REVIEW OF THE
DEPARTMENT FOR COMMUNITY DEVELOPMENT

Review Report

Prudence Ford
January 2007
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INTRODUCTION

In delivering Western Australia’s 2006/07 Budget, the Treasurer, the Hon Eric S Ripper MLA announced that the Department for Community Development (DCD) would be included in a program of functional reviews, which would be undertaken in accordance with Section 10 of the Public Sector Management Act 1994.

Other State Government organisations included in this program are the Department of Indigenous Affairs, the Western Australian Sports Centre Trust, Department of Industry and Resources, Department of the Premier and Cabinet, Department of Education and Training, Department for Planning and Infrastructure and Department of Housing and Works.

Following a series of articles released by The West Australian in August 2006 into the death of 11-month old Wade Scale in 2003 as well as the release of the Ombudsman’s Report on the Treatment of Children in Residential Care and the Report by the Select Committee on the Adequacy of Foster Care Assessment Procedures, the Minister for Community Development; Seniors’; and Youth, the Hon David Templeman MLA announced that the review of Department for Community Development would begin immediately in order to entrench child protection firmly as its chief priority.¹ ²

The Terms of Reference for the review therefore focused on examination of the organisational arrangements, functions and activities of the Department to ensure a focus on child protection. Full terms of reference are available at Appendix A.

Ms Prudence Ford was appointed the independent reviewer and was asked to present her final report to the Premier in December 2006 or January 2007.

An Advisory Group was appointed to provide expert advice, analysis, input and support to the Independent Reviewer.

Members of the Advisory Group were:

- Sue Ash, CEO Care Options Inc., Ministerial Advisory Council on Child Protection, former ACT Department of Disability, Housing and Community Services, former executive director Wanslea Family Services, past WACOSS president;
- Jo Gaines, Assistant Branch Secretary, Community and Public Sector Union/Civil Service Association.
- Darrell Henry, Ministerial Advisory Council on Child Protection, member of the Gordon Inquiry, former member of the Child Death Review Committee;¹
- Gwenn Murray, Queensland-based child protection expert, formerly Chair of the National Children’s and Youth Law Centre and Queensland Child Death Reviewer; and
- Alan McCagh, Law and Justice Consultant, formerly Superintendent of the Major Crime Division in charge of the WAPOL Child Abuse Investigations Unit.

¹ Ombudsman Western Australia, 2006, Report on Allegations Concerning the Treatment of Children and Young People in Residential Care.
² Select Committee on the Adequacy of Foster Care Assessment Procedures by the Department for Community Development, 2006. Report Select Committee on the Adequacy of Foster Care Assessment Procedures by the Department for Community Development.
(Full Terms of Reference for the Advisory Group are available at Appendix B).

The Advisory Group met a total of six times by telephone, video conference and a one day face-to-face meeting between October and December 2006.

A number of strategies were used to consult with key stakeholders during the four months of the review including:

- A call for public submissions (97 submissions, including two marked confidential were received with a full list of those providing submissions at Appendix C);
- Consultations with a number of non-government organisations and community groups;
- Meetings with key Ministerial Advisory Committees;
- Consultations with management and staff in Department for Community Development head and district offices;
- Discussions with foster carers and some children in the care of the Department; and
- Consultations with other government departments.

In total some 135 meetings and consultations were held.

The aim of the review was to understand the scope of the activities of the Department and to identify key strategies / interventions to enable the components of the system to move forward with renewed strength. Given the concerns within the community and the government about child protection, most emphasis has been given to organisational issues and activities related to child protection and wellbeing. The Review did not undertake an independent evaluation of individual cases but drew on a number of expert investigations carried out over the past twelve months as well as information provided in submissions and discussions with child protection academics and other professionals.¹

This report has three sections. The first contains two chapters providing relevant background information. Chapter 1 provides a description of the current Department for Community Development while Chapter 2 provides contextual information on child protection.

The second section, Chapter 3, outlines the need for change.

Most of the report is devoted to the way forward. This is the third and most important section of the report. It is clear that a significant re-alignment of the Department’s functions is needed.

Chapter 4 proposes a Department of Child Safety and Wellbeing (DCSW) with a focus on vulnerable children and young people in the context of their families and communities. Chapter 4 also proposes a new Department of Communities to provide a focal point within the State Government for policy and planning for community development, social infrastructure and

particular population sub-groups. The roles, function, structure of the DCSW together with some key areas requiring early attention are discussed in Chapter 5.

Chapter 6 considers some key workforce issues while Chapter 7 outlines some measures designed to improve the quality of the child protection services and enhance the accountability of the DCSW.

Chapter 8 addresses the need of children, young people, their families and communities for support and therapeutic services. The out of home care system is discussed in Chapter 9 with a number of proposals to improve access to foster care, relative care and residential care. The importance of intersectoral coordination is the central theme of Chapter 10 and some specific initiatives are proposed.

Overall this report outlines a direction underpinned by a number of specific proposals which when taken together, refocus and strengthen the Government’s and community’s capacity to keep their children safe.

The commitment and passion of staff in the Department evident throughout this review augur well for their capacity to implement the reforms.

It is the Review’s belief that, within the directions outlined in this report and with the support of the Government, other Departments, non-government organisations, academic institutions and the community, the proposed DCSW will lead the revitalisation of Western Australia’s efforts to improve child safety and make a strong contribution to enabling all children to develop to their full potential.
RECOMMENDATIONS

RECOMMENDATION 1 ................................................................................................................. 46
A new Department of Child Safety and Wellbeing (DCSW) be created by refocusing the Department for Community Development on identifying and supporting vulnerable children and young people in the context of their families and the community.

RECOMMENDATION 2 ................................................................................................................. 48
A Department of Communities be established to provide the Government and the community with a focal point for the development of an over-arching social development framework, policies and programs for population sub-groups with special needs and for the strengthening of communities.

RECOMMENDATION 3 ................................................................................................................. 49
The Department of Communities, in partnership with communities, the non-government sector and other departments develop an early years strategy for Western Australia that is evidence based and community focused.

RECOMMENDATION 4 ................................................................................................................. 50
The Child Care Licensing Unit together with the current resources be transferred to the Department of Communities.

RECOMMENDATION 5 ................................................................................................................. 50
The Children and Community Services Act 2004 be amended to reflect the move of the Child Care licensing function.

RECOMMENDATION 6 ................................................................................................................. 51
The Department of Communities immediately review the Child Care regulations to clarify their purpose and principles, streamline them significantly and ensure they are outcome focused.

RECOMMENDATION 7 ................................................................................................................. 52
The State Government progress discussions with the Australian Government on the transfer of the responsibility to that jurisdiction for developing new inter country adoption programs and for maintaining the existing programs.

RECOMMENDATION 8 ................................................................................................................. 52
The forthcoming Review of the Department of Housing and Works consider whether that Department should have a greater role in supporting people in public housing tenancies in circumstances where, if they were evicted, they would become homeless.

RECOMMENDATION 9 ................................................................................................................. 59
An Aboriginal Reference Group be established to provide input into policy, practice and staff development and training and to provide feedback to the DCSW on the Department’s impact on Aboriginal children and young people.

RECOMMENDATION 10 ................................................................................................................. 60
The DCSW develop a planning and forecasting model to predict future demand based on socio-economic indicators and other factors known to be associated with child abuse and neglect (e.g. domestic violence, drug and alcohol abuse, mental health and poverty).
RECOMMENDATION 11 ........................................................................................................................................60
The Department of Child Safety and Wellbeing in conjunction with the Department of Treasury and Finance develop an approach to estimating budget requirements and forward commitments based on the planning model.

RECOMMENDATION 12 ........................................................................................................................................60
The Department of Child Safety and Wellbeing develop a resource allocation model to ensure that the resources are allocated transparently across districts and between service providers (both Department of Child Safety and Wellbeing and non-government) and that allocation to service providers can be varied in response to changing needs.

RECOMMENDATION 13 ........................................................................................................................................61
Child protection practice guidelines be revised and streamlined to be evidence based, accessible and relevant for front line practitioners.

RECOMMENDATION 14 ........................................................................................................................................61
Business processes that underpin service delivery be revised and re-engineered to update and streamline them.

RECOMMENDATION 15 ........................................................................................................................................61
Delegation arrangements, particularly financial delegations, be revised to ensure that decisions about children and the support to them and their families can be made by those staff who directly assessed the situation and know the child.

RECOMMENDATION 16 ........................................................................................................................................63
The Department of Child Safety and Wellbeing consider the most effective and efficient process to deliver consistent, risk based intake and assessment services. As an immediate first step, the Department ensure that dedicated, appropriately trained and experienced officers undertake this function.

RECOMMENDATION 17 ........................................................................................................................................64
The Department of Child Safety and Wellbeing, in consultation with the Department of Treasury and Finance and the Auditor General’s Office, review the outcome measures and performance indicators reported annually to Parliament and the community.

RECOMMENDATION 18 ........................................................................................................................................46
The Department of Child Safety and Wellbeing consider the provision of regular statistical reports, together with interpretive comments, to the community at a District Office level.

RECOMMENDATION 19 ........................................................................................................................................68
The Department of Child Safety and Wellbeing develop and implement a Workforce Plan that includes workforce modelling and analysis, covers different occupational groups (eg. caseworkers, psychologists, direct care workers and administrative staff) and incorporates a workload measurement system.

RECOMMENDATION 20 ........................................................................................................................................70
The Department of Child Safety and Wellbeing reduce the number of positions filled on short-term contracts and, wherever possible, vacant and funded positions be advertised and filled permanently as a matter of priority.

RECOMMENDATION 21 ........................................................................................................................................70
The Department of Child Safety and Wellbeing establish and monitor benchmarks around acceptable timeframes relating to steps in recruitment processes.

RECOMMENDATION 22 ........................................................................................................................................71
A tertiary level qualification in social work, psychology or a relevant human service area be the basic qualification for caseworker positions within the Department of Child Safety and Wellbeing.
RECOMMENDATION 23
The Department develop training/development modules to enable newly recruited caseworkers to undertake individually tailored competency based programs and that the Department introduce a program (e.g. scholarships) to enable staff who entered the Department as field staff without a relevant tertiary qualification, to complete an appropriate tertiary qualification.

RECOMMENDATION 24
The Department of Child Safety and Wellbeing investigate collaborative arrangements with other State Departments and the Higher Education sector to increase the range of training delivery mechanisms.

RECOMMENDATION 25
The Department of Child Safety and Wellbeing, jointly with the Department of Consumer and Employment Protection and the Department of Treasury and Finance, prepare a business case for consideration by Government of additional attraction and retention options for hard to recruit to field positions.

RECOMMENDATION 26
The Department of Child Safety and Wellbeing implement a comprehensive Work Value process. The work currently being under-taken on an attraction and retention benefit should be accelerated as a short-term measure addressing comparative wage level concerns.

RECOMMENDATION 27
A corporate and quality governance framework be developed within the Department of Child Safety and Wellbeing.

RECOMMENDATION 28
A performance review and management approach be developed and implemented to support a culture of performance improvement and accountability within the Department of Child Safety and Wellbeing.

RECOMMENDATION 29
Each district office have at least one Senior Quality/Practice Development Officer and, in district offices covering a large geographical area with remote sub-offices, there be two such positions.

RECOMMENDATION 30
The Department of Child Safety and Wellbeing develop a three-tiered complaints management process supported by clear policies, guidelines and education programs for consumers and staff. This process be developed in conjunction with the Ombudsman and the Corruption and Crime Commission.

RECOMMENDATION 31
The Child Death Review Committee together with its current resources be relocated to the Office for Parliamentary Investigations (the Ombudsman).

RECOMMENDATION 32
A small, specialist investigative unit be established in the Ombudsman’s office to facilitate the independent investigation of complaints and enable the further examination, at the discretion of the Ombudsman, of Child Death Review cases where the child is known to a number of agencies.

RECOMMENDATION 33
The Department of Child Safety and Wellbeing co-ordinate the development of a Strategic Framework and a State Plan for family support services for vulnerable and at risk children and young people, their families and communities. In the meantime, pending the development of the Framework and Plan, the State should build on the existing programs that have been evaluated as being effective. These include initiatives arising from the Gordon Inquiry including: Remote Community Child Protection Workers; Community Child Protection Workers; Community Capacity Builders; Aboriginal Support Workers; and Youth and Family Engagement Workers.
RECOMMENDATION 34 ..............................................................................................85
The Gordon initiatives, the Youth and Family Engagement Workers program, STRONGfamilies program and Best Beginnings and Best Start programs be considered as ongoing programs expanded to provide State wide coverage and form the basis of the Department of Child Safety and Wellbeing’s contribution to the family support arrangements.

RECOMMENDATION 35 ..............................................................................................86
The Department of Child Safety and Wellbeing consider and report back to the Government on whether the necessary access to tertiary specialist services can be achieved for children and young people in care through care planning and the associated service provision (see Recommendation 63 and 64) or whether the Children and Community Service Act 2004 sub-sections 22(3) and 22(4) should be amended along the lines of the ACT Government’s Children and Young People Act 1999, Section 28.

RECOMMENDATION 36 ..............................................................................................86
In conjunction with the Department of Health, Country Health Service, the Department of Child Safety and Wellbeing explore the application of the Telehealth concept and infrastructure as one approach to increasing the access of rural and regional Western Australia to specialist therapeutic services.

RECOMMENDATION 37 ..............................................................................................87
In developing the Strategic Framework and Plan for family support and specialist therapeutic services, consideration be given to expanding the role of the non-government sector. Special attention should be paid to ensuring that services provided to Aboriginal families and communities are culturally appropriate.

RECOMMENDATION 38 ..............................................................................................94
In conjunction with the Departments of Health and of Education and Training, the Department of Child Safety and Wellbeing undertake an ongoing assessment and analysis of children and young people in care to provide a more comprehensive picture of the needs of this group to enable the planning and provision of the required level and nature of services.

RECOMMENDATION 39 ..............................................................................................95
The Department of Child Safety and Wellbeing engage in community consultation, including with Aboriginal communities, to develop policy on permanency planning and placement and consider whether any legislative amendment (including timeframes), would assist, what ongoing monitoring and support should be provided and identify any other issues.

RECOMMENDATION 40 ..............................................................................................96
The Department of Child Safety and Wellbeing continue to pursue vigorously the implementation of the recommendations about Children in Care in the Report on Quality Assurance and Substantiated Allegations of Abuse in Care, Duty of Care to Children and Young People in Western Australia and others arising from the Report on Allegations Concerning the Treatment of Children and Young People in Residential Care Report.

RECOMMENDATION 41 ..............................................................................................98
The Department of Child Safety and Wellbeing in conjunction with the Aboriginal Reference Group and Aboriginal Agencies approved by the CEO under clause 81(2) of the Children and Community Services Act 2004 explore models for engaging appropriately with Aboriginal communities and child care agencies throughout the entire process of out of home care from investigations, placement, to leaving care.

RECOMMENDATION 42 ..............................................................................................98
The Department of Child Safety and Wellbeing contribute to the work of the Secretariat of National Aboriginal and Islander Child Care on minimum standards for the care protection and support of Aboriginal children.
RECOMMENDATION 43
The Department of Child Safety and Wellbeing work with the Northern Territory and Queensland governments on issues related to practices, policy and services for Aboriginal children in care.

RECOMMENDATION 44
The Department of Child Safety and Wellbeing ensure there is an appropriate range of Aboriginal Child Care agencies to recruit, train and support additional Aboriginal carers.

RECOMMENDATION 45
The Department of Child Safety and Wellbeing expand the role of the non-government sector to increase out of home care options for children.

RECOMMENDATION 46
To increase the pool of foster carers, and in acknowledgement of the ineffectiveness of broad based media campaigns in recruiting new foster carers, the Department of Child Safety and Wellbeing encourage word of mouth recruitment through existing foster carers.

RECOMMENDATION 47
The Government increase the subsidy paid to general and relative foster carers in recognition of the increased complexity of needs of children in care and the increased training required by carers to deal effectively with such complexities.

RECOMMENDATION 48
Support for general and relative foster carers be recognised as a specific function provided by the Department of Child Safety and Wellbeing. Each district office be provided with dedicated resources, specifically Foster Carer Support Officers, to undertake this role. The number of such workers be determined relative to the number of general and relative foster carers.

RECOMMENDATION 49
The Department of Child Safety and Wellbeing provide training to general and relative foster carers that is easily accessible and designed in collaboration with the Foster Care Association.

RECOMMENDATION 50
The Department of Child Safety and Wellbeing recruit general and relative foster carers whose function is to provide respite for existing foster carers with children in their care. Where possible, the Department of Child Safety and Wellbeing should endeavour to link children with the same respite carer to provide some stability and continuity for children.

RECOMMENDATION 51
General and relative foster carers be regarded as valuable members of the care and protection team. The Department of Child Safety and Wellbeing actively seek and consider the input of general and relative foster carers into decision-making regarding children in their care.

RECOMMENDATION 52
The Department of Child Safety and Wellbeing provide appropriately full information to general and relative foster carers about the characteristics and needs of children coming into their care so that carers are adequately prepared and informed.

RECOMMENDATION 53
Through the provision of appropriate staffing and capital works where necessary, the Department of Child Safety and Wellbeing develop a network of group homes across each district (First Level Residential Care Facilities).
RECOMMENDATION 54
In country districts, in the absence of non-government agencies with the capacity to operate these facilities efficiently, the Department of Child Safety and Wellbeing operate first Level Residential Care Facilities. In the metropolitan area, given the experience of the non-government sector, the Department of Child Safety and Wellbeing consider contracting this sector to provide First Level Residential Care.

RECOMMENDATION 55
Current Departmentally run facilities in the metropolitan area be reconfigured to provide Second Level Residential Care Facilities. This will require the development of an evidenced-based therapeutic model, staffing model and competency-based training reflecting the therapeutic nature of the services.

RECOMMENDATION 56
The Kath French Centre be modified to enable it to become the State’s Intensive Therapeutic Unit for young people in care.

RECOMMENDATION 57
The Department establish a reference group in association with the CREATE Foundation for young people who are in care or have recently left care so that such young people can comment on policy development and service delivery. The Department should fund the CREATE Foundation to establish and support this reference group.

RECOMMENDATION 58
The STRONGfamilies program be ongoing and expanded across Western Australia with the coordinator positions becoming permanent positions.

RECOMMENDATION 59
The Inter-agency Child Safety Teams pilot projects be evaluated and be implemented across the State if the evaluation indicates positive outcomes in terms of improved service coordination and delivery in complex cases.

RECOMMENDATION 60
Child Safety Directors be identified in the Department of Health, Department of Education and Training, Disability Services Commission, Western Australian Police Service, Department of Corrective Services, Department of Housing and Works, Department of Local Government and Regional Development, Department of Communities, Department of the Premier and Cabinet, Department of Indigenous Affairs and the Department of Treasury and Finance. These directors are people who, in their existing roles, report directly to their Director General/Chief Executive Officer and will ensure agencies deliver appropriate services to vulnerable children and their families, including children who are in the care of the State.

RECOMMENDATION 61
Child Safety Directors’ Group be established. This group meet on a fortnightly basis to ensure a coordinated response by government is provided to vulnerable children and their families including children who are in the care of the State. The Child Safety Directors Group include a representative from the Department of Child Safety and Wellbeing at an equivalent level.

RECOMMENDATION 62
District Child Safety Coordinating Groups be established in each district to provide a coordinated across agency response to vulnerable children and their families including children in care. District committee members will comprise senior persons in each department/agency in the district which has child safety responsibility. District committees will provide an avenue for the STRONGfamilies Program and the Child Protection Safety Teams to address ‘systemic roadblocks’ hindering the delivery of an effective coordinated service response at the local level. The District Child Safety Coordinating Group will report to the Child Safety Directors Group.
RECOMMENDATION 63........................................................................................................................................117
The Departments of Health and of Education and Training respectively be required to develop a Health Plan
(covering physical, mental and dental health) and an Education Plan respectively for each child or young
person in care.

RECOMMENDATION 64........................................................................................................................................117
The Department of Health and the Department of Education and Training be responsible for providing the
specialist support, resources and services needed to implement the plans for each child and young person in
care.

RECOMMENDATION 65........................................................................................................................................117
The Department of Health, the Department of Education and Training and the Department of Child Safety and
Wellbeing report in their Annual Reports each year, the proportion of children and young people in care who
have a health or education plan and an annual assessment, the proportion who have achieved improvement in
their health/education status and the gap between the health/education status of children and young people in
care and those children not in care.

RECOMMENDATION 66........................................................................................................................................118
The Department of Child Safety and Wellbeing and the State Solicitor’s Office run a joint education program
on exchange of information between agencies for the Professional Colleges and staff within the Department of
Health.

RECOMMENDATION 67........................................................................................................................................119
A component of the professional development program for the Department of Child Safety and Wellbeing
District Office staff (particularly caseworkers) include practical guidance on exercising judgment about
appropriate information sharing.

RECOMMENDATION 68........................................................................................................................................119
The State Solicitors’ Office in conjunction with the Department of Child Safety and Wellbeing consider
whether Section 23(2) of the Children and Community Services Act 2004 is sufficient or whether further
legislative amendment is needed to give protection to Department of Child Safety and Wellbeing staff if they
provide information to other interested agencies, service providers or individuals to ensure the safety and
wellbeing of a child or young person.

RECOMMENDATION 69........................................................................................................................................119
Any future Statewide privacy legislation provide for the sharing of information to protect the safety and
wellbeing of children and young people.

RECOMMENDATION 70........................................................................................................................................122
The Government does not expand the range of people mandatorily required to report concerns of child abuse
but instead requires the District Child Safety coordinators’ and the Child Safety Directors’ Groups to
implement the Interagency Collaborative Framework for Protecting Children and advise the Director General
of the Department of Child Safety and Wellbeing of any amendment needed to that framework to improve
service provision for vulnerable children and young people and enhanced interdepartmental cooperation and
accountability.
CHAPTER 1 – THE DEPARTMENT FOR COMMUNITY DEVELOPMENT

In its current form, DCD was created in 2001. However, its origins can be traced back nearly 100 years. In 1907 the State Children’s Department was established under the State Children’s Act with the responsibility for protecting the life and welfare of young children.

More than 30 years ago, the government of the day made a decision, which still reverberates through the system today. It combined the Child Welfare Department with sections of the Native Welfare Department to form the Department for Child Welfare. Many in the community still refer to the successor departments including DCD as “the Welfare” and the past history of removing Aboriginal children from their families and communities influences the culture and practice of Departmental officers today.

In January 1985, a new department of Family and Children’s Services was formed to work more closely with the community to strengthen supports to community members. Other Government functions were added to the Department’s responsibilities with the inclusion of the Family and Children’s Policy Office, the Office of Seniors’ Interests and the Women’s Policy Office. In 1995 the Department became known as Family and Children’s Services.

Following a major review of the structure of Government in 2001, a Community Development portfolio was created to respond effectively to the needs of all Western Australians and to help individuals, families and communities to shape their own lives positively. Following the February 2006 Ministerial changes, the Department reported to two Ministers: the Minister for Community Development; Seniors’; Youth, and the Minister for Women’s Interests.

The Director General of DCD is the accountable officer under the Public Sector Management Act (1994) and the Financial Administration and Audit Act (1985). However, the Executive Directors of the Office for Children and Youth, the Office for Seniors’ Interests and Volunteering, the Office for Women’s Policy and the Director, Family and Domestic Violence Unit have direct contact with their respective Ministers on policy matters relevant to their specific areas of responsibility.

LEGISLATION

The most significant piece of legislation administered by the Department is the Children and Community Services Act 2004 the major provisions of which came into effect in March 2006. It repealed the Child Welfare Act 1947; the Community Services Act 1972; and the Welfare and Assistance Act 1961. The Children and Community Services Act 2004 confers functions in relation to the provision of social services, the provision of financial and other assistance, and matters concerning the wellbeing of children, other individuals, families and communities. The Act also makes provisions about the protection and care of children, the employment of children and childcare services.

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5 This section provides only the briefest overview of the Department’s history. A more detailed history was provided to the Review History of the Department -Department for Community Development, Program and Sector Development.
The Department also administers a number of other Acts. The most significant of these are:

- **Adoption Act 1994**
- **Carers Recognition Act 2004**
- **Volunteers (Protection from Liability) Act 2002**
- **Working with Children (Criminal Record Checking) Act 2004.**

**STRUCTURE AND FUNCTION**

**Head Office**

DCD has its Head Office in Perth and the major work units located in this office are:

**Table 1.1 – Major Work Units in Head Office**

<table>
<thead>
<tr>
<th>WORK UNIT</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Director General</td>
<td>30.6</td>
</tr>
<tr>
<td>Business Services Directorate</td>
<td>193.35</td>
</tr>
<tr>
<td>Program and Sector Development Directorate</td>
<td>101.2</td>
</tr>
<tr>
<td>Indigenous Policy Directorate</td>
<td>6</td>
</tr>
<tr>
<td>Community Development and Statewide Services - Direct Service Provision</td>
<td>250.85</td>
</tr>
<tr>
<td>Community Development and Statewide Services other</td>
<td>136.5</td>
</tr>
<tr>
<td>Policy Offices:</td>
<td></td>
</tr>
<tr>
<td>Office for Seniors’ Interests and Volunteering</td>
<td>39</td>
</tr>
<tr>
<td>Office for Children and Youth</td>
<td>24.6</td>
</tr>
<tr>
<td>Office of Women’s Policy</td>
<td>15.5</td>
</tr>
<tr>
<td>Family and Domestic Violence Unit</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>808.6</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development Human Resources Directorate.

The major functions of the Head Office include policy and program development, support for the Ministers, corporate support, management and support for district offices and a range of statewide services discussed below.

The Office of Women’s Policy, Office for Seniors’ Interests and Volunteering, the Office for Children and Youth and the Family and Domestic Violence Unit are part of the Head Office but have co-located in Dumas House in West Perth, to maximise use of common core services and functions.

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6 This figure excludes the 1018.7 FTE located in the 16 district offices.
Office for Seniors’ Interests and Volunteering

The Office for Seniors’ Interests and Volunteering aims to promote a community where Seniors are valued and respected; to enhance the lifestyles of Seniors by promoting positive ageing; to encourage the community to plan for its ageing population; and to implement the Western Australian Government’s Valuing Volunteers policy. The Office is structured with the following sections: Administration; Community Participation; Policy and Planning and Program Management and Support.

The total FTE for the Office of Seniors’ Interests and Volunteering is 39, with a budget of $5.2 million in 2005/06.

Office for Children and Youth

The Office for Children and Youth is responsible for developing policy and programs that meet the needs of Western Australia’s children and young people. Its mission is to connect young Western Australians with the government and the community and to shape government policy and programs with insights and experiences from young people. The office has a total staff of 24.6 FTE and a budget of $6.7 million in 2005/06.

Office of Women’s Policy

Office of Women’s Policy (OWP) supports community projects that strengthen the position of women, economically and socially, and encourages networks and partnerships across the not-for-profit sector and government for the benefit of all women. OWP applies current research, statistical analysis and input from the community to ensure policies, programs and services that are responsive to needs of women and reflect international trends in gender equality. The Women’s Policy Unit has a staff total of 15.5 FTE and a budget of $2 million in 2005/06.

Family and Domestic Violence Unit

The Family and Domestic Violence Unit delivers a range of policy and community engagement programs that address family and domestic violence. The unit is comprised of three sections: Community Engagement; Executive; and Policy. The total number of FTE supporting these functions is 11 and the total budget for the unit is $2.4 million in 2005/06.

The Community Development and Statewide Services Directorate also include the 16 district offices, with 1018.7 FTE not included in the above.

Of the 808.6 FTE in the Head Office, 136.5 FTE are the Regional Office staff (North, South, East) and 250.85 FTE provide direct services provision.

All of the Regional Offices (North, South, East) are located in the Head Office of the Department and have line management responsibility for designated district offices as well as some Statewide services as follows:

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7 Adolescent Child Support Services; Adoptions; Fostering Services; Responsible Parenting Program; Aboriginal Student Accommodation Service; Emergency Response; Parent Help Centre and Crisis Care.
Table 1.2 – Regional Office Responsibilities

<table>
<thead>
<tr>
<th>NORTH</th>
<th>EAST</th>
<th>SOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joondalup District Office</td>
<td>Armadale District Office</td>
<td>Fremantle District Office</td>
</tr>
<tr>
<td>Kimberley District Office</td>
<td>Cannington District Office</td>
<td>Great Southern District Office</td>
</tr>
<tr>
<td>Mirrabooka District Office</td>
<td>Goldfields District Office</td>
<td>Peel District Office</td>
</tr>
<tr>
<td>Murchison District Office</td>
<td>Midland District Office</td>
<td>Rockingham District Office</td>
</tr>
<tr>
<td>Perth District Office</td>
<td>Wheatbelt District Office</td>
<td>Southwest District Office</td>
</tr>
<tr>
<td>Pilbara District Office</td>
<td>Adolescent Support Services</td>
<td>Crisis Care</td>
</tr>
<tr>
<td>Aboriginal Student Accommodation Services</td>
<td>Adoptions</td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Fostering Services</td>
<td></td>
</tr>
<tr>
<td>Parent Help Line</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are 16 district offices that range in size from the Great Southern with 38 FTE and a 2005/06-budget allocation of $2.7 million to the Kimberley office with 82 FTE and a 2005/06-budget allocation of $7.5 million. Information on the budgets and staffing levels for each of the district offices is at Table D 1 – District Offices Budgets and Staffing 2006/07 in Appendix D.

The internal structure of each district office varies. Broadly speaking, there are two models: “Specialist” or “Generic” team models.

The Specialist Team model is based around the stages in the child protection process:

- Intake team assesses each notification to determine whether:
  - No further action is required;
  - Referral for family support is appropriate;
  - Investigation as possible child abuse or neglect is indicated.
- A Family Support team;
- An Assessment team undertakes more detailed investigation in cases where there are reasonable grounds to suspect abuse or neglect;
- A Children in Care team provides case management for children in care; and
- A Specialist team comprises specialist staff such as psychologist, Education Officer, Best Start Coordinators etc.

Even those district offices that are organised along specialist team models do so with different team descriptions and compositions. An example of the structure of an office organised along these lines is at Figure 1.1.
Figure 1.1 – Specialist Team Approach

In the generic team type structure caseworkers do not specialise but are involved across the spectrum of child protection from intake through to children in care. In this model caseworkers are rostered to undertake the Duty/Intake function and are allocated certain cases to investigate and children in care to manage.

This model is more common in country districts and those offices which have opted for a “Place” approach (i.e. of providing services to geographically defined communities). An example of this structure is at Figure 1.2.
STAFFING PROFILE

In 2006 the total staff of DCD, including the Policy Offices and the Family and Domestic Violence Unit, comprised 1628.72 permanently funded positions and 194.5 positions funded for a defined period.

The average length of employment for all permanent staff within the Department at 29 November 2006 was 10.12 years. In respect to gender there is a predominance (77.5%) of female permanent employees within the Department and male permanent employees comprised 22.5% of the workforce.

Of the permanent workforce across both genders, 50% were over 45 years and 75% were over 35 years old. This is an issue for consideration in relation to workforce attraction and retention and for the workforce planning strategies of the Department.

FINANCIAL

Appropriations to the Department for Community Development have increased from $162.7 million in 2000/01 to $251.5 million in 2006/07 (based on current estimates). This translates to a nominal growth in appropriations of 55% over this period (or 4.65% real increase per annum on average).

