WITNESS STATEMENT OF EMMA WHITE

I, EMMA WHITE, 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, in particular Case Study 24 entitled 'Preventing, and responding to allegations of child sexual abuse occurring in out of home care.' This statement is based on my review and knowledge of relevant policies and practices of the Department for Child Protection and Family Support (the **Department**).

Employment history and qualifications

2. I am the Director General of the Department. I was appointed as Director General on 19 August 2014.

3. 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.

4. 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.

5. I took up the position of District Director, East Kimberley in November 2008 and transferred to District Director Fremantle in December 2010.

6. From 9 January 2012 until 29 March 2014, I held the position of Executive Director, Country Services. I was responsible for strategic direction, policy development, case practice standards and management of the Country Services Directorate.

7. I commenced as Acting Director General of the Department on 29 March 2014 and held that position until 18 August 2014 after which I was appointed to the substantive Director General position.

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 of the School of Occupational Therapy and Social Work from 2000 to 2003 and again from 2013 to the present.

Background

10. The Department has a core statutory function to safeguard and promote the wellbeing of children and provide for their protection in circumstances where their parents have not protected, or are unlikely to protect, them from harm or further harm.

11. In November 2001 the State government announced a special inquiry into the response by government agencies to

complaints of family violence and child abuse in Aboriginal communities. This was prompted by the coronial inquest into the death of a 15 year old Aboriginal girl in the Swan Valley Nyoongar Community (SVNC) in 1999.

12. In July 2002, 'Putting the Picture Together', commonly known as the Gordon Report was released. Amongst its recommendations was the key message that different agencies come together to address the complex issues evident in the lives of many children and families in need.

13. In 2006 the introduction of the *Children and Community Services Act 2004* (the **CCS Act**) was a landmark in the development of child protection and out-of-home care (**OOHC**) in Western Australia (**WA**) replacing child welfare laws in WA that were over fifty years old.

14. This was followed by the 'Review of the Department for Community Development' published in January 2007 (the **Ford Review**). The Ford Review described the former Department for Community Development's child protection and OOHC system as overwhelmed, confused and defensive.

    Annexed hereto and marked **EW1.** is a copy of the recommendations in the Review of the Department for Community Development.

15. As a result of the recommendations in the Ford Review, the Department was established in 2007 and reform commenced. The Department's reforms gave primacy to child protection roles and the supporting and protecting of children and young people in the care of the Chief Executive Officer of the Department (**CEO**). The Department widened its interpretation of 'child protection' to include the other key services provided by the Department, including supporting individuals and families at risk or in crisis.

16. The Ford Review has guided the development of the OOHC system in WA for the last eight years. The Department has continued to build capacity, improve on critical performance, and strengthen and integrate service delivery of OOHC as recommended in the Ford Review.

Challenges in OOHC in WA

17. The WA OOHC sector faces ongoing challenges. These challenges include the significant over-representation of Aboriginal children in OOHC; the increasing number of children in OOHC; and resource challenges because children are entering OOHC at a younger age and staying in care longer. There are also a growing number of children and young people in the care of the CEO with complex, intense and trauma-related needs.

18. It is important to appreciate that WA is the largest state or territory in Australia and covers 2.5 million square kilometres or 33% of Australia. Delivering child protection services in this environment presents significant geographical challenges due to the size and isolation of the areas in which some children and families reside. Children and families are also often transient, making providing a child protection response more challenging and complex.

19. Currently a very small percentage (15%) of OOHC is provided by the Community Services Sector (**CSS**). The CSS providers are made up of small sized not for profit organisations that are historically charity based. They are predominantly metropolitan based and has only recently started to establish services in regional and remote areas. Only in the last five years have large Eastern States based organisations expressed an interest in establishing services in WA and many of them have done so.

Current framework

20. When a child is taken into the care of the CEO, the Department must make an arrangement for the placement of the child pursuant to section 79(2) of the CCS Act.

21. As at 31 December 2014, 4,367 children were in the care of the CEO. Ninety six per cent of children in the CEO's care are placed in one of a number of forms of OOHC. Of the remaining 4%, 3% were in an unendorsed arrangement (being where the Department knows where the child is but does not endorse the arrangement, usually in respect of adolescents) and 1% were in an 'other' arrangement, such as boarding school.

Foster care

22. The most common form of OOHC is foster care. Foster carers are volunteers who receive a subsidy and can be:

    (a) relative foster carers (known elsewhere as kinship foster carers) or significant other foster carers (being adults who know, and have demonstrated an active interest in the child and the child's family for a significant period, and who may belong to the same cultural or ethnic group). As at 31 December 2014, fifty one per cent of children in the CEO's care were in relative foster care assessed and approved by the Department; or

    (b) general foster carers who are either:

        (i) Department approved foster carers (27% of children in the CEO's care as at 31 December 2014); or

        (ii) CSS provided foster carers (9% of children in the CEO's care as at 31 December 2014 including the specialist CSS placements discussed below).

CSS provided family group homes

23. Children are also placed in family group homes (**FGHs**) provided by funded CSS Out-of-Home Care (**CSS OOHC**) providers. FGHs are designed for children and young people up to 18 years of age in the CEO's care who have a range of moderate to high behavioural and emotional needs.

24. Each FGH has capacity to care for up to four children. The duration of stay is usually for up to two years. FHGs are staffed by a full time, live-in, specialist carer(s) assisted by additional service and program staff and supported by respite staff. Respite refers to the provision of temporary, short-term care of a child in the CEO's care. Some Department and CSS carers are approved as respite carers.

25. As at 31 December 2014, 6% of children in the CEO's care were in FGHs delivered by CSS OOHC providers. As at 12 February 2015 there were a total of 13 CSS OOHC providers. Those 13 CSS OOHC providers had a combined total of 553 contracted placements in FGHs and general foster care.

Specialist CSS placements

26. Children may also be placed in other placements, such as specialised fostering placements, disability placements, and transitional high needs placements. As at 12 February 2015, there were a total of 21 CSS OOHC providers with a combined total of 184 contracted placements in these other areas. Due to the specialist nature of these placements, carers may be remunerated.

Department provided residential facilities and Secure Care facility

27. The Department's residential facilities provide a high level of supervision and care and are staffed by trained residential facility employees who are supervised by a manager and other professional staff.

28. The Secure Care facility is a specially designed secure facility for intensive therapeutic intervention for young people at serious risk to themselves or others.

29. As at 31 December 2014, 3% of children in the CEO's care were in the Department's residential care facilities or Secure Care facility.

Department assisted independent living

30. The Department also provides independent living (often intensively supported) for young people who are transitioning to independence or supported placements.

Service Agreements

31. Both foster care and FGHs and specialist placements provided by CSS are provided under a funding agreement between the Department and the CSS OOHC provider for the provision of services for children in the CEO’s care (a **Service Agreement**).

Reform

32. The Department acknowledges that the emerging findings from this Royal Commission may lead to an imperative to strengthen external regulation processes and as such the Department, in partnership with the CSS, has timed a review of its current operation, funding and regulation of OOHC to coincide with the Royal Commission.

33. The Department is proposing a suite of reforms to the WA OOHC system over the next five years that will place additional focus on supporting children and young people to heal from trauma and enabling them to have increased life opportunities. These proposed reforms are detailed in the discussion paper entitled 'Out-of-Home Care Strategic Directions in Western Australia 2015-2020'. This discussion paper has been released and community comment has been sought.

Annexed hereto and marked **EW2.** is a copy of the discussion paper entitled Out-of-Home Care Strategic Directions in Western Australia 2015-2020.

34. The key areas for future reform in the discussion paper include:

    (a) introducing a new care model;

    (b) developing an OOHC system that promotes stability and certainty for children in line with the government's permanency planning policy;

    (c) growing the CSS in OOHC; and

    (d) measuring key aspects of children's development, and strengthening the Rapid Response Framework, to promote a whole of government focus and accountability for achieving outcomes.

35. As a learning organisation, the Department remains committed to continuous improvement as necessary.

Area 1(a) Screening of carers and staff as well as carers' household members. For example, working with children check and criminal checks.

36. Prior to commencing work all Department and CSS carers and their employees, and the spouse or de facto partner of foster carers are required to have:

    (a) Criminal Record Check;

    (b) Client and Child Protection Record Check, conducted by the Department's Screening Unit (**Department screening check**); and

    (c) Working with Children Check (**WWC Check**)

37. All relevant household members who will be providing care or support to, or undertaking activities with a foster child must have a WWC Check and Department screening check. This includes adult household members who will commonly

or regularly provide care for, or undertake activities with, the child in care. Children between the ages of 10 and 17 years must be listed on the foster carer applicant's Record Check Consent Form.

38. In an urgent situation, it may be necessary to place a child with a relative or significant other foster carer who has not yet had a WWC Check. In such a situation, the carer must apply for a WWC Check within five days of the child being placed in their care, or the child must be removed.

39. Additional safeguards are in place, such as the case manager locating previous records of any contact between the carer and the Department on Assist. Assist is the Department's electronic client information database and provides an integrated means of storing and electronically accessing the details of the Department's involvement with a client family group or individual.

40. A home visit will be conducted to undertake a safety assessment with respect to the household environment for the child in care. The carer applicant is also required to complete a statutory declaration with respect to their criminal history.

Criminal Record Checks

41. Criminal record checks are undertaken by the Department's Screening Unit in accordance with the Department's 'Criminal Record Check Policy.' Criminal record checks are required to exclude any person engaged by the Department (either directly or through an external organisation or CSS OOHC provider) with a criminal history of inappropriate behaviour and other offences that deems them unsuitable or a risk to children. The screening includes a national criminal record check, and an international criminal record check if required.

Annexed hereto and marked **EW3.** is a copy of the Department's Criminal Record Check Policy.

Department Screening Checks

42. The Department's Screening Unit also completes Department Screening Checks pursuant to the 'Overarching DCP Record Screening Policy.' These checks require the Department to review its own client and child protection records for all persons likely to have contact with children in care.

Annexed hereto and marked **EW4.** is a copy of the Overarching DCP Record Screening Policy.

WWC Checks

43. A WWC Check is a comprehensive criminal record check for any adult engaged in 'child related work' in WA as defined under section 6(1)(a)(vi) of the *Working with Children (Criminal Record Checking) Act 2004* (**WWC Act**).

44. An applicant completes a WWC Check application which is submitted to the Department's WWC Screening Unit. If the WWC Check does not raise any concerns, the applicant will be issued with a WWC Card. If the WWC Check fails, the applicant will be issued with either an Interim Negative Notice or a Negative Notice.

45. CSS carers and CSS employees who work directly with children in care also require a WWC Check. WWC Checks are completed by the Department's Working with Children Screening Unit, which is separate from the Department's Screening Unit, and accesses and considers a range of enhanced criminal record and other relevant information about the applicant's behaviour.

Annexed hereto and marked **EW5.** is a copy of Chapter 2.2 of the Department's Casework Practice Manual entitled Record Checks and the Working with Children Card.

Annexed hereto and marked **EW6.** is a copy of Chapter 2.3 of the Department's Casework Practice Manual entitled Working with Children Card – Application and Renewal Requirements for Carers and Carer Household Members.

Notifications

46. In WA the continuous monitoring of WWC cardholders and those with pending applications is currently undertaken through information system links between the WWC Screening Unit and the WA Police. The WWC Act requires employees to notify their employers and the WWC Screening Unit of relevant changes in their criminal record and also states that the WWC Screening Unit must notify the employer that a relevant change has occurred (see section 29 of the WWC Act). The WWC Act also requires employers to be provided with a copy of any Interim Negative Notice or Negative Notice.

47. If a carer is issued with an Interim Negative Notice or Negative Notice under the WWC Act, the process for revocation of the carer's approval must commence. An Interim Negative Notice or Negative Notice prohibits a person in receipt of a Notice from undertaking any kind of child related work and prohibits employers from engaging such persons in paid or voluntary work (see sections 22(2) and 23 of the WWC Act). This means that the carer is prohibited from undertaking child related work while the process for revocation of their WWC approval is underway and also that the Department is prohibited from engaging them in such work.

48. Where the Department is the employer or deemed employer under the WWC Act, the WWC Screening Unit notifies the carer and the Department about the Interim Negative Notice

or Negative Notice. As Director General, I am informed in writing and the Department advises the carer that the process to revoke their approval has commenced. An alert is placed against the carer in Assist to inform database users that proceedings are underway for approval of revocation.

49. Following the issuing of an Interim Negative Notice or Negative Notice the Department removes any child in care from the placement or ensures that the carer has left the placement household, and confirms the safety of any other children in the carer's home.

Maintaining currency

50. The status of approved Department carers' and other adult household members' WWC Cards are monitored to ensure currency. The WWC information system will automatically generate a WWC Expiry Notice that is sent to carers and adult household members three months before their WWC Card expires. District offices must monitor the status of carers' WWC Cards (and adult household members who are required to have a WWC card).

51. Case managers conduct home visits to prompt and remind carers of the need to apply for a new WWC Check. Case managers can assist carers with the form and also help with transport and lodgement when a carer lives in a regional or remote location. WWC Card compliance is required by the *Children and Community Services Regulations 2006* (the **Regulations**).

