto and marked EW23. is a copy of a document entitled '*Grooming and coercion.*'

CONCLUSION

149. The Inspection Reports and statements provided by the Royal Commission reveal the impact of out-dated policies and procedures on vulnerable children in OOHC.
150. The Department recognises the significant trauma suffered by the former residents of the institutions and the role of the Royal Commission in contributing to the healing process.

151. The Department acknowledges that the Institutions at the time did not have the benefit of contemporary knowledge and understandings which now underpin child protection legislation and policies, and guide the practices and management of residential care facilities today. This includes a greater understanding of the vulnerabilities of children in care and the impact of separation from their family and community, as well as the effects trauma may have on a child's behaviour.
152. The Department has necessarily evolved in its practices and procedures since that time in line with changing community expectations with respect to the care and wellbeing of children, particularly working to keep children safe from all forms of abuse.
153. The contents of this statement are true and correct to the best of my knowledge and information and belief.

SIGNED:

A handwritten signature in black ink, appearing to be 'A. J. ...', written over a horizontal line.

DATE:

17.04.2014.