In 2005/2006, when the actual expenditure was $248.1 million, major expenditure categories were employee expenses at $93 million, funding for services (mainly through the non-government sector) of $70 million and grants and subsidies of $34 million, as outlined in Table 1.3 below:
Table 1.3 – Major Departmental Expenditure Categories 2005-06

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>$ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits expense</td>
<td>93.0</td>
</tr>
<tr>
<td>Supplies and services</td>
<td>20.7</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>3.8</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>10.5</td>
</tr>
<tr>
<td>Accommodation expenses</td>
<td>9.5</td>
</tr>
<tr>
<td>Grants and subsidies</td>
<td>34.0</td>
</tr>
<tr>
<td>Funding for services</td>
<td>69.9</td>
</tr>
<tr>
<td>Capital user charge</td>
<td>5.3</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total cost of services 2005-06</strong></td>
<td><strong>248.1</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development Business Services Directorate

EXPENDITURE ON CHILDREN IN CARE

Out of home care includes expenditure to provide supported placement services for children and young people living away from their family home due to safety concerns or family crisis. These places can be family based care or, facility based care and provided by non-government or government sectors.

The Department spent $62.6 million in 2005/06 on out of home care services. This total comprised direct expenditure of $52.5 million and funding to non-government organisations of $10.1 million, which related mainly to provision of supported placements for children and young people.8

The direct expenditure component of $52.5 million is itemised in Table 1.4 below:

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8 This $62.6m does not include $13.1m of Departmental overheads attributed to out of home care on a prorata basis. This overhead costs include a proportion of expenses such as the head office costs, capital user charge etc.
Table 1.4 – Departmental Out of Home Care Expenditure

<table>
<thead>
<tr>
<th>DIRECT EXPENDITURE</th>
<th>$ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Carers’ Subsidies</td>
<td>14.7</td>
</tr>
<tr>
<td>(b) District Offices</td>
<td>16.5</td>
</tr>
<tr>
<td>(c) Client Costs</td>
<td>7.1</td>
</tr>
<tr>
<td>(d) Placement Services</td>
<td>4.5</td>
</tr>
<tr>
<td>(d) Special Needs</td>
<td>3.3</td>
</tr>
<tr>
<td>Hostels</td>
<td>2.1</td>
</tr>
<tr>
<td>Fostering Services Unit</td>
<td>1.3</td>
</tr>
<tr>
<td>Other support services</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52.5</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development Program and Sector Development Directorate

(a) Foster carers are provided with a fixed rate subsidy to meet the costs of food, local travel, basic leisure, minor education expenses, hygiene and non prescription items, heating, accommodation, haircuts and toys.

(b) District office expenditure relates to expenditure in metropolitan and country offices, such as staff expenditure (including field staff), operating expenses etc. This has been calculated based on an estimate of the amount of time district office staff spend on out of home care from the labour time allocation survey.

(c) Client costs relate to expenditure on children in care for professional services such as counselling and speech therapy, legal costs, supervised contact with parents, all health and medical costs, Christmas and birthday presents, school books, equipment, camps, uniforms, tutoring, day care and child minding.

(d) Special Needs expenditure relates predominately to costs incurred in providing placements for children with high needs.

NON-GOVERNMENT FUNDING

The total Department for Community Development non-government funding for 2005/06 was $70.8 million. For the 2006/07 year the total amount has been forecast as $74.6 million.

A large component of the non-government funding, around $28 million or approximately 40% of the total non-government funding, is attributed to the Supported Accommodation Assistance Program (SAAP). The SAAP is the subject of a joint Commonwealth/State Agreement. The aim of SAAP is to provide transitional supported accommodation and a range of related support services in order to help people who are homeless, or are experiencing domestic violence and are at imminent risk of becoming homeless, to achieve a maximum degree of self reliance and independence.

In Western Australia, under the SAAP, 128 services provide support and temporary (transitional) accommodation including:

- Crisis and temporary accommodation for young people;
- Support and counselling for young people at risk;
- Refuges and outreach support services—for women who are single or have children who are victims of domestic violence; and
- Crisis and temporary accommodation and support for homeless single adults and families.

The other services provided by the non-government sector are services that provide for such things as home-visiting services, counselling services, financial counselling, out of home care for children in the care of the CEO and advocacy and support. A listing of the major categories of non-government funding can be found at in Appendix D: Table D2 – Service Group Summary Report.

In 2006/07 the expected expenditure through non-government agencies has been forecast as $75.4 million, which represents an increase of approximately 8.4% from the previous year.

EXPENDITURE ON FAMILY SUPPORT

Advice provided by the Department indicates that its expenditure on family support was some $33.8 million in 2005/6. This total included expenditure on non-government services of $16.9 million.

The $16.9 million of direct Departmental expenditure includes the following:

Table 1.5 – Direct Departmental Expenditure on Family Support

<table>
<thead>
<tr>
<th>DIRECT EXPENDITURE</th>
<th>$ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) District Offices</td>
<td>8.9</td>
</tr>
<tr>
<td>Parenting Services</td>
<td>1.5</td>
</tr>
<tr>
<td>Parent Link</td>
<td>0.7</td>
</tr>
<tr>
<td>(b) Client Costs</td>
<td>1.3</td>
</tr>
<tr>
<td>Best Beginnings</td>
<td>0.8</td>
</tr>
<tr>
<td>(c) Best Start</td>
<td>0.8</td>
</tr>
<tr>
<td>Early Years’ Programs</td>
<td>1.3</td>
</tr>
<tr>
<td>Gordon Inquiry Programs</td>
<td>1.1</td>
</tr>
<tr>
<td>Other Support Services</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16.9</strong></td>
</tr>
</tbody>
</table>

(a) District office expenditure relates to expenditure in metropolitan and country offices, such as staff expenditure (including field staff), operating expenses. This has been calculated based on an estimate of the amount of time district office staff spend on family support from the Department’s labour time allocation survey.

(b) Client costs relate to expenditure on children in care for professional services such as counselling and speech therapy, legal costs, supervised contact with parents, all health and medical costs, Christmas and birthday presents, school books, equipment, camps, uniforms, tutoring, day care and child minding

(c) Best Start is a service for Aboriginal families with children aged 0-5 years operated by the Department or by funded Aboriginal organisations in partnership with health and education services. It aims to engage with parents and extended family to ensure the cultural, health and social needs of their children are met and their preparation and transition to school is improved. A range of activities is offered including playgroups, home visits, workshops, and social and cultural activities.

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9 This figure does not include the Departmental overhead for provision of family support, which was estimated to be $5.5 million (covering a proportion of expenses such as the head office costs, capital user charge).
CHAPTER 2 – CHILD PROTECTION

With the rise of the “child rescue movements, the protection of children from abuse and neglect was included as an area of public policy in Western societies in the late 19th century”. Countries such as the United Kingdom, United States of America, Australia and New Zealand adopted a ‘legislative’ approach. Some countries, particularly the Scandinavian countries, adopted a ‘family services’ approach which can be broadly characterised as the State provision of a range of family and community support services designed to assist in raising children and avoid or reduce child abuse.

In Western Australia, legislation was established in the early 20th century as a result of the infamous Mitchell baby-farming case. Mitchell provided care to babies and young children of unwed and widowed mothers to enable the mothers to earn an income. There were no social security payments at this time. The care arrangements were private and mothers would pay Mitchell for the care of their children. This practice was referred to as ‘baby farming’. Some mothers would not see their child for considerable periods of time as they frequently could only obtain work in country locations. In order to optimise her returns, Mitchell cared for a large number of babies and children and deprived children in her care of food. This resulted in the death by starvation of a number of children in her care. The legislation sought to abolish baby farming and set appropriate standards of care, management and control of Western Australian children by transferring responsibility for the payment of foster parents to the State. Thus, private arrangements made by mothers were outlawed.10

In Western Australia, as in all other States, Aboriginal people have experienced a complex history and relationship with Government and by that the child protection system. The experience of the Stolen Generation as seen by the large-scale removal of Aboriginal children from their families is seen as a major contributing factor to the experience of trauma for Aboriginal people. As researchers have pointed out “… growing up in institutions or in “white” families meant that many Aboriginal people who are now parents did not benefit from positive parenting role models or learn their culture’s parenting practices”.11

Progressive refinement of legislation occurred during the 20th century as the definition of child maltreatment changed in nature, and public concern for the protection of children increased. By the latter part of the 20th century, child maltreatment was described as physical abuse, sexual abuse, emotional abuse or neglect. Legislation provided governments with an effective means of identifying and responding to significant harm to children, particularly where the abuse was more episodic in nature.

Unmanageable increases in child maltreatment reports, failure to reduce child morbidity or mortality, high profile child deaths, a scarcity of effective interventions to child maltreatment and evidence of growing distress amongst children of all socio-economic groups has reopened the debate on child protection in the past decade.12

The contemporary response to child protection appears unable to cope with abuse cases of a more chronic nature such as neglect.

10 History of the Department – Department for Community Development, Program and Sector Development.
11 Richardson, N, Bromfield, L, and Higgins, D, 2005 The Recruitment, Retention, and Support of Aboriginal and Torres Strait Islander Foster Carers: A Literature Review, p4.
Neglect is now revealing itself to be a prime form of child abuse and one of the most difficult to identify and treat. Long-term factors such as low income, sole parenthood, substance abuse, domestic violence and mental disability are key characteristics of families involved in child protection.

Most Anglo American countries, other than the United States, are now focusing on the provision of ‘family support’ as a means of protecting children, which reflects the view that the parent or carer is primarily responsible for the protection of the child. There is plenty of evidence of the tension embodied in attempting to accommodate prevention, early intervention and family support in child protection practice.

There is no available data to answer the question of which approach to the problem of child abuse (i.e. legislative or family support) results in better outcomes for children in terms of levels of maltreatment and number of child deaths. However, there is clear evidence that family service systems provide children and families with easier access to a wider range of services and assistance than a child protection system. Family service systems also place more emphasis on working voluntarily with parents over longer periods of time to address problems, compared with jurisdictions with a child protection orientation, which is far more restrictive and coercive in its responses to parents.

A family service system designed to prevent child abuse is commonly described using a three-tiered model comprising primary, secondary and tertiary prevention interventions.

Primary prevention intervention aims to prevent child abuse before it occurs or reduce its incidence by strengthening families and communities through an approach that does not stigmatise individuals or families but instead enhances or builds upon an individual’s or family’s capacity to act on their own behalf. Primary prevention programs generally empower community members to participate in a partnership with government and the professional sector in promoting the development of healthier communities.

Secondary prevention interventions are targeted toward individuals who have been identified as being at risk or whose needs are greater than that of the general population. Indicators of risk may include poverty, parental substance abuse, young parental age, parental mental health concerns, or parental or child disabilities. While such factors may not have yet caused problems, the risk of an adverse outcome occurring may be imminent. Secondary prevention strategies may include:

- Home visiting programs or respite care;
- Early childhood education programs; and
- Parenting programs.

Tertiary prevention interventions are targeted at individuals or families where abuse has already occurred and seek to ensure that abuse does not recur and assist children in their recovery (for example, schemes which work with mothers whose partners have abused their children).

Tertiary services where abuse has already occurred may include mental health services for children and families affected by maltreatment, alternative out of home care for children, respite care and crisis care.

In general, tertiary prevention is a function of state and territory governments and primary and secondary prevention is a shared responsibility across the community and national, state and local jurisdictions. There are overlaps between each category of prevention. Primary prevention strategies, for instance, can be implemented at the secondary and tertiary level as well so that strategies at the ‘societal level’ (such as increasing the economic self-sufficiency of families), are also reinforced at the ‘familial level’ (such as helping parents meet their basic needs, educating parents about child behaviour, discipline, safety and development).  

The need for a “continuum of action” has been highlighted in research so that, regardless of the category of prevention, and whatever the level of protective issues, children and families receive some form of support to alleviate their concerns.

Within Australia, each jurisdiction has grappled with the complexities of child protection in recent times resulting in several major reviews of States’ and Territories’ child protection systems. As a consequence, there has been a realignment of functions in some jurisdictions and an increased investment in services. Further information is available in Appendix E – Recent Child Protection Reviews in other Australian States/Territories.

THE WESTERN AUSTRALIAN SITUATION

In Western Australia, the Children and Community Services Act 2004 (Act), which commenced in March 2006, represents a major reform in the areas of child protection and care of children. The Act supports a research and evidence based model that recognises the capacity of families to care safely for their children, if supported to do so, and provides a strong framework of intervention for children who are in need of protection.

The Act confers functions in relation to the provision of social services, financial and other assistance and other matters concerning the wellbeing of children, families and communities. It makes provisions for the protection and care of children, the employment of children, and child care services. The Act contains principles that must be observed and considered in the administration and carrying out of functions under the Act:

- Principle that the best interests of the child are paramount;
- Principle of child participation;
- Aboriginal and Torres Strait Islander child placement principle;
- Principle of self-determination (specific to Aboriginal and Torres Strait Islanders); and
- Principle of community participation (specific to Aboriginal and Torres Strait Islanders).

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18 James, M. 2000, Child Abuse and Neglect: part II- Practical Intervention and Prevention Activities, Australian Institute of Criminology.
20 See Appendix F for further elucidation of this principle.
21 See Appendix G
The Chief Executive Officer (CEO) of the Department for Community Development (Department) is empowered by the Act to safeguard and promote children’s wellbeing, investigate allegations of abuse or neglect, apply to the Children’s Court for protection orders, make arrangements for children to be placed in the CEO’s care and provide for children leaving care. In performing functions under the Act, the CEO must endeavour to work in cooperation with public authorities, non-government agencies and service providers. Additionally, the Act enables the Department to share “relevant information” with other government departments, persons or bodies funded to provide social services or conduct research and development, or people who have a direct interest in the wellbeing of a child or class or group of children.

Prior to the new legislation the Minister for Community Development had the power to extend administratively a wardship order for a child, discharge a child from wardship, commit a child to the care of the Department (with parental consent or where the child was abandoned or orphaned), and approve a child in state care travelling outside of Western Australia. The Minister no longer has these powers under the new legislation. The Children’s Court makes orders relating to a child in the care of the CEO. The administrative power to extend a period of care no longer exists.

A child is considered to be in need of protection by the Department when:

- **The child’s parents** have abandoned the child, are deceased or incapacitated and no other adult relative or suitable adult can be found or is willing to care for the child;
- **The child’s parents** have not protected, or are unlikely to protect the child from suffering harm, or suffering further harm from physical, sexual, emotional or psychological abuse or neglect;
- **The child’s parents** are unable to provide, or arrange the provision of adequate care for the child causing the child to suffer harm, or be likely to suffer harm; or
- **The child’s parents** are unable to provide, or arrange the provision of, effective medical, therapeutic or other remedial treatment for the child, causing the child to suffer harm, or be likely to suffer harm.

Table 2.6 – Number of Children in Care, 1999 to 2006 by Aboriginal status.

<table>
<thead>
<tr>
<th></th>
<th>Jun-99</th>
<th>Jun-00</th>
<th>Jun-01</th>
<th>Jun-02</th>
<th>Jun-03</th>
<th>Jun-04</th>
<th>Jun-05</th>
<th>Jun-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>396</td>
<td>454</td>
<td>512</td>
<td>588</td>
<td>625</td>
<td>650</td>
<td>745</td>
<td>851</td>
</tr>
<tr>
<td>Non-Aboriginal</td>
<td>919</td>
<td>1,018</td>
<td>1,121</td>
<td>1,157</td>
<td>1,222</td>
<td>1,249</td>
<td>1,301</td>
<td>1,369</td>
</tr>
<tr>
<td>Total</td>
<td>1,315</td>
<td>1,472</td>
<td>1,633</td>
<td>1,745</td>
<td>1,847</td>
<td>1,899</td>
<td>2,046</td>
<td>2,220</td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Business Services Directorate
THE DEPARTMENT’S ROLE IN IDENTIFICATION OF VULNERABLE CHILDREN

The Department is contacted for a range of reasons by people seeking assistance to resolve an immediate crisis, obtain advice, referral, or assistance in relation to the welfare of themselves, their family, a child or individuals other than themselves for whom they are concerned. A significant number of these contacts are resolved at the time of the initial contact through the provision of information or advice.

When a person contacts the Department, a duty officer will speak with the person making contact, record their concerns and undertake an initial assessment that may include assessing existing information held by the Department or information from other sources. Concerns that are not resolved at the time of the initial contact are categorised as requiring either a family or individual support response or an assessment of a concern for a child. The Department aims to provide social services to those cases identified as requiring family or individual support.

Contacts that raise concern for a child’s wellbeing undergo a further risk assessment to determine whether the Department must take action to safeguard the child. The assessment of a concern for a child seeks to determine:

- Whether the concern is justified;
- How the family is functioning;
- The standard of parenting and quality of care the child is receiving;
- Need for services to enhance family functioning; and
- The most appropriate departmental response.

THE DEPARTMENT’S ROLE IN THE PROVISION OF FAMILY SUPPORT

As outlined earlier, a significant number of concerns are dealt with at the time of initial contact through the provision of advice or referral to another agency. The Department does not have data readily available that could provide a clear picture of the variety of concerns or of responses when there is no ongoing role.

Where there is some further involvement by the Department, some 45% of contacts to the district offices were made in relation to financial problems. Of the 31,648 total contacts to the Department’s district offices requiring some ongoing involvement in 2005/06, 14,315 were for financial issues. In response, the main service provided by the Department was the provision of food vouchers but this appears to be the highest client need only because the Department’s preferred policy is to provide food vouchers where the individual has money to meet the unforeseen circumstance. For example, if the fridge breaks down the client with some money would be asked to pay the bill for repairs and the Department would provide food vouchers to address the families immediate need. Over the past 10 years the number of people provided with food vouchers has declined from a high of 18,403 in 1998/99 to 9,164 in 2005/06. This decline could reflect the commencement of the No Interest Loan Scheme in 2000. The scheme provides for the purchase of furniture and white goods. The provision of financial assistance for accommodation has trebled over the 10 years from 396 in 1995/96 to 1,433 in 2005/06.

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22 Appendix D: Table D 3 – Primary reasons for all new contacts to the department.
23 Appendix D: Table D 4 – Responses to People with Finance Problems.
Other main reasons for contact requiring involvement of the Department included:

- Family problems – 4,515 contacts, or 14% of the total contacts in 2005/06, which was down from 6342 contacts, or 19% of the total contacts in 2004/05
- Family violence – 1,853 contacts in 2005/06, up from 776 in 2001/02 and 1,295 in 2004/05

**CHILD PROTECTION**

The statutory processes involved when the Department’s assessment has found that action needs to be taken to promote or safeguard a child move through a number of phases:

- Reported allegations and concerns involving children;
- Investigations involving children;
- Substantiated investigations involving children;
- Applications for care and protection orders; and
- Children placed on protection orders.

Data shows that, after a slight decline in the number of reported allegations from 3,720 in 1995/96 to 2099 in 1996/97, there was a steady increase until 2001/02 (3036) where there is again a decline to 2,247 in 2002/03. Since 2002/03, the number of reports rose steadily to 3,231 in 2005/06.\(^\text{24}\) It is of note that both periods of decline occurred during periods of change in the Department when a family support response was reinforced at a policy level. This appears to be supported by the data, which indicate that the ‘family support’ responses increased from 29% of all child concern report cases in 2001/02 to 35.4% of cases in 2002/03 and 42.8% in 2004/05.\(^\text{25}\) The data reflects the Department’s response to an expressed concern for a child rather than the actual number of concerns expressed or reports made.

Between 1995/96 and 2005/06 the number of children placed on protection orders during a twelve-month period more than doubled while the reported allegations and concerns involving children did not. The largest increase in applications for care and protection orders of 44% occurred between 2004/05 and 2005/06. The introduction of the new Act in early 2006 would account for the notable increase in the number of applications for care and protection orders. Four new order types came into effect in March 2006:

- Protection order (supervision) provides for the supervision of the wellbeing of the child while remaining at home – these orders cannot exceed two years duration, can be extended only once, and can include conditions such as the parent participating in a parenting program.
- Protection order (time-limited) gives the Department parental responsibility for a child for a period specified which cannot exceed two years but can be extended for further periods of up to two years on each occasion.

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\(^\text{24}\) Appendix D Table D 5 – Allegations, Investigations and Applications for Care and Protection Orders 1995/96 to 2005/06.

\(^\text{25}\) Appendix D: Table D6 – Child Concern Report Outcome by Financial Year excluding cases still in process (percentage)
• Protection order (until 18) gives the Department parental responsibility for the child until 18 years of age.

• Protection order (enduring parental responsibility) gives another person (other than the Department or a parent of the child), or two people jointly, parental responsibility for a child until it reaches 18 years of age.

In 1995/96 the Department introduced a differential model of case intake, ‘New Directions’. Under this approach, any report or information received raising a concern about a child was assessed and categorised as a child concern report where it was believed that providing family support was required or as a child maltreatment case where more extensive investigation was required perhaps as a precursor to removing the child or young person and placing them in out of home care.

The introduction of this change is evident in the figures on the total number of allegations of child maltreatment, which increased from 6,237 in 1994/95 to 982 in 1996/97 (although the number of substantiated allegations rose to 1,136 in the following year).

The impact of policy changes is again evident in the data on substantiated allegations earlier this decade. Substantiated allegations fell from 1,062 in 2001/02 to 796 in 2002/03. This decline coincided with greater focus on community development and building on family strengths.

Over the past seven years (1999/2000 to 2005/06), the proportion of all reports/notifications about concern for a child that have been assessed as child maltreatment allegations has varied between a low of 8.8% in 2003/04 and a high of 12.8% in 2001/02. The percentage in 2005/06 of 11.2% was close to the average across all seven years of 10.8%. The increased focus on building on family strengths and providing family supports from 2001/02 is also illustrated in Figure 4 with the percentage of total reports/notifications about concern for a child which became family support cases rising for 29% in 2001/02 to 42.8% in 2004/05.

26 Appendix D: Table D 7 – Responses to Child Maltreatment Allegations by nature of allegation.
27 Appendix D: Table D 5 – Allegations, Investigations and Applications for Care and Protection Orders 1995/96 to 2005/06.
28 Appendix D: Table D6 – Child Concern Report Outcome by Financial Year excluding cases still in process (percentage)
CHAPTER 3 – THE NEED FOR CHANGE

The child protection system in Western Australia needs to change. It is close to collapse and the public confidence in it has been shaken by a series of reports of preventable child deaths and inquiries into allegations of abuse in care. Despite increased funding in recent years, the problems remain. It is therefore time for a different approach and a renewed community and government commitment to deliver, in partnership, a stronger system.

This chapter outlines the main issues facing the system currently and underpins the arguments for both major structural change and significant reform of the way Western Australia protects and nurtures its children.

THE CHILD PROTECTION SYSTEM IS OVERWHELMED

The most obvious evidence that the system is unable to meet the demand is the increasing number of notifications of concern for a child that are “queued” and awaiting investigation. These are initial contacts to the Department that are assessed as requiring further investigation. If there is no caseworker able to take this investigation immediately, the task is queued or left unallocated. Unallocated investigations obviously increase the risk of some children being left in harmful or abusive situations.

Paradoxically, the number of children and young people being taken into the care of the CEO has also increased significantly (by over 75%) over the last eight years. Children and young people in care are on average also staying longer in care. As a consequence of this, and the staff shortages, some children and young people in care do not have an allocated caseworker. This means that they do not have anyone in the Department who understands their needs and their family background and they are not able to develop a trusting relationship with a dedicated caseworker. In these circumstances, the child or young person and/or their foster or relative carer only receive support or help at a time of crisis. The “task” is then allocated to a caseworker that already has a full load, and given the crisis, may not have time to read several volumes of files as background information. Placement breakdowns are often a result. Thus, out of home care services (foster care, relative care and residential care services) are stretched to breaking point.

The system is already operating precariously beyond capacity. The Review believes that the Department’s ability to provide adequate placements and quality support for children in care has been seriously eroded.

The demand pressure and lack of placement options has led to:

- Caseworkers having to take children home to be cared for;
- Family groups being split up into separate placements;
- Foster carers caring for up to five and six children despite only being registered for two;
- Hostel and group homes operating above capacity (children sleeping on mattresses in hallways or offices); and

29 See Table 6.7 – District Office Case Allocation Report, Sept 2006.
• Children remaining in potentially risky situations because an alternative care option is not available.30

Evidence also shows that there are an increasing number of children experiencing multiple placements due to limited care placements and there are also many good care providers (i.e. foster carers, relative carers, group homes, hostels) that are being asked/pressured to accept more children than is appropriate.31 This “over-crowding” often results in placement breakdown and/or further damage and trauma to the child.

The foster care and relative care systems are also facing significant pressures, which raises another set of issues:

• Increasing reliance on foster care;
• Over-crowding in foster care households;
• Barriers to attraction and retention of foster carers (and associated issues such remuneration, training and support);
• Backlog of screening and difficulties in assessment of foster carers; and
• Different standards and requirements for government and non-government care.

Children and young people who have been harmed or abused are not provided with the therapeutic services they need. This is partly as a consequence of a shortage of services for the whole community (and a complete absence in most of regional and rural Western Australia) and partly due to poor inter-departmental co-operation and shared accountability between the Department for Community Development and other agencies within government, in particular the health system of Western Australia.

Secondary prevention services (i.e. those designed to support and assist vulnerable families and communities) are fragmented, uncoordinated and overwhelmed with referrals from tertiary system.

Many families struggling with multiple problems cannot access services that meet their needs or are unable to negotiate their way through multiple service providers to get the “package” of services they need (e.g. secure housing, parenting assistance, educational support for their children).

Primary services, aimed at promoting child protective communities, have received very little attention and their development has been left to the discretion of individual departments, local governments, non-government organisations and community groups with no over-arching framework. The result is patchy with some of the most vulnerable communities left behind without basic support.

30 Department for Community Development - Placement Services.
31 See Chapter 9 Children in Care for further information.
THE SYSTEM IS FACING INCREASED COMPLEXITY

The Review is satisfied that without significant reform WA’s child protection system will only deteriorate. Staff in the Department reported that an increasing number of families coming to their attention had complex and multiple problems. These might include poverty, inadequate housing, mental illness, drug or alcohol abuse and family and domestic violence.32

Children and young people are also presenting more often than previously with multiple issues including poor school attendance and performance, poor physical, mental and dental health, sexualized behaviours, challenging behaviours, lack of social and age appropriate living skills and at risk of, or already involved in, the juvenile justice system.

There is universal agreement that the situation is already dire for larger numbers of Aboriginal children and their families. The over representation of Aboriginal children and young people in care has, as its root cause, a failure to deal with the dire circumstances experienced by many Aboriginal families and communities. These circumstances are described comprehensively in the Report of the Gordon Inquiry and the reports of the Western Australian Aboriginal Child Health Survey.33 & 34

There are also disturbing indications that Aboriginal children are left in situations where the likelihood that they will continue to be neglected or subject to abuse is high and where sufficient safety measures are not in place.

THE DEPARTMENT FOR COMMUNITY DEVELOPMENT’S ROLE IS TOO BROAD AND CAUSES CONFUSION

The Department’s mandate appears to be all encompassing as seen by its vision, “…Improved social wellbeing for all Western Australians…” and by its mission “…To strengthen, support, protect and promote the well being of individuals, families and communities”.

During consultations many people said that the Department appeared to have “lost its focus” since 2001 with the creation of a Community Development portfolio, which was implemented in response to the Government’s desire to achieve the objective of responding effectively to the needs of all Western Australians and help individuals, families and communities to shape their own lives positively.

32 Department for Community Development - Duty of Care Unit.
This concern was also addressed in a number of submissions with people voicing their frustrations about the “confusion that has plagued that Department as to its role and client”.  

“The current name of the Department gives the impression that child safety and supporting positive family function are not the primary goals of the organisation's business…”.

“...it has been an impossible task to blend together both the statutory responsibilities for child protection requiring too often family supervision or removal of a child, with the supportive, educative and positive intervention for families in need. These two tasks are not compatible and the distrust and fear of the former requirement negates the effectiveness of the preventive and supportive intentions…”.

DEPARTMENTAL CULTURE AND PRACTICE

It is apparent that the Department has developed, over time, a culture that is significantly reactive and crisis-driven. There is evidence of policies and procedures being implemented in response to a single event in an ad hoc way from the top down and without adequate planning or communication to staff.

The Department was unable to demonstrate an overall planning framework which links projection of demand for family support and statutory child protection services, complexity of children’s and families’ needs, service delivery models and resource requirements. The workload issues recently highlighted by the front line case management staff through industrial action and in the Industrial Relations Commissions illustrate one aspect of the impact of this absence of planning.

Externally, the culture of the Department is generally seen to be quite defensive and over-reactive to criticism. Biological parents, extended family members, foster carers and relative carers have reported feeling “put down” and “patronised” when engaging with the Department. Many biological parents, extended family members, foster carers, relative carers and other members of the public have reported the difficulty in obtaining information and seeking clarification or explanation from the Department. Reportedly, a request for explanation or clarification is often met by a disdainful or disrespectful response from the Department so that family members, foster carers and relative carers learn not to challenge the Department. They perceive it as “dangerous” and as an engagement that they expect to “lose”.

Some biological parents believe that this could lead to reduced access to their child or that the Department will use its statutory powers to remove the child and bring the child into the care of the CEO. This fear of engaging with the Department is often based on the client’s fear of being labeled as “difficult”.

“Parents often report to me being treated with disrespect, not being given adequate or accurate information about their rights and being treated like a criminal...the majority of people who find themselves at odds with the DCD do...”.

35 Public Submission - Carole Kagi and Joe Calleja.
36 Public Submission - Social Work Department, Women’s and Newborn Health Service, Women and Children’s Health Service.
37 Public Submission – NIFTEY.
Members of a child’s extended family reported that they also felt that the Department labeled them as “difficult” if they continued to raise concerns about a child’s wellbeing. They felt that the Department too readily dismissed their concerns because they were not “professional”, or because it believed they had an “axe to grind” in an intra-family dispute.

**PERFORMANCE MANAGEMENT**

There is a lack of performance culture within the Department. There is little evidence available that any formal processes and protocols are in place. The Review noted occasions when district offices, for example, went over budget but no remedial action was put in place and no one appeared to be held accountable. Similarly, if a district manager chose not to implement a particular directive (e.g. Workload Management Pilot in which only four of the 16 participated in 2004) there was latitude for this to happen, resulting in considerable variability and inconsistency of data collection and operations across the Department.

In the past, the Head Office of the Department appeared to be unable to engage in discussions with district offices on performance issues. District officers reported that they were frequently told, “I want solutions, not problems”. While this may have been an attempt to create a climate where innovation and a positive approach could flourish, it was universally perceived as an unwillingness to understand the issues, work toward solutions or improve performance.

An examination of the Department’s Corporate Executive papers and minutes for July-September 2006 suggests that there was little focus on considering the implications of the core activity, finance or human resources indicator reports.

**QUALITY ASSURANCE AND ACCOUNTABILITY**

The Review found that the processes for quality assurance are inadequate. Internally, the Department has best practice guidelines but these risk being lost in the plethora of policies, Director General instructions etc.

There are few standards for service provision published by the Department applied across the sector and some requirements for quality service provision only apply to the non-government sector and not to departmental activities.