52. The district office sends a letter and WWC Check application form by registered mail to any carers or adult household members who have not re-applied for a WWC Check 10 days prior to the expiry date. If a carer has not applied for their new WWC Check by the expiry date of their current WWC Card, the district office can remove the child in care from the placement and record an alert on Assist. A further letter is sent by the district director to the

carer to advise that no children can be placed with the carer until they have applied for a WWC Check.

53. Funded CSS OOHC providers undertake an annual review of their carers (discussed further from [131] below), which includes checking that CSS carers have current WWC Card.

Area 1(b) Assessment of carers and staff

Department carers

54. All carer applicants are assessed by the Department against five competencies outlined in the Regulations. These are found in regulation 4 which provides that the CEO must be satisfied the carer applicant:

(a) can provide care for a child in a way that promotes the wellbeing of the child, promotes the child's family and interpersonal relationships, and protects the child from harm;

(b) can provide a safe living environment for a child;

(c) can work cooperatively with officers, a child's family and other people when providing care for a child;

(d) can take responsibility for the development of his or her competency and skills as a carer; and

(e) is a person of good character and repute.

Foster carers

55. The assessment process for foster carers involves consideration of any previous involvement with the Department, home visit observations, referee reports and medical reports to determine a person's capacity to meet the competencies.

Annexed hereto and marked **EW7.** is a copy of Chapter 9.2 of the Department's Casework Practice Manual entitled

General Foster Care Assessment Panel and Approval Process.

56. For all metropolitan Department carer applicants, completion of Fostering with Skill and Care training is a mandatory requirement. Training provides further opportunity for applicants to demonstrate their competence. Applicants complete a participant workbook and attend 19 hours of workshops. If the foster carer training team has concerns about an applicant they alert the person undertaking the assessment.

57. Once a carer has been assessed as meeting the competencies in regulation 4, regular reviews are undertaken (at a minimum once every 12 months) to discuss with the carer what aspects of the care arrangement are working well, any aspects the Department and the carer might be worried about, and to ensure that the carer still meets the competencies.

Annexed hereto and marked **EW8.** is a copy of Chapter 9.6 of the Department's Casework Practice Manual entitled General Foster Carer Review Process.

58. Where appropriate, a learning and development plan is developed with the carer to address issues relating to meeting the competencies.

59. If, during a review, a carer is assessed as no longer meeting the competencies set out in regulation 4, the district office will commence the process to revoke approval as a foster carer. An alert is recorded against the carer in Assist to inform database users that the process is underway for revocation. I make the decision as to whether approval is revoked.

60. The Department will assess and take action to confirm the safety of children placed with the carer as well as the safety of any other children in the carer's home.

Residential care and Secure Care facilities

61. Any individual who applies to the Department to be employed as a residential facility employee or Secure Care employee is assessed and interviewed against the selection criteria as set out in the job description.

62. The applicant must demonstrate knowledge of engaging with children and young people through their life skills and recreational activities. They must also demonstrate a commitment to promoting positive self-worth and development, and show they have an understanding of working with traumatised children. An essential selection criterion is Certificate III and/or Certificate IV in Community Services (Protective/Residential Care) or approved equivalent, or equivalent experience in working with or caring for children who have experienced trauma.

63. New residential facility employees are placed in a casual pool for up to 12 months to cover shifts for permanent employees who are on leave or sick. If a permanent position becomes available, a person is appointed from the casual pool. This recruitment process has shown an increase in the standard of quality recruits and results in higher retention rates of residential facility employees.

64. In addition, new residential facility employees and Secure Care employees undertake orientation shifts in a house before they work with children on their own to enable them to be partnered with, and learn from, more experienced employees. It also allows the children and young people to be introduced to the new employee slowly and in a supported way.

65. Part of the supervision process for permanent residential facility employees is an annual review with the manager using the Reaching Forward Performance Development system.

66. The Reaching Forward Performance Development system mandates managers and employees across the Department to discuss work performance, and learning and development goals. Performance planning and development is recorded using the tool. This process provides an opportunity to identify work goals and priorities and learning and development goals and strategies as well as identifying any problems or issues that a residential facility employee may be experiencing.

CSS carers and employees

67. All CSS OOHC providers are contractually required to have protocols and internal polices for thorough assessment of potential CSS carers and employees. The Service Agreement with the Department requires CSS OOHC providers to have documented assessment and training processes to confirm that all CSS carers and employees meet the same competencies as those outlined in regulation 4.

68. CSS OOHC providers have access to the Department's General Foster Carer Assessment manual which provides a guide to undertaking assessments of potential CSS carers. It includes tools and case studies on key competencies. The Department can also provide training and support to the employees undertaking the assessment.

Annexed hereto and marked **EW9.** is a copy of Chapter 9.1 of the Department's Casework Practice Manual entitled General Foster Carer Assessment.

69. If there are concerns raised about a CSS OOHC provider's assessment process during the term of a Service Agreement, the Department's contract manager can seek further information about the assessment process or request a copy of the CSS OOHC's protocols and policies. Upon review of the relevant protocols and policies, the Department may

require demonstration of continuous improvement in service delivery.

70. The Department also undertakes several service reviews with the CSS OOHC providers throughout the term of the Service Agreement during which continuous improvement is explored (discussed further at [137] below).

71. All CSS carers (including applicants) must be listed on the Department's foster carer directory of WA, which forms part of Assist. The Department notifies CSS OOHC providers if an applicant to their agency has been previously assessed as unsuitable to provide care.

72. CSS OOHC providers are also required by the Protocol for the foster carer directory of WA (which forms part of the Service Agreement between the Department and the CSS OOHC provider) to give new or updated information about their carers to the custodian of the foster carer directory of WA. An authorised officer of the CSS OOHC provider submits the information to the custodian of the directory using templates provided in the Protocol. This includes:

(a) change of personal or household details;

(b) change of approval details – including WWC Check screening renewal;

(c) completion of the annual carer review by the CSS OOHC provider; and

(d) change of approval status – such as foster carer 'Under Review'.

Annexed hereto and marked **EW10.** is a copy of the Department's Protocols for the foster carer directory of Western Australia.

Area 1(c) Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures.

Training and resources - overview

73. Skilling professionals who have regular contact with children to recognise the indicators of abuse and respond to disclosures is critical to keeping children safe, and is ongoing.

74. The Department has developed learning pathways for all Department carers and residential employees, and CSS OOHC providers and their carers/employees. Relevant learning programs include:

    (a) Therapeutic Crisis Intervention;

    (b) Responding to Concerning Sexual Behaviours in OOHC;

    (c) Protective Behaviours; and

    (d) Attachment and the Impact of Trauma.

75. The learning pathways include workshops, eLearning and face-to-face programs. The programs can be accessed through the Department's Learning and Development Centre (the **LDC**) and online via Moodle, an online learning program that can be accessed by Department employees, carers and CSS OOHC employees and carers.

76. The 'Responding to Concerning Sexual Behaviours in OOHC' program is based upon the 'Response to Concerning Sexual Behaviours in Children and Young People – A Learning Resource for Carers and Staff' resource kit which contains:

    (a) Facilitator’s DVD;

    (b) Participant’s DVD;

(c) Companion DVD to support the implementation of the learning resource;

(d) Helping Children with Sexual Behaviour Problems: a Guidebook for Professionals and Caregivers, 4th edition (Toni Cavanagh Johnson);

(e) Working with Children Exhibiting Sexual Problems (Washington State DVD);

(f) Parenting a Child who has been sexually Abused (British Association for Adoption and Fostering DVD); and

(g) Ditto's Keep Safe Adventure Show DVD and Ditto's Keep Safe Adventure CD – ROM.

77. The learning programs are designed to equip carers and employees of the Department and CSS OOHC providers with the knowledge and skills they need to respond therapeutically (rather than reactively) to the needs and behaviours of vulnerable children.

78. Specific training programs have been developed to help all carers and employees identify signs of sexual abuse in children, develop skills to encourage disclosures of sexual abuse, and respond to such disclosures. For example, the Identify and Respond to Children at Risk of Harm program aims to equip participants with the skills and knowledge to identify and respond to children at risk of harm or neglect, including sexual abuse.

79. In recognition that carers in WA live across a vast geographic area, including regional or remote regions, and come from culturally and linguistically diverse backgrounds, the LDC Mobile App allows remote access to the Department's learning pathways, training calendar and online courses. The LDC provides some face-to-face programs via videoconference to allow easier access to

learning and development for carers and employees, particularly those who reside in regional or remote areas.

80. Ongoing learning and development for employees and carers is also delivered locally by employees in the districts.

81. People working with children in OOHC who have sexually abused other children require specific information and training. The Department provides carers with information on appropriate developmental and concerning sexual behaviours, as well as a protective behaviours workbook.

82. The joint Mandatory Reporting Interagency Training Group also delivers to each Department district office specific child protection training across the State on a yearly basis. The training includes identifying indicators of abuse and how to deal with concerns about a child. Both mandated reporters (being teachers, police officers, doctors, nurses and midwives) and non-mandated reporters (including Department carers, residential facility employees and Secure Care employees, and CSS carers and employees) can attend, and are encouraged to do so.

Department carers and case managers

Foster care

83. A range of training is provided to Department carers during the preparation, assessment and post-approval stages. While preparation training is mandatory for general foster carer applicants in the metropolitan area, it is also offered to general foster carer applicants in regional and remote areas by the Department's regional and remote district offices.

84. Department general foster carer applicants in country areas are provided with preparation training via the district using a training program entitled 'Fostering with Skill and Care'. The training program is broken into six core modules which include trauma and attachment, ‘healing’ parenting skills,

impact and considerations of fostering, safe caring and self care, and cultural considerations.

85. Training is delivered in different formats to accommodate carer commitments and the difficulties associated with providing and accessing training in regional and remote areas.

86. Generally, carers participate in a series of two hour face-to-face modules in the district office with a district facilitator. Alternatively, carers can also participate in a series of two hour modules delivered via video conference over six weeks. This style of training was offered for the first time in 2014 and was open to carers (including relative and significant other carers) across WA. The training will continue to be offered in this format twice per year.

87. A self-paced distance education package based on the existing six training modules has also been developed and is being piloted in 2015. It will include a series of self-paced online learning module. The package can be delivered as a complete self-paced course, in a one-on-one format during the assessment period or as a means for carers to review its content.

88. The 19 hours of training, referred to in paragraph [56] above, is mandatory for metropolitan based general Department foster carers, residential facility employees and Secure Care employees. It is also open to all carers including CSS carers. The workshops provide essential information on a range of issues including protective behaviours, and what carers should do if a child were to disclose sexual abuse.

89. Additionally, Department carers receive the 'Foster Carer Resource File and the Foster Care Handbook', which includes information about behavioural management and responding to a disclosure of sexual abuse. The handbook outlines what to do if a child discloses sexual abuse.

90. The Department's foster carer review process, including case management activities such as home visits and consultation with employees, looks at what further learning and development the carer and their family may require. Case managers have at least monthly contact with each foster carer.

91. Departmental foster carers can also access support from the district psychologist or a funded child sexual abuse therapeutic service to increase their knowledge and understanding of the impact of sexual abuse and the associated trauma, to help build their capacity to manage challenging behaviours and make placements a healing experience for children.

Residential facilities and Secure Care facility

92. The Department's residential facility and Secure Care employees complete two weeks of required training when they commence with the Department, but prior to working with children.

93. These training programs focus on the impact of abuse and strategies for working therapeutically with abused children. They also incorporate education that concerning behaviours such as inappropriate sexual behaviour and self-harm can be a symptom of past abuse and represent a risk factor for re-enacting their abuse.

94. Residential facility and Secure Care employees also undertake an Introduction to Child Protection eLearning module that contains information on all forms of abuse and neglect including sexual abuse, which is to be completed within 6 months of commencing work with children. In addition, the training on Responding to Concerning Sexual Behaviours in OOHC is offered to all employees. Residential facility employees are also encouraged to attend once they have completed their other mandatory training.

95. Professional Departmental employees, including a nominated manager, support residential facility employees. All residential facilities receive the support of a psychologist. In the metropolitan homes this equates to 0.5 FTE per house. The primary role of psychologists is to encourage, guide and facilitate the provision of therapeutic care to children in the home. In this capacity, psychologists work as a ‘hands on’ consultant to the residential care team including responding to disclosures of sexual abuse. While psychologists and residential care employees are not mandatory reporters required by law to report, they are required to report disclosures because they are Departmental employees.

96. Residential facilities and the Secure Care facility use the 'Residential Care (Sanctuary) Framework' to support and work therapeutically with children in care. The Department commenced using this framework in 2011. It identifies employee behaviours to support children and includes building rapport, listening and responding to children’s concerns (including concerns about sexual abuse), and offering therapeutic support.

97. In December 2014, the Department became the first government agency in Australia to be certified as a Sanctuary organisation by the Sanctuary Institute (based in New York). Certification signifies that the Department provides a high level of care within a trauma-sensitive environment for children and residential employees. The Sanctuary Institute report commented that the Department's Sanctuary training was of the highest standard they had seen.

Annexed hereto and marked **EW11.** is a copy of the Department’s Residential Care (Sanctuary) Framework 2012.

CSS carers and employees

98. The Department's contract manager assists CSS OOHC providers to identify training needs and encourage links with relevant training bodies. CSS OOHC providers are encouraged to send their CSS carers and employees to the Department's training programs, which are provided for free.

99. CSS OOHC providers are also encouraged by the Department to provide CSS carers and employees in FGHs with training in therapeutic care and trauma informed practices with children and youth. This includes the Identify and Respond to Children at Risk of Harm program. Additionally, the Department's training on Impact of Trauma on Children and Youth, Residential Care (Sanctuary) Framework, and Therapeutic Crisis Intervention is open to CSS employees in FGHs.

100. New Service Agreements for CSS OOHC FGHs, which will come into effect on 1 October 2015, will outline that CSS OOHC providers' strategies must include attachment and trauma informed therapeutic care models for OOHC. This is to highlight the importance of the therapeutic framework in which CSS providers work, and to ensure consistent and quality therapeutic care across all FGHs.

101. CSS OOHC providers are responsible for providing training to CSS carers and employees in FGHs in protective behaviours and signs of abuse in children, including sexual abuse and disclosure. In most cases, training is provided prior to commencing as a CSS carer or employee and is ongoing.

102. Each child also has a Departmental case manager who visits the child at least quarterly and provides further support to the child, including building a relationship which may encourage disclosures of child sexual abuse. The case

manager is supported and supervised by a senior staff member. Case managers also have access to other specialised staff, such as psychologists, senior practice development officers and education officers.

103. The case manager is supported during the case management process in ongoing learning and development through one on one coaching, discussion and support.

Mandatory reporting training

104. In January 2009, the CCS Act amendments introducing mandatory reporting legislation for child sexual abuse came into operation. This was a significant step in strengthening the child protection system in WA. Under the mandatory reporting laws, doctors, nurses, midwives, teachers and police officers must report any reasonable beliefs of child sexual abuse to the Department. The Department is the lead agency in managing all mandatory reporting of child sexual abuse.

105. The Mandatory Reporting Interagency Training Group is comprised of representatives from the Department's Mandatory Reporting Service, the Department of Health, the Department of Education, Catholic Education, Independent Schools and the WA Police. The group delivers interagency state wide training and information sessions to mandatory reporters and other professionals to enhance the quality of reporting.

106. Since the introduction of the mandatory reporting legislation in WA in 2009, there have been 258 information sessions held throughout the state with 4,633 participants.

107. The Mandatory Reporting Interagency Training Group collaboratively facilitates two day learning events to district offices in regional or remote WA. These are attended by local government and non-government agencies and focus on contemporary child protection knowledge and working

in partnership. The training includes information on child sexual abuse indicators and reporting requirements, grooming behaviours, 'sexting' and online exploitation, how to manage a disclosure of child sexual abuse, sexually transmissible infections, early onset sexual activity and information sharing.

Area 1(d) How does the agency determine that National Standard 12 is implemented and monitored?

108. The National Standards for OOHC were designed to deliver consistency and improve the quality of care provided to children and young people. There are 13 National Standards which aim to provide better outcomes for children in OOHC. The development of the National Standards in 2011 was a priority project under the Council of Australian Governments (**COAG**) endorsed National Framework for Protecting Australia's Children 2009-2020. The National Standards were endorsed by relevant Ministers in 2011. The Department was part of the National Standards initiative from inception, and is committed to their continued implementation.

109. National Standard 12 requires that 'carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.' As the National Standards explain, this aims to ensure that the people who are providing care receive training and support to help them deliver the best care possible. National Standard 12 is to be measured by:

(a) measure 12.1, which provides information about how many foster carers the Department has, and how many children are placed with them (**carer statistics**);

(b) measure 12.2, which provides information about recruitment and retention of foster carers, being the number of foster carers at 30 June, and the number

of new approvals of persons as foster carers and the number of persons who cease to be approved foster carers during the twelve months to 30 June (**carer retention and attraction**); and

(c) measure 12.3, being the proportion of foster carers and kinship carers (who had at least one placement during the year) who report feeling supported in their role and who feel the developmental needs relevant to their role are catered for (**carer feedback and support**).

Carer statistics, retention and attraction

110. Under the National Standards, the Commonwealth Government through the Australian Institute of Health and Welfare (**AIHW**) is responsible for collecting and monitoring data in conjunction with the States and Territories. The Department has a Memorandum of Understanding (**MoU**) with AIHW to define how the Department shares information for the National Standards.

111. The Department has provided data to AIHW in relation to National Standard 12.1 (carer statistics). This was reported in the Annual Report to the COAG 2012–13 for the National Framework for Protecting Australia's Children 2009-2020 (**National Framework**). For the 2012-2013 reporting period the data shows that the Department recruited a greater number of foster carers than those exiting.

112. The Department will next provide data to AIHW on National Standard 12.1 and 12.2 (carer statistics and carer retention and attraction) in mid-2015. Data on National Standard 12.3 is not yet collected by the AIHW.

Carer feedback and support

113. The Department's Foster Care Partnership Practice Framework underpins the way employees engage with carers and provide ongoing support to them including seeking their views in planning and decision making.

114. In additional to case managers who provide support to carers, each district also has employees dedicated to supporting general foster carers.

115. The Department's residential care leadership team, which consists of directors, assistant directors, senior practice development officers and senior psychologists, regularly visit the Department's residential facilities and Secure Care facility. Any issues or concerns regarding standards of care are identified and addressed in a timely manner with the manager and employees at the particular residential facility. Senior residential care employees also visit districts to provide feedback and facilitate ongoing discussion on strengthening the practice in relation to children in residential facilities.

116. The Department is further enhancing its approach to collecting foster carer feedback by piloting an online Viewpoint survey system currently used with children in care (discussed at [126]-[128] below).

117. The Department funds the Foster Care Association of Western Australia (**FCAWA**) which provides information, advice and support to foster carers. The FCAWA has regular direct contact with carers and their families and provides feedback to the Department and CSS OOHC providers to inform OOHC policies and practice. The Director of the FCAWA meets with me every six weeks.

118. As discussed above at paragraph [57], the Department has implemented carer assessment and review processes (including annual carer reviews), and provides ongoing

access to training and support as required in order to provide quality care for children. Training and monitoring of feedback are discussed further in the response to areas 1(c) and 1(e) respectively.

119. The Department has also implemented steps to ensure Department carers are supported with appropriate respite relief. Departmental carers can receive up to five days respite relief per month, per child in their care. This is a useful tool for supporting carers in providing quality care. Extended respite care can be arranged as required.

120. If a Department general carer plans to take a break or cease fostering, the Department invites the carer to complete an exit interview. The exit interview provides an opportunity for the carer to discuss their experience as a carer, identify what worked well and advise the Department of their reasons for ceasing fostering.

121. As discussed above, CSS OOHC providers also undertake a comprehensive assessment of prospective carers, complete an annual review of approved carers, and provide access to ongoing training as required. In addition, FGHs delivered by CSS OOHC providers are staffed by a full time, live in specialist carer, assisted by additional service and program employees, and supported by respite staff.

Area 1(e) Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?

122. The Department consults with carers and employees, and seeks regular feedback in a variety of ways to assess the effectiveness of its recruitment, assessment and training of carers and employees in residential care.

Consultation and feedback

123. The Department's training programs for employees and foster carers are reviewed and modified where necessary to reflect evolving policy and practice, and to take into account participant feedback. The LDC collects optional feedback from carers and residential employees who attend face-to-face training courses and makes changes to future sessions as required. Feedback is provided on an evaluation sheet and is optional. The LDC also provides assessment feedback to residential care services on an individual's completion of the required training.

124. The foster carer review process provides an opportunity for the carer and their family to give feedback to Department case managers on what providing care has been like, what has gone well, what challenges have been encountered, any changes needed, and to comment on the adequacy of the support received. Learning and development needs are identified through the review and day-to-day case management process on an ongoing basis.

125. As part of the Sanctuary accreditation process discussed above at paragraph [97], a survey of residential employees' perceptions of OOHC was undertaken. The results indicate a greater sense of job satisfaction among OOHC carers and an increase in the value of employee training than was the case prior to implementation of the Sanctuary framework. This provides an indicator that persons being recruited are more suited to the responsibility and have a greater sense of the value of employee training in residential care than before.

126. The Department also uses Viewpoint to obtain feedback from children in care about their experiences in OOHC. 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 children and young people in care.

127. Children can access Viewpoint alone or with their case manager or another person. The information on Viewpoint is then reviewed by a senior officer of the Department. This provides a further avenue for children in care to remain safe and voice any concerns or complaints.

Annexed hereto and marked **EW12.** is a copy of Chapter 10.4 of the Casework Practice Manual entitled Viewpoint and Care Plans – Helping children in care to have their say.

128. During 2015, the Department will be conducting a six month pilot of Viewpoint for carers. The pilot will be conducted in the Rockingham and Albany districts. It is intended that the Viewpoint questionnaires will be used in the carer review process to explore whether Department carers feel they have received sufficient and appropriate support and training, and provide feedback on what else they would find helpful.

129. The Department engages in CSS Roundtable forums in which advice and information is shared. This improves outcomes and strengthens relationships between the Department and CSS in relation to funding and provision of services. Feedback obtained from CSS OOHC providers is recorded and acted upon. These forums have occurred every six weeks for seven years.

130. The Department's Complaints Management Policy sets out the process for children, parents, carers, family members and community members to have their complaints addressed. The Department's Complaints Management Unit oversees complaints about any aspects of the Department’s operations that cannot be resolved at the district office level, and is responsible for referring complaints.

Annexed hereto and marked **EW13.** is a copy of the Department's Complaints Management Policy and Procedures.

Standards Monitoring Unit

131. The Department's Standards Monitoring Unit (**SMU**) undertakes a comprehensive assessment of OOHC services provided by the Department district and CSS OOHC providers (every two years or earlier if warranted). Reports from SMU go directly to Corporate Executive, not to the district.

132. SMU undertakes the assessments using the 'Better Care, Better Services: Standards for Children and Young People in Protection and Care' (the **Standards**). The Standards require that all children in care should receive a consistent standard of service that protects their safety and wellbeing.

133. There are nine standards applicable to all children in care, irrespective of who is providing their OOHC arrangement. The Standards include Standard 3 which requires that children and young people have safe relationships and living arrangements, and Standard 7 which requires service providers to be diligent and accountable.

Annexed hereto and marked **EW14.** is a copy of Better Care, Better Services: Standards for Children and Young People in Protection and Care.

134. Part of the SMU assessment examines the recruitment, training, support and ongoing professional development of Department and CSS carers, and residential facility employees (see Standard 8). The SMU reviews the Department's files with respect to the child.

135. The Department's residential care facilities and Secure Care employees as well as CSS OOHC providers undertake annual self-assessment and monitoring against the Standards.

Annexed hereto and marked **EW15.** is a copy of the Department's self-assessment form.

136. CSS OOHC providers complete six monthly progress reports that they provide to the Department, which include their achievements regarding carer recruitment, assessment and training.

137. In addition to SMU assessments, the Department's contract managers conduct service reviews of CSS OOHC providers. The reviews are conducted three times in a five year period for each provider. The review includes examining the extent to which providers meet the Standards as well as progress made towards implementing any strategies identified through the SMU assessment.

Contract management

138. The contract manager will develop, implement and monitor action plans to address any identified issues with CSS OOHC providers. The Department works closely and proactively to ensure CSS OOHC providers meet the Standards as the earliest opportunity and before critical action becomes necessary. As a last resort, the Service Agreement relating to that placement will be terminated.

139. The contract manager role encompasses both supporting and monitoring the CSS OOHC provider for compliance with the Service Agreement. The Department's 'Contract Information Management System' (**CIMS**) supports the monitoring and compliance of the obligations imposed on a provider under the Service Agreement.

Area 2(a) – Who monitors children in out-of-home care, how is that monitoring carried out and with what frequency does it occur?

140. Monitoring of children in OOHC is an ongoing, child focussed process that occurs across all areas of the Department and with input from our partner agencies

including CSS OOHC providers, WA Police, the Department of Health and social services.

141. The Department uses both direct and indirect monitoring. Direct monitoring occurs when employees are working directly with the child and by those involved in the supervision of direct employees and in the planning of the day-to-day life of the child. Indirect monitoring occurs by managers responsible for employee groups or systems used to support children in care.

Direct monitoring

Carers, case managers and team leaders

142. Carers and employees who provide day-to-day care also provide day-to-day monitoring of children in their direct daily care. Carers provide the case manager with day-to-day and critical monitoring information such as the progress of care plans including observations of behaviours indicative of past abuse or current concerning behaviours.

143. Pursuant to Chapter 7.6 of the Casework Practice Manual 'Supporting Foster Carers', case managers have at least monthly contact with foster carers and must visit within one week of a placement, or change of case manager. Other visits will be scheduled dependent upon individual child and carer needs. These visits provide an opportunity for the case manager to undertake monitoring and support, and for the child and also for the foster carer to discuss any issues including concerns about the placement. Contact between visits can and does occur by phone, email and increasingly by other social media forums that children use.