The case management process for children and young people who have been placed in the out of home care sector has been raised as an issue during consultations with stakeholders. The Review notes with great concern that a large number of children and young people placed in care for over twelve months have not had any case planning in more that twelve months and that some children who have entered the Department’s care system have not had any case planning conducted at all.

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38 Public Submission – The Family Inclusion Network WA Inc.
39 Appendix D: Table D 12 – Children In Care > 12 Months – No Case Planning in more than 12 months.
Further, some non-government agencies have reported that:

“Case Management within a not for profit agency is overdone or underdone... There are no standards across the sector for case management and this empowers DCD workers to invent their criteria for what makes good case management...”.

This absence of case management standards has created tension between the government and non-government sector. The non-government sector also reported that they do not feel respected by DCD caseworkers even though, as public submissions have suggested, non-government workers may have a greater knowledge and understanding of the individual child’s needs and characteristics.

The culture of blame against individual caseworkers, which has emerged in recent years, may have discouraged a more active pursuit of a quality focus. Staff feel that they will be blamed for any mistakes or errors of judgement that are identified rather than these being seen as contributing to the identification of system-wide issues and training needs.

Both clients and staff of the Department have expressed concern about the Department’s complaints management process, which is seen to be confusing, complicated and cumbersome. DCD Staff have revealed their frustrations over the centralised complaints system:

“Staff have found it confusing, stressful, distracting and extremely time consuming to be repeatedly requested to supply the same or similar information to various Head Office staff dealing with a complaint. The timeframe given is often unrealistic. The requests could come simultaneously from the Director East CDSS, Executive Director CDSS, Consumer Advocate, Child Advocate, Ministerial Liaison Officer, Director Executive Services and Director General”.

The dual roles of the Client Advocacy Service (handling complaints and advocating for clients) are in conflict with each other. The information provided to the public on how to make a complaint against the Department is not user-friendly and the process is multi-layered and confusing.

Family members concerned about the safety and well being of a child in their family believe that the only way to complain about what they perceive as Departmental inaction is to present their views to the Minister. In turn, the Minister has only two options: to ask the Department to conduct a review which is frequently not seen as independent and therefore adequate by the family; or to appoint independent reviewers. In these latter cases, reviewers can struggle with the complexity of the Department’s policies and processes, as well as with working through the legal rights and responsibilities of all parties, ensuring that they are fully informed about the individual case, given that some of the interested parties might be uncooperative and uncommunicative and that there may be a long case history and complex family issues. The Review is aware of dissatisfaction in most quarters with these approaches.

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40 Public Submission - Parkerville Children and Youth Care Inc.
41 Public Submission - Irene Thomas.
LACK OF INTERSECTORAL COORDINATION

Confusion exists between government departments and non-government agencies about roles and responsibilities in service provision to vulnerable children and families.

This confusion and lack of intersectoral coordination between agencies providing services to vulnerable children and families was identified as a systemic and major issue in the Gordon Inquiry, which detailed how separate agencies providing services to the same families operated in a confused and disjointed manner.  

There appears to be a common misperception held by child protection staff that information relating to a child cannot be given to external government and non-government agencies because of privacy requirements and issues of confidentiality. Government and non-government agencies have expressed concerns that information is provided to the Department for Community Development but that the Department closely guards information that would assist such agencies in ensuring that appropriate service provision and care is provided to children and young people in need.

“Police have an obligation under the Children and Community Services Act 2004 to provide any relevant information to DCD where a child is or may be at risk, including criminal histories and information holdings. It is the view of Police that this should be a reciprocal arrangement. Clear protocols on information exchange need to be developed between Police and DCD. This should extend to information sharing with other government and non-government organisations”.  

This has led to a lack of meaningful consultation, which is not only an important part of coordinated case planning and management but also required to gain an understanding about the characteristics and needs of the child. Guidance on information sharing between agencies is lacking.

Many government and non-government agencies have reported the difficulty of convening meetings with the Department for the purposes of collaborative casework. Also, many agencies have stated that the Department does not sufficiently deal with matters arising from meetings that do take place and that it is exceedingly difficult to obtain feedback or follow up information as well.

“It seems the Department has been glossing over things too long especially its own capacity to work with other agencies in a professional and constructive manner that contributes to the protection of children…”.  

“RAWA specifically has experienced a lack of acknowledgement or feedback for the hard work put into sound and successful programs accompanied by a lack of genuine collaboration in delivering funded services. Unhelpful messages about the future of funding seem to be a departmental senior management response when genuine collaboration is sought”.  

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43 Public Submission – Western Australian Police.
44 Public Submission – Youth Legal Services Inc WA.
45 Public Submission – Relationships Australia.
“From Waratah’s perspective it seems that DCD staff are overworked and under resourced...this impacts on the ability of departmental staff to work cooperatively and collaboratively, not because of a lack of desire but because of a lack of time. NGO staff can be left feeling unsupported and vulnerable especially when working with at risk families. There needs to be more time available for DCD staff to arrange and facilitate case management and case conferencing with NGOs”.

**STAFFING IN THE DEPARTMENT**

Workload for case management staff has been an issue for some time. The introduction of an interim order handed down in June 2006 by the Western Australian Industrial Relations Commission, which specified an upper limit of 15 cases for each caseworker, resulted in cases shifted or “queued” to team leaders or managers who were not able to handle the additional work. The injection of funds by the Government in the 2006/07 budget and again in September 2006 should dramatically improve the situation.

The current workload measurement approach is an interim one and does not recognise the issue of case complexity and the implications that this may have on workloads nor does it recognise the multi-skilled team approach that is used in case management. These issues are the subject of ongoing negotiations between DCD and the CPSU/CSA.

Attraction and retention of frontline staff is another issue facing the Department. This is an issue in most jurisdictions and is the result of workload pressures, adverse media attention and a “blame” culture as well as the difficulty of the work and lack of appropriate supervision.

Other influencing factors affecting the attraction and retention of staff relate to the issue of short-term contracts. It was reported that the use of short-term contracts had led to the feeling of insecurity and instability in many staff, had acted as a disincentive to remain in the Department, and had contributed to the high turnover.

For caseworkers considering leaving the Department, the pay differentials in favour of other government agencies may well be a deciding factor.

There are particular issues in attracting and retaining staff in some rural and remote areas, with some key positions being vacant for over a year despite being advertised on numerous occasions. The impact on child protection investigations and support for the children and young people in care in these areas is significant.

The issue of inadequate supervision for child protection staff was raised frequently in consultations. Staff reported that the burden of and accountability for decision-making in terms of case management is placed overwhelmingly on the individual. Reportedly, staff are left feeling exposed and exclusively responsible for difficult decisions that they have made without adequate support and professional supervision. The lack of professional supervision and mentoring is a cause of concern given the Review’s observation that the bulk of the child protection staff dealing with high caseloads are young and inexperienced.

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*Public Submission – Waratah Support Centre (South West Region) Inc.*
CHAPTER 4 – DEPARTMENTAL STRUCTURAL CHANGES

‘Every child has a right to be protected from harm and to develop to their maximum potential in a safe and caring environment’.

Declaration of the Rights of the Child 1924

Protection and development of children requires families, communities and governments to work in partnership to support the physical, social, psychological and educational development of all children.

Parents and families are the primary drivers and leaders in a child’s life to ensure good outcomes. They receive support from their friends and the community to provide a range of opportunities through playgroups, sporting groups, artistic groups and many others. All three spheres of government (local, state and national) also support parents through the provision of a range of universal services and community based facilities and services.

Such a system should also be able to identify vulnerable at risk children and provide additional support to strengthen parents’ capacity to nurture them. As the focus must always be on the best interests of the child, in some cases the assessment of the risk will dictate a need to remove the child from the family and provide an alternative caring environment.

The very background, which led to the commissioning of this Review, is evidence that this system is not working in Western Australia, particularly for vulnerable children. It hasn’t worked for some years. The community has lost confidence in the government’s ability to identify and support vulnerable children and their families. Additional resources are needed but, on their own, additional resources will not solve the problem.

A sharper focus, renewed effort and clear accountability across all three levels of support - primary, secondary and tertiary - is needed. The Review believes that this can be best achieved through the creation of a Department of Child Safety and Wellbeing to meet the needs of vulnerable children, their families and communities and the establishment of a Department of Communities focusing on community engagement, policy, planning and co-ordination of community based services.

The decision to make this recommendation was not taken lightly. Structural change alone has all too frequently been the unsuccessful panacea for perceived underlying policy tensions, lack of coordination and cultural issues. Moreover, the creation of two departments comes at a non-monetary as well as financial cost as a result of the inevitable periods of uncertainty experienced by staff and the necessary effort required in establishing new planning and operational systems.

However, in this instance the Review considers that the potential benefits outweigh the possible costs. The current arrangements have caused confusion about the core work of the Department to the detriment of both child protection and community development. The Department has attempted to fulfill its mandate across the board but has been unable to satisfy its stakeholders.

The issues identified in respect of the child protection function are significant. They will require a focused and concerted effort to address identified issues if public confidence is to be restored and child safety enhanced.
A DEPARTMENT OF CHILD SAFETY AND WELLBEING

Individuals and communities look to the government for support, assistance and intervention when their own efforts to provide safe and enriching environments for their children are inadequate. For this safety net to work for children, families and communities must have confidence in it, services must be available when and where they are needed and the professional risk based judgements about the type and level of service and intervention required must be made.

The creation of a new Department of Child Safety and Wellbeing to provide a focus on support and assistance for vulnerable children in the context of their families and communities is designed to be a key plank in this approach.

The new department should be established from core elements of the existing Department for Community Development. However, it will need to be reorganised to ensure most of its resources are in front line service delivery roles.

Its focus will be the provision either directly or through the non-government sector of secondary and tertiary level services to vulnerable children and young people while recognising their familial and community relationships.

The aim is to create a professional, accountable, forward looking and proactive agency that works in partnership with others to improve the life outcomes for vulnerable and at risk children and young people. A package of measures designed to underpin this approach is outlined in subsequent chapters in this report.

RECOMMENDATION 1

A new Department of Child Safety and Wellbeing (DCSW) be created by refocusing the Department for Community Development on identifying and supporting vulnerable children and young people in the context of their families and the community.

A NEW DEPARTMENT OF COMMUNITIES

Western Australia has benefited significantly from economic growth fuelled by the resources boom. This has created jobs and prosperity but has also brought its own pressures. There has been significant investment in physical infrastructure but rapid population growth has put strain on the social infrastructure.

The benefits of the recent economic growth have not been distributed evenly and some communities remain disadvantaged.

Community based services as well as community development activities play a very important role in supporting parents and communities to raise children, to respect and care for other vulnerable community members and build strengths to cope with adversity either at an individual level (for example following the death of a close family member) or at a community level such as coping with effects of a drought.

A consistent message during the consultation was the need for state government policy on children, young people and their families. In their submission, BHP Billiton Limited noted the
existence of the State Infrastructure Taskforce, which concentrates on the physical infrastructure and resource needs, but noted the lack of an identified lead agency to coordinate the infrastructure that enhances the liveability and amenity important in maintaining healthy communities across the state.

“…DCD currently concentrates on reacting to ‘crisis behaviour’, for example child abuse and domestic violence, however it is essential that an equal measure be put into building stronger communities through capacity building and proactive, preventative work that builds on peoples strengths effecting long term, positive change…”.

The State Government needs a focal point for social policy development and for collaboration across government in program delivery and community engagement to support and strengthen communities. Collaboration is necessary not only across government at a state level, but also between state, federal and local government.

A Department of Communities should:

- Promote the wellbeing, sustainability and development of communities, families and individuals;
- Co-ordinate the development of policies and programs for communities and population sub-groups including:
  - Seniors
  - Children and young people
  - Women
  - People from diverse cultural, linguistic and religious backgrounds; and
- Promote participation by Western Australians in their communities through volunteering.

The Department would need to establish strong and robust partnerships with other government departments including:

- Planning and Infrastructure;
- Health;
- Education and Training;
- Sport and Recreation;
- Local Government and Regional Development;
- Indigenous Affairs;
- Disability Services Commission; and
- The new Department of Child Safety and Wellbeing.

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47 Public Submission - BHP Billiton Ltd.
In relation to its role in promoting the development of communities, its major partners would include local governments, non-government organisations, business/industry groups, community groups and individuals.

The core Department should be established with staff from:

- Office of Women’s Policy;
- Office of Seniors’ Interests and Volunteering;
- Office of Children and Youth;
- Family and Domestic Violence Unit (part); 48
- Children’s Services Officers;
- Child Care Licensing Unit;
- Parenting programs staff; 49
- Community Development Co-ordination and Funding (part); 50
- Citizenship and Multicultural Affairs (Department of the Premier and Cabinet);
- The Constitutional Centre (Department of the Premier and Cabinet); and
- A proportion of the corporate areas of the Department for Community Development and Department of the Premier and Cabinet.

While these units will provide the core staff of the Department of Communities, there will need to be significant restructuring and realignment of some of these units and a refocusing of some of the work programs to reflect the new priorities and to ensure the Department is able to make an effective contribution at a regional and local level. For example, the Department could focus its resources in the Family and Domestic Violence area on local and regional community development and support.

**RECOMMENDATION 2**

A Department of Communities be established to provide the Government and the community with a focal point for the development of an over-arching social development framework, policies and programs for population sub-groups with special needs and for the strengthening of communities.

In relation to children, one of the Department of Communities’ first priorities should be the development of an early years strategy for the State.

Children’s opportunities in life are shaped in their early years – before they begin school. Those from disadvantaged families, in particular, may not experience the range of developmental opportunities that they should.

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48 The Family and Domestic Violence Unit currently provide advice and support to DCD and has a number of “whole of government” responsibilities. It is proposed that three FTE be retained in DCSW while the remaining 8 FTE be transferred to the proposed Department of Communities.

49 In this context parenting programs staff does not include staff associated with the Responsible Parenting Initiative.

50 Community Development Coordination and Funding provides policy advice, develops contracts and monitors outcomes of funding provided to the non-government sector and supports community agencies and community planning. Some of the non-government sector funding responsibility will transfer to the proposed Department of Communities, as will some of the community engagement and support activity.
“… it is now internationally recognised that investment of resources in health and development during early childhood is the single most effective strategy currently available to governments and communities for reducing the worst effects of poverty and breaking the cycle of inter-generational disadvantage”.

Children need a good foundation for life: this implies good health, socialisation, and foundations for learning and support for parents and other carers.

**RECOMMENDATION 3**

The Department of Communities, in partnership with communities, the non-government sector and other departments, develop an early years strategy for Western Australia that is evidence based and community focused.

**CHILDCARE LICENSING**

The *Children and Community Services Act 2004* provides for the licensing and regulation of childcare services with the purpose of ensuring that appropriate care and development of children occurs while they are in the care of community based or private childcare service providers. The regulations prescribe a range of requirements including building requirements, staff qualifications and staff to children ratios.

Historically the majority of childcare was provided by not for profit service providers including state and local government, community based organisations, churches, schools and other welfare related groups. Over past decades the number of for profit service providers within Australia has increased considerably with an increasing number of childcare providers listed on the Australian Stock Exchange. Over 80% of long day care providers in Western Australia are for profit organisations.

The existence of high quality, accessible childcare is important to communities and families. It can provide opportunities for enhanced social and educational development for children, support parents in their vital parenting role and enable them to participate in the community and in the workforce.

The childcare services industry operates within a framework that involves all three levels of government - Federal, State and Local. Both the Federal and State government have a role in funding services, providing information to parents and service providers, and setting and maintaining operational standards.

Prior to the commencement of the *Children and Community Services Act 2004* in March 2006, the *Community Services Act 1974* provided for the regulation of childcare services. Rather than develop new regulations under the *Children and Community Services Act 2004* the existing regulations were modified to comply with the new Act. This has resulted in five sets of regulations with proposals for two more sets being developed to address childcare services that cannot meet the requirements of the new regulations without seeking numerous exemptions. In

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52 Queensland University of Technology, 2006, A Review of the approach to setting national standards and assuring quality of care in Australian child care services.
total the new regulations cover approximately 214 pages and regulate centre-based childcare, family day care and outside school hours care. The regulations are:

- Children and Community Services Regulations 2006
- Children and Community Services (Child Care) Regulations 2006
- Children and Community Services (Family Day Care) Regulations 2006
- Children and Community Services (Outside School Hours Care) Regulations 2006
- Children and Community Services (Outside School Hours Family Day Care) Regulations 2006.

Community based and small private operators have expressed considerable concern about the volume of paperwork required, the difficulty of interpreting the regulations and the frequent need to apply for exemptions from the regulations. The lack of sufficient qualified staff in the childcare industry results in exemptions being sought on a regular basis and this is of particular concern outside metropolitan areas where obtaining qualified staff is a major issue. Advice provided by the Childcare Licensing and Standards Unit on the interpretation of the regulations is inconsistent, varying depending on which officer provides the advice. Individual family day care and childcare providers struggle with the complexity of meeting the requirements of the three tiers of government.

The Review examined some examples of licence and licence renewal applications. A childcare service licence, or renewal of a licence cannot exceed 3 years with the renewal process nearly as extensive as the original application process. Not only is the application process complex, but it is laborious with evidence provided of application pages being returned to the applicant due to small typographical errors in the document.

Even very experienced childcare professionals are finding that they need to ask for help to fill out licence application forms and some have voiced their concern regarding the level of documentation that they are asked to provide even for renewal of licences. 51

Although the current regulations have been revised regularly over the years, each revision has introduced another layer of complexity. Concern has been raised within the sector that the regulations focus heavily on administration rather than being focused on quality care for children. A fresh approach to regulating the industry is essential and should include consideration of a reduction in the amount of duplication between government requirements at the State and Federal level.

RECOMMENDATION 4
The Child Care Licensing Unit together with the current resources be transferred to the Department of Communities.

RECOMMENDATION 5
The Children and Community Services Act 2004 be amended to reflect the move of the Child Care Licensing function.

51 Comment by child care sector representative made during consultation.
RECOMMENDATION 6
The Department of Communities immediately review the Child Care regulations to clarify their purpose and principles, streamline them significantly and ensure they are outcome focused.

ADOPTIONS

Adoption is a service delivered by the Department in accordance with the Adoption Act 1994. Adoption provides a family for a child who is unable, for a range of reasons, to live with his or her birth family. It is a permanent legal arrangement, which is finalised by an Adoption Order from the Family Court of Western Australia. An Adoption Order cuts a child’s legal ties with the birth family. Adoption is commonly categorised into local, inter country, step parent, carer, relative or adult adoption. The functions undertaken by the department in accordance with the Adoption Act 1994 include:

- Pre-relinquishment services – information, support and counselling for birth mothers and their families;
- Relinquishment services – Court requirements, counselling, pre adoptive foster care, child representatives etc;
- Administration of the application process for prospective adoptive parents – provision of information and education to and assessment of prospective applicants’ suitability and preparation of dossier files and profile of the applicant;
- Adoption Applications Committee – determines the suitability of applicants and maintains a register of adoptive and approved adoptive applicants;
- Placement services – matches a child with prospective adoptive parents, provides placement support and supervision, arranges transfer of a child and overseas travel for inter country adoptions;
- Post adoption services – adoption plan facilitation or mediation, post placement update reports for country of origin;
- Past Adoption services – provision of information and counselling, exchange of information, licensing of contact and mediation services; and
- Central Authority for the Hague Convention – inter country and interstate liaison for adoptions, maintain liaison with partner agencies and countries, maintain existing inter country programs and develop new inter country adoption programs.

In 2005/06 thirty six Adoption Orders were granted for overseas born children, nine were granted for locally born children, seven for adoption by a step parent, two for adoption by a carer and eight for adoption of an adult. Adoption is a child centred service in accordance with the Adoption Act 1994 with decisions clearly based on the best interest of the child. This aligns well with the child protection focus of the proposed new Department of Child Safety and Wellbeing.

As the State’s Central Authority for Western Australia under The Hague Convention on Inter Country Adoption, the Minister for Community Development has a role in developing new inter country adoption programs and ongoing maintenance of existing programs. Similar arrangements also exist in other States of Australia. Recently, concern has been raised that some of the relinquishments by overseas countries for adoption within Australia have occurred
inappropriately. The development and maintenance of programs with overseas countries is problematic at a State level. The Federal Government is responsible for diplomatic relationships with overseas countries and is more suitably positioned to manage the role of establishing and maintaining adoption programs with overseas countries. It is understood by the Review that discussions between the State and Federal Governments have begun on this issue.

RECOMMENDATION 7
The State Government progress discussions with the Australian Government on the transfer of the responsibility to that jurisdiction for developing new inter country adoption programs and for maintaining the existing programs.

HOMELESSNESS
The Supported Accommodation and Assistance Program provides short-term accommodation, has very limited accommodation for families, and services are frequently full. The availability and suitability of crisis accommodation is a growing concern.

The Department for Community Development has no designated facilities to provide short-term crisis accommodation for families and their children who have been evicted from Homes West housing. District office staff expressed concern at the strain placed on them when agencies refer these individuals and families to the Department for Community Development for accommodation. In such situations, the Department facilitates the identification of other family who may be able to provide accommodation at the time of the crisis. However, options for these homeless families are frequently very limited and consequently family members may be accommodated separately (i.e. children stay with different friends or extended family members from their parents) or the Department is forced to place these families in motels – sometimes for three weeks.

The children in these families may not be at any risk of abuse or neglect. However, becoming homeless increases the vulnerability of these children. It is disruptive to schooling, social contacts and support networks, and further isolates them within the community. If they are at risk of abuse or neglect, then the Department for Community Development cannot properly assess the adults’ ability (with or without support) to care appropriately for these children without the accommodation issue being resolved.

The provision and management of State housing is the responsibility of the Department of Housing and Works. Where tenancies are problematic it would appear ludicrous to cease the tenancy and move the responsibility for the evicted tenants to a department that has no provision for providing housing. This issue is beyond the scope of this Review. However, it is an issue that requires serious consideration by Government.

RECOMMENDATION 8
The forthcoming Review of the Department of Housing and Works consider whether that Department should have a greater role in supporting people in public housing tenancies in circumstances where, if they were evicted, they would become homeless.
CHAPTER 5 – THE DEPARTMENT OF CHILD SAFETY AND WELLBEING

This chapter outlines the proposed roles, functions and structure of the new Department of Child Safety and Wellbeing (DCSW). In doing so it recognizes the fundamental underpinning provided by the *Children and Community Services Act 2004*.

This reform process must be more than “moving the deck chairs on the Titanic”. If real and lasting improvements are to be made, all those involved with the child protection system will need to see this as a new beginning. The fact that all parties (staff, consumers, communities, alternative care providers and government and non-government partners in service provision) share a strong and fundamental commitment to ensuring that children and young people are safe and able to develop to their maximum potential provides a solid foundation to move forward.

Individuals and teams in the former Department for Community Development remain committed, and indeed provided many positive suggestions for change. However the consultation process revealed a departmental culture that is defensive, reactive and depressed. It was said on more than one occasion that the organisation reflects the very people it endeavors to support.

Every effort should be made to ensure the DCSW embraces a culture that is positive and professional by:

- Listening to children and young people;
- Building its practice on the basis of evidence and having a continuous improvement approach and a learning culture;
- Taking a planned approach;
- Working in partnership with other departments and the non-government sector and taking a leadership role when required;
- Being accountable at every level for outcomes for children and young people and for its resource usage;
- Being open and transparent;
- Being professional and respecting the professional input of others (e.g. foster and relative carers, community elders in Aboriginal communities, government and non-government service providers); and
- Supporting individual Departmental officers to act in the best interests of the child or young person through good practice decisions based on the best available information.

ROLE AND FUNCTIONS OF DCSW

As discussed earlier, a key thrust of this Report is the need to separate the responsibility for policy, planning and coordinating primary level individual and community based services (recommended by this Review to be the responsibility of the Department of Communities) from the broadly defined child protection role.
The DCSW will have a clear focus firstly on vulnerable children and young people and secondly on the context surrounding them. Developing the strengths of families and the communities in which they live will reduce the impact of life stressors on vulnerable families and consequently reduce the risk to their children.

Vulnerable children and young people may be those who:

- Are at risk of neglect, harm or abuse;
- Have suffered from neglect, harm or abuse; and
- Are in the care of the CEO as a result of neglect, harm or abuse.

The identification of children and young people at risk should be pursued through taking two broad approaches:

- A proactive approach, involving the analysis of information on predictors of situations where children and young people might be at risk, to identify families or communities which require supports and services to help them protect and ensure the development of their children; and
- A reactive approach involving responding to requests for assistance and notifications of concern about children and young people.

Families where children and young people are at risk are often facing multiple issues including drug and alcohol abuse, mental health issues, domestic violence, homelessness, social isolation, unemployment, financial difficulties, poor nutrition and health care, family conflict, inappropriate parenting strategies and criminal activity. There is no single predictor of families whose children and young people will be at risk. The Western Australian Aboriginal Child Health Survey undertaken by the Telethon Institute for Child Health Research uses ‘life stress’ events as an indicator of risk to children and young people. A child is over five times more likely to be at high risk of clinically significant emotional or behavioural difficulties where the primary carer reports 7-14 life stress events than is a child living in a household that had experienced only 0-2 life stress events.\(^54\)

The DCSW should actively compile and use the data on levels of community disadvantage. Such data can indicate communities where the support available to children, young people and families is likely to be inadequate and should be examined. Providing services to those communities to strengthen their capacity is likely to be the most protective approach available to the Government in the medium to long term.

At the individual family level, the new Department has a rich source of information to help it identify children and young people in families in need of support. In 2005/06, 31,648 contacts were made to the Department for Community Development about a range of issues.\(^55\) The most common reason for this contact was “financial problems” followed by family problems. While it is important to acknowledge that some of these calls for assistance may have been for a one-off crisis, many will indicate a family struggling to cope. Better integration of this information

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\(^{55}\) Appendix D: Table D 3 – Primary reasons for all new contacts to the department.
and analysis over time would enable the identification of those families with children who contact the Department on a number of occasions. These are the families that should be referred for a more comprehensive family needs assessment and then to appropriate support services.

The second plank of the DCSW’s role is to secure the services needed by at risk or abused or neglected children and young people. The services needed may be secondary services (i.e. those providing support and practical assistance to children, young people and their families who are vulnerable) or tertiary services (for those who have suffered abuse or neglect including those who are in the care of the CEO).

There are two key aspects to securing the needed services. The first is the strengthening of partnerships with other government agencies and the non-government sector and the second is to improve the range and accessibility of services.

Many vulnerable children, young people and families have difficulty in navigating the maze of government and non-government services, feel powerless in the face of un-coordinated activity and have had negative experiences with being ‘assisted’ or ‘supported’ in the past.

Other government departments have a significant role to play in providing services for at risk or abused or neglected children. The departments most involved include Health, Education and Training, Housing and Works and the Disability Services Commission.

The non-government sector currently provides a significant number and range of both secondary and tertiary services. Some of these are funded by DCD, some by other government agencies and some are self-funded. For many children, young people and their families receiving services from a non-government organisation is less threatening and more culturally appropriate than receiving them from a government department. If the non-government sector is given some flexibility (consistent with good accountability), it can develop individually tailored packages of support, which deliver better outcomes for the client.

The critical issues for DCSW in such a multi-layered system are:

- Developing robust mechanisms for enhancing cooperation and coordination (addressed in Chapter 10); and
- Achieving the best balance between its own direct service provision, provision by other government departments and by the non-government sector.

Access to services is a key challenge for DCSW clients. Services need to be available when children, young people and/or their families need them and not delayed because departments/agencies are debating whose responsibility it is to pay for, or to provide them. They need to be culturally appropriate and delivered as close as possible to where the child or young person lives. Secondary and tertiary service provision is discussed in Chapter 8, Services, and in Chapter 9, Children in Care.
THE STRUCTURE OF DCSW

The DCSW is a service delivery department and its structure will need to reflect this. The Review therefore proposes the continuation of the sixteen district offices and would expect that the concentration of resources (human and financial) would be located within these offices. An analysis of the current Department for Community Development suggests that some 27% of its staffing resources are located in the Head Office in areas, which, while they support direct service delivery, do not themselves provide services directly to the public. This percentage should be reduced when the new DCSW has its core corporate service functions provided by the Office of Shared Services (with the reduction occurring through efficiencies and through the transfer of staff). However, the Review believes that the structure recommended for the DCSW outlined below and the additional support to improve quality assurance and administrative support within district offices can be accommodated within the total resources available to the Department.

The structure of the DCSW needs to:

- Provide for strong leadership;
- Create an executive team which is directly connected to the front line staff;
- Focused on the continuous improvement of service delivery performance and outcomes; and
- Provide a supportive, collegiate structure for district offices and central service delivery units.
Figure 5.3 – Proposed structure of the Department of Child Safety and Wellbeing.
The three divisions on the left hand side of the chart are divisions providing support for service delivery. The three divisions on the right focus on service delivery. Under this arrangement, the Department’s executive has appropriate representation from the field, from policy and corporate support.

The Aboriginal Engagement and Policy Unit reports directly to the Director General of DCSW and its head should be a member of the Department’s Corporate Executive. It’s role is to provide input into policy and fieldwork practice, quality and practice improvement in conjunction with the Policy and Planning Division, service level performance measurement and reporting in relation to vulnerable Aboriginal children, young people, their families and communities, promotion of culturally appropriate ways of working, and support for the Aboriginal Reference Group (see below).

The roles and functions of each of the main divisions are:

1. Policy and Planning - demand and service planning, policy, standards setting, legislation, research and analysis;  
2. Resource Allocation, Performance and Reporting – allocation of funds across non-government and departmental services, monitoring service quality across both sectors and reporting on performance;  
3. Corporate Services – human resources, finance, information technology, corporate communications, staff development and training;  
4. Statewide Service – recruitment, assessment and training of foster and relative carers, adoptions, crisis care, residential care and DCSW operated tertiary support services, Responsible Parenting Program, Aboriginal Student Accommodation and the emergency/disaster response co-ordination;  
5. Metropolitan Zone – Armadale, Cannington, Fremantle, Joondalup, Midland, Mirrabooka, Perth and Rockingham district offices; and  
6. Country Zone – Goldfields, Great Southern, Kimberley, Murchison, Peel, Pilbara, Southwest and the Wheatbelt district offices.

KEY ASPECTS OF THE DCSW’S WORK REQUIRING EARLY ATTENTION

a) Aboriginal Reference Group

One of the most significant challenges facing the child protection system in Western Australia (and across the country) is the over-representation of Aboriginal children and young people in the system. They make up 38% of the children and young people in care and a large proportion of the clients receiving services and support through the Department. Notwithstanding the progress DCD has made in the recruitment of Aboriginal staff and the implementation of some specific projects, there is still a long way to go to ensure that all the Department’s staff can understand and work with the local Aboriginal culture, that the service delivery models are culturally appropriate, that the standards of services and the standards expected of parents are...
culturally sound and that the knowledge of local (district based) Aboriginal communities is drawn upon in making decisions about placements of aboriginal children and young people.

The Review believes that an Aboriginal Reference Group should be established with members being respected and knowledgeable Aboriginal senior people. Its role should be to provide input into policy development, fieldwork practice guidelines and staff development and training programs. It should also be tasked with “holding a mirror” up to the Department’s executive and reflecting on its’ impact on the safety and wellbeing of Aboriginal children and young people. This should be a formal part of the Department’s annual review and forward planning process. The Aboriginal Reference Group should be supported, and, in turn, support the Aboriginal Engagement and Policy Division.

RECOMMENDATION 9

An Aboriginal Reference Group is established to provide input into policy, practice and staff development and training and to provide feedback to the DCSW on the Department’s impact on Aboriginal children and young people.

b) Planning and Resourcing Approach

To move from a reactive, crisis driven organisation, the DCSW needs an integrated planning, resource acquisition and resource allocation approach. The first step is to develop an understanding of the “baseline”:

- The numbers and locations of vulnerable and at risk children and young people;
- The context of their lives such as their living arrangements, the extent of their extended family, income source, whether they are Aboriginal or from Culturally and Linguistically Diverse (CALD) communities, the prevalence of family violence, alcohol or drug abuse, mental illness; and
- The complexity of their needs.

This information needs to be fed into a model along with population growth and trends in factors associated with abuse and neglect (e.g. low income, homelessness, mental illness, drug and alcohol abuse, family and domestic violence).

The resultant picture can then inform policy, service planning, resource acquisition and resource allocation. One of the causes of the current problems in child protection is inadequate resourcing over many years. This is partly attributable to the Department’s inability to paint the picture of needs (e.g. the increased complexity of presenting cases) and to quantify the need. It is of relevance here to note that, once one element of quantification was available (being the caseworker to case ratio of 1:15), the Government responded with additional dollars to fund more staff. However, this is only one element of service delivery and others are not yet quantified.

To ensure that future services keep pace with the growth in client numbers and the complexity of their needs, the DCSW needs a resourcing model that drives its funding base. This approach has been used successfully for the Disability Services Commission. This approach provides stability

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57 The Review’s thinking on this proposal was informed by a paper prepared by Darrell Henry, *TEN Potential Change Agents for Aboriginal Services in the Department.*
for service providers and enables forward planning to grow or re-orient service provision depending on forecast needs. Once the resources are acquired, they should be allocated transparently across districts and between secondary and tertiary services and between the government and non-government sectors.

**RECOMMENDATION 10**

The Department of Child Safety and Wellbeing develop a planning and forecasting model to predict future demand based on socio-economic indicators and other factors known to be associated with child abuse and neglect (e.g. domestic violence, drug and alcohol abuse, mental health poverty).

**RECOMMENDATION 11**

The Department of Child Safety and Wellbeing in conjunction with the Department of Treasury and Finance develop an approach to estimating budget requirements and forward commitments based on the planning model.

**RECOMMENDATION 12**

The Department of Child Safety and Wellbeing develop a resource allocation model to ensure that the resources are allocated transparently across districts and between service providers (both Department of Child Safety and Wellbeing and non-government) and that allocation to service providers can be varied in response to changing needs.

c) **Reviewing Practice Guidelines and Delegations**

The activity of caseworkers is guided by legislation and a range of manuals, best practice guides, Director General’s Instructions etc. The *Children and Community Services Act 2004* provides the legislative mandate for much of the child protection work undertaken by the Department.

The Review is concerned that, in spite of efforts to improve the accessibility of case practice support materials through putting the Fieldworker Guidelines, Best Practice Guides and the Director General’s Instructions on the Department’s intra-net, the sheer volume of these documents and the fact that they have been amended in a piecemeal way over time to address problems or respond to another crisis, mean that they are not user friendly for staff. This is a particular issue for new staff. Caseworkers in the field commented to the Review that even when they consulted the Guidelines they weren’t sure what had been changed since the last time they had looked.

Evidence based best practice guidelines are required if caseworkers are to make professionally sound judgments and decisions. The practice guidelines should be easy to navigate and be used as a basis for professional supervision and to reinforce practice standards. The practice guidelines should reflect the principles within the *Children and Community Services Act 2004* and be available publicly.

The Review also observed the complex, time consuming and largely paper based arrangements for obtaining authorisation for expenditure on child related expenses. An administrative officer and a caseworker in a district office gave the following example to the Review. It relates to a child in the care of the CEO.
If you need to buy a school uniform you are supposed to get three quotes but of course there is only one shop that sells. Then you have to fill in the request on the computer, get it authorised by the caseworker and the district manager. You then send it to Head Office where it might take 2 or 3 weeks to be authorised. It comes back as a paper copy because of the authorising signature. You take the child and the A4 sheet headed “Customer Purchase Order” into the shop. If you are lucky the price hasn’t gone up since you got the quote - if it has you have to leave and start the process again. If it hasn’t, when every other mum or dad is paying by cheque or credit card you hand over the “Customer Purchase Order” thus identifying the child as a “welfare kid”. Some shops won’t take a Customer Purchase Order as they say that the Department doesn’t pay its accounts on time.

While this story is anecdotal, every district office had similar concerns about the Customer Purchase Order. While the risk of fraud is greater when dealing with this sort of direct client cost, other agencies have developed more modern and streamlined approaches. The Review believes this is indicative of a system whose administrative processes and delegation structures are due for an overhaul.

**RECOMMENDATION 13**

Child protection practice guidelines be revised and streamlined to be evidence based, accessible and relevant for front line practitioners.

**RECOMMENDATION 14**

Business processes that underpin service delivery be revised and re-engineered to update and streamline them.

**RECOMMENDATION 15**

Delegation arrangements, particularly financial delegations, be revised to ensure that decisions about children and the support to them and their families can be made by those staff who directly assessed the situation and know the child.

d) **Intake and Assessment**

Intake is the term used to refer to the first phase of the Department’s response when it receives information or an allegation about harm or risk of harm to a child or young person or when it receives a request for assistance. The assessment phase follows if the intake process reveals that the information, allegation or request cannot be dealt with through providing information or referral to a more appropriate service. The assessment and investigation phase involves gathering, organising and analysing all relevant information in order to make a decision. This process is obviously critical in ensuring that children and young people at risk or having been abused are kept safe. Even when there is very good information, decisions require judgments about the risks.
The Review identified a number of concerns with the intake and assessment process:

1) In some cases it was not “holistic” and did not put together all the information available to the Department. Information could be available from case records (e.g. a series of apparently one-off contacts with the Department over some years), from other staff (e.g. Aboriginal staff involved with the family or community, parenting services staff etc).

   “In cases where the Department had significant and long term involvement, the Department’s responses have often been episodic and crisis oriented in nature”.

2) There is undesirable variability in practice and outcomes across the district offices particularly in the Duty Officer role (which is the first point of contact for the Intake function). Some district offices staff the Intake function with a caseworker, on a rostered basis. This can result in inexperienced caseworkers making decisions about whether cases should be referred for family support or to other agencies or taken in for more formal assessment. For clients it can mean telling their story again if they need to come into the Office on successive days. This leads to frustration and anger.

3) In some cases there appeared to be an overly optimistic view in the part of the Duty Officers as to the parents’ ability to ensure their children’s safety and an acceptance of parental assurances that they would make the changes necessary to do so.

These views have been informed through discussions with staff and through reading and interpreting some expert reports.

The Intake and Assessment function is handled differently in some district offices and some other jurisdictions. The Mirrabooka District Office has two experienced senior officers undertaking “duty”. They are dedicated positions that process all new referrals and crisis assistance relating to families. They undertake initial assessment of the information provided. This may include contacting the school, interviewing family members etc. The initial assessment varies in time taken depending on the complexity of the referral information initially provided. In some cases it can take up to three hours. Where the duty officer determines that more than one visit is necessary or a more in depth assessment is required the case is referred to the Intake Team. The duty officer provides the Intake team with the information gathered during the initial assessment.

In NSW and the ACT the Intake team is a centrally based Team, enabling a high level of expertise to be developed and passed on to new staff performing this function.

In Western Australia, Health Direct is an example of a centrally based information and triage system where the first level of assessment is undertaken by highly trained professionals using evidence based, IT supported systems. The provider conducts training for new staff and quality assurance is integral to the operation. This service is available State wide, 24 hours each day, 365 days a year. It may be possible to build on this existing infrastructure for a State-wide Intake system.

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58 Public Submission - Child Death Review Committee.
59 Health Direct is operated by McKesson Asia Pacific Pty Ltd.
RECOMMENDATION 16

The Department of Child Safety and Wellbeing consider the most effective and efficient process to deliver consistent, risk based intake and assessment services. As an immediate first step, the Department ensure that dedicated, appropriately trained and experienced officers undertake this function.

e) Service Outcomes and Performance Information

The creation of the new Department provides an opportunity to reconsider the outcome measures and performance information provided to Parliament and the community.

To paint a complete picture of the Department’s protection of the State’s children the information it provides regularly should be both descriptive and statistical. Wherever possible it should be disaggregated to district office level. While noting the differences in data definition and counting practices across the States/Territory, the statistical information should include comparisons with other States/Territories (i.e. include some of the information compiled by the Australian Institute of Health and Welfare) as well as trend data on Western Australian specific indicators.

The number of indicators will be able to be expanded and should include but not be limited to:

1) Notifications by source
   1. Type of abuse or neglect
   2. Age and sex of the child or young person
   3. Action taken
   4. Indigenous status

2) Substantiation
   1. Type of abuse
   2. Age and sex
   3. Indigenous status
   4. Action taken (family support, taken into care etc)

3) Family Support provided
   1. Secondary service or intensive support
   2. Period of support

4) Substantiated abuse in care
   1. Type of care
   2. Whether the person believed to be responsible was a carer (residential, foster or relative)

5) Children and young people in care
   1. Age, sex and indigenous status
   2. Type of care order
   3. Number of placement
   4. Length of time in care

6) Children and young people leaving care by age, sex, indigenous status

7) Resubstantiations where a decision was made not to substantiate an allegation who were the subject of a substantiated allegation with the last 12 months
RECOMMENDATION 17
The Department of Child Safety and Wellbeing, in consultation with the Department of Treasury and Finance and the Auditor General’s Office, review the outcome measures and performance indicators reported annually to Parliament and the community.

RECOMMENDATION 18
The Department of Child Safety and Wellbeing consider the provision of regular statistical reports, together with interpretive comments, to the community at a District Office level.
CHAPTER 6 – WORKFORCE ISSUES

Many people and organisations contribute to the safety and wellbeing of vulnerable and at risk children and young people. In all its roles, the Department of Child Safety and Wellbeing will be reliant on people and the relationships they form.

The Departmental staff will play a pivotal role in the whole system. They will assess the needs of, and risks faced by, children and young people and provide services or co-ordinate the package of services provided by others to vulnerable or at risk children and young people and their support networks (biological families, extended families and alternative carers).

The staff in the new Department will:

- Be focused on the needs of, and risks faced by, vulnerable children and young people and their families;
- Have a sense of purpose and pride in the important role played by the Department;
- Be professional, with evidence based practice;
- Have a continuous improvement culture supported by training and staff development;
- Operate in multi disciplinary “teams” focused around children and young people and respect the contribution and views of the child or young person and of others involved with that child or young person;
- Be transparent and accountable for their actions; and
- Feel supported and well led by the Department’s management team.

As is the case across the country, workforce pressures pose a serious risk to the delivery of child safety and wellbeing services in Western Australia. Demand for child focused services is increasing partly as a result of the growing gap between the rich and the poor, increased expectations by the community that the Government will provide services when there are problems and growing numbers of families with multiple issues (e.g. those experiencing violence, drug abuse, mental ill health). However, future workforce supply will struggle to keep up:

- The workforce is ageing and significant numbers will leave the workforce in the next 10 to 15 years. 49.9% of the current Department for Community Development’s workforce is over 45 years of age, and, of that, 19.04% of the workforce is over 55 years of age.
- Changes in societal attitudes are resulting in reduced working hours for larger numbers of staff (the impact of Gen X and Gen Y, older people moving to part time work in preparation for retirement, people seeking a better balance between work and family).

If Western Australia is to achieve a sustainable workforce given these challenges and workforce mobility, the new Department of Child Safety and Wellbeing will need to:

- Improve morale by creating a work place culture with the characteristics outlined above;
- Enhance its workforce planning linking to its service planning;
- Improve attraction and retention including focusing on training and development;
• Develop a leadership team and culture;
• Enhance its provision to staff of accurate, comprehensive and accessible, on-line case management information to ensure that all staff that work with a family are up to date with developments as they make professional assessments; and
• Provide a physical working environment which reflects the culture of the department.

WORKFORCE PLANNING

As a major service-providing organisation, the “front line” staff should be the focal point of the new Department’s efforts. These front line staff includes customer service officers, caseworkers, psychologists, direct care workers, Aboriginal workers, family services providers, parenting officers and staff skilled in working with the most disadvantaged communities.

There are many roles and functions that need to be performed. Within the district offices there is some confusion about this and how they all “fit” within the spectrum of service delivery. Therefore, one of the challenges facing the new Department is to define the roles and associated competency requirements while allowing scope for innovation and development of the roles to reflect learnings in the field and evidence of what works from research and evaluation activities.

The caseworker is a key frontline position. Once a contact or notification is received a caseworker undertakes an assessment to first verify the information and determine the level of probability that a child or young person may be at risk.

The assessment process can be undertaken in a number of ways depending on the individual case. It may involve contacting other agencies, a visit to the parents and/or a visit to meet the child or young person. If the child is considered to be at risk, further assessment may be required to help inform a judgement about whether the child or young person can be made safe at home or whether she/he should be brought into the care of the CEO. The decisions made by the caseworker more often than not have significant consequences for all those involved and therefore require the worker to be experienced, well informed about previous issues and able to exercise considerable judgement. They may require input from other members of the team (e.g. Aboriginal staff, family workers).

The Review is aware that issues about unmanageable workloads for caseworkers were being raised by staff in district offices as far back as 1997. Some of the comments made in the memo could have been made this year.

“…. (Office) having an unsatisfactory level of unallocated work, a complete lack of any team cohesion and staff who are so stressed that they are no longer able to maintain the standards of practice that they and the Department would expect”.

In October 2003, the Department issued “Workload Measurement and Management Guidelines” that included a Workload Management Tool designed to allow for the effective allocation of reasonable workload, to assist staff and management to manage their workload responsibilities and to enable the measurement of resource requirements.

60 Internal Memo dated 12 September 1997 from Midland staff to the then Director General and then A/Executive Director.
The Review understands that these Workload Measurement and Management Guidelines were not uniformly implemented across the State. However, as a consequence of the April 2006 CPSU/CSA industrial action aimed at highlighting excessive caseloads and other associated work/industrial issues, the Western Australian Industrial Relations Commission handed down an interim order on 28th June 2006 specifying an upper limit of 15 cases applying to each caseworker.

The Government has provided an additional $5.2 million in the 2006/07 budget and subsequently injected an additional $51 million in September 2006. The current benchmark is 15 cases per caseworker. A case could include children in care, notifications requiring assessment, vulnerable children at risk requiring a detailed plan to either support them in their family or to bring them into care, whichever was appropriate.

In the September 2006 District Office Case Allocation Report, 1976 children in care and 1200 other cases were allocated and 352 children in care and 888 other cases were unallocated. The unallocated ‘Children in Care’ and the ‘Unallocated other cases’ are notionally assigned to the team leaders and district manager positions and are recognised as being “queued”. If any issues arise for the unallocated cases or the unallocated children in care these are addressed as individual tasks.

The $51 million provided by the Government in September will enable the staffing of an additional eighteen team leaders, sixty caseworkers, twenty seven senior caseworkers and sixteen administrative assistant case support positions. When the senior caseworker and caseworkers positions are factored into the benchmarks all existing children in care and all other cases in each district will be able to be allocated to a caseworker. The Review estimates, using the September data on children in care and other cases, that if all the additional positions had been filled in that month, the ratio of caseworkers to cases would average 1:10.4 with the range across the sixteen district offices being 1:8.76 to 1:11.32. However, it is necessary to emphasise that neither the Review nor the Department are confident that the data on cases from each District was consistent so these ratios should be taken as indicative only.

The impact of the injection of new funding and the allocation of the additional caseworker positions will be significant and should address the concerns expressed by caseworker staff. It represents an important first step in re-invigorating the Department.

While the notion of benchmarking of caseworkers to cases provided a useful circuit breaker in the long running concerns over workloads and resulted in the provision of additional caseworker funds, it is important to recognise the weaknesses inherent in this approach and to move forward.

The fixed benchmark is based on the current role and work practices of caseworkers and:

- Does not have the flexibility to recognise changes in these practices;
- Does not recognise the significant variability in the complexity of cases to be managed. While team leaders and district managers can be expected to balance case complexity across caseworkers, complexity is an important determinant of workload; and

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• Does not recognise the multi skilled team approach required in most cases (e.g. the involvement of Aboriginal staff to understand the family and community dynamics surrounding the child, to advise on the options for implementing changes in these to make the child safe or options for alternative care).

As the decision of the Industrial Relations Commission was an interim order, the Review Understands that there has been further consideration of this benchmark within DCD and ongoing discussions with CPSU/CSA.

One issue raised by caseworkers in district offices was the very significant proportion of their time spent in administrative tasks, which could be undertaken by administrative support staff (e.g. arranging contact visits for children with other members of their biological family and the time spent entering information into the rather antiquated information system).

The $51 million injection in September 2006 will also be used to fund an additional 16 administrative assistant case support positions in the district offices and the information system is scheduled for upgrade in 2007. These responses together with the streamlining of business processes and practice procedures recommended elsewhere in this report will impact on the role and work practices of caseworkers. However, there are some critically important roles that many caseworkers cannot perform to a satisfactory level. One of these is regular face-to-face contact with children on their case list. This should improve if the administrative and IT proposals are implemented. They should enable caseworkers to regularly visit and develop understanding of children on their case load and therefore improve the outcomes for these children. Thus workforce planning should consider the administrative support needed by caseworkers.

A broader approach is required to workforce planning which is linked to service planning. This should cover the spectrum across secondary (working with vulnerable children, families and communities) through to tertiary (i.e. the assessment of children at risk of abuse and neglect and provision of services to ensure their safety and well-being).

The Workforce Planning overhaul should also consider the needs of the non-government sector services under contract to the Department. The plan will need to consider work practices, job design, role development, spans of control and safe working practices. The development of the plan will require consultation with the tertiary education sector (universities and TAFE) about the competencies and that sector’s ability to deliver the required numbers of staff with those competencies.

RECOMMENDATION 19
The Department of Child Safety and Wellbeing develop and implement a Workforce Plan that includes workforce modelling and analysis, covers different occupational groups (eg. caseworkers, psychologists, direct care workers and administrative staff) and incorporates a workload measurement system.

ATTRACTION AND RETENTION
Attraction and retention of skilled child protection staff is a problem for all jurisdictions across the country and internationally. The staff, particularly the younger cohort, is very mobile, often seeking new experiences and having skills that are in short supply in many places. Western Australian child protection agencies have the additional problem of competing with the
resources sector where unskilled and semi skilled workers can earn more than university graduates in the human services field.

During consultations with district offices, the Review was advised of a number of caseworker and psychologist positions that had been advertised but for which either no or only one or two applicants had applied. The comment was made that:

“...with all the negative publicity and the culture of blaming individual staff, who would want to work here?”. 

Organisations that attract and retain staff usually have a positive workforce culture, a commitment to providing ongoing training and development and strong, visible leadership. These issues are covered elsewhere in this chapter and in the broader report.

This section deals with some of the specific attraction and retention issues identified in the consultations and submissions. These include:

- Resolution of rolling short term contract positions;
- Timeframes related to recruitment process;
- Qualification requirements;
- Job readiness for new graduates in Child Protection;
- Housing for rural and remote locations; and
- Parity of wages and conditions.

ROLLING SHORT-TERM CONTRACTS

The use of short-term contracts was raised in most of the Department consultations and the constant threat of contract termination is considered a deterrent to many of the staff. Many of the younger staff felt disadvantaged as they had no financial security and could not, for example, borrow money to buy a house. These contracts are reportedly used as a mechanism to remain within the approved staff establishment, allow flexibility within the staffing budget to help constrain the budget deficit and to enable the secondment of staff to other areas and roles.

The numbers of fixed term contractors totalled 391 as at 18th November 2006. A substantial number are filled temporarily (139) whilst current recruitment processes are undertaken. A number also meet the modes of employment policy in that they cannot be filled permanently as they are covering periods of leave, acting arrangements, secondments etc. The Department advised that a number of temporary contractors would shortly be offered permanent contracts (approximately 53).

Within the district offices some 86 positions were filled with staff on short-term temporary contracts. Three people have in fact had eighteen separate short-term contracts each and some staff told the Review that they had been on rolling, continuous 3 to 6 month contracts for over 6 years.
The insecurity associated with this form of employment contract does not encourage caseworkers to make long term plans or to develop relationships with the children for whom they are the caseworker.

RECOMMENDATION 20

The Department of Child Safety and Wellbeing reduce the number of positions filled on short-term contracts and, wherever possible, vacant and funded positions be advertised and filled permanently as a matter of priority.

THE RECRUITMENT PROCESS

The recruitment process for new positions and the extended period of time taken to finalise the recruitment process has caused concern. These delays are most significant when they occur at the district office level, with the caseloads of each office impacting on the available time for the managers to dedicate to such tasks as finalising recruitment processes. One officer was contacted 6 months after undergoing the job interview process to be informed of being the successful and recommended applicant. The response to this news by that officer being “…it took so long I had forgotten that I had applied…”

RECOMMENDATION 21

The Department of Child Safety and Wellbeing establish and monitor benchmarks around acceptable timeframes relating to steps in recruitment processes.

CASEWORKER QUALIFICATIONS

Over the past few years the Department has moved away from requiring applicants for caseworker positions to hold a tertiary qualification in social work or a relevant social science discipline. It appears that this was partially a pragmatic response to the difficulty of attracting staff to full time positions and partly a philosophical approach to broadening the skill and experience base of the Department. Thus, people with life experience or experience in a related field but with a tertiary qualification in another discipline or no tertiary qualification were able to apply to be a caseworker.

Clearly, there are some people whose intelligence, personality and life and/or work experience equip them to become caseworkers with only the basic “Start Up” training needed. However, these people are rare.

Working in this part of the child safety system requires staff who understand family dynamics and the impact of issues such as drug and alcohol abuse, mental health, poverty and domestic violence. Caseworkers must go through three critical steps: assembling all relevant information; analysing the situation; and exercising judgement and making a decision. A tertiary qualification in a relevant human services field should teach students how to do these things. It should also provide them with the theoretical base on which to build a more detailed understanding of the variety of situations in which children and their families find themselves and of the evidence about what might be successful interventions.

Staff coming into the Department with different tertiary qualifications and experience will have different levels of competency and different strengths in relation to the core skills required of a
caseworker. It should be possible to develop a number of training and development modules covering components of the competencies and skills required. Each caseworker should be assessed during the recruitment phase and offered the relevant modules they need to complement their basic qualification and equip them to be effective caseworkers.

A related issue is pay rates for unqualified level 2/4 staff who were engaged for their experience of working, for example, in Aboriginal communities. These workers are currently being paid at the level 2/4 rates. However, technically they are not entitled to progress from level 2 to 4 unless they have a qualification.

This issue can be addressed through supporting and facilitating staff to achieve a recognized qualification. For example, the scholarship program recently launched to allow staff to complete a Graduate Certificate program. This is a positive initiative that should be further explored and expanded for workers, particularly Aboriginal workers.

RECOMMENDATION 22
A tertiary level qualification in social work, psychology or a relevant human service area be the basic qualification for caseworker positions within the Department of Child Safety and Wellbeing.

RECOMMENDATION 23
The Department develop training/development modules to enable newly recruited caseworkers to undertake individually tailored competency based programs and that the Department introduce a program (e.g. scholarships) to enable staff who entered the Department as field staff without a relevant tertiary qualification, to complete an appropriate tertiary qualification.

TRAINING AND DEVELOPMENT

As happens in many organisations that are facing increased demand and complexity, over the years, resources in the Department appear to have been shifted from training and development budgets into frontline service delivery. While this may be a necessary short-term approach, it is unsustainable over the longer term.

Both the Report on Allegations concerning the Treatment of Children and Young People in Residential Care August 2006 and the Select Committee Report on the Adequacy of Foster Care Assessment Procedures August 2006 recommended that the Department improve aspects of its training and development programs. 62 63

Training should not be recognised only as attendance at training programs, but be extended to development opportunities. Development opportunities, for example, could be placements with other agencies with related interests or opportunities to see child safety from a different point of the spectrum within the Department.

Over the past 18 months the Department has begun the slow process of rebuilding its commitment to training and development. The caseworker Start Up program is an example of this. It is a skills based entry-level program that introduces staff to the main areas of Departmental work. 161 staff

63 Select Committee on the Adequacy of Foster Care Assessment Procedures by the Department for Community Development, 2006. Report Select Committee on the Adequacy of Foster Care Assessment Procedures by the Department for Community Development.
have completed the Start Up program since its inception in May 2005. 32 staff are currently enrolled in the program and were due to complete it in December 2006.

Many staff commented that Start Up training was very valuable and essential for new staff to be able to operate at full capacity as caseworkers. However, rural and regional staff expressed the significant personal burden experienced in having to attend this program in Perth over several weeks. The time taken to complete the program and its staggered program (i.e. Week 1 Workplace, Week 2 and 3 classroom in Perth, Week 4 and 5 back to the workplace, Week 6 and 7 classroom in Perth) is not cost effective for rural and regional staff. The cost of travel, accommodation and the time spent away from home is a deterrent for staff and to Managers approving attendance at the program.

This raises the broader issue of the access to training and development for staff in country areas. In the past 5 years in a joint initiative, the State and Commonwealth Governments invested in improving the bandwidth available to Health and Education in rural areas. The Department should investigate accessing this capacity to enhance localised training opportunities for the staff without the burden of having to leave home. Additionally, across the State there are University and TAFE campuses that could be utilised for delivery of locally components of training programs. Other strategies for consideration are self directed learning packages; WEB based learning packages providing modules with practical field application, for example on Sexual Abuse or Drugs and Alcohol effects.

Some training/development effort should also be directed at Team Leaders. Most people moving into Team Leader positions are moving, for the first time, into a management and supervisory role. The skills required are therefore new to them. Good management, supervision and leadership is especially important in an organization where a significant proportion of the more junior staff are young and inexperienced.

An exploration of alternative delivery vehicles and an improved development/training approach for training and development is also timely as the Government has made available $6m over the four years 2006/07 to 2009/10. This amount represents a 51% increase per annum for training over the next 4 years. The training budget for 2006/07 is 2.35% of the total salaries budget for the Department. Prior to the additional $6m, the training budget represented on 1.22% of the total salaries budget.

RECOMMENDATION 24
The Department of Child Safety and Wellbeing investigate collaborative arrangements with other State Departments and the Higher Education sector to increase the range of training delivery mechanisms.

RURAL AND REMOTE
In recognition of the cost of recruitment and time and effort invested in new staff it is important to ensure a functional retention rate of these staff.

The high costs of housing in the north of the State, which is reportedly as a result of the resources boom, is becoming prohibitive for many of the staff. The salaries paid by the Government are not competitive when compared to those paid by the Resources sector, which also has a significant impact on staff ability to support the high rents. This is an across
Government issue affecting all departments with a rural and regional presence, particularly in the north west of the State.

There is also a general perception by rural and regional staff that the standard of housing when offered through the Government Employees Scheme is of a lesser standard to those occupied by the Police and Education Department staff. It was not possible to assess the quality and standard of housing offered but the Review suggests that the Department investigate and seek to identify strategies to address this issue.

There are some positions in rural and remote locations that the Department has consistently found difficult to fill. Given the distances involved, these communities and children in care of necessity, get a lower level of support. This needs to be addressed.

**RECOMMENDATION 25**

The Department of Child Safety and Wellbeing, jointly with the Department of Consumer and Employment Protection and the Department of Treasury and Finance, prepare a business case for consideration by Government of additional attraction and retention options for hard to recruit to field positions.

**LEVEL OF STAFF WAGES IN COMPARISON TO OTHER GOVERNMENT AGENCY WORKERS**

Following successful work value cases in other departments, the assessed work value level (and therefore pay) of staff in the Department is low in comparison with other Government agencies. This is a disincentive for people looking to start or to develop a career in the child safety field. The Department has advised that it has had preliminary discussions on this issue with the Department of Consumer and Employment Protection and is intending to submit an Attraction and Retention Benefit (ARB) proposal. The ARB proposal is intended to reflect the pay differences between the Department for Community Development and Department of Health. The latter pays social workers, for example, at a higher level. The district manager positions in DCD have recently been reclassified to Level 8, which provides improved relativities with other departments.

**RECOMMENDATION 26**

The Department of Child Safety and Wellbeing implement a comprehensive Work Value process. The work currently being undertaken on an attraction and retention benefit should be accelerated as a short-term measure addressing comparative wage level concerns.
Table 6.7 – District Office Case Allocation Report, Sept 2006

Department for Community Development
As at 22 September 2006

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Source: Department for Community Development, Community Development and Statewide Services Directorate
CHAPTER 7 – IMPROVING THE QUALITY OF SERVICE

QUALITY AND ACCOUNTABILITY FRAMEWORK

Previous chapters in this Report have dealt with strengthening the focus on child safety and wellbeing through restructuring the Department and strengthening the workforce. This chapter addresses the need for a quality and accountability framework to guide the DCSW and its staff.

If the public is to have confidence in the new DCSW it will need to have transparent and robust governance arrangements. Corporate governance rose to prominence in the 1980s and 1990s as a result of some significant corporate failures. Corporate governance is usually based on sound business and financial management principles and practices. More recently human services agencies have used similar approaches to provide an accountability framework for their service delivery. For example, the health sector has adopted the notion of ‘clinical’ governance to put the issues surrounding the delivery of high quality health care along side the concerns of financial management and throughput targets.

The creation of the new Department provides an opportunity to develop an integrated governance framework. The executive team (as outlined in Chapter 5) should provide leadership and take responsibility for ensuring that all necessary components are in place. These include:

- A strategic plan to underpin service development;
- Annual business plans;
- Policies and procedures;
- Risk management arrangements;
- Sound financial and human resources management procedures including delegations;
- Protocols for service delivery (definitions, qualitative and quantitative data collection and outcomes); and
- Arrangements for consumer involvement as well as consumer feedback and complaints mechanisms.

RECOMMENDATION 27

A corporate and quality governance framework be developed within the Department of Child Safety and Wellbeing.

PERFORMANCE REVIEW AND MANAGEMENT

The existence of a corporate and quality governance framework will mean little unless there is regular performance review and active management to secure improvements. This is an area requiring some attention in the new Department. There is little evidence that there are formal processes and protocols in place to monitor performance or a culture of accountability. Individual caseworkers and their team leaders felt considerable personal accountability for case decisions but accountability for overall outcomes, efficiency, standards of practice, budget and staffing matters was much more diffuse.
In developing its approach to performance review and management, the new Department could draw on work done by other Government agencies in Western Australia. The Review was provided with an outline of the approach previously used by the Western Australian Police Services and amended by Global Justice Solutions.

Figure 7.4 – Performance Review Framework

The Review believes this is a useful example of a clearly articulated approach that encompasses the features necessary in a performance review and management framework for the Department of Child Safety and Wellbeing.

RECOMMENDATION 28
A performance review and management approach be developed and implemented to support a culture of performance improvement and accountability within the Department of Child Safety and Wellbeing.

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64 Performance Review Framework provided by Alan McCagh Global Justice Solutions 2006.
DEVELOPMENT OF STANDARDS

A critical component of a quality framework is the service standards. These provide a common understanding of good practice and enable systematic judgements about performance. Not only are they the basis of any quality improvement system but consistent monitoring and reporting against agreed standards provides an important balance to a focus on individual cases.