Annexed hereto and marked **EW16.** is a copy of Chapter 7.6 of the Department's Casework Practice Manual entitled Supporting Foster Carers.

144. All carers and professional employees who engage with a child in care on behalf of the Department have a direct

monitoring role. For example, the Department's residential facilities including Secure Care which provide the highest level of supervision and care, are staffed by trained residential facility employees who are supervised and supported by a manager, and other professional staff such as psychologists and education officers.

145. Similarly, CSS FGHs are staffed by a full time, live in specialist carer, assisted by additional service and program staff, and supported by respite staff. Other external professionals frequent the homes and can form part of the daily care and monitoring. Examples include nurses and workers from Child and Adolescent Mental Health Services.

146. Departmental case managers and their team leaders provide direct monitoring of children in care. Team leaders are experienced practitioners who allocate and oversee work, supervise employees and ensure that plans for children in care are implemented. Each child in care is allocated a case manager who is required to see them pursuant to Chapter 10.11 of the Casework Practice Manual 'Quarterly Care Reports' at a minimum of every three months.

Annexed hereto and marked **EW17.** is a copy of Chapter 10.11 of the Department's Casework Practice Manual entitled Quarterly Care Reports.

147. In practice, the frequency of visits occurs more regularly than every quarter, and depends on the needs of the child. During the visit the child must be seen alone to assess their wellbeing, build relationships, determine how they are progressing in care, and hear their views and wishes. This often involves the case manager and child going to a coffee shop or park so that conversations can occur away from the home. Records of the visit, including the child's views, are recorded on the child's case file. This work is reviewed, supervised and approved by the team leader.

148. The number of children assigned to each case manager is designed to enable the case manager to develop a meaningful and trusting relationship with the children, their family and carers. A case manager is responsible for up to 15 children in care (18 in exceptional circumstances).

149. Other employees, such as Department contact supervisors, CSS employees and other professionals (for example, school or health staff) who come into direct contact with a child in care also have a monitoring role.

150. Contact supervisors report on supervised visits, which might include feedback about the child's response to the visit and any important information they may have obtained from the child or other relevant persons. Contact supervisors must discuss any concerns for the child or parents arising from observations during their contact visit with their team leader immediately after the contact visit. The contact supervisor must then provide a written report which is provided to the case manager and saved on the client file.

CCS Act Assessors

151. Section 125A of the CCS Act enables the CEO to appoint a person as an 'Assessor.' An Assessor must have appropriate experience, skills, attributes or qualifications. Assessors are given the following powers when visiting a residential facility or the Secure Care facility:

(a) enter and inspect the facility;

(b) inquire into the operation and management of the facility;

(c) inquire into the wellbeing of any child in the facility;

(d) see and talk with any child in the facility; and

(e) inspect any document relating to the facility or to any child in the facility.

152. Assessors are independent of the Department. They must provide a written report to the CEO about each visit they make to a residential facility or Secure Care facility As a courtesy these reports are provided by the Department to the Western Australian Commissioner for Children and Young People.

153. A child in the residential facility or the Secure Care facility or the child's parent or relative may request the person in charge of the facility to arrange for an Assessor to visit the child.

154. In 2012, the Department appointed three Assessors to conduct visits to, and report on, the newly established Secure Care facility and a number of Department residential facilities. In 2014, a further two Assessors were appointed. In 2015, the role of Assessor has been expanded to include more frequent visits as well as visits to FGHs.

155. The expanded Assessor oversight program includes earlier follow-up visits to a facility to oversee whether previous recommendations have been implemented. From February 2015, the number of visits by Assessors to residential care facilities will increase to approximately 1 visit per month with a follow up visit after 3 months. An Assessor may contact the child's case manager to discuss any concerns.

Specialist staff

156. Each district office has specialist staff that provide specific services for children in care. These include psychologists, Aboriginal practice leaders, education officers, parent support workers, youth and family support workers and senior practice development officers. These staff also monitor patterns and themes about children in care at a local level as well as provide specialist guidance about individual children. Staff work directly with a child in care, the case manager and district office team to address areas where practice can be improved.

Annexed hereto and marked **EW18.** is a copy of Chapter 1.17 of the Department's Casework Practice Manual entitled Specialist Positions in District Offices.

Case and care planning

157. Case and care planning is used to plan, monitor and review children in care. This involves active participation and consultation with the child, their family and other relevant agencies such as the Departments of Health and Education.

158. Case planning is an ongoing process which involves assessing, planning, reviewing and evaluating case information.

159. Care planning is a legislative requirement under section 89 of the CCS Act to:

(a) identify the needs of the child;

(b) outline the steps or measures to be taken in order to address those needs; and

(c) set out decisions about the care of the child including:

(i) decisions about placement arrangements;

(ii) decisions about contact between the child and a parent, sibling or other relative of the child or any other person who is significant in the child's life; and

(iii) Secure Care decisions referred to in section 88G of the CCS Act.

160. The child's care plan is the main Department document which describes the child's needs and monitoring arrangements. Care plans are reviewed annually and more often if required. Monitored areas are safety, care arrangements, health, education, family and social relationships, recreation and leisure, emotional and behavioural development, identity and culture, and legal

and financial matters. Initial care plans are completed for each child within 30 days of the child entering care. Modified or reviewed plans are completed at any time if there is a change in a child's circumstances.

161. All day-to-day work (including care and case plans) undertaken by case managers regarding children in care is typed and electronically recorded on the client file. This process is supervised, reviewed and approved by a team leader.

Education and health planning

162. Each child in care has specific annual planning to meet their education and health needs in accordance with the Department's Education and Health Care Planning for Children in Care process.

163. These plans are developed with the child, alongside the child's school and health professionals to monitor their health and education. Other relevant professionals, a child's carer and the child's parents and significant others (as appropriate) are included in the development of a plan. Plans also include information for review and monitoring arrangements based on the individual child's needs. The education and health plans are discussed at, and inform, the annual Department care plan review.

Self-monitoring and Viewpoint

164. Alongside children's participation in discussions, visits and meetings, direct monitoring occurs through Viewpoint (discussed above at [126]-[128]). Case managers must meet with the child as soon as possible following completion of the questionnaire to discuss its contents. The results also provide employees with useful monitoring information which can be discussed with the child. The information can also be used as part of a management reporting system that aggregates live data for use in service monitoring and

improvement, strategic and operational planning, and reporting.

Indirect monitoring

Case management practices

165. Case managers and residential facility employees working directly with young people in care are part of a team. Employee and team meetings take place at various regular time intervals ranging from daily, weekly or monthly dependent upon the issues requiring discussion. These forums allow for discussion relevant to that staff group and can include discussion about individual children or a group of children. Employees are able to highlight any concerns they may have alongside ideas to support children in care.

166. Each district office has a leadership team consisting of a district director, assistant district director, team leaders and specialist staff who have an indirect role in monitoring children in OOHC.

167. The frequency of leadership team meetings is decided by the district director (usually weekly) and is designed to provide oversight and monitor the progress of children in care. For example, the leadership team will monitor that each child has a documented care plan and will also address thematic issues for the local area.

168. The Department's Case Practice Unit is responsible for developing and monitoring case management practices in districts and providing advice and support as necessary. The unit consists of experienced directors, senior practice development officers and administration staff. Its role is to support the district offices and provide a quality control mechanism to address the needs of vulnerable children in a familial and community context.

169. Indirect monitoring occurs through the supervision of carers. The Department's practice is for employees to

receive, at a minimum, monthly supervision with their supervisors. Some employees receive supervision more regularly, for example those who are new to the Department or managing more complex cases. Supervision also provides the opportunity for the supervisor and supervisee to discuss areas of skill development where needed and put in place strategies to address any concerns.

Annexed hereto and marked **EW19.** is a copy of the Department's Supervision in Case Practice Policy 2013.

170. CSS OOHC providers have their own policy and procedures for such supervision outlined in their submission to the Department during the procurement process.

Oversight and audit - the SMU

171. The SMU's monitoring of compliance with the Standards provides a further opportunity for indirect monitoring of all children in care (as discussed at paragraph [131] above). The SMU visit individual districts and will review practice and the operation of procedures, based on a randomly selected sample of children in care cases (based on proportion of children by gender, ethnicity, and age).

172. The monitoring team interviews children over eight years old in all forms of the CEO's care as well as relevant employees and parents. The district office is then advised of recommendations to improve services generally as well as any required action needed with respect to a particular child in care.

Annexed hereto and marked **EW20.** is a copy of the Department's Standards Monitoring - What's it all about - Brochure for Children and Young People, 2013.

Oversight and audit- Internal Audit Unit

173. Within the Department, the Internal Audit Unit reports directly to the Office of the Director General and the Corporate Executive. The Unit is made up of two Senior

Internal Auditors. They undertake appraisal within the Department including, relevantly, measuring the effectiveness of policies and procedures in achieving the Department's objectives, compliance with legislation, policies and established procedures.

Oversight and audit- Assistant Director and Senior Child Protection Worker

174. The Assistant Director and Senior Child Protection Worker in residential care provide an additional monitoring mechanism and layer of Departmental support for CSS OOHC providers in FGHs. The Senior Child Protection Worker has advanced knowledge in the provision of residential care by the Department.

175. The Senior Child Protection Worker's role is to ensure that the contractual framework operates to deliver the highest residential care standards. This role involves scrutinising a CSS OOHC provider's contractual obligations, monitoring service provision and closely liaising with the Assistant Director, the CSS OOHC provider and the Department's contract manager to ensure that the CSS OOHC provider is implementing a therapeutic service.

Review and monitoring

176. The Department produces management information reports for monitoring purposes which collate current information about children in care and key performance indicators gathered from data entered into Assist. The Department also receives progress reports submitted by CSS OOHC providers. This information allows for monitoring of strategic themes and addressing issues for children in OOHC.

177. The Advocate for Children in Care (the **Advocate**) also monitors children in care. The Advocate is employed by the Department and sits under the same Executive Director as

SMU. As Director General, I meet with the Advocate quarterly. The Advocate provides direct information, advocacy and support for individual children in care. Additionally, the Advocate liaises with other stakeholders, monitors trends and themes and contributes to Departmental policy development and quality assurance.

Annexed hereto and marked **EW21.** is a copy of the Department's document entitled Advocacy for Children and Young People in Care 2015.

External oversight

178. The Case Review Panel reviews care planning decisions that are made for a child in OOHC and can recommend changes to the CEO. Case Review Panel members are appointed by the CEO and consist of not less than three members, none of whom are Departmental officers, including:

(a) The Chairperson (who has legal qualifications);

(b) Deputy Chairperson (who also has legal qualifications); and

(c) Independent Panel Members who have either a qualification in social work or psychology and who have experience in and knowledge of child and family welfare issues including the aetiology of child maltreatment and issues pertaining to the wellbeing, including the care and safety, of children and young people.

179. The Case Review Panel may also use special advisors (who are not staff members) when children are Aboriginal or from culturally and linguistically diverse communities.

180. Review may be sought when a child, parent, carer or other person with an interest in the child's wellbeing does not agree with a planning decision made within the child's care plan. Planning decisions include decisions such as

placement arrangements, contact arrangements, services to be provided to the child or their family. Departmental officers cannot request a review.

181. A matter goes to the Case Review Panel if an application is made within 14 days of a person receiving a copy of the care plan or modified care plan. The Case Review Panel will convene as soon as practicable after the date the application is received.

182. If the person seeking a review of a decision(s) is not satisfied with the outcome following a review by the Case Review Panel, they can apply to the State Administrative Tribunal for a further review.

183. The State Ombudsman is an additional external oversight mechanism to investigate complaints about the Department, and may undertake own-motion investigations about the practices of the Department.

Complaints investigations

184. Complaints investigations also provide an opportunity to monitor children in OOHC. As explained above (at paragraph [130]) children and other stakeholders can make complaints about services provided by the Department which are investigated by the Department's Complaints Management Unit if they cannot be resolved at the district level. If the person is not satisfied with the outcome from the Complaint's Management Unit, they have the option to take their complaint to the State Ombudsman.

Area 2(b) – Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out-of-home care.

Charter of Rights

185. Each child in care is provided with an age appropriate 'Charter of Rights' (the **Charter**) booklet along with a more detailed book about being in care. This documentation

describes to children their rights and provides contact details of their case manager. These rights are derived from the United Nations Convention on the Rights of the Child.

186. Case managers must explain and regularly review the Charter with the child and record the date the child receives their copy. Children are encouraged to discuss their rights and this may include disclosure of sexual abuse. As part of the Charter children are given information about contacting the Advocate and external agencies such as the Kids Helpline, WA Police and CREATE Foundation (WA), if they need to speak to someone privately and independently.

Annexed hereto and marked **EW22.** is a copy of the Department's document entitled Your Rights, Young People in Care: Charter Of Rights.

Annexed hereto and marked **EW23.** is a copy of the Department's publication All About Being in Care: This Guide is All About You, 2009.

Residential Case (Sanctuary) Framework

187. As part of the 'Residential Care (Sanctuary) Framework' implemented within the Department's residential facilities and Secure Care facility (discussed above at [96]-[97]), residential facilities have access to or onsite psychologists and education officers to support young people.

Networks

188. The Department's care plan process encourages children to develop a network of support where they feel able to tell a trusted person of their own choosing if they feel unsafe. This process involves promotion of positive family contact, involvement in leisure activities, professional relationships, such as with teachers alongside appropriate peer, and social relationships with young people of their own age.

189. The Department actively facilitates the creation of a safety network for children in care. The safety network are people

identified by the parents and child who can provide a safe environment or provide assistance if it is required. At the first possible discussion with the parents after a child enters care, a case manager will ask parents to identify people who might be able to be part of the safety network.

190. The role of the safety network is to respond to and manage any foreseeable threats and dangers to a child and provide informal practical and emotional support to the child. The safety network provides an additional avenue for disclosure.

Annexed hereto and marked **EW24.** is a copy of Chapter 9.3 of the Department's Practice Manual entitled Placement of a Child in the Care of the CEO with a Relative or Significant Other.

Visits

191. During case manager visits children in OOHC are seen and spoken with alone, often away from the home, to facilitate opportunity for the child to disclose any concerns (including child sexual abuse) they may have in their placements.

Protective Behaviours

192. The Department promotes protective behaviours training to children in care and the employees supporting them. 'Protective Behaviours WA' have provided training directly to children and accredited training for case managers and carers to implement with children including those in care. Children undertaking the training have an opportunity to understand healthy relationships and identify abusive situations alongside the development of individual safety networks. Such training assists children in care to be able to disclose sexual abuse. The employee training provides a greater understanding about child sexual abuse and its disclosure and prevention.

Encouraging Communication

193. The LDC delivers and coordinates training programs for case managers and carers to develop practices to facilitate disclosure of sexual abuse and support to children following disclosure. Information about the specific training courses organised by the Department is discussed from paragraph [73] above.

Communication tools

194. As well as Viewpoint (discussed above at [126]-[128]), a number of other communication tools are routinely used to obtain the child's views and provide an opportunity for them to talk about their care arrangements and disclose sexual abuse. These tools are part of the Department's Signs of Safety Practice Framework, which is a practice framework to instruct and guide employees about how to undertake child protection practices. The communication tools are designed to encourage child participation through the child drawing or writing information relevant to their welfare.

Annexed hereto and marked **EW25.** is a copy of the Department's Signs of Safety Practice Framework 2011.

195. By way of example, a words and pictures story board tool has been developed which allows children in care to understand the reasons for them being in care and describe safety plans for remaining safe and disclosing any further abuse. Children can also use an age specific 'report to meeting' document that includes the opportunity to voice any concerns.

Additional support

196. The Department operates the Crisis Case Unit (**CCU**) which provides telephone crisis care advice and support through a number of helplines. Children can call CCU 24/7. It is operated by trained Department employees. Employees

offer support and advice for children and liaise directly with carers or other support staff when a child discloses an allegation of sexual abuse. CCU also has links to other helplines operated by other agencies such as the Kids Helpline, SARC helpline and other national helplines.

197. In addition, the Department promotes a number of counselling and advice services. Externally, other agencies and the CSS provide a range of information, telephone helplines, advice and direct counselling services. These include the Sexual Assault Resource Centre (**SARC**) for children and young people aged over 13 years provided by the Department of Health, sexual abuse counselling for child victims and child perpetrators of sexual abuse by Anglicare and a child sexual abuse treatment service specifically for Aboriginal and Torres Strait Islander children provided by Yorgum Aboriginal Corporation.

Area 2(c) – What is the mechanism by which other authorities for example law enforcement, health and schools exchange information with the out-of-home care agency about the risks of sexual abuse of the children in care?

198. The CCS Act and Regulations provide the legislative framework for the exchange of information between other authorities, agencies and the Department, including where sexual abuse for children in care is suspected or identified.

199. Section 23 of the CCS Act enables the exchange of information relevant to the wellbeing of a child or group of children (**relevant information**) between the Department and a corresponding authority, service provider or an interested person. Section 24A of the CCS Act enables public authorities prescribed in regulation 20A of the Regulations to exchange relevant information with one another. There are a number of prescribed authorities, including the WA Police, Department of Education,

Disability Services Commission and the Department of Health.

200. The *Children and Community Services Legislation Amendment and Repeal Bill 2014* (the **Bill**) is currently before Parliament. This Bill proposes that these information sharing powers be extended to apply to information sharing between prescribed authorities and services in the CSS and non-government schools. It will enable prescribed authorities to exchange relevant information about a child's wellbeing.

201. The Department also engages in a number of multi-agency forums between relevant government and CSS in which information may be exchanged about the risks of sexual abuse of children in care. These include local child safety meetings, Child and Adolescent Mental Health Service liaison meetings and Regional Managers Forums. At such meetings, children or groups of children at risk and/or children in care may be discussed and joint strategies developed to address the risks.

Intra-governmental and intra-agency cooperation

202. Since the implementation of the National Framework, the Department has developed new, and updated existing, MoU with government and community sector agencies, outlining information sharing protocols and other joint agency processes to improve outcomes for vulnerable families.

203. Information exchange between State Government agencies is guided by the 'Policy Framework and Standards for Information Sharing between Government Agencies' (Public Sector Commissioner's Circular December 2014).

204. Strategic MoU exist between State Government agencies including the WA Police, the Department of Health, the Department of Education, Disability Services Commission, Drug and Alcohol Office, the Department of Housing, the

Mental Health Commission, Prisoners Review Board, Department of Corrective Services and the Family Court of Western Australia.

205. Strategic MoU also exist with Commonwealth services including Centrelink, Medicare Australia and the Child Support Agency.

206. Agencies that have regular contact with children have internal policies and procedures for identifying and reporting concerns relating to child abuse and neglect. For example, the Department of Education has:

(a) a specialist child protection support team who provide support and guidance to teachers and schools working with children including those displaying sexualised behaviours;

(b) comprehensive training and procedures for school staff regarding the exchange of information and support for children who might disclose sexual abuse; and

(c) each school has an identified person whose role is to oversee and support children identified at risk including children in care.

207. The Department works closely with the Department of Education, and employs education officers in residential facilities, Secure Care and district offices to assist with information exchange and collaboration about the educational needs of children and young people in care. Children in CSS OOHC care are able to access these staff.

208. A number of key initiatives have been implemented as a result of the 'Rapid Response Framework' 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. These initiatives have facilitated

communication between agencies to allow children in care to receive priority services.

209. Rapid Response is a Cabinet endorsed across-government framework and action plan to help address the specific and complex health, housing, psychological, educational and employment needs of children and young people in the care of the CEO. The framework allows agencies to provide priority access to services that will respond to the needs of vulnerable children and young people in care.

Annexed hereto and marked **EW26.** is a copy of the Department's Rapid Response brochure.

210. The case and care planning, including education and health planning procedures, discussed above at paragraph [157], also demonstrate how information is shared by the Department.

Area 2(d) – Is there a requirement that your agency as an out-of-home care provider be accredited, registered or licensed or otherwise be subject to conditions about the provision of out-of-home care? If so, please describe those requirements?

211. While there is currently no requirement for the Department or its CSS OOHC providers to be accredited, registered or licensed with respect to the provision of OOHC, the Department has a robust oversight system, including external monitoring mechanisms (see the discussion of external oversight in area 2(a) above).

212. The Department must apply the legislative standards set out in the CCS Act and the Regulations. Further, as discussed above, the Standards apply to all OOHC providers and are monitored by the SMU (see above at paragraph [131]).

213. All CSS OOHC providers are also required to comply with the 'Department for Child Protection and Family Support and Non-Government Placement Agencies Protocol for Standard of Care and Safety and Wellbeing Concerns for

Children in the CEO's Care, December 2013' (the **Safety and Wellbeing Protocol**).

Annexed hereto and marked **EW27.** is a copy of the Department's Safety and Wellbeing Protocol, 2013.

214. Foster carers and applicants must be recorded on the foster care directory of WA in Assist.

215. I again note that the Department is currently undertaking a review and reform of its OOHC arrangements. A key strategic direction in the 'Out of Home Care Strategic Directions Discussion Paper' (see paragraph [33] above) is to grow the CSS. This will involve further exploration of the options for greater oversight mechanisms of the OOHC system.

Area 2(e) – What mechanisms are there for children in out-of-home care to talk to someone outside the immediate out-of-home care placement?

216. The Department recognises that some children in OOHC may be vulnerable to abuse and has mechanisms in place for ensuring that children in care are able to speak to people outside of their immediate care placement and away from their direct carers.

Case managers

217. Case managers see children alone and away from their placements during their minimum quarterly care visits. Case managers are also encouraged to visit and see children more frequently to build a relationship with the child in care. Children in care are also able to telephone their allocated managers and request to be seen outside of these arranged visits.

Other Departmental employees

218. Other employees that come into contact with a child in care such as team leaders, psychologists, family resource

employees who provide transport and supervise contact, other case managers, past case managers and respite carers may all be approached by the child in care outside the immediate placement. In such circumstances employees are expected to listen to the child and follow the Department's policies and procedures and pass on relevant information to the allocated case manager.

The Advocate for Children in Care

219. The Advocate (discussed above at paragraph [177]) provides an additional mechanism for children to speak with a trained professional outside their immediate OOHC placement.

Professional staff and family outside placement

220. As part of the Department's Signs of Safety practice framework safety plans are developed involving children in care and professional staff and/or family outside the immediate placement. Children are asked to choose people who they are able to speak with outside of their care arrangement about their concerns, such as a teacher or relative.

Area 3(a) – What are the requirements or practices for reporting allegations of child sexual abuse within the agency?

221. I have taken this statement to relate to the Department's internal practices for reporting allegations of child sexual abuse.

222. Early identification and reporting of child sexual abuse to Departmental and external authorities is critical to keeping children safe. As well as mandatory reporting under the CCS Act (discussed at paragraphs [104]-[107]), the Department has strict processes for the internal reporting of allegations of child sexual abuse.

223. Within the Department, allegations of sexual abuse of a child in care must be reported to the child’s case manager in

the first instance as a matter of high priority. After hours, the CCU is the main point of notification and will inform the case manager of the concern notification.

224. The CCU is the after-hours point of contact for the Department. Where required, CCU will act to protect children and young people who are at risk of sexual abuse. It provides information, advice, support and intervention for children and families in crisis and needing urgent help. It provides a direct response within the metropolitan area, and a consultation and liaison service across WA. CCU's helpline operates 24/7 and is staffed by case managers. The helpline is open to everyone, including mandatory reporters.

225. An allegation of sexual abuse is a 'safety and wellbeing concern', being any disclosure or allegation of abuse (including sexual abuse) that indicates a child has experienced or is at risk of significant harm as a result of the abuse. All safety and wellbeing concerns for children in the CEO's care are given high priority.

226. Where there is a safety and wellbeing concern relating to an approved foster carer an immediate assessment of the safety of children currently in that placement is undertaken. A carer investigation or misconduct investigation may also be required where the concern relates to a foster carer or employee.

227. The case managers must consult with the Duty of Care Unit (**DoCU**) for all safety and wellbeing concerns for children in the care of the CEO. If the safety and wellbeing assessment determines that a child has been or is likely to be significantly harmed as a result of the abuse, it must be recorded in Assist.

228. The DoCU enters an alert on Assist if the alleged perpetrator is a Departmental employee. DoCU must inform the Integrity Services Unit (**ISU**) who inform the Departmental Screening Unit and the relevant case manager.

229. The DoCU is responsible for carrying out a carer investigation. While the investigation is in process, approved carers are recorded as 'under review' in the foster carer directory of WA and an alert is placed on Assist. This is to allow the exchange of relevant information between CSS OOHC providers and the Department about foster carer applicants.

230. The case manager, in consultation with the team leader, will assess whether any immediate action should be taken to ensure the child's safety, and that of any other children who are either in the placement or who may have had contact with the person alleged responsible. Consideration will include whether the child is, or children are, to be removed from the placement immediately, or if the person alleged responsible should be removed from the placement household.

231. All concerns relating to a child in the care of the CEO or concerns relating to children with whom the employee has contact in the course of their employment must be reported to ISU. While DoCU will alert ISU when notified of a concern with respect to a child, directors must also report any concern about potential employee misconduct to ISU.

232. The ISU investigates complaints about employee and contractor conduct, and notifies the Corruption and Crime Commission (the **CCC**) of instances of misconduct. If a concern about an employee's conduct relates to the employee's own children, or children known to the employee outside the employment context, the decision to report to ISU will be informed by:

(a) the nature and seriousness of the concern; and

(b) the employee's work role and the contact they have with children as part of their employment.

233. The ISU investigates any potential misconduct by an employee, and all allegations of child sexual abuse against Department employees. The Department is also guided by the CCS Act and other legislative authority such as the *Public Sector Management Act 1994, Industrial Relations Act 1979* and *Corruption and Crime Commission Act 2003.*

234. CSS OOHC providers must immediately advise the Department of concerns relating to the safety and wellbeing of a child in their care. To ensure this occurs, the Safety and Wellbeing Protocol (see paragraph [213] above) for children in CSS OOHC establishes a joint understanding of the processes, procedures, roles and responsibilities of the Department and CSS OOHC providers, including reporting requirements.