A Standards Monitoring Unit was recommended in November 2004 as the result of a review into the Department’s quality assurance systems.65 The Unit was established in April 2006 with 0.6 FTE. Its role was to implement a standards monitoring and quality assurance arrangement that enables the Department to effectively monitor the standards applied to the care and protection of children.

Between April and November 2006 the Department undertook to draft the protection and care standards related to Department services. This involved consultation with Department staff, consultation with key stakeholders external to the Department and examination of standards across other jurisdictions and sectors.

The Review understands that these draft standards were to be considered by the Department’s Executive on December 2006 or January 2007 and that a trial monitoring process could take place between February and May 2007. It may be more appropriate to use this time to educate and involve all staff and external service providers about the standards, their use and benefits, ongoing monitoring and its place in a continuous quality improvement framework.

The Commissioner for Children and Young People to be appointed under the Act of the same title has as one of his/her functions, “to promote and monitor the wellbeing of children and young people generally” and is required to, “give priority to, and have special regard to the interests and needs of: 66

i. Aboriginal children and young people and Torres Strait Islander children and young people; and

ii. Children and young people who are vulnerable or disadvantaged for any reason”.67

Given this, the Review considers that the Commissioner for Children and Young People will have an active interest in the monitoring of the standards. The new Department should therefore concentrate initially on the education and internal (within agency) use of the standards for continuous improvement and discuss with the incoming Commissioner for Children and Young People the role the standards will play in external monitoring.

Standards developed should apply equally to departmental services and to services provided to the Department under contract. Discussions with departmental staff in the Placement Services Unit indicate that they are currently developing the standards for residential services for children and young people in the CEO’s care for funded (non-government organisation) out of home care services. It is not clear what the relationship is between the two sets of standards being developed. Nor is it clear whether they have been developed jointly with the non-government sector.

65 McCullagh, G, 2004, Standards, Monitoring and Quality Assurance; Proposals for a Standards, Monitoring and Quality Assurance Unit to strengthen the capacity of the Department for Community Development to monitor the standards applied to the care and protection of children.
66 Commissioner for Children and Young People Act 2006 – Part 3 Clause 19 (c).
PROFESSIONAL SUPERVISION AND MENTORING

To overcome the lack of professional supervision and mentoring that each practitioner requires to effectively undertake their roles, it is recommended that each district office has a dedicated Senior Quality / Practice Development Officer on site. In the district office covering a large geographical area and remote sub-offices, there should be two such positions.

This position will have two key roles. The first is to provide advice to caseworkers and team leaders on the most complex cases, in which case they will be accountable for that advice. The second role will be to review and monitor all the case decisions made in the office, provide professional supervision (i.e. an opportunity to reflect on case practice in a holistic way in a learning, non threatening environment) and identify and recommend training requirements for individuals or the office as a whole. The aim of this role would be to restore and rebuild practice wisdom that has reportedly been lost over the past few years.

Team leaders will retain the responsibility and accountability for day-to-day management of their teams (finance, human resources, workload, case management decisions, on the job training and support, occupational safety and health etc). However, the workload associated with the team leader role prevents them from providing the level of professional mentoring necessary, particularly when most district offices have a number of young and inexperienced staff.

The Senior Quality / Practice Development Officers should be experienced in case management and understand the accountability of the Department in terms of outcomes for the children and young people, resource use (financial), and people management. This expertise and level of responsibility equates them to a team leader in terms of position classification.

The Department has a number of positions currently classified as Senior Case Practice Development officers. Some of these together with Full Time Equivalent coverage freed up as a result of the restructure of Head Office outlined in Chapter 5 should be used to implement this quality initiative in a cost effective way.

RECOMMENDATION 29
Each district office have at least one Senior Quality/Practice Development Officer and, in district offices covering a large geographical area with remote sub-offices, there be two such positions.

COMPLAINTS MECHANISM

Parents and other family members, foster carers and members of the public have all expressed concern about the Department for Community Development’s complaints handling processes. They say that instead of viewing their concerns as complaints, Departmental officers label them as “difficult”. They believe that if they complain, the Department will use its power to remove a child from their care, reduce access etc. Many people believe the process is not transparent and that their last resort is to go to the Minister and get the same story.

A good complaints handling process can contribute to improving the quality of services and help restore public confidence.
The Department’s complaints process directs people firstly to the officer making the decisions, then to that officer’s supervisor or manager. Then if the person believes a formal decision made by the Department is not in the best interests of the child, they are referred to

- The Case Review Board;
- The Minister for Community Development; and
- The Ombudsman who can approve an independent investigation.  

The website also advises people that they can contact the Consumer Advocacy Service. While a number of positive comments were made about this service, there was a concern that it was not really independent of the Department and resulted in some confusion about the distinct roles of advocacy and complaints management.

DCSW needs to establish a clear complaints handling process with three tiers;  

![Diagram of the complaints process]

The process needs to provide clarity for both consumers and staff about what constitutes a complaint, who can receive a complaint, how it should be recorded and dealt with, when it should be investigated etc.

The description of the system needs to guide consumers clearly to the next steps if they are unhappy with the review outcome. The Consumer Advocate should then be available to support any consumer through the process.

It is very important that the three-tier process include referral to an independent review body – the Ombudsman’s office. Given that the Commissioner for Children and Young People Act 2006, expressly states that it is not the function of the Commissioner “to investigate or otherwise deal with a complaint relating to a particular child or young person” the Commissioner cannot be a point of external review for individual complaints.  

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70 Commissioner for Children and Young People Act 2006 Clause 23(1).
Many people (particularly members of a child’s extended family e.g. grandparents, aunts, uncles) have expressed considerable anxiety when the Department appears to dismiss their concerns about a child’s or young person’s safety. They feel that the Department may underestimate the risk facing the child or young person and may inappropriately believe the biological parent when they say that they will be protective. They also believe they have nowhere to go to get an independent assessment of the situation. It is important that decisions not to take a child or young person into care are seen as administrative decisions and subject to review by the Ombudsman. To carry out this function and another identified later in this chapter, the Ombudsman will require a small, specialist investigative team.

In respect of children or young people in the care of the CEO, there is currently the possibility of the child or young person themselves, the biological parent or alternative carer, seeking to review a case decision through the Case Review Panel. This panel, provided for under the Children and Community Services Act 2004, compasses three independent members, supported by officers of the Department and reporting to the Director-General. The Director General can accept or reject in whole or part, the panel’s recommendations. The Panel provides a valuable review mechanism in statutory cases. However, people appearing before it can find the volume of paper and the process very intimidating. The Consumer Advocate could play a role here as “friend” of the person seeking the review but this might sometimes cause them a conflict of interest (if they believe that the person seeking the review is not acting in the best interests of the child). The new Department should consider ways to ensure there is appropriate support for people seeking review by the Case Review Panel and should work with the Panel to ensure that the proceedings are as informal as possible and information is exchanged in ways appropriate to all parties.

The Case Review Panel is clearly not perceived to be independent by some people. If people are unhappy with the Director-General’s decisions following the Case Review Panel’s recommendation they can seek a further, independent review by the State Administrative Tribunal or the Children’s Court in relation to a care and protection order or conditions attached to such an order.

The position for direct care staff when a complaint is made against them in relation to alleged abuse in care deserves comment. The Review was told of one direct care worker who was the subject of an abuse in care allegation who has been the subject of three investigations, two of which had cleared them of wrong doing (including one by the WA Police) and a third (by the Department) which is still not finalised after 18 months. There is clearly a need for better coordination and clarity of jurisdiction in such cases and speedier resolution processes. The Ombudsman in her report made a similar comment. 71

RECOMMENDATION 30

The Department of Child Safety and Wellbeing develop a three-tiered complaints management process supported by clear policies, guidelines and education programs for consumers and staff. This process be developed in conjunction with the Ombudsman and the Corruption and Crime Commission.

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71 Ombudman, WA 2006, Report on Allegations Concerning the Treatment of Children and Young People in Residential Care.
CHILD DEATH REVIEW COMMITTEE

The Child Death Review Committee was established in 2003 “to provide quality assurance mechanisms for particular departmental cases where a child has died”. It carries out reviews of the operation of relevant policies, procedures and organisational systems of the Department in circumstances where a child known to the Department for Community Development has died. The committee has four members who are required to be external to the Department of Community Development.

The Committee reviews each notifiable child death where the child / family is known to the Department. Once the Report of the Review is finalised it is provided to the Director-General and the Minister. The Committee submits an annual report to the Minister who tables it in Parliament.

During 2006, the Child Death Review Committee raised two concerns; the first was a lack of resources to enable it to undertake reviews in a timely manner and the second was the limitation of a file based review process. In relation to the first issue, agreement was reached with the Department to enable the Committee to be supported by two staff (one full time and one part time) and a Panel of Contract Reviewers. On the second issue, this Review understands that, in principle, agreement has been reached to enable the Child Death Review Panel to interview Departmental staff involved in cases under review.

Further issues were raised with the Review and these concerned the independence of the Child Death Review Committee and its inability to look at or comment on the role of other agencies in cases where the children were known to several government Departments.

The Child Death Review process is an important one and provides an ongoing opportunity to identify policy, procedures or practices that need further development or improvement. For this reason the Child Death Review Committee needs to retain links close to DCSW. However the Review believes that being clearly independent of the new Department would enhance its role and impact.

In line with recommendations elsewhere in this report which promote a co-operative, interdepartmental approach to child safety and wellbeing, considerable benefit could be derived from a review process which could, in certain cases, look at a number of agencies. Currently, the Ombudsman is best place to undertake such a role as that Office has the investigative powers necessary and the jurisdiction over relevant departments.

RECOMMENDATION 31

The Child Death Review Committee together with its current resources be relocated to the Office for Parliamentary Investigations (the Ombudsman).

RECOMMENDATION 32

A small, specialist investigative unit be established in the Ombudsman’s office to facilitate the independent investigation of complaints and enable the further examination, at the discretion of the Ombudsman, of Child Death Review cases where the child was known to a number of agencies.

73 A full description of the Child Death review Model is at Appendix 1 - Child Death Review Committee Annual Report 2005/06 P4.
CHAPTER 8 – SECONDARY AND TERTIARY SERVICES

This Review was established to be a review of the Department for Community Development with a focus on its child protection functions. It was not intended to be a review of the service provision of other government agencies or the non-government sector. In both cases, they are major providers of services both secondary and tertiary. This report therefore does not attempt to make detailed recommendations in this area but some key themes and critical issues have emerged that are worthy of some comment.

To meet the needs of children and young people across the continuum from being vulnerable to being in out of home care, the DCSW needs to have access to a range of secondary and tertiary services.

SECONDARY FAMILY SUPPORT SERVICES

Secondary family support services play a vital role for those families whose capacity to provide adequate support and care for their children is impaired. Family support services aim to strengthen a family’s capacity to provide care, safety and developmental opportunities for their children and to improve their access to broader community networks and services.

The Australian Institute for Health and Welfare, in a paper for the Community Services Ministers’ Advisory Council in 2001, identified some common themes across the jurisdictions in relation to the provision and funding of family support services: 74

- They are becoming more publicly visible and politically (and financially) recognised;
- Building and strengthening the capacity of families and communities to manage their own needs is critical;
- Local perspectives are becoming more important with generic, whole of jurisdiction service delivery models being complemented by innovative locally designed and delivered services;
- Integration of service delivery is a key aim, involving partnerships between varied departments, local government and non-government agencies;
- Professionalism in service delivery is increasing;
- Clients are seen in context of their family and the family in the context of their community;
- Early childhood services are critical;
- Services are designed to meet specific needs of the client groups – e.g. recent migrants, families with young children, Aboriginal or Torres Strait Islander peoples or isolated families;
- Understanding and measuring outcomes are essential factors in delivering effective services. (knowing and understanding “what works” is a major issue for all jurisdictions);

• Clearer objectives in funding services in the local government and non-government sectors are evident; and
• Commitment to good and consistent information about services being delivered.

This set of statements could well form the principles underpinning a strategic framework for family support services for Western Australia.

Currently there is not a clearly articulated strategic direction for family support services and this leads to a number of issues:

• It is difficult to get a comprehensive picture of the provision of family support services across the State;
• There is no plan or “map” of the range of services needed across the State;
• Services, even those externally evaluated as having positive outcomes, are vulnerable to changes in funding priorities; 75
• Services find it difficult to compete for available funding against tertiary services in health or child protection; and
• Local service responses are often treated with suspicion by mainstream services and marginalised or isolated.

RECOMMENDATION 33

The Department of Child Safety and Wellbeing co-ordinate the development of a Strategic Framework and a State Plan for family support services for vulnerable and at risk children and young people, their families and communities. In the meantime, pending the development of the Framework and Plan, the State should build on the existing programs that have been evaluated as being effective. These include initiatives arising from the Gordon Inquiry including: Remote Community Child Protection Workers; Community Child Protection Workers; Community Capacity Builders; Aboriginal Support Workers; and Youth and Family Engagement Workers.

These programs along with other family and community strengthening programs such as Best Beginning and Best Start should become the basis of the DCSW’s contribution to the service delivery patchwork quilt. They need to become part of the mainstream role of the Department not only for the vital contribution they make directly to families and communities but also because of what they can teach others in the Department about the needs of their client groups and different ways of connecting and working with them.

These programs are stretched to the limit and the workers are at full capacity. The risks now are that they will be wound back or discontinued to enable funding of some other new initiative or that they will be diluted through pressure to take on “just one more family” or one more task.

75 An example of this is the Best Beginnings Program, which commenced in 2000 as a partnership between the Departments of Health and Community Development. In 2002, Department of Health priorities changed and it redirected its funds. Fortunately DCD was able to provide some additional funding and the Department of Health now contributes staff (Community Nursing) time at 3 sites.
RECOMMENDATION 34

The Gordon initiatives, the Youth and Family Engagement Workers program, STRONGfamilies program and Best Beginnings and Best Start programs be considered as ongoing programs, expanded to provide State wide coverage and form the basis of the Department of Child Safety and Wellbeing’s contribution to the family support arrangements.

TERTIARY SERVICES

Some of the most concerning comments made to the Review related to the lack of services for children and young people who were the victims of abuse. Caseworkers related stories of long waits (months) to get counselling, lack of access to tertiary services in rural and remote areas etc.

Some of the needed services are provided by other government departments (e.g. the Department of Health) but anecdotal evidence provided to the Review suggests that some agencies give children and young people in the care of the CEO a lower priority on the grounds that DCD can and will either provide the services or make alternative arrangements (for example through the private sector) while for their other clients there are not alternative services available. The Review believes that as the State has at least temporarily assumed the role of parent for children and young people in care, it should do everything in its power to ensure they get appropriate services.

In some cases these services will be most efficiently provided by government run specialist service providers. The ACT Government’s Children and Young People Act 1999, makes express provision for the CEO to request and receive services from another agency.

ACT Children and Young People Act 1999 Section 28 76

"Who can the chief executive get help from?"

(1) For this Act, the chief executive may request a Territory authority or statutory office holder to provide information, advice, guidance, assistance, document, facilities or services relevant to the physical or emotional welfare of children and young people.

(2) If a request is made of an authority or office-holder under this section, the authority or office-holder must promptly comply with the request."

Section 22 of the Children and Community Services Act 2004, has a similarly, although not identical provision:

" 22. (3) If the CEO considers that a public authority or service provider can, by taking specified action, assist in the performance of functions under this Act, the CEO may request the assistance of that authority or provider, specifying the action that is sought.

(4) A public authority or service provider must endeavour to comply with a request under sub-section (3) if compliance is consistent with its duties and responsibilities and does not unduly prejudice the performance of its functions". 77

76 Australian Capital Territory Children and Young People Act 1999.
77 Children and Community Services Act 2006.
Chapter 10 on Intersectoral Collaboration discusses the roles of the Department of Education and Training and the Department of Health in care planning and the provision of services to effect improvements in the education and health status of children and young people in care. It may be that these mechanisms, together with stronger service provision agreements between the relevant government agencies, would help to clarify the responsibilities and ensure the children and young people in care receive the necessary services.

RECOMMENDATION 35
The Department of Child Safety and Wellbeing consider and report back to the Government on whether the necessary access to tertiary specialist services can be achieved for children and young people in care through care planning and the associated service provision (see Recommendation 63 and 64) or whether the Children and Community Service Act 2004 sub-sections 22(3) and 22(4) should be amended along the lines of the ACT Government’s Children and Young People Act 1999, Section 28.

Tertiary service provision in rural and remote areas remains a challenging issue for all departments and agencies. Innovative service delivery approaches are being tried nationally and internationally. One, which might prove useful for the DCSW, is the Western Australian Telehealth service. It uses new communication technologies to provide clinical services and professional education. Clinical services are provided between metropolitan and rural sites and include:

- Child and adolescent mental health services (clinical consultations, case reviews and clinical supervision); and
- Paediatric outpatient’s services including orthopaedics, rehabilitation and developmental paediatrics.28

Increased bandwidth and specialist videoconferencing equipment support telehealth initiatives at over 80 sites across the State.

RECOMMENDATION 36
In conjunction with the Department of Health, Country Health Service, the Department of Child Safety and Wellbeing explore the application of the Telehealth concept and infrastructure as one approach to increasing the access of rural and regional Western Australia to specialist therapeutic services.

The non-government sector has always played a role both formally (through receiving public funding) and informally (through local efforts) in providing family support services. Non-government service providers are frequently better accepted within the communities and families they serve, are well connected to those communities, can often co-ordinate services from a range of government departments, provide better integrated services themselves (as they aren’t constrained by the same programmatic and departmental boundaries that drive accountability in the public sector) and can tailor individual packages of support and services to a family’s particular needs.

For Aboriginal families and communities, the funding of community based Aboriginal organisations has the significant advantage of ensuring that the services are culturally appropriate.

While the non-government sector in Western Australia has traditionally played a strong role in individual and family service provision, it has not been asked or funded by the Government to provide the extensive range of services that other State governments have purchased from it.

**RECOMMENDATION 37**

In developing the Strategic Framework and Plan for family support and specialist therapeutic services, consideration be given to expanding the role of the non-government sector. Special attention should be paid to ensuring that services provided to Aboriginal families and communities are culturally appropriate.
CHAPTER 9 – CHILDREN IN CARE

INTRODUCTION

Children in care are some of the most vulnerable and abused children in our State. The child protection system and, within that, the out of home care system, should ensure that children coming into the care of the State are not further exposed to harm and abuse –

“…the out of home care system has a moral obligation to do no harm, not only to those children and young people in out of home care but also to others to whom there could potentially be an impact, such as the carers themselves and their biological children”. 79

Children in the care of the State have a right to expect, having being removed from neglect and abuse occurring at home, that the State will improve their lives and provide the chance for them to become positive and productive adults.

Children are taken into care only following an assessment that they are at significant risk of harm or neglect. The Children and Community Services Act 2004 defines when a child is in need of protection as:

- The child has suffered, or is likely to suffer, harm as a result of one or more of physical abuse, sexual abuse, emotional abuse, psychological abuse, or neglect and the parents have not protected or are unlikely or unable to protect the child from harm or further harm;
- The child has been abandoned and parents cannot be found and there is no suitable adult relative or other adult to care for the child;
- The parents are dead or incapacitated and there is no suitable adult relative or other adult to care for the child.

Under the new Act (Children and Community Services Act 2004) children or young people may be brought into care in one of three ways. The first is through an application for a protection order: the CEO may lodge an application with the court, which states the grounds on which it is made and the type of protection order that is sought.

The second is through a Provisional Protection and Care order (with a warrant) which is used when a departmental officer is unable to find a child; or believes that leaving a child at the place where the child is living poses an unacceptable risk to the child’s wellbeing; or believes that if a parent of the child or other person becomes aware of a proposed protection application in respect of the child, the child will be moved from the place where the child is living and the officer will be unable to find the child.

The third way in which a child or young person can be bought into care is through a Provisional Protection and Care order (without a warrant), which is used where a child is at immediate and substantial risk. If a departmental officer or police officer suspects there is an immediate and substantial risk to the child’s wellbeing, the officer may enter any place where the child is

suspected to be, and search the place for the purpose of finding the child and taking the child into provisional custody and care.

The *Children and Community Services Act 2004* section (38), sub-section (2)(b) and (4)(b), require the CEO to make a protection application in respect of the child as soon as practicable, but in any event not more than two working days, after the child is taken into provisional protection and care.

There are a variety of out of home care living arrangements for children that have been removed from their home, which are defined as follows:

- **Home-based care** – where placement is in the home of a carer who is reimbursed for expenses in caring for the child. The three categories of home-based care are:
  - General Foster care – where care is provided in the private home of a substitute family which receives payment that is intended to cover the child’s living expenses;
  - Kinship (or relative) care – where the caregiver is a family member or a person with a pre-existing relationship with the child; and
  - Other home-based care – care in private homes that does not fit into the above categories.

- **Residential care** – where placement is in a residential building whose purpose is to provide placement for children and where there are paid staff. This includes facilities where there are rostered staff, where there is a live-in carer and where staff are off-site (for example, a lead tenant or supported residence arrangement);

- **Family group homes** – where placement is in a residential building, which is owned by the state, and which is typically run like a family home, has a limited number of children who are cared for around the clock by paid resident or substitute parents;

- **Independent living** – where children are living independently, such as those in private boarding arrangements; and

- **Other** – where the placement type does not fit into the above categories or is unknown”.

Across both international and local jurisdictions, there has been a move away from the use of residential care with forms of home-based care (general foster and kinship care) the most preferred model of care. Following this trend, the employment of intensive family support services has increased as an alternative to removing a child from his/her home.

**WESTERN AUSTRALIA IN THE NATIONAL CONTEXT**

There were 23,695 children in care in Australia at 30 June 2005, which included 1,829 children and young people (approximately 8%) from Western Australia. This translates to 4.9 children per 1,000 aged 0–17 years in out of home care in Australia at 30 June 2005. This represents an

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81 Intensive family support services may use some or all of the following strategies: assessment and case planning; parent education and skill development; individual and family counselling; anger management; respite and emergency care; practical and financial support; mediation, brokerage and referral services; and training in problem solving – see Steering Committee for the Review of Government Service Provision, 2006, *Report on Government Services*. 

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increase of 8% from a rate of 4.5 children per 1,000 in 2004. The rates of children in out of home care varied by state and territory and ranged from 3.8 per 1,000 in Western Australia and Victoria to 5.8 per 1,000 in New South Wales and Queensland. The reasons for this variation are likely to include differences in the policies and practices of the relevant departments in relation to out of home care, as well as variations in the availability of appropriate care options for children who are regarded as being in need of this service.  

At 30 June 2005, the rate of Aboriginal children and young people in care in Western Australia per 1000 children was 22.6%, compared with the Australian rate, which was 26.4%. The rate of non-Aboriginal children and young people in care in Western Australia per 1000 children was 2.5% compared with the Australian rate of 3.9%.  

In Western Australia, expenditure on out of home services (in 2004/05 dollars) rose from $100.56 per child in 2000/01 to $145.02 per child in 2004/05. Despite this significant increase, Western Australia still spends less than the national average of $158.68 per child.  

The State comparisons in terms of expenditure on out of home care services per child ranged from $265.57 in the ACT and $175.76 in NSW to $81.15 in South Australia.

**NUMBER OF CHILDREN IN CARE**

Trends analysed by the Australian Institute of Health and Welfare show that, since 1997 the number of children on care and protection orders across Australia has increased significantly, rising 60% from 15,718 to 25,065 in 2005. Reasons for the increase appear to relate to greater awareness of child abuse and neglect but also to the cumulative effect of the growing number of children who enter the child protection system at a young age and remain on orders until they are 18 years of age.  

The total number of children in the care of the CEO in Western Australia at 30 June 2006 was 2,220, which has increased over time from 1,304 at 30 June 1998 – a total increase of 70.2%. The average annual growth since 1998 has been 6.9% with the increase in the 2005/06 year being 6%.  

By the end of October 2006, the total number of children and young people in care was 2,369, which is an increase over the previous four months of 7%, indicating an early trend. The Department projects that if this trend continues, a massive increase of 22% can be expected for 2006/07.  

By the end of October 2006, the total number of children and young people in care was 2,369, which is an increase over the previous four months of 7%, indicating an early trend. The Department projects that if this trend continues, a massive increase of 22% can be expected for 2006/07. While this trend will need to be closely monitored and growth in number of children in care is to be expected, this excessive growth is most likely temporary and attributable to a correction in the system following recent media attention and the ensuing nervousness within the Department.

The change in the number of children and young people in care year on year is influenced by the numbers coming into care as well as the average length of stay in care. The number of children starting a period of care in 2005/06 was less than the number of children starting a period of care

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84 Note that this amount is calculated based on the entire population of children and young people as opposed to just children and young people in care. Steering Committee for the Review of Government Service Provision, 2006, *Report on Government Services 2006*, Table 15A.1.
86 Appendix D: Table D 8 – Number of children and young people in the Chief Executive Officer’s care at 30 June 1998 to 2006.
87 Department for Community Development, Placement Services.
in 2004/05 (748 in 2005/06 compared with 841 in 2004/05). However, the average length of time in care has increased in the past eight years. In 1996/97, 38% of children in out of home care had been in care for two or more years. In 2004/05 this percentage had risen substantially to 64% (with 35% of children and young people being in care for more than five years).

**LIVING ARRANGEMENTS OF CHILDREN AND YOUNG PEOPLE IN CARE**

An overwhelming majority of children and young people in the care of the CEO at 30 June 2006 were placed in general or relative foster care (79%). Of the total number of children and young people in care, 34.9% were placed in relative/kinship foster care, 36.5% were placed in Departmental general foster care and 7.6% were placed through non-government sector fostering arrangements. 2.7% of the children and young people in care were placed in Departmental residential care facilities and 4.2% lived in facilities operated by the non-government sector. 9.5% of children and young people in the care of the CEO lived with their parent/s or a guardian/s.88 The remaining 4.6% of children and young people in care are placed in other arrangements – see Appendix D: Table D 9 – Living arrangements of children and young people in the Chief Executive Officer’s care at 30 June 2006.

While the percentage of children and young people in all forms of foster care is very similar for both Aboriginal and non-Aboriginal children and young people (79.7% and 78.5% respectively), Aboriginal children and young people are far more likely to be in relative/kinship care (51.6%) than non-Aboriginal children and young people (24.5%).

As at 30 June 2005, there were 692 Aboriginal children and young people in care in Western Australia and 83.2% of these were placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle.89 This compares with 81% of Aboriginal children placed in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle in NSW, 58.8% in Victoria, 64.8% in Queensland, 76.2% in South Australia, 27% in Tasmania, 65.5% in the ACT and 68.8% in the Northern Territory.90 The figures for Western Australia demonstrate a positive commitment to keeping Aboriginal children and young people within the kinship and cultural community. However, it has shown only a gradual improvement over time (rising from 77.6% in 2000 to 83.2% in 2005). The Aboriginal and Torres Strait Islander Child Placement Principle is now enshrined in the **Children and Community Services Act 2004**:

“The objective of this principle in subsection (2) is to maintain a connection with family and culture for Aboriginal children and Torres Strait Islander children who are the subject of placement arrangements...”91

**COMPLEX NEEDS OF CHILDREN IN CARE**

National research has frequently pointed to the physical and psychological wellbeing of children in care:

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89See Appendix G for an outline of the Aboriginal and Torres Strait Islander Child Placement Principle.
90Australian Institute of Health and Welfare, 2006, Child Protection and Out of home Care Performance Indicators.
“…Children in foster and kinship care exhibited exceptionally poor mental health...The preliminary findings indicated that the children presented with complex disturbances, including conduct problems and defiance, attachment insecurity and disturbance, attention-deficit/hyperactivity, trauma-related anxiety and sexual behaviour”.

“Earlier research... found that children in non-biological care (foster, residential or kinship), were referred to mental health services in far greater numbers”.

The Department reports that many of the children coming into care have psychological issues relating to their upbringing and their subsequent journey through life. These include depression and suicidal ideation, anxiety, obsessive compulsive disorder, low self esteem, sexual acting out, behavioural problems, poor impulse and aggression control, poor social skills, poor boundaries, risk behaviour (unsafe sexual activity), sleep disorder, enuresis, fire lighting and cruelty to animals. Further, a number of children present with a wide range of physical health issues such as Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder, communicable diseases, including sexually transmitted diseases, and, some children have eating disorders such as anorexia and bulimia.

Many children have suffered harm before birth. Children taken into care at birth are often suffering from drug withdrawal or foetal alcohol syndrome, which is characterised by intra-uterine growth retardation, minor physical abnormalities and central nervous system deficits.

However, the Review noted with concern that it is very difficult to obtain a full picture of the needs of children and young people coming into the care of the CEO. Without such a picture it is difficult to determine either the level or the nature of the services required to plan for and resource services to ensure that children and young people are getting the services that they need. Other government agencies, particularly the Department of Health and Department of Education and Training have a role here, which is discussed in more detail in Chapter (10), Intersectoral Coordination.

“A definitive profile of the young people in the care of the Department for Community Development (in the CEO’s care) living in out of home care is a vexed issue. To date no research has been undertaken in Western Australia to examine the needs and issues facing these children...No local research is able to provide a character logical assessment of these children...Consequently most of that data that is available about this cohort is qualitative in nature and best used indicatively…”.
RECOMMENDATION 38
In conjunction with the Departments of Health and of Education and Training, the Department of Child Safety and Wellbeing undertake an ongoing assessment and analysis of children and young people in care to provide a more comprehensive picture of the needs of this group to enable the planning and provision of the required level and nature of services.

CHILDREN EXPERIENCING MULTIPLE PLACEMENTS

In their study on children in foster care Delfabbro and Barber defined ‘placement instability’ as two or more placement breakdowns in the previous two years. 97

According to information provided by the Department to the Review, as at 30 June 2006, 27% of children who have been in care between one month and 12 months have been in more than two placements, that is, have experienced placement instability. Of the 1,728 children that have been in care for more than 12 months, 35.9% have been in more than two placements in the past three years, with 84 children subject to more than seven placements in the period of three years. 98 Of the 204 children and young people that exited out of home care in 2004/05, 98 or 48% had more than two placements. 99

It may be that the level of placement instability is even greater, given that, on the basis of anecdotal information provided to the Review, at times placements are not recorded in the electronic system in the initial few weeks that a child comes into care and in these first weeks a child may experience more than one placement.

Research across all jurisdictions has suggested that children who have experienced multiple placements in general or relative foster care demonstrate poor outcomes in adulthood. Such negative effects are said to include reduced health status, lower educational levels, higher unemployment and homelessness rates, lack of stability in future relationships, and a higher incidence of imprisonment, drug abuse and mental health problems. 100 In contrast to this, apparently, children who are adopted have better outcomes, similar to those children in the general population. 101

Many statutory authorities have attempted to deal with the issue of placement instability and “foster care drift” through permanency planning. The importance of permanency has been well documented in child protection literature, which points to issues of attachment, children’s developmental needs and the negative consequences of instability. 102

Under the Children and Community Services Act 2004, the Western Australian Children’s Court may grant an Enduring Parental Responsibility Order to a person, or two people jointly, until a child or young person turns 18 years old. The enduring parental caregiver then has parental responsibility for the child to the exclusion of any other person.

97 Bromfield, L, Higgins, D, Osborn, A, Panozzo, S, and Richardson, N, 2005, Out of Home Care in Australia: Messages from Research, p 38
98 Department for Community Development, Research and Information.
Clearly, in Western Australia, as with other States and Territories, the preferred policy option is reunification with the child or young person’s birth family. However, there are situations where the birth family is unwilling or unable to make the necessary adjustments so that their children can return home. The Review was told of four or five attempts to reunify a child with his/her family, which had been made over five or six years and each attempt had failed. Each failed attempt adds to the child’s trauma and distress and, in this way, the child protection system can be seen as having contributed to the abuse.

Some jurisdictions overseas (such as the United Kingdom) and within Australia have incorporated timeframes within which permanency planning needs to take place into legislation. In Victoria, the new Act, *Children, Youth and Family Act 2005*, which was expected to come into effect in March 2007, provides timeframes linked to age recognising children’s different needs for attachment at different ages. The timeframes in this Act require a permanency decision to be made no later than 12 months after a child has come into care if the child is less than two years old, within 18 months if the child is between two and six years old and within two years if the child or young person is seven years or older.

In some cases, timeframes for permanency planning may be in conflict with the time taken for the birth parent or parents to resolve their problems. These are then difficult decisions but at all times, the best interests of the child should be the determining factor and this may suggest an increase use of the Enduring Parental Responsibility Orders.

In pursuing greater stability for children and young people, particular care will need to be taken in considering formal orders for Aboriginal children and young people. The history of forced removal and assimilation policies make this an important issue for Aboriginal communities and means that placement outside the family/kinship/clan would not be seen as appropriate. Discussions with the family and community, assisted by Aboriginal staff within the Department of Child Safety and Wellbeing or by an appropriate Aboriginal community organisation, will be requirements for permanency orders for Aboriginal children and young people.

**RECOMMENDATION 39**

The Department of Child Safety and Wellbeing engage in community consultation, including with Aboriginal communities, to develop policy on permanency planning and placement and consider whether any legislative amendment (including timeframes), would assist, what ongoing monitoring and support should be provided and identify any other issues.

**ABUSE OF CHILDREN AND YOUNG PEOPLE IN CARE**

The issue of abuse of children and young people in care has been dealt with in a number of recent reviews including the WA Ombudsman Report, *Report on Allegations Concerning the Treatment of Children and Young People in Residential Care (2006)*, the Select Committee Report on the Adequacy of Foster Care Assessment Procedures by the Department for Community Development (2006) and the Report on *Quality Assurance and Substantiated Allegations of Abuse in Care, A Duty of Care to Children and Young People in Western Australia* (2005), commonly referred to as the Gwenn Murray Report. The Department has implemented a comprehensive implementation plan for the 43 recommendations in the Gwenn Murray Report and is reporting on progress regularly.  

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103 For more information about progress against the Duty of Care Implementation Strategy see:  
The Review was also advised that the Government is preparing a response to the Ombudsman’s Report. One of the recommendations in the Ombudsman’s Report relating to the issue of secure care was referred to this Review and is considered later in this Chapter.

RECOMMENDATION 40

The Department of Child Safety and Wellbeing continue to pursue vigorously the implementation of the recommendations about Children in Care in the Report on Quality Assurance and Substantiated Allegations of Abuse in Care, Duty of Care to Children and Young People in Western Australia and others arising from the Report on Allegations Concerning the Treatment of Children and Young People in Residential Care Report.

ABORIGINAL CHILDREN IN CARE

As at 30 June 2006, in WA there were 851 Aboriginal children placed in the out of home care system, that is, 38% of the total number of children in care. Yet Aboriginal children are only 5.6% of the States’ 0-18 year olds.

Aboriginal children and young people are therefore grossly over represented in the out of home care system. Some of the reasons for this can be traced back to a history of disadvantage and trauma as discussed in introductory chapters. An understanding of this history and the importance of family and community and culture of Aboriginal children and young people is vital as it forms the basis of their identity.

The Aboriginal Child Placement Principle (ACPP) was developed over 20 years ago to ensure that Aboriginal children removed from their families and placed in out of home care maintained their connection to their community and culture to the maximum extent possible. Western Australia has been more successful in meeting this objective than any other State or Territory, with 81% of Aboriginal children and young people place in accordance with the ACPP. However, only 58.6% of Aboriginal children and young people were placed with relatives/kin at 30 June 2005 a rise from 45.4% at 30 June 2000. Thus, while steady progress has been made, there is scope for further improvement.

There has been some concern expressed about the possibility that, in order to meet the ACPP and because of time constraints and the lack of alternative care options, the Department might be placing Aboriginal children and young people with relatives where their safety cannot be guaranteed. The Review found no hard evidence of this but the anecdotal concerns were sufficient to warrant considering this. If it is or has been the case, then there are a number of possible contributing factors.

One is that less rigorous assessment of relative carers was undertaken in the past. Of the 712 relative foster carers 527 are fully registered with the Department and 185 on an interim status. This should be resolved for the future as a consequence of the Department’s policy of aligning the assessment of relative carers with the assessment of general foster carers.

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104 See Appendix G for description of the Aboriginal Child Placement Principle.
Another possible factor is that, often when taking a child or young person into care, there is no time to undertake a full assessment of a relative carer. This is when a detailed understanding of the relative/extended family network is needed. This goes well beyond a family/kinship chart, to understanding of the family’s history, its strengths, issues, resources and capacity to care for children. In any Aboriginal family there may be many people who would traditionally take a part in the child’s development and they may all need to participate in decisions concerning that child.

In some places, caseworkers work from the beginning of any investigation into whether an Aboriginal child or young person has been abused or harmed, with a Senior Officer Aboriginal Services (SOAS), and Aboriginal Child Protection Worker or another Aboriginal member of staff. However, in many cases Aboriginal staff were not consulted until the day that the child or young person was coming into care. Under these circumstances the “consultation” was clearly tokenistic.

Discussions with Yorganup, an Aboriginal Child Care Agency, also indicated that there were occasions when they found it impossible or extremely difficult to assist the Department with the placement of an Aboriginal child or young person because they were only brought into the picture at the last minute.

Outcomes for Aboriginal children in out of home care will be improved if they are in relative care where there has been good matching between the child and the carer in terms of needs of the child and capacity of the carer to meet those needs and where there is a high likelihood that the placement will be stable. It is interesting to note here that Yorganup Aboriginal Child Care Agency has had a very high retention rate (around 95%) for its carers over several years.

Greater involvement of the Department’s Aboriginal staff, families, community and Aboriginal childcare agencies from the beginning of the investigation process through to having case plans, wherever it is possible, should facilitate this. There are various models operating in other states where Aboriginal organisations partner with the State Government to provide advice to the Department and support and direct services as part of ensuring that the journey through the out of home care system is least stressful and as culturally appropriate as possible.

Of serious concern were some reports provided to the Review suggesting the Department for Community Development accepts a lower standard of “adequate care” for vulnerable Aboriginal children and young people than it would for non Aboriginal children and young people. The Review has been told of instances were caseworkers have left Aboriginal children and young people in their family environment in circumstances where they would have been more likely remove a non-Aboriginal child.

This concern was reinforced after discussions with the Child Death Review Committee. The following extract is from one of the review reports:

“Despite the assessment identifying significant risks including a history of alcohol abuse, serious domestic violence and lack of hygiene practices for their own children, Mr A and Ms B were approved as suitable to provide care to the child. It appears to the Committee that in this situation, the child's Aboriginality blurred what could be considered suitable care arrangements…”.

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Public Submission - Child Death Review Committee.
Reasons for this could relate to a lack of Aboriginal care options (either Aboriginal foster carers or culturally appropriate residential care) or to the fear of caseworkers that if they take Aboriginal children and young people into care they will be part of the next Stolen Generation. Whatever the reason, this is surely an “over-correction” of past wrong practices.\(^{107}\)

The Review believes that the position of the Aboriginal community is summarised in the policy paper on out of home care for Aboriginal and Torres Strait Islander Children prepared by Secretariat of National Aboriginal and Islander Child Care:

“At the outset, it is important to clearly state that keeping children free from physical and psychological harm is paramount – equally as important for Aboriginal and Torres Strait Islander children as it is for other children. This paper focuses in large part on the need to maintain an Aboriginal or Torres Strait Islander child’s involvement with their family and community. This involvement, however, should never be seen as more important than the child’s safety. Maintaining connections to family and community is not a justification for leaving a child at risk of harm or making a placement that puts them at risk of harm”.\(^{108}\)

**RECOMMENDATION 41**

The Department of Child Safety and Wellbeing in conjunction with the Aboriginal Reference Group and Aboriginal Agencies approved by the CEO under clause 81(2) of the *Children and Community Services Act 2004* explore models for engaging appropriately with Aboriginal communities and child care agencies throughout the entire process of out-of-home care from investigations, placement, to leaving care.

**RECOMMENDATION 42**

The Department of Child Safety and Wellbeing contribute to the work of the Secretariat of National Aboriginal and Islander Child Care on minimum standards for the care protection and support of Aboriginal children.

**RECOMMENDATION 43**

The Department of Child Safety and Wellbeing work with the Northern Territory and Queensland governments on issues related to practices, policy and services for Aboriginal children in care.

**RECOMMENDATION 44**

The Department of Child Safety and Wellbeing ensure there is an appropriate range of Aboriginal Child Care agencies to recruit, train and support additional Aboriginal carers.

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\(^{108}\) Secretariat of National Aboriginal and Torres Strait Islander Child Care, 2005, Policy Paper, *Stable and Culturally Strong out of home care for Aboriginal and Torres Strait Islander Children*.
OUT OF HOME CARE AND THE NON-GOVERNMENT SECTOR

The non-government sector provides an important array of services to children who are vulnerable or in need of protection as well as to families that are in need of support and assistance.

Foster care (general and relative) and cottage care placements (short and long term) are provided by Anglicare WA Inc, Centrecare Inc, Mercy Community Services Inc, Parkerville Children and Youth Care Inc, the Salvation Army, Wanslea, and Yorganup Childcare Aboriginal Corporation. Mofflyn is also funded by the Department for Tertiary Family Preservation and Reunification services, and, through funding provided by the Disability Services Commission, Mofflyn provide a foster service for children with disabilities. Further information on DCD funded, non-government, out of home care provisions can be found in Appendix D: Table D 10 – Non Government Funded Services providing care to children and young people in the Chief Executive Officer’s care at 14 November 2006.

At 30 June 2006, 11.8% of children and young people in the care of the CEO were placed in either foster care (7.6%) or residential care facilities (4.2%) operated by the non-government sector. Some of these placements accommodate children and young people with complex needs who display high risk or difficult behaviours.

In discussions with a number of non-government agencies during the Review, they indicated a willingness to expand their services but also raised some concerns:

- Their current services are “subsidised” by the agencies as the Department payment was insufficient to meet the needs of children and young people in their care;
- Information-sharing on case matters between the Department and the agencies was sometimes difficult, and
- The absence of service delivery standards made evaluating services more difficult.

In general, non-government agencies believed that not only could they expand the level of service provision but that they could assist with increasing the range of service models and take more responsibility for case management.

The Review looked at the position in Victoria where the non-government sector has traditionally played a larger role in human services program delivery. A significant amount of case management and casework in Victoria is contracted to non-government agencies that provide services to children and young people at risk and in care. The statutory agency responsible for child protection is still responsible under the Victorian Children and Young Persons Act 1989 for the development of care plans, which cannot be contracted out.

The advantages of this sort of “case contracting” have been described as:

- Minimising the number of workers involved in a family’s life, avoiding duplication of workload and information flow and ensuring clarity of decision-making.
- Using the expertise and competence that community service organisations have developed in the provision of casework services to children and families.
• Preserving and strengthening a relationship that a child, young person or family may have with an agency other than Child Protection.

• Promoting the use of community services where the needs of a child/young person and their family can be adequately met by existing community services but where the child/young person requires the protection of a court order.\textsuperscript{109}

While there is no hard evidence assessing the value of non-government services in WA, anecdotal evidence suggests that such services are provided at a high level of quality resulting in a higher level of satisfaction reported by biological and general and relative foster families. The retention rate of general and relative foster carers is higher because they are provided with more support.

Given the difficulties in attracting and retaining general and relative carers in the government sector, the role of the non-government sector will need to be reconsidered and expanded. Understanding the situation, the Department has reported that:

\begin{quote}
“The Department will need to look further than their current providers to source placements into the future. The Not-for-Profit Sector is where the majority of the additional placements will need to be sourced. They include emergency, medium and long-term foster carer placements, suitable for children who do not have high needs, and group home placements that are suitable for children with some high needs who are able to live in a group/family situation”\textsuperscript{110}
\end{quote}

**RECOMMENDATION 45**

The Department of Child Safety and Wellbeing expand the role of the non-government sector to increase out of home care options for children.

**FOSTER CARE**

“Over-crowding” in the home of foster carers can not only place added stress on foster carers but may also lead to poor outcomes for children in care.

At 17 November 2006, 68% of general foster carers were responsible for more than one child living in their household. 12% of general foster carers were caring for four children in their household and there were 46 general foster carers that had more than five children in their care; of this number, 13 general foster carers had seven children in their care and one carer had eight children in the household.

This situation might be acceptable if these foster carers were caring for large single sibling groups and received additional support. However, the majority of foster carers with three children or more in their care were caring for children from more than one sibling group. For instance, of the 21 general foster carers that were caring for five children, 81% of these carers had children from more than one sibling group and of the 11 general foster carers that were caring for 6 children and young people, 73% of these carers had more than one sibling group.


\textsuperscript{110} Department for Community Development, Placement Services.
The difficulty in attracting new foster carers is an issue across the country. Changing community attitudes, reflected in demographical trends, such as the ageing population, and the increase in the number of women in the workforce, has significantly impacted the ability to boost the number of foster carers. Factors such as the negative media attention attached to cases of abuse of children placed with foster carers, the more complex needs of children and young people coming into care as well as the remuneration for their services has impacted on the ability of the Department to attract more carers.

The Department partnered with a number of non-government agencies, to develop sector-wide recruitment strategies to increase the number of foster carers. Despite such strategies, the number of newly registered general foster carers decreased from 50 in 2004/05 (5 of whom were from an Aboriginal and Torres Strait Islander background) to 28 in 2005/06 (with 3 being from an Aboriginal and Torres Strait Islander background). Further, the number of newly registered relative carers decreased from 14 in 2004/05 (with 8 being from an Aboriginal and Torres Strait Islander background) to 3 in 2005/06 (2 of whom were from Aboriginal and Torres Strait Islander background).

Clearly, the inability to grow the number of carers from an Aboriginal and Torres Strait Islander background will cause increasing difficulty for the Department in meeting its Aboriginal Child Placement policy.

Australian and international research has frequently pointed to the relative ineffectiveness of using broad based media campaigns, such as newspapers and radio advertisements, as a recruiting strategy in attracting new foster carers. Such reports have suggested that such broad based media strategies are still required to enhance community awareness of the out of home care system and the needs of children in care but need to be implemented in conjunction with more informal strategies. The use of current foster carers to encourage word-of-mouth recruitment has been shown to be more successful in engaging people to become foster carers. It is acknowledged that the Department has recently launched a strategy to engage experienced foster carers in recruitment strategies. The Carer Ambassador Strategy, launched in November 2006 has led to the registration of 60 Carer Ambassadors in both the rural and metropolitan regions.

SUBSIDY FOR FOSTER CARERS

Another issue that has been identified in consultations is the level of subsidy paid to general and relative foster carers which, reportedly, is not only making it difficult to attract new foster carers but is also incommensurate with responsibilities and inadequate to meet regular and ongoing costs.

“…The subsidy for foster carers is inadequate… They are not funded sufficiently to meet the need of children even at a basic level…if the carers were paid adequately they would be able to put time and money into enriching the lives of children in their care…”

The current Departmental subsidy rate for general and relative foster carers is set out below.

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112 Public Submission - Mercy Care.
Table 9.8 – Fortnightly Subsidy rates and Payments made by the Department for Community Development (from 1 January 2006) 

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fortnightly Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 years</td>
<td>$218.00</td>
</tr>
<tr>
<td>7-12 years</td>
<td>$274.00</td>
</tr>
<tr>
<td>13-18 years</td>
<td>$330.00</td>
</tr>
<tr>
<td>One to One</td>
<td>$742.50</td>
</tr>
</tbody>
</table>

The baseline subsidy rate was set in 2003/04 and has been reviewed annually against the Gross State Product (GSP).

The amount provided to general and relative foster carers is considered not a wage or income but a subsidy, which is calculated as a fixed rate dependent upon the age of the child in care, to meet general and everyday costs, such as food and shelter, water, electricity and gas, local transport, outings and entertainment, haircuts, small toys, general expenses related to personal hygiene items, basic general medical treatment and non-prescription pharmaceutical requirements, small incidental expenses for education, leisure and hobby activities.114

The Department stipulates that any expense over and above those covered by the subsidy should be planned for and paid for by the caseworker and that “no expenditure should be incurred prior to approval by the caseworker…foster carers should not incur costs and then seek reimbursement”.115 Accordingly, costs that arise from time to time that are above the regular, general costs of care are to be met through ‘case support costs’, which is met from district office budgets. Foster carers have reported not only on the difficulty in arranging and obtaining payments in advance with already overloaded caseworkers but have also claimed that it is quite unrealistic to expect that payments for incidental costs, which are usually related to unplanned or unforeseen circumstances, can be organised in a timely fashion.

Queensland and New South Wales have recently increased the allowance provided to general and relative foster carers in recognition of the increased costs of living. The NSW foster care subsidy ranges from $375 to $564 per fortnight depending on the age of the child or young person while the range in Queensland is $370.61 to $430 per fortnight.

TRAINING AND SUPPORT TO FOSTER CARERS

In addition to the issue of the subsidy, the level of support provided by the Department to general and relative foster carers has also been identified during consultations as inadequate.

According to the Field Worker Guidelines, Field Workers are responsible for supporting carers through the provision of information and advice via regular visits and telephone contact, which is organised in consultation with Team Leaders and Senior Officer Care Services (SOCS).116

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113 Department for Community Development, Fostering Services.
114 Department for Community Development, 2006, Financial Support, Pocket Money, Clothing Allowance and Carer Insurance.
115 Department for Community Development, 2006, Financial Support, Pocket Money, Clothing Allowance and Carer Insurance.
116 Department for Community Development, Field Worker Guidelines.
However, mounting caseloads have meant that field workers are often unable to act as a reliable support for general and relative foster carers.

Respite care is used as a strategy to support registered departmental general and relative foster carers for reasons such as the demands of children with special needs, enabling foster families “to replenish”. Foster carers are entitled to four days respite per month with the continuation of subsidy payments. In recognition that respite for carers usually takes place over the weekend, when activities have to be provided, daily rates are provided to carers:

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<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>DAILY SUBSIDY (at 1 January 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 years</td>
<td>$20.71</td>
</tr>
<tr>
<td>7-12 years</td>
<td>$26.03</td>
</tr>
<tr>
<td>13-18 years</td>
<td>$31.35</td>
</tr>
</tbody>
</table>
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However, this entitlement is dependent on the availability of respite carers and consequently not often afforded to either general or relative foster carers in a consistent and reliable fashion. The provision of respite to carers is undoubtedly essential and could play a major factor in retaining carers and also in preventing placement breakdowns.

The level of information provided to general and relative foster carers regarding the individual characteristics and needs of the child coming into care has also been identified by stakeholders. It is important that all general and relative foster carers are prepared and well informed about the special needs and characteristics of children and young people placed into their care so that they are well-prepared and well-equipped to deal with arising issues.

In discussions with foster carers, they all raised the issue of:

- Inadequate information about the children coming into their care (for example no medical history or information about the medications the children or young people were taking, very vague descriptions of the reasons the children or young people were in care, no information about the biological family that may help to explain the child’s behaviour, conversation etc);

- Lack of support from caseworkers (that is, sometimes caseworkers didn’t return phone calls in a timely way); and

- Lack of real discussion with foster carers about the ongoing needs of the children or young people in their care. They expressed the feeling of being disrespected.

The Review notes the Department’s move toward increasing and supporting the number of foster carers in the One to One fostering program, which aims to recruit, assess and train suitable people within the community to care for children and young people who are unable to be placed with foster carers that have other children in their care.

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118 Department for Community Development, Fostering Services.
Children and young people who are referred to the One to One fostering program have usually experienced placement breakdowns, have complex needs and demonstrate high risk behaviours. These children and young people need stable long term care and individual attention from their carer in order for them to make positive changes in their lives.

Foster carers involved in the One to One program are provided with mandatory preparatory training and are encouraged to develop their skills by attending monthly training. These carers receive support from the One to One team and through regular respite care.

RECOMMENDATION 46
To increase the pool of foster carers, and in acknowledgement of the ineffectiveness of broad based media campaigns in recruiting new foster carers, the Department of Child Safety and Wellbeing encourage word of mouth recruitment through existing foster carers.

RECOMMENDATION 47
The Government increase the subsidy paid to general and relative foster carers in recognition of the increased complexity of needs of children in care and the increased training required by carers to deal effectively with such complexities.

RECOMMENDATION 48
Support for general and relative foster carers be recognised as a specific function provided by the Department of Child Safety and Wellbeing. Each district office be provided with dedicated resources, specifically Foster Carer Support Officers, to undertake this role. The number of such workers be determined relative to the number of general and relative foster carers.

RECOMMENDATION 49
The Department of Child Safety and Wellbeing provide training to general and relative foster carers that is easily accessible and designed in collaboration with the Foster Care Association.

RECOMMENDATION 50
The Department of Child Safety and Wellbeing recruit general and relative foster carers whose function is to provide respite for existing foster carers with children in their care. Where possible, the Department of Child Safety and Wellbeing should endeavour to link children with the same respite carer to provide some stability and continuity for children.

RECOMMENDATION 51
General and relative foster carers be regarded as valuable members of the care and protection team. The Department of Child Safety and Wellbeing actively seek and consider the input of general and relative foster carers into decision-making regarding children in their care.

RECOMMENDATION 52
The Department of Child Safety and Wellbeing provides appropriately full information to general and relative foster carers about the characteristics and needs of children coming into their care so that carers are adequately prepared and informed.
RESIDENTIAL CARE

The Department has a number of group homes and hostels. Each country district has at least one
group home except for the Peel District which does not have one. In metropolitan districts there
are 6 residential care facilities ranging in size from 4 beds to 8 beds. Therefore, in theory the
Department operates with a total capacity of 123 beds. In the metropolitan area these facilities
provide for children and young people with the most complex needs from across the State. Most
of these facilities, particularly in the country, are reported to be rundown and understaffed. For
example, the staffing of one hostel for young people with complex needs is based on sleep over
shifts (as four employees is inadequate to cover a 24 hour roster).

Due to inadequate staffing some hostels and group homes operate at significantly less than
capacity when they have one child or young person placed with particularly high needs or
significant behavioural problems.

Further, children placed in hostels and group homes in the metropolitan area do not have
sufficient access to specialist therapeutic services and staff training in the therapeutic model is
inadequate.

Many staff reported that the number of children presenting with extreme behaviours and special
needs had increased in recent years. Children with such complex characteristics not only require
specialist support from the Department’s staff, but also require placements that are appropriate
to their needs and need access to a range of counselling, health and other therapeutic services.
Submissions from foster carers indicate that they have great difficulty in accessing these services
for children and young people in their care.

As Terry Simpson notes in the review of the Department’s Placement Services Unit, the
population base of the Department’s hostels include some of the most difficult, damaged and
thereby high needs children, that is, “those that have been rejected by the rest of the system (or
have themselves rejected those placements) because they are too difficult to manage”. 119 Many
of these children are affected by forms of “Attachment Disorders” whereby, due to factors such
as multiple placement breakdowns or the treatment they have received by significant carers, are
“highly sensitised to the potential of future [placement] failure and are unable to tolerate the
closeness of relationships involved in ‘normal’ family-type placements”. 120 Consequently, the
informal familial environment of a foster care setting may be intolerable.

“…for some children Placement Services may be a preferred option [over foster care]
as the children do not feel threatened by having to make attachments with one or two
people but instead have the opportunity to make superficial attachments with numerous
workers…” 121

Foster carers are forced to take in and manage the behaviours of such children and young people
without targeted training and consistent support from the Department. Such inappropriate
placements not only places excessive strain upon an already exhausted foster care sector, but
also pose significant risk to other children that are in the same household. It contributes to
placement breakdown and contributes to additional trauma for the child or young person
involved.

121 Department for Community Development, Placement Services.
Foster care or relative care is not appropriate or possible for some children and young people. Those who have had multiple placement breakdowns may reject further attempts to place them with a family and “vote with their feet” by leaving. Other children may have extreme behaviours that are difficult to manage in a foster or relative care setting.

The Review has not been able to undertake a detailed assessment of the existing facilities nor the detailed planning needed to determine the total number of residential care beds or the most suitable disposition of them.

However, the Review does propose a conceptual approach consisting of a three-tiered structure:

1. The first level of care facilities should be small group homes (for 3-5 children with a maximum at 8 children at any one time) located in each district. This facility is appropriate for those whose previous care experiences or family life make the more personal relationships generally experienced in foster care settings impossible or inappropriate (for example, young people who have experienced multiple placement breakdowns or who have been severely abused and therefore disinclined or unable to form close, trusting relationships).

2. Level two facilities would again be group homes for up to four young people who require intensive therapeutic services for a defined period before longer-term placements can be maintained. These facilities should probably be located in the metropolitan region initially because of the need for intensive service provision. Clear policies should be developed and enforced to ensure that the maximum stay in such a facility is six months (with the average stay likely to be three months). The focus should be on a longer term stable placement (for example in a longer term hostel in a district, or return to home, foster care or independent living). These facilities will mostly be appropriate for children over the age of 12. In addition, an evidenced-based therapeutic program must be in place with ongoing staff training and development and professional support to maintain its integrity.

3. The third and most intensive facility would provide for the small number of young people in care who are at a very high risk of self-harm or at significant risk to those around them and in need of intensive therapeutic treatment. This facility will be small (six to eight beds) and have an internal intensive therapeutic program and have access to a range of external specialists and health and education services. This should have the potential to be a closed facility to contain children and young people. There should be very tight limits to the length of time a young person could be contained in the facility (for example three weeks) and limits to the length of stay for therapeutic services (perhaps three months). Obviously, there will need to be strong controls around access to any closed facility so as to balance a young person’s rights, given that they have not committed an offence, with the duty of the State to protect young people in the CEO’s care from harm, including self harm. This might best be achieved through introducing legislation to create a new Children’s Court Order, named a “Therapeutic Treatment Order”.

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RECOMMENDATION 53
Through the provision of appropriate staffing and capital works where necessary, the Department of Child Safety and Wellbeing develop a network of group homes across each district (First Level Residential Care Facilities).

RECOMMENDATION 54
In country districts, in the absence of non-government agencies with the capacity to operate these facilities efficiently, the Department of Child Safety and Wellbeing operate first Level Residential Care Facilities. In the metropolitan area, given the experience of the non-government sector, the Department of Child Safety and Wellbeing consider contracting this sector to provide First Level Residential Care.

RECOMMENDATION 55
Current Departmentally run facilities in the metropolitan area be reconfigured to provide Second Level Residential Care Facilities. This will require the development of an evidenced-based therapeutic model, staffing model and competency-based training reflecting the therapeutic nature of the services.

RECOMMENDATION 56
The Kath French Centre be modified to enable it to become the State’s Intensive Therapeutic Unit for young people in care.

Children and young people should be involved and represented on issues and policies related to the out of home care sector. The users of the out of home care system, that is, children and young people taken into the care of the CEO, are best placed to inform the Department about whether and how the system is or is not working. The Department should be concerned about and listen to the views, wishes and needs of children and young people in care. Moreover, the views of children and young people regarding their experiences and perceptions of the out of home care sector should be heard and understood so that it can be incorporated and guide the decision-making process about out of home care practice and service delivery.

“The strengths and weaknesses of the child safety system are not remote policy documents or conceptual ideas to these children and young people, but rather their lived experience. They can tell us what is working for them, and what is not”.

The Department of Child Safety and Wellbeing could get valuable input, particularly from young people in care and those that have recently left care. However, the Review recognizes that for many young people in this situation, participation on a policy advisory group will be a daunting and unfamiliar experience. CREATE has experience in training and supporting young people in care and would therefore be an appropriate organisation to work with.

RECOMMENDATION 57
The Department establish a reference group in association with the CREATE Foundation for young people who are in care or have recently left care so that such young people can comment on policy development and service delivery. The Department should fund the CREATE Foundation to establish and support this reference group.

CHAPTER 10 – INTER-SECTORAL COORDINATION

The Department for Community Development cannot be “everything to everybody”. This was the very strong clear message delivered to the Review throughout the consultations from all quarters of the sector.

“The department is however, only part of a system, and whilst its mandate is to support families and protect children, the department is always limited by a lack of capacity in the whole system.

Families and children subject to departmental statutory action, including children in the CEO’s care, may receive little real assistance for the precipitating factors. Often this is because the capacity to respond with adequate housing and income support, respite and therapeutic services, medical and mental health intervention, and other services, simply does not exist at either a systemic or a departmental level”.

“The research shows clearly that families and communities living in circumstances of impoverishment – financial, environmental, social and spiritual – do not care for their children as well as those that are well resourced, secure and stable. DCD alone cannot address many of the problems, of which child abuse and neglect is a symptom. A whole of government strategic response is required”.

The Department has a role in identifying the needs of vulnerable children and their families and linking these children and their families with both government and non-government service providers who have the expertise to respond to specific needs. Where a vulnerable child in need of care and protection is placed in the care of the Chief Executive Officer of the Department the state has an additional responsibility to ensure that the child is safe, supported and connected. A child who enters state care for reasons of abuse or neglect where its birth family has been unable to provide for appropriate care and protection frequently have higher levels of need than other children, and requires priority access to coordinated and holistic services.

As previously noted, children become vulnerable living in families with complex needs. A child is over five times more likely to be at high risk of clinically significant emotional or behavioural difficulties where the primary carer reports 7-14 life stress events than a child living in a household that had experienced only 0-2 life stress events.

123 Public Submission - Centre for Vulnerable Children and Families University of Western Australia.
124 Public Submission - Australian Association of Social Workers.
Life stress events used in the survey are:
• A close family member had a serious medical problem (Illness or accident) and was in hospital;
• A close family member was badly hurt or sick;
• A close family member was arrested or in prison;
• Your children were involved in or upset by family arguments;
• A parent/caregiver lost his/her job;
• A close family member had an alcohol or drug problem;
• Your family didn’t have enough money to buy food, for bus fares or to pay bills;
• A close family member had a physical handicap;
• An important family member passed away;
• Parents or carers left because of family split up;
• You have felt too crowded where you lived;
“Over one in five Aboriginal children aged 0-17 years were living in families where 7-14 major life stress events had occurred over the preceding 12 months. Primary carers of Aboriginal children experienced over three times the average number of life stress events reported by carers of non-Aboriginal children in the 1993 Western Australian Child Health Survey”.

When the behaviours of children reflect a family environment experiencing multiple “life stress events” vulnerable children and their families either self refer or are referred by family, neighbours, schools, or other government and non-government agencies to the Department for Community Development. The community’s expectation, and frequently the expectation of the referrer, is that “help” will be provided and/or children will be removed and their behaviours will be ‘corrected’ through having their needs met. Sadly it is not that simple. Either nothing happens as the child is not in immediate danger and there are no services available to which the child and their family can be referred, or an assessment identifies that these vulnerable children and their families are already receiving services from multiple agencies. All too often, owing to issues of confidentiality; staff turnover; funding to non-government agencies being linked to specified service delivery rather than individual needs, confusion between agencies on ‘who’s responsibility’ it is to provide a service to a vulnerable child and their family, the family is overwhelmed and experiences further ‘disempowerment’ by the very agencies that are endeavouring to “help” the family.