235. Similarly, where the Department receives information of concern about a CSS OOHC carer or employee, the Department will immediately inform the CSS provider and advise what steps will occur next.

Area 3(b) – What are the requirements or practices for reporting allegations of child sexual abuse outside of agency?

236. I have taken this statement to relate to the Department's practices for externally reporting allegations of child sexual abuse.

237. The Department's Mandatory Reporting Service (**MRS**) established in response to the mandatory reporting legislation introduced in 2009 (discussed above at paragraph [104]) receives mandatory reports of child sexual abuse via emails, fax, post or telephone calls. MRS is responsible for recording and processing all mandatory reports of child sexual abuse.

238. The Department must provide the Commissioner of Police with a copy of each mandatory report as soon as the CEO receives it. MRS, in collaboration with the Department of

Health, the Department of Education, and the WA Police, delivers interagency state-wide training and information sessions to mandatory reporters and other professionals, to enhance the quality of reporting.

239. Collaboration and information sharing also occurs between the Department, the WA Police and the Department of Health, supported by relevant MoU, to assess and investigate allegations of sexual abuse (discussed further at paragraph [354] below).

240. The Communicable Disease Control Directorate in the Department of Health is required to report all children less than 14 years of age with sexually transmitted infections to the Department's MRS and to WA Police. For children aged 14 and over, where the reporter forms a belief that sexual abuse has occurred or is occurring to the child, a mandatory report is made to the MRS, who provides a copy of the report to the WA Police.

241. All allegations of child sexual abuse against Department employees are referred to the CCC.

Area 3(c) and 4(b) – What data is collected of these reports and actions?

242. The Department collects and records information about each reported allegation of sexual abuse of a child in OOHC in Assist and in a child's case file.

243. Pursuant to chapter 7.2 of the Casework Practice Manual entitled 'Child History Folder and Child History File', case managers 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 **EW28.** is a copy of Chapter 7.2 of the Department's Casework Practice Manual entitled Child History Folder and Child History File.

244. Electronic data is also recorded in Assist. Data recorded in Assist includes safety and wellbeing assessment details, a description of the allegation, actions taken and actions to be taken, the child's details, carer details, the person alleged responsible, involvement of other agencies, protocols with other agencies, parties notified, tasks, outcomes, allocation, and case management.

245. The Department's information management system and associated policies and procedures are guided by the relevant Department and public sector standards of public administration and management set out by the CCS Act, the *Public Sector Management Act 1994*, the *Freedom of Information Act 1992* and the *State Records Act 2000*. The approach is designed to increase proficiency in retrieving, reviewing and exchanging information within the Department and with external partners.

246. The data that is collected by the Department is used to inform case planning, and some categories are aggregated for management to review, to identify emerging issues and implement strategies to address any issues. The data collected is also used for national reporting purposes, for example such data was used in the Commonwealth productivity Commission's Report on Government Services entitled ‘Safety in out of home care indicator.’

Area 3(d) – With which agencies or authorities does your agency exchange information about these reports?

247. The Department shares information where appropriate to ensure that other relevant agencies are able to take action to ensure the safety of a child in care. The ‘best interests of the child’ is the paramount principle for information sharing practices under the CCS Act.

248. The CCS Act and Regulations provide the legislative framework for the exchange of information, including

where sexual abuse for children in care is suspected or identified, between prescribed agencies and the Department as discussed in paragraph [199] above.

249. The state wide MoU detail the arrangements for the exchange of information between the Department and key government and some community sector agencies, as well as the reporting of concerns relating to child abuse and neglect as discussed at paragraph [202].

250. There are collaborative arrangements between the WA Police and childFIRST to conduct investigations for children who may have been harmed through sexual abuse. ChildFIRST is WA's child protection, assessment and forensic interviewing service which comprises Department employees and police officers.

251. As part of the forensic interview process, information sharing occurs between the Department, WA Police, childFIRST and the Department of Health.

252. Information may also be exchanged with other government agencies or service providers to support the care needs of the child where an allegation of child sexual abuse has been reported, including the Department of Health, Aboriginal Medical Services, a general practitioner and therapy and counselling services.

Area 3(e) and 4 (d) – Merits of a consistent national approach

253. In principle, every child in OOHC should receive the same level of service and safeguards. While there is merit in consideration of a national approach to reporting and responding to allegations of child sexual abuse, it is difficult to generalise without careful analysis of a specific proposed framework and funding arrangement.

254. Each jurisdiction's processes have evolved and strengthened over time. A locally designed system may be the most effective system. Effective and active case work (including

appropriate screening, assessment and review processes, provision of ongoing support) and training to carers and employees is one of the most successful strategies for promoting the safety, welfare and wellbeing of children in OOHC.

255. There should be caution against imposing a 'one size fits all' reporting and responding model across jurisdictions due to different legislation requirements and strategies already in place. There may be significant costs associated with implementing a national approach to reporting and responding to child sexual abuse. Such funding might be better used for prevention or other services for children in OOHC. A cost benefit analysis would be required to determine the budgetary impact for each jurisdiction of implementing a national scheme.

256. There is a distinction between adopting principles and adopting practices or procedures. The Department would be supportive of exploring the possibility of developing national principles with respect to preventing, reporting and responding to allegations of child sexual abuse as opposed to endorsing, in the abstract, national operational procedures.

Area 4(a) - What does the agency do about each allegation of child sexual abuse of a child in out-of-home care which is reported to them?

257. Responding to allegations of child sexual abuse is given high priority within the Department. The paramount concern is the welfare of the child or children in the OOHC arrangement. The Department assesses if the child is at risk and what actions are required to protect the child and any other children who are either in the placement or who may have had contact with the person allegedly responsible.

258. The Department's policies, practice guidance and procedures promote a consistent, child centred approach to respond to and assess all allegations involving sexual abuse of a child, including a child in OOHC.

259. All allegations of child sexual abuse which are received by the Department in relation to a child in OOHC must be reported in accordance with Chapter 4.4 'Assessing and Responding to Child Sexual Abuse', and the Department's policy entitled 'Policy on Child Sexual Abuse.'

Annexed hereto and marked **EW29.** is a copy of Chapter 4.4 of the Casework Practice Manual entitled Assessing and Responding to Child Sexual Abuse.

Annexed hereto and marked **EW30.** is a copy of the Department's policy entitled Policy on Child Sexual Abuse, 2013.

Referrals

260. An allegation reported to a metropolitan district office must be referred to and jointly reviewed with childFIRST. An allegation reported to a country district officer must be referred to and joint reviewed with WA Police.

261. ChildFIRST advises the WA Police of the allegation and when necessary a joint investigation is planned. This joint approach to child sexual abuse investigations aims to minimise the impact of additional, unintentional stress on the child during the assessment and investigation process.

262. The Department's employees who work at childFIRST are co-located with police officers, and provide a collaborative response to addressing the needs of the child whilst the Police undertake a criminal investigation.

263. ChildFIRST (in the metropolitan area), or the Department or WA Police (in a country area), must convene a joint strategy meeting for all allegations of child sexual abuse

relating to children in OOHC in accordance with the Casework Practice Manual.

264. The purpose of a joint strategy meeting is to determine whether:

(a) immediate medical attention is required for the child;

(b) a plan needs to be developed to manage the child's immediate safety needs;

(c) a joint investigation/assessment (by WA Police and the Department) is required; or

(d) a single agency assessment by the Department or WA Police investigation is required.

265. Responses to child sexual abuse concerns are provided through the Department's district offices, or by the joint childFIRST Child Assessment and Interview Team, depending on the nature of the allegation and protective issues for the child.

266. The Executive Director and the Director General are advised of all allegations of child sexual abuse having been committed by approved carers and Department employees. The same process applies where the allegation is that the sexual abuse is by a child or sibling in the care of the CEO.

Allegations in relation to a child in CSS OOHC care

267. Where a child in care who is placed with a CSS OOHC provider makes a disclosure that relates to an allegation of sexual abuse, a case manager at the Department must be advised immediately in accordance with the Safety and Wellbeing Protocol.

268. Where the CSS OOHC provider becomes aware of or suspects that harm has occurred without the child having made a disclosure, employees will advise the child's case manager and consult on the best way to proceed.

Allegations against Department or CSS OOHC providers' employees

269. All allegations of child sexual abuse against Department employees are referred to the CCC and will be investigated by the Department's Integrity Services Unit.

270. When the Department receives a safety and wellbeing concern about a child which concerns the behaviour CSS OOHC carer, a senior officer from the CSS OOHC provider must be advised immediately. The Department will also advise what information about the concern can be provided to the carer.

271. If the person alleged responsible is a paid employee of a CSS OOHC provider, the relevant Department district office undertakes the safety and wellbeing assessment (**SWA**), which includes interviewing the employee with the goal of ascertaining who has harmed the child.

272. The DoCU is not involved in the investigation, the CSS OOHC provider is responsible for the assessment and review of the employee's competency to perform their duties, which must take into consideration the outcomes and recommendations of the SWA. During the assessment period, the CSS OOHC provider may decide to instruct the employee to remain absent from the workplace as a result of the concerns.

273. The Safety and Wellbeing Protocol outlines how both agencies agree to work together should an allegation of child sexual abuse be made against a CSS carer or employee.

Undertaking an assessment

274. Where there is a safety and wellbeing concern relating to an approved foster carer, including with respect to child sexual abuse, an immediate assessment of the safety of children currently in that placement must be undertaken.

275. In all situations where children make a disclosure of sexual abuse they are interviewed by trained employees from the Department and when appropriate, with the joint WA Police and ChildFIRST team in metropolitan regions. In regional and remote regions, the district case manager and local police interview the child. Video interviews are undertaken of children disclosing sexual abuse to be used as evidence-in-chief in any subsequent criminal trial.

276. Department employees are involved in conducting forensic interviews. The purpose of the forensic interview is to obtain an accurate and reliable account of the sexual abuse in a way that is fair, is in the child's best interest and is acceptable in criminal proceedings.

277. If an approved Department carer or funded CSS carer is alleged to be the person responsible, the DoCU is notified by the case manager and will undertake a carer investigation. The DoCU undertakes the investigation jointly and concurrently with the SWA by the relevant district office.

278. The purpose of the SWA is to determine if any immediate action needs to be taken to provide for the safety of children in the placement.

279. The Department will immediately take the necessary action so that the child does not remain in a situation of risk pending completion of a SWA and carer investigation. For example, the Department may determine it is necessary to remove the child or the person alleged responsible from the placement, or a safety plan to enable the child to remain in the placement may be implemented.

280. The Department will record an alert in Assist and a 'Carer Investigation' notification against the Department or CSS carer, and their status is amended to 'Under Review' pending the outcome of the assessment and investigation.

No additional children can be placed with a carer who is 'Under Review'.

281. Both the SWA and the carer investigation are required to be completed within 30 calendar days in accordance with chapter 7.14 'Safety and Wellbeing Assessment – safety and wellbeing concerns regarding children in the care of the CEO' and chapter 7.15, 'Responding to safety and wellbeing concerns for children in the care of the CEO against approved foster carers' of the Casework Practice Manual. In circumstances where the assessment needs more than 30 calendar days to complete, for example where a police investigation is ongoing, an extension must be approved by the team leader.

Annexed hereto and marked **EW31.** is a copy of chapter 7.14 of the Casework Practice Manual entitled Safety and Wellbeing Assessment – safety and wellbeing concerns regarding children in the care of the CEO.

Annexed hereto and marked **EW32.** is a copy of chapter 7.15 of the Casework Practice Manual entitled Responding to safety and wellbeing concerns for children in the care of the CEO against approved foster carers.

282. Where the alleged perpetrator of the child sexual abuse is an employee of the Department, regard must be had to Chapter 7.17 of the Case Practice Manual entitled 'Responding to Standards of Care Concerns and Safety and Wellbeing Concerns against Department Employees' and to the Department's policy entitled 'Reporting and Handling Misconduct'.

Annexed hereto and marked **EW33.** is a copy of Chapter 7.17 of the Casework Practice Manual entitled Responding to Standards of Care Concerns and Safety and Wellbeing Concerns against Department Employees.

Annexed hereto and marked **EW34.** is a copy of the Department's policy entitled Reporting and Handling Misconduct.

Making a determination

283. Case managers consider the indicators of trauma and the impact of trauma when determining whether significant harm has occurred or is likely to occur.

284. Case managers are required to develop a safety plan for the child where there is an allegation of child sexual abuse in accordance with Chapter 4.4 of the Case Practice Manual entitled 'Responding to Child Sexual Abuse.' This process requires consideration of:

(a) the ability of the primary caregiver/non-abusing parent/carer to be protective and acknowledge, understand and take action in response to the risk posed by the alleged perpetrator;

(b) any bail conditions set for the alleged perpetrator;

(c) identification of other people in the network who may be able to increase safety;

(d) the alleged perpetrator not being left alone with any children at any time, and

(e) the daily care of the child by the primary caregiver including toileting and bathing.