Vulnerable children and their families require coordinated service provision to support them in achieving positive outcomes for their children. Government departments must work together with a clear child focus and demonstrate their commitment to making a positive difference to the lives of vulnerable children and their families. Too frequently during the consultations staff spoke of work they were doing with the third generation of a family and some referred to children in one of the department’s hostels as the hostels ‘grand kids’ as these children’s parents had also been accommodated at the hostel for a period of their life.

CURRENT INITIATIVES

At an operational level, the Department has been instrumental in the development of the across agency initiatives STRONGfamilies Program and the Interagency Child Safety Teams project. They have been established to enable agencies to work together in a coordinated manner to protect vulnerable children.

STRONGfamilies

The management of STRONGfamilies is shared by eight agencies, which are signatories to the STRONGfamilies Partnership Agreement. The Department for Community Development is the lead agency. The governance framework involves the Human Services Directors’ General Group, a Monitoring Group and Regional Managers’ Groups.

- Your child had to take care of others in the family;
- Your child has been in a foster home; and
- Your child was badly scared by other people’s behaviour.

The STRONGfamilies Program works with consenting families who attend meetings between agencies and agree to the exchange of information in order to address their issues. The family is ‘empowered’ and assisted to address issues. The coordinator’s role is to facilitate coordination and collaboration between agencies in their work with families who have complex needs.

An evaluation of this program released in May 2006 noted that:

“For some of the interviewees STRONGfamilies has been life changing and their stories were moving to hear”.

Twenty six percent of all referrals to the program were from the Department for Community Development, twenty percent were from the non-government sector and eighteen percent from the Department of Education and Training, see Appendix D: Table D 13 – STRONGfamilies Referral Sources July 2004 – October 2005.

Of the families who engaged with the STRONGfamilies program (as at the end of October 2005), 56% were single females with children and 31% were couples with children; 53% were accommodated in public housing and 14% were homeless; 70% received Centrelink payments as their source of income while eleven percent received income from employment.

Families involved with the program were dealing with multiple issues with 53% of families dealing with parenting issues, 47% with family relationships, 40% with school attendance, 37% with school behaviour while 32% were experiencing financial difficulties. A more complete list of issues being dealt with families in the STRONGfamilies program is at Appendix D: Table D 14 – STRONGfamilies Range of issues families were addressing for the period July 2004 to October 2005

The evaluation identifies the benefits to families from the program and notes that the benefits to agencies include being more aware of what other agencies do, information sharing, listening to families and being more aware of families’ needs.

The STRONGfamilies program is beginning to show the benefits of cooperation and coordination “on the ground”. It acknowledges that families with complex issues require agencies to move beyond their established ways of doing business to achieve positive outcomes for families through “joined up” casework. Such programs need to be nurtured and developed.

**RECOMMENDATION 58**

The STRONGfamilies program be ongoing and expanded across Western Australia with the coordinator positions becoming permanent positions.

**Interagency Child Safety Team**

The Interagency Child Safety Team has been developed to address the specific need for a collaborative model for working with complex cases where there are significant concerns for the safety and wellbeing of a child or children. The model’s purpose is to clarify different agencies’ roles and responsibilities with regard to the protection of the child. In these cases, consent is not required from the family for the exchange of information between agencies in order to ensure the safety of the child. The *Children and Community Services Act 2004* enables the Department

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127 Penter, C; Cant, R; Henry, D; 2006, Evaluation of the STRONGfamilies Program Stage Two.
for Community Development to obtain information from another agency where concerns for the child’s safety exists and provide that information to a third agency where it is considered necessary to ensure the safety of the child. The Department becomes the conduit for the exchange of information between agencies in this instance.

The Interagency Child Safety Team is a pilot project operating in Joondalup and Geraldton. While these projects have only been operational for six months, early indications are that they are a useful and important mechanism to engage relevant agencies and secure coordinated service delivery.

RECOMMENDATION 59

The Inter-agency Child Safety Teams pilot projects be evaluated and be implemented across the State if the evaluation indicates positive outcomes in terms of improved service coordination and delivery in complex cases.

Western Australian Aboriginal Justice Agreement

The Western Australian Aboriginal Justice Agreement (Agreement) is a partnership framework jointly developed between the Western Australian justice-related portfolio agencies (Department of Justice, Department of Indigenous Affairs, Department for Community Development and the Western Australian Police Service), the Aboriginal and Torres Strait Islander Commission (ATSIC), the Aboriginal and Torres Strait Islander Services (ATSIS) and the Aboriginal Legal Service of Western Australia (ALSWA).

The Agreement will enable justice-related State Government agencies to work collaboratively and in partnership with Aboriginal people to ensure that they experience the same justice outcomes as other Western Australian citizens by: developing safer and sustainable communities; reducing the number of victims of crime; and reducing over-representation of Aboriginal people in the criminal justice system.

The Agreement establishes five strategic foci:

- Community safety, security and wellbeing;
- Individual and family wellbeing;
- Criminal justice system;
- Programs and service delivery; and
- Public sector reform and resource flexibility

The Review understands that Regional Aboriginal Justice Plans are now being developed in a number of regions. The Minister for Community Development is a party to the Agreement and the DCSW obviously shares some of the strategic directions. The negotiation of Regional Aboriginal Justice Plans provides an opportunity for engagement with Aboriginal communities and services and for improved inter-departmental cooperation and coordination between DCSW, the Police and the Department of Justice. The Aboriginal Reference Group and DCSW Aboriginal staff should play a role in facilitating DCSW involvement in Regional Aboriginal Justice Plans and in ensuring that service provision arising from these Plans is integrated with services provided by, or funded by DCSW.
Multi–Function Police Facilities

As part of the Government’s Action Plan to address family violence and child abuse in Aboriginal communities, multi-function police facilities were developed with the intent of enabling multi-agency use. An agreed service delivery model was developed based on a collaborative framework that endeavoured to provide coordinated service delivery at a case management level. At the end of 2006, agreement between the Western Australian Police Service and the Department for Community Development on the role of the Community Child Protection Workers at the facilities had not been reached. It appears to the Reviewer that a statutory child protection response forms the basis of the case management service delivery model proposed by the Police, while a community capacity building response forms the basis of the role of the Department’s Community Child Protection Workers. The submission to the Review by the Western Australian Police Service notes:

“...Despite this non-alignment of service strategies, goodwill has existed amongst Police officers and the Department staff on the ground, however the original intent of the service model remains unresolved...”

While both STRONGfamilies and Interagency Child Safety Teams are good examples of interagency collaboration, on the ground they suffer from the absence of an overarching collaborative framework. Tackling ‘systemic’ issues or ‘blockages’ in the system from a field or practitioner level is very difficult and only the most tenacious front line worker will attempt it.

Both the STRONGfamilies workers and the Gordon Implementation Secretariat staff spoke of the uncertainty caused when the Directors General of Human Services group agreed to suspend operation. It is important that there be a senior group providing leadership to such interagency initiatives, both to ensure accountability at the highest levels of the public service for cooperation and coordination and to provide a “symbol” that such cooperation is valued and required behaviour.

The Queensland model for across government collaboration and coordination was examined by the Review. The Queensland Crime and Misconduct Commission recommended in its report Protecting Children in 2004, that Queensland establish a network of Child Safety Directors in departments/agencies with child protection responsibilities, reporting directly to the Director General/Chief Executive officer of the relevant department/agency.

“These Directors should have specific responsibility for operational delivery of their agencies child safety services and the coordination of those responsibilities with other agencies”. 

All relevant Queensland departments/agencies assigned this responsibility to one of their Deputy Directors General and this group has met regularly since early 2004. It has contributed to improved access to services for individual children and young people and improved cooperation between agencies.

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129 Public Submission – Western Australia Police.
131 Crime and Misconduct Commission Queensland, 2004, Protecting Children – An enquiry Into Abuse of Children in Foster Care, p139.
“The Child Safety Directors have proved a useful resource in solving cross-agency service delivery issues for individual children and at the strategic level. They have developed information sharing guidelines for use by government and non-government agencies...” 132

“Recently they have focused on improving the level, quality and coordination of child protection services to Aboriginal children and are supporting the service delivery plans for Aboriginal communities...” 133

This positive view of the role of the Child Safety Directors was confirmed in discussions with the Department for Child Safety, the Department of Communities, the Office of the Children’s Commissioner and the Department of the Premier and Cabinet when the Reviewer visited Queensland in November this year.

RECOMMENDATION 60

Child Safety Directors be identified in the Department of Health, Department of Education and Training, Disability Services Commission, Western Australian Police Service, Department of Corrective Services, Department of Housing and Works, Department of Local Government and Regional Development, Department of Communities, Department of the Premier and Cabinet, Department of Indigenous Affairs and the Department of Treasury and Finance. These directors are people who, in their existing roles, report directly to their Director General/Chief Executive Officer and will ensure agencies deliver appropriate services to vulnerable children and their families, including children who are in the care of the State.

RECOMMENDATION 61

Child Safety Directors’ Group be established. This group meet on a fortnightly basis to ensure a coordinated response by government is provided to vulnerable children and their families including children who are in the care of the State. The Child Safety Directors Group include a representative from the Department of Child Safety and Wellbeing at an equivalent level.

The role of Child Safety Directors will be to ensure that services and information within their departments relevant to vulnerable children and young people is accessible so that departmental child protection services are well coordinated across Government.

The Child Safety Directors Group will operate at a whole-of-government level to address systemic blockages in the delivery of services that promote child safety and wellbeing. This Group will support the Government’s child protection system by identifying existing and emerging issues and gaps in service delivery and potential Government responses.

Given the dispersed nature of service delivery across Western Australia, it is proposed that each district have a district level Child Safety Coordinating Group whose members would be the senior person in each of the departments/agencies in the district with child safety responsibilities.

RECOMMENDATION 62

District Child Safety Coordinating Groups be established in each district to provide a coordinated across agency response to vulnerable children and their families including children in care. District committee members will comprise senior persons in each department/agency in the district which has child safety responsibility. District committees will provide an avenue for the STRONGfamilies Program and the Child Protection Safety Teams to address ‘systemic roadblocks’ hindering the delivery of an effective coordinated service response at the local level. The District Child Safety Coordinating Group will report to the Child Safety Directors Group.

Children in the care of the Chief Executive Officer (CEO) of the Department for Community Development require a comprehensive service response from the key Government departments of Health, Education, Disability Services and the non-government sector.

“There is a need for all children who enter foster care to be screened for physical, developmental, educational and psychological difficulties. Once their needs have been ascertained then there is a whole of government obligation to provide services to meet the needs of these children”.

Prior to entering the care of the CEO children have frequently experienced periods of transience resulting in their educational and health needs not having been adequately addressed. They experience higher incidence of changes to school placements, absenteeism and are more likely to have a diagnosed intellectual disability and unmet health needs. On entering care there are often further changes in their school placements owing to placement breakdowns and movement to more permanent stable care placements.

The CREATE Foundation publishes the Australian Children and Young People in Care Report Card on Health and the Report Card on Education annually. The purpose of the report is to identify key issues impacting on the protection and care of children and young people in care and use this information to inform actions required to improve outcomes for these children. The CREATE Foundation has been instrumental in bringing agencies together through its endeavours to ensure Government is accountable for outcomes for children in the care of the CEO.

In response to the Report Card on Education 2006, the Department for Community Development has engaged with the Department of Education and Training, the CREATE Foundation, and the University of WA School of Social Work and Social Policy to gain a snapshot of educational performance and participation of children in care over a three year period.

The Report Card on Education 2006 notes delays in the finalisation of the Memorandum of Understanding between the Department for Community Development and the Department of Education and Training - Protocols for Educational Enrolment and Support Procedures for Children and Young People in Care. It also makes comment on the inability of Western Australia to report on standard educational participation and performance data for children and young people in the care of the CEO.

Further work is required by the two agencies in order to ensure children in the care of the CEO receive priority access to resources and support to ensure they are educated in a manner that

134 Public Submission - The Australian Association of Infant Mental Health Inc.WA.
maximises their opportunity to reach their full potential. A Department for Community Development report on the ‘2005 CREATE Education Report Card Project’ showed that of 848 children in care for whom an Education Assessment was completed in 2005:

- 57% (486) of students were performing to a satisfactory or successful level;
- 22% (188) were at risk;
- 12.4% (105) were at high risk;
- 31.96% (271) students are on an Individual Education Plan for students at high risk;
- 31% (264) were seen by their teachers to be performing below their ability;
- 89% (765) of the students were attending regularly;
- 5.7% (49) were not attending regularly;
- 2.8% (24) student’s attendance were putting them at educational risk;
- 0.7% (6) were recorded as not attending at all; and
- 14% (120) had an intellectual disability and attend an Education Support School, Unit or Centre or are mainstreamed with support.\(^{136}\)

The *Australian Children and Young People in Care Report Card on Health* January 2006 is the first of the CREATE Foundation reports on health.\(^ {137}\) It would appear that, to date, no policy framework has been developed between the Department of Health and the Department for Community Development that is specific to children in the care of the CEO. As individual agencies they acknowledge the need for targeted health services. However, there is currently no mechanism for ensuring the health needs of children in the care of the CEO are being identified and responded to.

It became evident during the Review consultations that, notwithstanding all the good intent of individuals, there are ‘systemic blockages’ to the ability of Government to deliver effective coordinated services to vulnerable children and their families. Additionally, there appears to be a lack of accountability across Government for the outcomes for children who are placed in the care of the CEO of the Department for Community Development. Clearly, the Department cannot ensure children in care are provided with the opportunity to reach their full potential on its own. State government, non-government service providers and the community expects the Department of Education and Training and the Department of Health to be proactive in assisting the Department.

It is proposed that Health and Education Plans for children and young people in the care of the CEO are undertaken in conjunction with, and become part of, the Care Plan for each child. Education and Health sub-plans should address the need to make steady and significant improvement in the education and health status of children and young people in care. The proposed plans will:

- Provide outcome based measures, which look for improved health and education status and aim to close any gaps between the status of children and young people in care and other children;

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\(^ {137}\) CREATE Foundation, January 2006, *Australian Children and Young People in Care REPORT CARD ON HEALTH* 2006.
• Outline the tailored packages of services needed for the child or young person. For example a specific dental plan, specific educational support, specific therapeutic services; and
• Ensure the provision of the necessary resources and services.

The Directors of Child Safety in the Department of Health and Department of Education and Training will have a role in ensuring that staff throughout their departments are aware of their responsibilities to participate actively in these plans and in the annual reassessment process.

The Department of Child Safety and Wellbeing will actively support the implementation of health and education plans. The Education Officers based in the department should have a role in liaising with schools (including preschools) on the education plans and their annual reassessment.

Foster care support workers also have a role in supporting foster carers to provide an environment, which supports the health and education, plans for children and young people in care. This support could include ensuring regular school attendance, support for doing homework, reading, attendance at dental and medical appointments etc.

Contracts with non-government organisations would, where appropriate, recognise the need for services to support the overall development of the children in the care of the CEO and their education and health plans. The Department of Child Safety and Wellbeing should initiate the individual health and education planning process within the planning stages for bringing a child into care, or in the case of an emergency placement, within the first few days. The caseworker should ensure that the Department of Education and Training and the Department of Health have as much information as possible about the child and the reasons the child is in care. The planning process should be cooperative.

**RECOMMENDATION 63**

The Departments of Health and of Education and Training respectively be required to develop a Health Plan (covering physical, mental and dental health) and an Education Plan respectively for each child or young person in care.

**RECOMMENDATION 64**

The Department of Health and the Department of Education and Training be responsible for providing the specialist support, resources and services needed to implement the plans for each child and young person in care.

**RECOMMENDATION 65**

The Department of Health, the Department of Education and Training and the Department of Child Safety and Wellbeing report in their Annual Reports each year, the proportion of children and young people in care who have a health or education plan and an annual assessment, the proportion who have achieved improvement in their health/education status and the gap between the health/education status of children and young people in care and those children not in care.
INFORMATION SHARING

Information sharing with the consent of the involved individuals is not the problem it is sometimes held to be. Most people in the sector are very conscious of respecting the privacy of children and young people and or their families. Sometimes this inhibits coordinated service delivery or even worse, results in injury or death of a child or young person. The STRONGfamilies program illustrates what can be achieved. Privacy considerations only really come into play when individuals do not know their information is being shared or used for another purpose, cannot or will not give consent to sharing or when seeking consent might result in further harm.

The Inquiry into Responses by Government Agencies to Complaints of Family Violence and Child Abuse focused on the services of seven Government agencies that most directly address the problems of family violence and child abuse. The Inquiry highlighted the barriers to effective service delivery created by the inability of agencies to share information and noted

“legislative and/or policy changes are necessary for the effective coordination of service provision to Aboriginal communities, particularly in relation to the sharing of confidential information”.

The new Children and Community Services Act 2004 section 23 Exchange of Information makes provision for people to provide information to the Department for Community Development. This provision and Division 2 of the Act provides for professional ethics in the administration of the Act. During the consultations, many caseworkers raised concern that this is not well understood and that health professionals, in particular, remain reluctant to provide relevant information to the Department when it is requested.

RECOMMENDATION 66

The Department of Child Safety and Wellbeing and the State Solicitor’s Office run a joint education program on exchange of information between agencies for the Professional Colleges and staff within the Department of Health.

Conversely, agencies reporting concerns to the Department for Community Development or providing information in respect of a particular child or young person, get very frustrated as they get no feedback from the Department. In the case where they are notifying possible abuse or neglect they do not know if the Department has taken any action to assess the situation. In cases where children and young people are known to the Department, or to several agencies, the notifying agency gets no information from the Department that may assist in their service provision to the particular child or young person. There is a strong sentiment expressed by agencies that the Department holds information relevant to these children and young people that would assist them to ensure appropriate service provision and care that is provided to these children and young people.

The new Children and Community Services Act 2004 enables the CEO (or his/her delegate) or an authorised officer to provide information relevant to the wellbeing of a child to a public authority, a service provider or an interested person where an interested person means “a person


or body who or which, in the opinion of the CEO, has a direct interest in the wellbeing of a child or a class or group of children”.

It appears that the Department could do more to support collaboration with other agencies by participating in information sharing. It is possible that officers in the Department’s district offices are unsure about the balance between privacy considerations and information sharing to ensure the safety and wellbeing of children and young people. The Review believes that Section 23(2) of the *Children and Community Services Act 2004* enables the provision of such information.

**RECOMMENDATION 67**

A component of the professional development program for the Department of Child Safety and Wellbeing District Office staff (particularly caseworkers) include practical guidance on exercising judgment about appropriate information sharing.

**RECOMMENDATION 68**

The State Solicitors’ Office in conjunction with the Department of Child Safety and Wellbeing consider whether Section 23(2) of the *Children and Community Services Act 2004* is sufficient or whether further legislative amendment is needed to give protection to Department of Child Safety and Wellbeing staff if they provide information to other interested agencies, service providers or individuals to ensure the safety and wellbeing of a child or young person.

The Review is aware that the Government is committed to introducing State based privacy legislation. It will be important for vulnerable children and young people and particularly those in situations of abuse and neglect, that the legislation achieves an appropriate balance between respecting and protecting the privacy of children and young people and family members and allowing agencies to share information without the agreement of the affected people if necessary.

As was graphically outlined in the Gordon Report on occasions separate agencies have different pieces of information, which if shared with each other and properly analysed would lead to the identification of children and young people at very significant risk of harm or abuse. Agencies are sometimes worried that, if the parents are advised of possible concerns and asked to agree to the exchange of information between agencies, the child or young person will be further harmed or at risk of further harm (“punished”) or the parents or parent will move the child so that the Department cannot take the child into care if necessary.

**RECOMMENDATION 69**

Any future Statewide privacy legislation provide for the sharing of information to protect the safety and wellbeing of children and young people.

**MANDATORY REPORTING**

There have been numerous calls publicly for the introduction of mandatory reporting over recent years following publicity surrounding reports of child sexual abuse or the death of a child where

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140 Children and Community Services Act 2004 Section 23(1).
the parents were not protective of the child. It would appear that this public response is an expression of the community’s abhorrence to the harm caused to these children but it indicates a lack of understanding of what mandatory reporting could accomplish. The community is very clear that children should not be harmed, particularly when that harm occurs because of the apparent lack of protective behaviours by their parents. Mandatory reporting is a mere reporting mechanism that provides no guarantee that the outcome for the particular child will be improved as a consequence.

Western Australia does have mandatory reporting for some people:

- Family Court personnel, counselors and mediators are required by legislation to report allegations or suspicions of child abuse in Family Court cases to the department;
- Licensed providers of child care or outside school hours care services are required by legislation to report allegations or suspicions of child abuse in a childcare service to the department.

However, a number of people have recommended against increasing the range of people legislatively required to report.

The report Mandatory Reporting of Child Abuse: Evidence and Options recommends:

“…In light of the overwhelming evidence that mandatory reporting systems are in chaos worldwide, every effort should be made to capitalise on the strengths of the Western Australian history and network of services…”

The report emphasises the need for agencies to work collaboratively across disciplines at the local level “…to maintain a supportive and effective policy and practice framework for children in need and for children at risk of serious harm…”.

“…Fundamentally there is no evidence that the forensic reporting system that is called mandatory reporting which was initially used as a mechanism to force medical practitioners to report ‘battered children’ is effective in protecting children. Mandatory reporting is just that – a reporting system. It is not a service provision system and may have little connection with the provision of services. Most jurisdictions that have mandatory reporting as a legislative framework do not compel statutory or other systems to provide, let alone evaluate services to the children who are reported as being at risk…”.

In the submission to the Review by Wanslea Family Services it was stated that:

“achieving a better focus on child protection will not be “solved” by mandatory reporting”.

The submission also made comment that professional responsibility for reporting worked well in Western Australia.

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142 Harries, M; and Clare, M; 2002, Mandatory Reporting of Child Abuse: Evidence and Options.
143 Harries, M; and Clare, M; 2002, Mandatory Reporting of Child Abuse: Evidence and Options.
144 Public Submission - Wanslea Family Services.
The Report on Child Protection Services in Tasmania released in October 2006 notes:

“...mandatory reporting has had the unintended negative consequences of overloading the statutory system without necessarily improving child safety.”

It also says of mandatory reporting that:

“Other services and the community generally have therefore been relieved of their share of responsibility for child safety and the result is a child protection service that is overloaded with referrals that do not meet the threshold for statutory intervention...”

Professor Dorothy Scott, Director of the Australian Centre for Child Protection at the University of South Australia made the following comments in 2003:

“...Legally compelling professionals to make notification of possible child abuse and neglect, regardless of their professional judgment, and then doubling the number of child protection workers every decade to keep pace with the doubling of notifications, is not working. It is completely unsustainable. In some parts of the world this is now well understood. In other places it is necessary to keep on doing more of the same for a little longer until it so obviously fails that necessity forces us to find the courage to change policy direction. Some systems in the English speaking world, including some in Australia, catch too many children into the child protection net and as a result fail to protect and respond in a timely way to the most vulnerable children in the net...”

The submission to the Review by the Child Death Review Committee made the following comment in relation to mandatory reporting:

“... It is noteworthy that the child deaths that have prompted major reviews or inquiries in Australia and the United Kingdom were all cases known to the child protection agency. This was so with Wade Scale. In each case it is the response of the child protection agency and/or other agencies involved that has been at issue...”

Protecting Children – An inquiry into abuse of children in foster care January 2004 undertaken by the Queensland Crime and Misconduct Commission made note of the case against mandatory reporting presented in research undertaken by Ainsworth.

The research compared Western Australia with New South Wales, which has mandatory reporting with financial penalties for failure to report.

“...Ainsworth concluded that mandatory reporting did not create better outcomes. Essentially, Western Australia had higher substantiation rates for...”

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147 Scott, D, 2003, A Vision for Family Services – Support and Prevention that Works for Families at Risk - conference paper delivered in Sydney
148 Public Submission – Child Death Review Committee.
complaints received than did other jurisdictions. Further, he found no evidence of reduction in either child deaths or children’s hospital admissions for non-accidental injuries as a result of mandatory reporting.”

The consistent message from submissions made to the Review was the need for an across government response to ensure the safety and well being of children. This is echoed by respected academics in the field.

"Thus a whole of government approach is required, with strong inter-sectoral collaboration across health, education, housing, employment and social services".

In Western Australia there is an Interagency Collaborative Framework for Protecting Children to promote collaboration and partnerships between individuals, families, professionals, local communities, community agencies and government departments including those listed below:

- Department for Community Development;
- Department of Education and Training;
- Department of Education Services;
- Department of Health, including Office of Aboriginal Health;
- Department of Justice;
- Disability Services Commission; and
- WA Police

Each agency is accountable for the achievement of positive outcomes for vulnerable children and their families, particularly those children in the care of the Department. The protocols provide a framework for cooperation between agencies, non-government service providers and communities. They involve the vast majority of people legislatively required to report in other states, for example doctors, nurses, teachers etc.

The protocols need to be given greater “life” on the ground. This should be a key task for the District Child Safety coordinators group supported by the Child Safety Directors Group.

**RECOMMENDATION 70**

The Government does not expand the range of people mandatorily required to report concerns of child abuse but instead requires the District Child Safety coordinators’ and the Child Safety Directors’ Groups to implement the Interagency Collaborative Framework for Protecting Children and advise the Director General of the Department of Child Safety and Wellbeing of any amendment needed to that framework to improve service provision for vulnerable children and young people and enhanced interdepartmental cooperation and accountability.

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APPENDICES

Appendix A – Terms of Reference

The Terms of Reference for the Review are as follows:

- How best to achieve a clear and better focus on child protection;
- Whether the current functions, activities and structure of the Department ensure the delivery of effective services consistent with Government policy and priorities;
- Whether alternative organisational arrangements would be more effective and efficient in delivering services;
- Whether resources are properly allocated to achieve the Government's objectives for improved child protection;
- Opportunities for, and barriers to, improved coordination, collaborative planning and monitoring of service delivery across the State;
- Progress towards the achievement of recommendations pertinent to the Department arising from any recent reviews; and
- Any other specific matters identified in consultation with key stakeholders.
Appendix B – Advisory Group – Terms of Reference

- To provide the Reviewer with expert advice or guidance relevant to the particular background of each member of the Group on matters the subject of the review.
- To provide such advice or guidance at the request of the Reviewer or upon the initiative of the Group as a whole or of individual members.

In the performance of its functions the Advisory Group were to:

- Meet during the course of the review on an as required basis (but at least once a month) as a Group to discuss relevant emerging issues with the Reviewer.
- Maintain during the course of the review the confidentiality of the Group’s deliberations, and at all times the confidentiality of any personal information discussed or considered.
Appendix C – Public Submissions

Submitted by:

ORGANISATIONS

1. Anglicare WA
2. Anglican Youth Ministry Diocese of Perth
3. Australian Association of Infant Mental Health Inc.
4. Australian Association of Social Workers
5. Australian Liquor, Hospitality and Miscellaneous Workers Union
6. BHP Billiton
7. Boystown
8. Building Community Capacity, Department for Community Development
9. Care for Vulnerable Children and Families University of WA
10. Carers WA
11. Centrecare
12. Child Death Review Committee
13. Child Protection Unit, Princess Margaret Hospital
14. Children's Youth and Families Agencies Association
15. City of Belmont
16. City of Mandurah
17. Civil Service Association of WA, Community and Public Sector Union
19. Department for Community Development
20. Department of Health
21. Disability Services Commission
22. Discipline of Social Work and Social Policy, School of Social and Cultural Studies, University of WA
23. Duty of Care Implementation Committee
24. Duty of Care Unit Department for Community Development
25. Early Childhood Australia WA
26. Eastern Region Domestic Violence Services Network, Koolkuna
27. Family and Domestic Violence Unit, Department for Community Development
28. Family Day Care Association of WA
29. Family Inclusion Network WA
30. Goldfields Women's Refuge Association Inc.
31. Hudson Road Family Centre
32. Kind Edward Memorial Hospital
33. Learning Centre Link
34. Legal Aid
35. Magistrate Perth Children’s Court
36. McKesson Asia Pacific
37. Meekatharra Department for Community Development
38. Mercy Family and Community Services
40. National Council of Woman WA Inc.
41. Ngala Family Resource Centre
42. NIFTY WA
43. Northern Districts Community Support Group
44. Office for Children and Youth, Department for Community Development
45. Office for Seniors’ Interests and Volunteering, Department for Community Development
46. Office for Women's Policy, Department for Community Development
47. Office of Crime Prevention, Department of the Premier & Cabinet
48. Parkerville Children and Youth Care
49. Picys - Perth Inner City Youth Services
50. Program and Sector Management Group, Department for Community Development
51. Psychological Medicine CCU, Princess Margaret Hospital
52. Relationships Australia
53. Resource Unit for Children with Special Needs (RUCSN)
54. Resource Unit for Children with Special Needs Inc.(Pilbara Region)
55. Ruah Community Services
56. Shire of Mundaring
57. Social Work Department, Princess Margaret Hospital
58. Society of Professional Social Workers
59. South Coastal Women’s Health Service
60. South West In Home Child Care Service
61. Specialist Child Therapy Team, Child Protection Unit Princess Margaret Hospital
62. St Bartholomews House
63. The Churches Commission on Education Inc.
64. Town of Kwinana
65. UnitingCare West
66. WA Council of Social Services
67. WA Police Service
68. Wanslea
69. Waratah Support Centre – Bunbury
70. Western Institute of Self-Help (WISH)
71. Women in Social and Economic Research, Curtin Business School
72. Women’s Council for Domestic and Family Violence Services (WA)
73. Youth Legal Service Inc.

MEMBERS OF THE PUBLIC

1. Bakshi, Leena
2. Collard, Brad
3. Cross, Barry and Daphne
4. Davis, Fred
5. Dodds, Brian J
6. Goerke, Joe
7. Hepburn, Mike
8. Hunter, Tom
9. Kagi, Carole and Calleja, Joe
10. Kelly, Vicki
11. Lowe, Janet
12. Mcguigan, Lynne
13. Needham, Denys
14. Provost, John
15. Rapkins, Jan
16. Simpson, Terry
17. Smailes, Warren
18. T’Hart, Susan Marie
19. Tittums, Karla
20. Waddy, Richard and Glenda
21. Wesley, Heather
22. Wilson, Cora-Ann
23. Winterton, Prof Peter
24. Wringe, Kevin
Appendix D – Statistical Tables and Figures

Table D 1 – District Offices Budgets and Staffing 2006/07

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### Table D 2 – Service Group Summary Report

**Department for Community Development**  
**Non Government Funding**  
**Service Group Summary Report**

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**Total**: 506 | **$65,787,006** | 506 | **$71,331,137**
Where the number of services remains the same and the total of the funding levels increases from 2005-06 to 2006-07 the additional funding is indexation of the funding levels for 2006-07.

The following notes apply where there have been changes in the number of services, in addition to the indexation of funding levels.

1. **DV SAAP Women's Refuges:** The 2006-07 services includes two TBAs, Northern Suburbs Women's Refuge and the Onslow Women's Refuge.