285. The case manager must also consider the safety needs of other children living in the home or in significant contact with the alleged perpetrator in accordance with Chapter 1.3 of the Casework Practice Manual entitled 'Signs of Safety The Department's Child Protection Framework' and the 'Signs of Safety: Child Protection Practice Framework' (discussed above at paragraph [194]).

Annexed hereto and marked **EW35.** is a copy of Chapter 1.3 of the Casework Practice Manual entitled Signs of Safety – The Department's Child Protection Framework

Treatment services

286. Children who have experienced abuse in care are supported via the case management process to identify and access appropriate treatment and support services, including access to Department psychologists and funded child sexual abuse treatment services, discussed below in response to area 5(a).

Area 4(c) - With which agencies or authorities does your agency exchange information about these responses?

287. Responding to allegations of child sexual abuse is best achieved through a multi-agency approach that promotes the coordination of support and investigative processes.

288. In recognition of the desirability of a multi-agency approach, the Department shares information with respect to its response to allegations of child sexual abuse in accordance with legislative requirements; strategic MoU; and intra governmental and intra agency cooperation (as discussed in response to area 3(d) above).

Area 4(d) - Merits of a consistent national approach.

289. See response to area 3(e) above.

Area 5(a) – What does your agency do to support children who have been sexually abused in out-of-home care including providing counselling, support services, specialist services, financial assistance or recompense while in care and after exiting care?

290. The Department supports children and young people who have been sexually abused whilst in OOHC through a variety of support services, specialist services and financial assistance both whilst the child remains in the care of the CEO and after the child leaves care.

291. Children who have been sexually abused in OOHC are supported through the Department having implemented trauma-informed practice which is provided by employees and carers with extensive training to respond appropriately and meet the standards in the 'Better Care, Better Services' policy.

292. CSS 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.

Support Services

Support by Department and CSS OOHC employees

293. Case managers or an appropriate support person accompany children to medical assessments to support the child and provide details of their alleged abuse to health staff so the child is not required to do so.

294. If the child in care is Aboriginal, the Aboriginal Practice Leader or other relevant Aboriginal officers are consulted for assistance in developing an effective assessment that takes into account cultural issues.

295. In cases involving children from a culturally and linguistically diverse background, case managers consider specific language and cultural needs in the assessment.

296. In accordance with the 'Residential Care (Sanctuary) Framework' (discussed above at paragraph [96]-[97]), children who have been victims of sexual abuse are therapeutically supported and trauma informed sanctuary training is available to CSS OOHC employees if required.

Investigative process and legal proceedings

297. The Department has procedures to carefully manage children who have reported allegations of sexual abuse throughout the investigative process to avoid additional

trauma. Specialist Department and WA Police employees who have successfully completed the Visually Recorded Interviewer of Children and Vulnerable Adults training conduct visually recorded interviews.

298. In accordance with Chapter 4.4 of the Casework Practice Manual, case managers attend and observe forensic interviews where possible to inform their assessment and provide support to the child during breaks in the interview and in the debriefing and follow up process.

299. Alternative provisions are in place for children to give evidence through audio-visual recording of initial statements to WA Police via childFIRST.

300. The Department links children with the Child Witness Service provided by the Department of the Attorney General, where appropriate.

Department specialist services

301. Children who have experienced abuse in OOHC, including children in CSS care, are supported via the case management process to identify and access appropriate therapeutic and support services, including having access to psychologists within the Department and funded child sexual abuse therapeutic services (discussed below).

Psychology Services

302. The Department's Psychology Services consists of 44 psychologist positions including:

(a) one psychologist in every two group homes;

(b) one psychologist in the Secure Care facility;

(c) one or two psychologists in every country district except in Kalgoorlie; and

(d) two or three psychologists in every metropolitan district.

303. In Kalgoorlie two psychologists provide consultations by video and telephone conferencing and fly in visits. The psychologists visit Kalgoorlie multiple times per month. The Senior Psychologist Country is in contact with the districts on a regular basis. A psychologist is flown in to assist with any critical incidents where necessary.

304. Psychologists have completed the requisite university study to qualify in clinical counselling or forensic psychology and are professionally supervised by senior consultant psychologists.

305. Psychology Services focuses on assisting the therapeutic needs of children in the care of the CEO in accordance with the Department's 'Psychology Services Framework 2011' and Chapter 1.16 of the Casework Practice Manual 'Psychology Services'.

Annexed hereto and marked **EW36.** is a copy of the Psychology Services Framework 2011.

Annexed hereto and marked **EW37.** is a copy of chapter 1.16 Casework Practice Manual entitled Psychology Services.

306. Case managers can access support from district psychologists to assess a child’s support, counselling and therapeutic needs following abuse, including seeking advice in relation to referring the child to appropriate services.

307. Psychologists in residential care and the Secure Care facility are involved in developing and implementing individual therapeutic plans for residents and referral to external support and therapeutic services where appropriate.

308. Department carers can access support from the district psychologist to increase their knowledge and understanding of the impact of abuse and neglect and the associated trauma, to help build their capacity to manage challenging

behaviours and make placements a healing experience for children.

309. The Department may also provide access to psychologists in private practice.

Child Sexual Abuse Therapeutic Services

310. Child Sexual Abuse Therapeutic Services are part of an integrated response to child sexual abuse. The Department funds 13 Child Sexual Abuse Therapeutic Services and two Indigenous Healing Services across WA. A standard Service Agreement is in place with each funded service in accordance with the Department's 'Standards for the delivery of Child Sexual Abuse Therapeutic Services 2014' (the **therapeutic services standards**).

Annexed hereto and marked **EW38.** is a copy of the Standards for the delivery of Child Sexual Abuse Therapeutic Services 2014.

311. These Service Agreements support Department referrals to Child Sexual Abuse Therapeutic Services, with children in the CEO's care a priority.

312. Child Sexual Abuse Therapeutic Services provide healing, support, counselling and therapeutic responses to:

(a) children, young people and their families affected by child sexual abuse;

(b) individuals who have experienced childhood sexual abuse as children; and

(c) young people who are responsible for, or at risk of, sexually abusing other children.

313. Indigenous Healing Services provide healing, support, counselling and therapeutic responses to Aboriginal children, young people and families affected by child sexual abuse in a culturally appropriate setting.

Other specialist services

314. Where appropriate Department employees refer child victims of sexual abuse to external specialist services available within the jurisdiction.

Princess Margaret Hospital for Children

315. In accordance with Chapter 4.4 of the Casework Practice Manual, Department employees refer children to the Princess Margaret Hospital for Children, Child Protection Unit, where necessary for specialist assessment and treatment services. This may include forensic assessment, social work assessment and therapeutic services.

Parkerville George Jones Advocacy Centre

316. The Department refers children who have been sexually abused and their families or carers who are in Perth's south metropolitan area to the Parkerville George Jones Advocacy Centre for advocacy and support. This support and advocacy may extend until the matter is finalised in court and includes linking the child into the Child Witness Service.

Child and Adolescent Mental Health Services

317. A written agreement between the Department and Child and Adolescent Mental Health Services supports the Department referring children, adolescents and their families who are experiencing severe emotional, psychological, behavioural, social or mental health problems to the Child and Adolescent Mental Health Services.

318. This service can be utilised in supporting child victims of sexual abuse where there is co-occurring mental health issues.

The Advocate for Children in Care

319. The Advocate provides direct information, advocacy and support for individual children in care, as discussed at paragraph [177] above.

Aftercare support

320. The Department has a statutory responsibility under the CCS Act to protect, support and promote the wellbeing of children and young people who are, or have been, in the CEO's care.

321. This includes providing appropriate leaving care and after care services to children and young people who are transitioning or have left the CEO's care to independent living. This includes providing services and support to children who whilst in the CEO's care were placed in CSS OOHC.

322. In accordance with chapter 10.14 of the Casework Practice Manual 'Leaving the CEO's Care', leaving care planning begins when the child is 15 years of age and must identify the young person's needs and actions to assist in meeting these needs.

Annexed hereto and marked **EW39.** is a copy of chapter 10.14 of the Casework Practice Manual. entitled Leaving the CEO's Care.

323. Ongoing counselling and support related to abuse, including sexual abuse that occurred whilst the child was in care, is part of the child's care plan where appropriate.

324. Young people who have left the CEO's care and meet the eligibility criteria in the CCS Act may return to the Department for assistance up until they are 25 years of age. Under section 96 of the CCS Act, a person qualifies for financial assistance and assistance with information and advisory services if:

(a) the person has left the CEO's care;

(b) the person is under 25 years of age; and

(c) at any time after the person reached 15 years of age he or she:

(i) was the subject of a protection order (time-limited) or a protection order (until 18 years of age);

(ii) was the subject of a negotiated placement agreement in force for a continuous period of at least six months; or

(iii) was provided with placement services under section 32 (1)(a) of the CCS Act for a continuous period of at least six months.

325. As part of the preparation for leaving care, funding is available from the leaving care fund for all eligible young people in OOHC 15 years and above.

326. The leaving care fund was established to meet the leaving and aftercare needs of young people from 15 – 25 years of age. The leaving care fund can be used on health and medical services, counselling and supports or legal advice.

327. Each district office has a 'leaving care officer' to assist young people returning to the Department for assistance. The leaving care assistance provided by leaving care officers includes financial assistance and assisting the young people to access support, counselling or therapeutic services related to abuse in care.

328. A child or young person currently or formerly in the care of CEO may be referred as necessary for independent legal advice (including with respect to common law claims or claims for criminal injuries compensation). The legal costs associated with referral are paid by the Department.

Area 6(a) - What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the National Framework for Protecting Australia's Children 2009-2020?

329. On 30 April 2009, the COAG endorsed the National Framework, which outlines a long term national approach to protect the safety and wellbeing of Australia's children.

330. The National Framework is a shared agenda for change that requires implementation by the Commonwealth, State and Territory governments together with the Coalition of Organisations committed to the Safety and Wellbeing of Australia's Children (the **Coalition**).

331. The WA Government is represented on the National Framework Forum by the Department. It is committed to implementing the National Framework and continuing to work collaboratively, across governments and with the CSS, to deliver initiatives aimed at improving child protection systems and support programs for children and families.

332. The Commonwealth Department of Social Services' 'Implementing the first three-year action plan, 2009-2012' (**First Action Plan**) sets out six national priorities as well as identifying areas of major reform and ongoing and community initiatives. Each national priority contains a number of actions to work towards as well as one or more measures, drawn from the National Framework indicators, to gauge progress towards the goals.

333. The 'Second three-year action plan, 2012-2015' (**Second Action Plan**) was endorsed by the Community and Disability Services Ministers on 17 August 2012 and was developed through close collaboration between the Commonwealth, State and Territory governments, and the Coalition. The Second Action Plan outlines action to build on the achievements of the First Action Plan.

334. The theme for the Second Action Plan is ‘working together'. It focuses on a collaborative approach to 'improve the safety and wellbeing of Australia’s children through strengthening families, early intervention, prevention and collaboration through joining up service delivery with mental health, domestic and family violence, drug and alcohol, education, health and other services’. The Second Action Plan emphasises local partnerships for local solutions, to enable the development of strategies applicable to Australia’s diverse communities and sensitive to the needs of Indigenous and culturally and linguistically diverse families and communities and children with disabilities.

335. The National Framework, together with the First Action Plan and the Second Action Plan, provide which level of government and which agencies are responsible for delivering each action. Some actions are delivered by the Commonwealth solely or in conjunction with other governments and agencies.

336. As a result of local priorities and reforms occurring in child protection and broader service systems, not all the actions outlined in these plans are designed to be progressed by all jurisdictions in the same way or at the same time.

Outcome 2.2

337. Outcome 2.2 requires the development of new information sharing provisions between Commonwealth agencies, State and Territory agencies and non-government organisations that deal with vulnerable families.

338. A ‘vulnerable family’ is not defined within the National Framework. The Department is of the view that this refers to those families with risk factors or experiencing crises in their lives which impact on keeping family members safe or their ability to adequately care for them. Risk factors may include, but are not limited to, homelessness, family and domestic violence, mental health issues, poor parenting,

drug and alcohol addiction, or misuse of finances. Such families may need varying levels of CSS support or statutory intervention.

339. The initial 3-year actions outlined in the National Framework for Outcome 2.2 are:

(a) developing a national, consistent approach to working with children checks and child safe organisations across jurisdictions, to be delivered by all jurisdictions (the **WWC action**);

(b) extending the national protocol for sharing information on children at-risk to other Commonwealth agencies (Medicare Australia and Child Support Agency), to be delivered by the Commonwealth in partnership with the States and Territories (the **information sharing action**); and

(c) investigating options for improving information sharing between NGO's and government agencies in secondary prevention through the Common Approach to Assessment, Referral and Support Taskforce (**CAARS**), to be delivered by the Commonwealth in partnership with the States and Territories (the **NGO information sharing action**).

340. The actions outlined in the Second Action Plan for this outcome focus on continuing to explore and improve information sharing protocols across all levels of government and requires all levels of government to continue to improve the effectiveness of the WWC Checks across jurisdictions.

Supporting Outcome 2.2

The WWC action

341. The development of a national, consistent approach to WWC Checks and child safe organisations across jurisdictions remains a live issue.

342. There are recognised benefits to moving towards a set of national, consistent standards for WWC Checks, to be applied across all Australian jurisdictions.

343. It is the Department's view that many of the existing disparities between the State and Territory WWC Check schemes are necessary in order to respond to the needs of differing jurisdictional demographics and legislation.

344. The WA Government has recently provided a written response to the Royal Commission's consultation paper on WWC Checks. The response paper represents the Department's position in respect of developing a national, consistent approach to WWC Checks.

345. The Department adopts the view detailed in the response: the Consultation Paper does not provide a persuasive case for the establishment of a nationally consistent WWC Check scheme and it is not appropriate to commit to a national WWC Check scheme at this time.

Information sharing action

346. The National Framework requires the extension of the national protocol for sharing information on children at-risk to other Commonwealth agencies, including Medicare Australia and the Child Support Agency. This action was required to be delivered by the Commonwealth in partnership with the States and Territories.

347. The Information Sharing Protocol between the Commonwealth and Child Protection Agencies (the **Protocol**), an initiative under the National Framework was

approved by the Community and Disability Services Ministers' Conference and implemented in 2009.

Annexed hereto and marked **EW40.** is a copy of the Protocol.

348. Three Commonwealth agencies namely, Centrelink, Medicare and the Child Support Agency, as well as all State and Territory child protection agencies, are currently parties to the Protocol. The aim of the Protocol is to facilitate investigations and assessments of vulnerable and at-risk children in Australia in order to promote their 'care, safety, welfare, wellbeing and health.'

349. While the Department remains a committed party to the Protocol, and continues to engage in information sharing with the Commonwealth, other governments and NGOs, I note the importance of local information sharing for WA. In light of the geographic isolation of many WA communities from interstate or Commonwealth service providers, information is more likely to be obtained from local agencies rather than other states or the Commonwealth.

NGO information sharing

350. The NGO information sharing action was designed to be implemented through the CAARS Taskforce in partnership between the Commonwealth and the States and Territories.

351. The CAARS approach, also known as the Common Approach, aims to strengthen the collaboration among service providers by promoting a common language and consistent approach to information sharing and referral within and between services.

352. The Department has consulted with the Commonwealth about the CAARS approach. The CAARS Approach was trialled at four sites across Australia, including in Rockingham Kwinana Division of General Practice (now

Perth South Coast Medicare Local) in WA. The trial occurred in two key phases (July to December 2011 and January to August 2012). The Department was not directly involved in those trials.

353. Irrespective of the progress of the CAARS Approach, the Department has also implemented a number of other initiatives to aid in information sharing. In 2013, Family and Domestic Violence Response Teams (**FDVRT**) were established in 17 locations across the State, providing an integrated response to family and domestic violence, particularly in cases of police callouts to homes where children are present or known to reside.

354. The Department employs a MoU arrangement for sharing information between State and Commonwealth Government agencies and NGOs in relation to incidents of family and domestic violence.

355. For example, the FDVRT is a partnership between the Department, WA Police and non-government domestic violence services and includes child protection employees and WA Police as well as specialised CSS organisations. These teams provide an enhanced response to crises of family and domestic violence, through providing earlier and coordinated support for the children and families involved and sharing information.

356. The Department re-signed the 'Strong Families Partnership Agreement' with service delivery partners for 2013-2015, re-establishing the commitment and collaborative working relationships between the Commonwealth, State, Territories and CSS agencies involved to facilitate the program.

357. Strong Families is voluntary program focusing on the needs of Aboriginal families and is accessible in locations across WA. The program shares information between and brings together a range of agencies, nominated by families, to

assist them in finding solutions to their problems and to develop the family's capacity to engage with these services.

358. The WA Family Support Network (**FSN**) is a partnership between the CSS and the Department to improve information sharing between NGO's and government agencies in secondary prevention. The FSN provide a common entry point to services and deliver earlier, more targeted support, to vulnerable families.

359. The 'Secondary Services Working Together: A Guide on Information Sharing for Secondary Family Support Hubs' sets out the framework for information sharing within the FSNs and has been designed to give services confidence in sharing information appropriately with each other.

Annexed hereto and marked **EW41.** is a copy of the Secondary Services Working Together - A Guide on Information Sharing for Secondary Family Support Hubs.

360. The information sharing includes joint allocation, case planning and case review processes. A shared data collection and case management information recording system allows client information to be recorded and shared by all agencies working with the family. This reduces duplication in service provision and prevents the family from having to provide the same information to multiple agencies.

361. I again note that the Bill is currently before Parliament and proposes the extension of the information sharing provisions in the CCS Act to more effectively facilitate information sharing with services in the CSS and non-government schools.

Outcome 6.1

362. Outcome 6.1 requires the raising of awareness of child sexual exploitation and abuse, including online exploitation.

363. The initial 3-year actions outlined in the National Framework for Outcome 6.1 were:

(a) implement cyber-safety initiatives including education and filtering to be delivered by all jurisdictions (the **Cyber safety action**);

(b) increase support for community-based strategies to raise awareness in children, families and community about child sexual abuse to be delivered by the Commonwealth (the **Awareness action**); and

(c) continue to introduce strategies to prevent sexual exploitation to be delivered by the States and Territories (the **Preventative action**).

364. The actions outlined in the Second Action Plan for Outcome 6.1 involved developing programs to prevent sexual abuse and keeping children safe, including specific programs for remote Indigenous communities, such as the cyber smart outreach program.

Supporting Outcome 6.1

Cyber safety action

365. The Department published and disseminated an information brochure in 2010, in conjunction with the Department of Health and WA Police, entitled 'Helping your child stay safe in cyber space'. The brochure makes adult carers aware of potential online risks for children in cyber space and provides the details of website where a carer can gain additional information about these issues if they wish and also provides help services contact details.

Annexed hereto and marked **EW42.** is a copy of the Department's information brochure entitled Helping your child stay safe in cyber space.

366. Cyber space safety has also been added to the Foster Carer Development Workshops since 2011. A three hour 'Think U

Know' presentation entitled 'Technology and Cyber space' is provided as one of the workshops. The presentation covers topic such as iPods, MP3 players, Facebook and Twitter and the security and cyber safety issues that arise from these forums.

Awareness and preventative actions

367. As explained in paragraph [336] above, not all actions outlined in the National Framework are undertaken by all services or jurisdictions at the same time. The Department's mandate does not include community awareness. Consequently, the Department's focus is on timely assessments of child abuse and neglect concerns where the parents have not protected or are unlikely to protect the child from harm, and the provision of measures to promote the safety of children in care rather than delivering community awareness programs.

368. However, the Department’s 17 district offices annually receive additional funding to undertake activities during Child Protection Week, which is held in September each year, to raise awareness of preventing child abuse and neglect. A broad range of activities designed to increase community awareness are undertaken in Child Protection Week in local communities.

369. The Department is also currently developing a media strategy to enhance our dialogue with the community about child abuse and neglect.

370. The Department considers child sexual abuse to be a form of child exploitation. The Department has implemented a suite of mechanisms, policies and frameworks, procedures, training and monitoring structures designed to achieve its core statutory function to safeguard and promote the wellbeing of children. Collectively these strategies

contribute to preventing sexual exploitation and abuse of children.

371. The Department also provides training to its employees on protective behaviours designed to:

(a) increase knowledge about abuse and abuse prevention;

(b) develop sound knowledge and understanding about the benefits of preventative interventions for children and families;

(c) teach simple practical strategies, themes and concepts, designed to increase children's and families personal safety; and

(d) identify and develop problem solving and assertiveness skills for children and adults.

Outcome 6.2

372. Outcome 6.2 requires the enhancement of prevention strategies for child sexual abuse.

373. The initial 3-year actions outlined in the National Framework for Outcome 6.2 were:

(a) implement a national framework for inter-jurisdictional exchange of criminal history for people working with children, to be delivered by COAG (the **Criminal history action**); and

(b) investigate best practice therapeutic programs for children displaying sexually abusive behaviours, to be delivered by the States and Territories with Commonwealth support for research (the **Abusive behaviours action**).

374. The actions outlined in the Second Action Plan for Outcome 6.2 involve reviewing and supporting strategies to engage children and young people who have experienced complex trauma.

Supporting Outcome 6.2

Criminal history action

375. A representative from the Department is on the COAG committee which is exploring a national framework for the inter-jurisdictional exchange of criminal histories for people working with children.

Abusive behaviours action

376. Children sexually harm other children for complex reasons. Some children who display sexually abusive behavior may have been emotionally, sexually or physically abused themselves, while others may have witnessed physical or emotional violence at home. Some may have come in contact with sexually explicit movies, video games, or materials that are confusing to them. In some instances, a child or adolescent may act on a passing impulse with no unsafe intent, but may still cause harm to other children.

377. The Department aims to prevent and reduce the incidence of inappropriate and harmful behaviours. It funds three agencies (Uniting Care West, Anglicare WA and Parkerville Children and Youth Care) to provide specific therapeutic services to children and young people who have engaged in sexually harmful behaviours. Services are provided by appropriately qualified and experienced employees, including social workers and psychologists.

378. Therapeutic intervention may take various forms depending on the child or young person's problem, family circumstances and cultural considerations. Examples of the approaches used include Cognitive Behaviours Therapy, Play Therapy, and Narrative Therapy.

379. As a priority response to the First Action Plan, the Department, in collaboration with the National Framework Implementation Working Group (2012), developed a learning resource for carers and employees to respond to

children and young people with concerning sexual behaviours, including the Responding to Concerning Sexual Behaviours in Children and Young People program discussed at paragraphs [74]-[75] above.

380. The Department also offers a two day training program in 'Responding to Concerning Sexual Behaviours in Out of Home Care' targeted at residential care managers, senior education officers, psychologists and the Department's partner agencies. The course aims to provide the essential knowledge and skills on how to respond to children's normal, concerning and abusive sexual behaviour to create safe and healing homes. The content of the course includes examples of concerning behaviours for differing age groups. The course is offered four times per semester in the metropolitan and country areas.

Outcome 6.4

381. Outcome 6.4 centres on ensuring survivors of sexual abuse have access to effective treatment and appropriate support.

382. The initial 3-year actions outlined in the National Framework for Outcome 6.4 were:

(a) support workshops for adult survivors of sexual abuse, parents and spouses, to be delivered by the Commonwealth with Heartfelt House (the **Workshop action**); and

(b) review service delivery options and approaches for survivors to align with best practice such as WA's expanded network of Child Sexual Abuse Therapeutic Services, to be delivered by the States and Territories (the **Survivor support action**).

383. The actions outlined in the Second Action Plan for Outcome 6.4 involve sharing best practice in therapeutic and trauma informed care across jurisdictions.

Supporting Outcome 6.4

384. As the Workshop action is to be delivered by the Commonwealth with Heartfelt House this action is outside the Department's mandate.

Survivor support action

385. The Department funds 13 Child Sexual Abuse Therapeutic Services and two Indigenous Healing Services throughout WA. The services provide a range of healing, support, counselling and therapeutic responses to children, young people and their families affected by child sexual abuse, people who have experienced childhood sexual abuse and children and or young people who are responsible for, or at risk of, sexually abusing other children

386. In 2014, the Department, in consultation with the CSAT providers, reviewed and updated the therapeutic services standards (referred to in paragraph [310] above). The purpose of these standards is to promote the delivery and continuous improvement of high quality services to children affected by sexual abuse.

387. The standards focus on promoting quality service provision that is child focussed and professional, as well as ensuring CSAT providers are committed to continuous quality improvement to achieve ensure the best outcomes for children affected by child sexual abuse.

388. The Indigenous Healing Services also utilise the therapeutic services standards to support their service provision to children affected by child sexual abuse.

389. In 2014, the Department commenced funding the Forgotten Australians Coming Together Incorporated to provide support services and activities for people previously in any form of OOHC in WA, including ‘Forgotten Australians’, former child immigrants and the ‘Stolen Generations’ (collectively known as care leavers). The service was

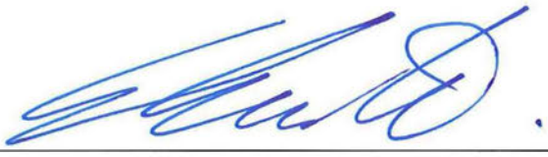
developed in recognition of the high incidence of social problems and psychological difficulties among people who were adversely affected by their experiences in OOHC during the last century.

390. The centre based service provides opportunities that reduce social isolation, build a sense of community and family as well as providing pathways for participants to engage in counselling and other support services. These include clinical and professional services, family tracing, supported access to records and assisted referral to mainstream services.

391. The joint childFIRST and WA Police Child Assessment and Interview Team respond to child protection concerns where criminal offences involving children may have occurred. In 2012-13 they moved to new premises which were designed to provide a child–friendly and supportive environment for the children being interviewed. The facility includes five interview and monitoring rooms; a meeting room where employees can build rapport with children; a child advocate room; and a kitchen for families to use.

392. The Department remains committed to delivering the best possible service to survivors of child sexual abuse both whilst the child remains in the care of the CEO and after leaving care.

393. The contents of this statement are true and correct to the best of my knowledge and information and belief.

SIGNED: 

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