2. **Placement Services** includes funding of $167,382 pa to the Foster Care Association.

3. **Homeless Adults SAAP - 33 services provide accommodation, 2 provide outreach support.**

4. **Family and Community Support: The 2005-06 services included the Lone Parent Family Support service which ceased from 30 Sept 2005**

5. **Services for Young People - State Funded:** The 2006-07 services include the TBA - Onslow Youth service.

6. **Services for Young People - SAAP Funded:** The 2006-07 services include the TBA - Cockburn Aboriginal Family Violence Outreach service.

7. **Domestic Violence Support Services:** The 2006-07 services include the TBA - Cockburn Aboriginal Family Violence Outreach service.

8. **Family Abuse Treatment Services - CSATS:** Three new services in 2006-07, Waratah Support Centre - Kids and Teens, TBA - Mandurah CSATS Service and TBA - Port Hedland CSATS. The Port Hedland service has now been placed in a separate service group Family Abuse Intervention: Aboriginal Healing.

9. **Support and Advocacy - Private Rental:** From 1 Oct 2006 the two support and advocacy services provided by the Daughters of Charity were combined into one agreement.

10. **Occasional Care:** There were five ceased services in 2005-06 which have not been replaced. The services were provided by the Broome Lotteries House, McFarlane House, Northcliffe Family Centre, Shire of Mingenew and the Snag Island Coastal Kids.

11. **Safe People - Safe Places:** The 2005-06 AFLs include $11,000 to the Ord Valley service which ceased from 10 May 2006.

12. **Child Care Industry Support:** The 2005-06 services included the Yorganap - Aboriginal Child Care
Training Project which ceased from 30 June 2006.

14 Helping Young People Engage (HYPE): These are not recurrent services. The funding level for 2005-06 is the sum of payments made, this being $7,500 each for Derby and Halls Creek services.

15 Family and Domestic Violence Unit: All agreements ceased on 30 June 2006. The funding is to be redistributed across 13 new regional councils.

16 Office for Seniors’ Interests and Volunteering: There were two services that ceased in 2005-06, the Wesley Mission Perth - Senior Partners and the Council for the Ageing - Seniors’ Initiatives. One new service commenced in 2006-07, the Playgroup WA - Intergenerational Playgroups service.

17 Early Years Development Grants: The 2005-06 funds include carryovers from 2004-05.
Table D 3 – Primary reasons for all new contacts to the department

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<td>286</td>
<td>274</td>
<td>222</td>
<td>206</td>
<td>165</td>
<td>160</td>
<td>195</td>
<td>182</td>
</tr>
<tr>
<td>Trauma support</td>
<td>215</td>
<td>211</td>
<td>294</td>
<td>289</td>
<td>277</td>
<td>274</td>
<td>389</td>
<td>384</td>
<td>316</td>
<td>309</td>
</tr>
<tr>
<td>Youth support</td>
<td>30</td>
<td>30</td>
<td>35</td>
<td>34</td>
<td>80</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other reasons</td>
<td>111</td>
<td>109</td>
<td>10</td>
<td>10</td>
<td>27</td>
<td>26</td>
<td>100</td>
<td>100</td>
<td>502</td>
<td>492</td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Annual Report 2005/06 Compendium - Care and Safety

Note: People may present for a number of reasons however only one is identified as the primary reason for contact
Table D 4 – Responses to People with Finance Problems

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>INSTANCES OF SERVICE PROVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food for family</td>
<td>9,164</td>
</tr>
<tr>
<td>Essential services provided</td>
<td>749</td>
</tr>
<tr>
<td>Medical/optical requirements</td>
<td>630</td>
</tr>
<tr>
<td>Furniture provided*</td>
<td>3</td>
</tr>
<tr>
<td>Transport</td>
<td>247</td>
</tr>
<tr>
<td>Accommodation provided</td>
<td>1,433</td>
</tr>
<tr>
<td>Clothing/linen/blankets</td>
<td>98</td>
</tr>
<tr>
<td>Funeral assistance</td>
<td>417</td>
</tr>
<tr>
<td>Financial counselling**</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>762</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13,523</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Business Services

* The No Interest Loan Scheme commenced in January 2000 and this is the reason for the drop in furniture provided
**This classification was not used in 1996-97 and 1995-96
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported allegations and concerns involving children</td>
<td>Reports</td>
<td>3231</td>
<td>3176</td>
<td>2400</td>
<td>2247</td>
<td>3036</td>
<td>2828</td>
<td>2609</td>
<td>2535</td>
<td>2452</td>
<td>2099</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>3009</td>
<td>2937</td>
<td>2240</td>
<td>2111</td>
<td>2744</td>
<td>2594</td>
<td>2361</td>
<td>2327</td>
<td>2215</td>
<td>1923</td>
</tr>
<tr>
<td>Investigations involving children</td>
<td>Investigations</td>
<td>3189</td>
<td>3138</td>
<td>2241</td>
<td>1999</td>
<td>2634</td>
<td>2591</td>
<td>2448</td>
<td>2346</td>
<td>2101</td>
<td>1711</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>2973</td>
<td>2902</td>
<td>2104</td>
<td>1875</td>
<td>2398</td>
<td>2402</td>
<td>2229</td>
<td>2168</td>
<td>1911</td>
<td>1570</td>
</tr>
<tr>
<td>Substantiated investigations involving children (a)</td>
<td>Investigations</td>
<td>839</td>
<td>951</td>
<td>895</td>
<td>796</td>
<td>1062</td>
<td>1076</td>
<td>1094</td>
<td>1166</td>
<td>1136</td>
<td>982</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>810</td>
<td>897</td>
<td>859</td>
<td>762</td>
<td>999</td>
<td>1017</td>
<td>996</td>
<td>1105</td>
<td>1062</td>
<td>929</td>
</tr>
<tr>
<td>Applications for care and protection orders</td>
<td>Applications</td>
<td>515</td>
<td>356</td>
<td>306</td>
<td>309</td>
<td>346</td>
<td>203</td>
<td>273</td>
<td>272</td>
<td>250</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>510</td>
<td>355</td>
<td>306</td>
<td>307</td>
<td>346</td>
<td>263</td>
<td>273</td>
<td>271</td>
<td>248</td>
<td></td>
</tr>
<tr>
<td>Children placed on protection orders</td>
<td>Children</td>
<td>354</td>
<td>281</td>
<td>254</td>
<td>231</td>
<td>291</td>
<td>247</td>
<td>222</td>
<td>204</td>
<td>120</td>
<td>132</td>
</tr>
<tr>
<td>Total number of wards/children in care of CEO at 30 June</td>
<td></td>
<td>1711</td>
<td>1539</td>
<td>1453</td>
<td>1340</td>
<td>1272</td>
<td>1141</td>
<td>1007</td>
<td>894</td>
<td>799</td>
<td>785</td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Annual Report 2005/06 Compendium - Care and Safety

**Note:** A number of care and protection orders each year are not preceded by allegations of abuse or neglect; care and protection orders may result from applications made in the previous year.
Table D 6 – Child Concern Report Outcome by Financial Year Excluding Cases Still in Process (Percentage)

Source: Department for Community Development, Business Services
Table D 7 – Responses to Child Maltreatment Allegations by nature of allegation

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>YEAR</th>
<th>NEGLECT</th>
<th>EMOTIONAL ABUSE</th>
<th>PHYSICAL ABUSE</th>
<th>SEXUAL ABUSE</th>
<th>UNKNOWN</th>
<th>TOTAL ALLEGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantiated</td>
<td>2005-06</td>
<td>253</td>
<td>128</td>
<td>259</td>
<td>182</td>
<td>15</td>
<td>837</td>
</tr>
<tr>
<td></td>
<td>2004-05</td>
<td>323</td>
<td>83</td>
<td>326</td>
<td>214</td>
<td>5</td>
<td>951</td>
</tr>
<tr>
<td></td>
<td>2003-04</td>
<td>271</td>
<td>102</td>
<td>293</td>
<td>222</td>
<td>7</td>
<td>895</td>
</tr>
<tr>
<td></td>
<td>2002-03</td>
<td>263</td>
<td>67</td>
<td>240</td>
<td>221</td>
<td>5</td>
<td>796</td>
</tr>
<tr>
<td></td>
<td>2001-02</td>
<td>331</td>
<td>79</td>
<td>337</td>
<td>306</td>
<td>9</td>
<td>1062</td>
</tr>
<tr>
<td></td>
<td>2000-01</td>
<td>336</td>
<td>62</td>
<td>367</td>
<td>307</td>
<td>4</td>
<td>1076</td>
</tr>
<tr>
<td></td>
<td>1999-00</td>
<td>280</td>
<td>79</td>
<td>429</td>
<td>303</td>
<td>3</td>
<td>1094</td>
</tr>
<tr>
<td></td>
<td>1998-99</td>
<td>279</td>
<td>49</td>
<td>436</td>
<td>389</td>
<td>13</td>
<td>1166</td>
</tr>
<tr>
<td></td>
<td>1997-98</td>
<td>256</td>
<td>80</td>
<td>434</td>
<td>350</td>
<td>16</td>
<td>1136</td>
</tr>
<tr>
<td></td>
<td>1996-97</td>
<td>191</td>
<td>46</td>
<td>424</td>
<td>310</td>
<td>11</td>
<td>982</td>
</tr>
<tr>
<td></td>
<td>1995-96</td>
<td>318</td>
<td>28</td>
<td>388</td>
<td>309</td>
<td>7</td>
<td>1050</td>
</tr>
<tr>
<td></td>
<td>1994-95</td>
<td>485</td>
<td>66</td>
<td>541</td>
<td>327</td>
<td>11</td>
<td>1430</td>
</tr>
<tr>
<td></td>
<td>1993-94</td>
<td>615</td>
<td>75</td>
<td>604</td>
<td>409</td>
<td>15</td>
<td>1718</td>
</tr>
<tr>
<td></td>
<td>1992-93</td>
<td>444</td>
<td>65</td>
<td>511</td>
<td>494</td>
<td>5</td>
<td>1519</td>
</tr>
</tbody>
</table>

| Total allegations | 2005-06 | 820 | 382 | 1049 | 918 | 62 | 3231 |
| | 2004-05 | 776 | 232 | 1121 | 1013 | 34 | 3176 |
| | 2003-04 | 546 | 179 | 841 | 814 | 12 | 2392 |
| | 2002-03 | 505 | 137 | 751 | 837 | 17 | 2247 |
| | 2001-02 | 760 | 159 | 964 | 1126 | 27 | 3036 |
| | 2000-01 | 619 | 132 | 923 | 1125 | 29 | 2828 |
| | 1999-00 | 490 | 117 | 952 | 1036 | 14 | 2609 |
| | 1998-99 | 425 | 85 | 927 | 1070 | 27 | 2535 |
| | 1997-98 | 423 | 110 | 931 | 955 | 33 | 2452 |
| | 1996-97 | 340 | 70 | 875 | 785 | 29 | 2099 |
| | 1995-96 | 1319 | 199 | 1155 | 951 | 96 | 3720 |
| | 1994-95 | 2538 | 456 | 1886 | 1213 | 144 | 6237 |
| | 1993-94 | 3173 | 467 | 2275 | 1635 | 199 | 7749 |
| | 1992-93 | 2243 | 260 | 1484 | 1408 | 175 | 5570 |

In addition to the number of allegations in 1995/96, 2,539 child concern reports were received
In addition to the number of allegations in 1996/97, 5,793 child concern reports were received

Source: The Department for Community Development, Annual Report 2005/06 Compendium – Care and Safety
Table D 8 – Number of children and young people in the Chief Executive Officer’s care at 30 June 1998 to 2006

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL PLACED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2,220</td>
</tr>
<tr>
<td>2005</td>
<td>2,100</td>
</tr>
<tr>
<td>2004</td>
<td>1,993</td>
</tr>
<tr>
<td>2003</td>
<td>1,922</td>
</tr>
<tr>
<td>2002</td>
<td>1,772</td>
</tr>
<tr>
<td>2001</td>
<td>1,633</td>
</tr>
<tr>
<td>2000</td>
<td>1,486</td>
</tr>
<tr>
<td>1999</td>
<td>1,413</td>
</tr>
<tr>
<td>1998</td>
<td>1,304</td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Information and Research Branch

(a) Children in prospective adoptive placements were counted for the first time in 2004. Figures before 2004 are not directly comparable with later figures.

(b) The 2006 figure is not strictly comparable with any previous years, as new legislation has redefined those children who are considered to be in care.
Table D 9 – Living arrangements of children and young people in the Chief Executive Officer’s care at 30 June 2006

<table>
<thead>
<tr>
<th>TYPE OF LIVING ARRANGEMENTS</th>
<th>ABORIGINAL AND TORRES STRAIT ISLANDER</th>
<th>NON ABORIGINAL AND TORRES STRAIT ISLANDER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Parent/guardian</td>
<td>76</td>
<td>8.9</td>
<td>135</td>
</tr>
<tr>
<td>Foster care with family member</td>
<td>439</td>
<td>51.6</td>
<td>335</td>
</tr>
<tr>
<td>Department non-relative foster care</td>
<td>150</td>
<td>17.6</td>
<td>661</td>
</tr>
<tr>
<td>Funded service foster care</td>
<td>89</td>
<td>10.5</td>
<td>80</td>
</tr>
<tr>
<td>Department residential</td>
<td>32</td>
<td>3.8</td>
<td>27</td>
</tr>
<tr>
<td>Funded service residential</td>
<td>34</td>
<td>4.0</td>
<td>60</td>
</tr>
<tr>
<td>Family/friend</td>
<td>11</td>
<td>1.3</td>
<td>23</td>
</tr>
<tr>
<td>Independent living</td>
<td>4</td>
<td>0.5</td>
<td>18</td>
</tr>
<tr>
<td>Prospective adoptive placements</td>
<td>2</td>
<td>0.2</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>1.6</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>851</td>
<td></td>
<td>1,369</td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Department for Community Development Compendium 2005/06, p47.

(a) Excludes children and young people in SAAP agencies apart from a small number placed there by the department.

(b) The percentage for all children is not directly comparable with data from annual reports prior to 2003-04 due to inclusion of children in prospective adoptive placements for the first time in 2004.
Table D 10 – Non Government Funded Services providing care to children and young people in the Chief Executive Officer's care at 14 November 2006

<table>
<thead>
<tr>
<th>NON GOVERNMENT ORGANISATION</th>
<th>SERVICE NAME</th>
<th>MEDIUM / LONG TERM PLACEMENTS</th>
<th>EMERGENCY PLACEMENTS</th>
<th>ALLOCATED FUNDING LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglicare</td>
<td>Teenshare (*see SPECTRUM below under Wanslea)</td>
<td>10 Foster Care 12-17 yrs</td>
<td>10 Foster Care 12-17 yrs</td>
<td>$422,250</td>
</tr>
<tr>
<td>Crossroads West – Salvation Army</td>
<td>Landsdale House</td>
<td>8 Group Care 14-17 yrs</td>
<td></td>
<td>$654,907</td>
</tr>
<tr>
<td></td>
<td>Oasis House</td>
<td>8 Group Care 14-17 yrs</td>
<td></td>
<td>$391,208</td>
</tr>
<tr>
<td>Centrecare</td>
<td>Djorainda (Aboriginal Service)</td>
<td>30 Cottage Care 6-15 yrs</td>
<td></td>
<td>$1,200,775</td>
</tr>
<tr>
<td>Lake Jasper Aboriginal Project</td>
<td>Lake Jasper</td>
<td>8 Group Care 12-18 yrs</td>
<td></td>
<td>$190,669</td>
</tr>
<tr>
<td>Mercy Community Services</td>
<td>Mercy Community Placement Service</td>
<td>43 Foster Care 0-17 yrs</td>
<td></td>
<td>$1,581,982</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 Cottage Care (closing) 6-17 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkerville Children's Home</td>
<td>Belmont Program</td>
<td>6 Group Care 14-17 yrs</td>
<td></td>
<td>$478,861</td>
</tr>
<tr>
<td></td>
<td>Cottage Program</td>
<td>30 Cottage Care 6-15 yrs</td>
<td></td>
<td>$1,194,317</td>
</tr>
<tr>
<td>Wanslea Family Services</td>
<td>Wanslea Emergency Placement Service</td>
<td>34 Foster Care 0-12 yrs</td>
<td></td>
<td>$686,765</td>
</tr>
<tr>
<td></td>
<td>SPECTRUM (Jointly managed by Wanslea &amp; Anglicare)</td>
<td>4 Specialized Foster Care 0-12 yrs</td>
<td></td>
<td>$377,414</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(each placement can include 3 siblings, making a possible total of 16 placements)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yorganop Child Care Aboriginal Corporation</td>
<td>Yorganop</td>
<td>55 Foster Care 0-15 yrs</td>
<td>15 Foster Care 0-15 yrs</td>
<td>$1,258,180</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$8,437,358</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Placement Services
Table D 11 – The Department for Community Development, Placement Services Units providing care to children and young people in the Chief Executive Officer’s care at 14 November 2006

<table>
<thead>
<tr>
<th>THE DEPARTMENT UNIT</th>
<th>SERVICE NAME</th>
<th>MEDIUM / LONG TERM PLAC'MENT</th>
<th>EMERGENCY / SHORT TERM PLAC'MENT</th>
<th>OCCUPANCY (05/06)</th>
<th>NUMBER OF CHILDREN CURRENTLY PLACED</th>
<th>STAFF NOS.</th>
<th>ALLOCATED FUNDING LEVEL 2006/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAS</td>
<td>Emmergency Accommodation Service (24 hrs 5 day limit on stay)</td>
<td>N / A</td>
<td>8 Beds - Group Care 12-17 yrs</td>
<td>238</td>
<td>13</td>
<td>16</td>
<td>$1,174,444</td>
</tr>
<tr>
<td>EQUIP - Como House</td>
<td>EQUIP Program</td>
<td>8 Beds - Group Care 13-17 yrs</td>
<td>N / A</td>
<td>16</td>
<td>18</td>
<td></td>
<td>$1,332,252</td>
</tr>
<tr>
<td>Kath French Centre</td>
<td>Assessment and Planning Service</td>
<td>8 Beds - Group Care 10-17 yrs</td>
<td>N / A</td>
<td>9</td>
<td>3</td>
<td>20</td>
<td>$1,414,388</td>
</tr>
<tr>
<td>Darlington House</td>
<td>Darlington House Program</td>
<td>5 Beds - Group Care</td>
<td>N / A</td>
<td>6</td>
<td>3</td>
<td>6,516</td>
<td>$524,532</td>
</tr>
<tr>
<td>PEP - McCall Centre</td>
<td>Preparation for Placement Program</td>
<td>6 Beds - Group Care 12-17 yrs</td>
<td>N / A</td>
<td>12</td>
<td>16</td>
<td></td>
<td>$1,132,641</td>
</tr>
<tr>
<td>One-to-One - McCall Centre</td>
<td>One-to-One Foster Care Program</td>
<td>20 Foster Care Places 10-17 yrs</td>
<td>N / A</td>
<td>16</td>
<td>5</td>
<td></td>
<td>$326,522</td>
</tr>
<tr>
<td>Intensive Treatment &amp; Placement Support</td>
<td>ITPSS - Intensive Treatment &amp; Placement Support Service</td>
<td>16 Foster Care Places 8-16 yrs</td>
<td>N / A</td>
<td>Not Operational - recruiting carers</td>
<td>14</td>
<td>$1,709,279</td>
<td></td>
</tr>
<tr>
<td>Intensive Youth Services (SUPPORTS)</td>
<td></td>
<td>14 places</td>
<td>N / A</td>
<td>14</td>
<td></td>
<td></td>
<td>$901,455</td>
</tr>
<tr>
<td>Care &amp; Safety Services (Client costs)</td>
<td></td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td></td>
<td></td>
<td>$329,273</td>
</tr>
<tr>
<td>Mentoring</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td></td>
<td></td>
<td></td>
<td>$150,000</td>
</tr>
<tr>
<td>Doubleview Group Home</td>
<td>Accommodation, Care &amp; Support</td>
<td>4 - 5 Beds Proposed</td>
<td>N / A</td>
<td>7 estimate</td>
<td></td>
<td></td>
<td>$617,276</td>
</tr>
<tr>
<td>Albany Group Home</td>
<td>Accommodation, Care &amp; Support</td>
<td>6 Beds - Group Care</td>
<td>Often used as short term</td>
<td>3 - 4</td>
<td>3</td>
<td>Contract for Service</td>
<td>$50,646</td>
</tr>
<tr>
<td>Canowindra Hostel</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>8 Beds – Group Care</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>$558,583</td>
</tr>
<tr>
<td>Carnarvon Group Home</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as long term</td>
<td>6 Beds – Group Care</td>
<td>Not operational</td>
<td></td>
<td></td>
<td>$48,086</td>
</tr>
<tr>
<td>Catherine House</td>
<td>Accommodation, Care &amp; Support</td>
<td>8 Beds – Group Care</td>
<td>14</td>
<td>14</td>
<td>4</td>
<td>$321,467</td>
<td></td>
</tr>
<tr>
<td>Graeme Street Hostel</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>6 - 8 Beds – Group Care</td>
<td>1</td>
<td>1</td>
<td>4,716</td>
<td>$349,968</td>
</tr>
<tr>
<td>Kununurra Group Home</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>8 Beds – Group Care</td>
<td>4 – 5</td>
<td>5</td>
<td>Contract for Service</td>
<td>$48,466</td>
</tr>
<tr>
<td>Meekatharra Hostel</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>6 - Beds Group Care</td>
<td>Not operational</td>
<td></td>
<td></td>
<td>$196 681</td>
</tr>
<tr>
<td>Northam Group Home</td>
<td>Accommodation, Care &amp; Support</td>
<td>8 Beds – Group Care</td>
<td>6</td>
<td>6</td>
<td></td>
<td>Contract for Service</td>
<td>$72,843</td>
</tr>
<tr>
<td>Weerianna Hostel</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>10 - Beds Group Care</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>$401,923</td>
</tr>
<tr>
<td>Westview Hostel</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>8 Beds – Group Care</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>$379,430</td>
</tr>
<tr>
<td>Wrap Around Services Project</td>
<td>Accommodation, Care &amp; Support</td>
<td>N / A</td>
<td>N / A</td>
<td>1</td>
<td>1</td>
<td>Central Fund</td>
<td></td>
</tr>
<tr>
<td>Yurag-Man- Gu Taam Punu- Hills Creek</td>
<td>Accommodation, Care &amp; Support</td>
<td>Often used as longer term</td>
<td>8 Beds – Group Care</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>$293,732</td>
</tr>
</tbody>
</table>

**TOTAL Placement Services** $12,335,887

Source: Department for Community Development – Placement Services
### Table D 12 – Children In Care > 12 Months – No Case Planning in more than 12 months

<table>
<thead>
<tr>
<th>Region</th>
<th>Children in Care &gt; 12 Months</th>
<th>CIC &gt; 12 Mth - No Case Plan Last 12 Mth</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>ANWI</td>
<td>4</td>
<td>42</td>
</tr>
<tr>
<td>CRN</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>FVPN</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td>OMG</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>PDC</td>
<td>45</td>
<td>56</td>
</tr>
<tr>
<td>PLO</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>POO</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>PPO</td>
<td>228</td>
<td>228</td>
</tr>
<tr>
<td>PUB</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>RBG</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>RCV</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>SPC</td>
<td>115</td>
<td>115</td>
</tr>
<tr>
<td>VIVEN</td>
<td>84</td>
<td>84</td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Program and Sector Development
Table D 13 – **STRONGfamilies** Referral Sources July 2004 – October 2005

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>ABORIGINAL</th>
<th>NON-ABORIGINAL</th>
<th>TOTAL REFERRALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrelink (CL)</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>50%</td>
<td>2%</td>
</tr>
<tr>
<td>Community Development (DCD)</td>
<td>54</td>
<td>39</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>58%</td>
<td>42%</td>
<td>26%</td>
</tr>
<tr>
<td>Disability Services Commission (DSC)</td>
<td>6</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>43%</td>
<td>57%</td>
<td>4%</td>
</tr>
<tr>
<td>Education (DET)</td>
<td>26</td>
<td>41</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>39%</td>
<td>61%</td>
<td>18%</td>
</tr>
<tr>
<td>Family/Self (Self)</td>
<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>0</td>
<td>4%</td>
</tr>
<tr>
<td>Health (DOH)</td>
<td>11</td>
<td>26</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>70%</td>
<td>10%</td>
</tr>
<tr>
<td>Housing and Works (H&amp;W)</td>
<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>92%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Justice (DOJ)</td>
<td>21</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>62%</td>
<td>38%</td>
<td>9%</td>
</tr>
<tr>
<td>Non Government Agency (NGO)¹⁵²</td>
<td>53</td>
<td>19</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Police Service (POL)</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>71%</td>
<td>29%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>67%</td>
<td>33%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>208</strong></td>
<td><strong>156</strong></td>
<td><strong>364</strong></td>
</tr>
<tr>
<td></td>
<td><strong>57%</strong></td>
<td><strong>43%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Community Development and State Wide Services Directorate

¹⁵² Includes Aboriginal Community Controlled Health Organisation.
Table D 14 – STRONGfamilies Range of issues families were addressing for the period July 2004 to October 2005

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>195</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>170</td>
</tr>
<tr>
<td>School Attendance</td>
<td>145</td>
</tr>
<tr>
<td>School Behaviour</td>
<td>135</td>
</tr>
<tr>
<td>Financial Difficulties</td>
<td>117</td>
</tr>
<tr>
<td>Parent Child/Adolescent Conflict</td>
<td>100</td>
</tr>
<tr>
<td>Mental Health Adult</td>
<td>98</td>
</tr>
<tr>
<td>Anti Social Behaviour</td>
<td>96</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>96</td>
</tr>
<tr>
<td>Mental Health Child</td>
<td>96</td>
</tr>
<tr>
<td>Accommodation at Risk</td>
<td>91</td>
</tr>
<tr>
<td>Offending Behaviour Child</td>
<td>90</td>
</tr>
<tr>
<td>Substance Abuse Adult</td>
<td>87</td>
</tr>
<tr>
<td>School Truancy</td>
<td>73</td>
</tr>
<tr>
<td>Family Isolation</td>
<td>65</td>
</tr>
<tr>
<td>Physical Health Adult</td>
<td>63</td>
</tr>
<tr>
<td>Homelessness - staying with friends/relatives</td>
<td>62</td>
</tr>
<tr>
<td>Physical Health Child</td>
<td>62</td>
</tr>
<tr>
<td>Substance Abuse Child</td>
<td>50</td>
</tr>
<tr>
<td>Offending Behaviour Adult</td>
<td>49</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>38</td>
</tr>
<tr>
<td>Staying away from home</td>
<td>32</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>28</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2038</strong></td>
</tr>
</tbody>
</table>

Source: Department for Community Development, Community Development State Wide Services Directorate
Appendix E – Recent Child Protection Reviews in other Australian States/Territories

In response to the New South Wales Parliamentary Committee Report on the Department of Community Services in December 2002, the New South Wales child protection system increased its focus on prevention and early intervention programs, when the NSW Government announced an extra $1.2 billion over five years to build the capacity to deliver better service to the children, young people and families of the State.153 Over half the money was targeted toward service providers outside the Department of Community Services to assist the sector to grow and become more flexible in the delivery of services ranging from prevention and early intervention to out of home care for children and young people.

In 2002/03 Robyn Layton QC undertook a review of child protection in South Australia. A State Plan – to protect and advance the interests of children was the outcome, providing an across government response to ensuring the best interests of children.155 The plan’s purpose included a shift in the current paradigm from a reactive system of child protection based upon response to incidents, to a proactive system, which focused on prevention and early intervention.

2003 also saw the review of both the Victorian and Northern Territory child protection systems. The Protecting Children – Child Protection Outcomes Project undertaken by the Allen Consulting Group in 2003 for the Victorian Department for Human Services noted that over the previous 15 years there had been sustained pressure on the Victorian child protection system.156 In Victoria two thirds of substantiations of child protection notifications concern children neglected or suffering emotional abuse. Intensive services with the flexibility to respond to the individual families needs and delivered in a sensitive and respectful manner were seen to be the most effective in protecting children. Building trust with children and parents was identified as a key ingredient for effective responses.

In summary the Protecting Children – Child Protection Outcomes Project identified the need to broaden the responsibility for protecting children beyond the child protection system. Community partnerships, an increase in awareness within the community, service coordination at the local level, and development of ‘intermediate’ level responses for families outside of formal legal processes were recommended.

The Northern Territory began a five-year reform agenda aimed at improving its child protection systems in 2003 by strengthening families and family networks. The framework for health and community services for the period 2004 to 2009 focuses on strengthening child protection service and care for children in out of home care with particular focus on Aboriginal family violence.157

In 2004 Queensland and the Australian Capital Territory undertook reviews of their respective child protection systems. As a consequence of the review by the Queensland Crime and Misconduct Commission Queensland is the only jurisdiction in Australia that has a specialist department that deals solely with tertiary child protection services.158 In September 2004 the

154 NSW Department of Community Services Corporate Plan 2004/05-2008/09 p2.
Department of Child Safety was established to meet the needs of children at risk and to focus exclusively upon the wellbeing of children for whom the government has statutory responsibilities. The Department of Communities was established with the lead role in supporting child abuse prevention and early intervention services. The primary aim of this agency is to build strong connections between communities based early intervention and protection activities (primary and secondary services) and the statutory child protection system.

In October 2006 Tasmania completed a review of its child protection services that found evidence the present child protection system in that State is not only overwhelmed and struggling to cope, but is failing to ensure the safety and well being of children to the extent that would be expected by government and the wider community.\textsuperscript{159} The Tasmanian Ministers responsible for Health and Human Services, Police and Emergency Management, Justice, Community Development, and Education have committed to the immediate implementation of identified actions in response to the Review of Child Protection Services in Tasmania.\textsuperscript{160}

\textsuperscript{159} Jacob, A and Fanning, D, October 2006, Report on the Child Protection Services in Tasmania.
\textsuperscript{160} Dept of Health and Human Services Tasmania, Nov 2006, Child Protection Services: A Way Forward.
Appendix F – Factors to be considered in determining “the best interests of the child”.

The following matters must be taken into account in determining the best interests of the child:

- Parents, family and the community of a child have the primary role in safeguarding and promoting the child’s wellbeing;
- The preferred way of safeguarding and promoting a child’s wellbeing is to support the child’s parents, family and community in the care of the child;
- Every child should be cared for and protected from harm;
- Every child should live in an environment free from violence;
- Every child should have stable, secure and safe relationships and living arrangements;
- Intervention action (taking action to bring a child into the Department’s care) should only be taken in respect of a child in circumstances where there is no other reasonable way to safeguard and promote the child’s wellbeing;
- A child who is removed from his/her family should be given encouragement and support to maintain contact with the family and significant others, so far as is consistent with the child’s best interests;
- Decisions about a child should be made promptly having regard to the age, characteristics, circumstances and needs of the child;
- Decisions about a child should be consistent with cultural, ethnic and religious values and traditions relevant to the child;
- A child’s parents and significant others in the child’s life should be given an opportunity and assistance to participate in decision-making processes under the Act that are likely to have a significant impact on the child’s life;
- A child’s parents and significant others to the child be given adequate information in a manner and language they can understand about:
- Decision-making processes under the Act that are likely to have a significant impact on the child’s life;
- The outcome of any decision about the child; including an explanation of the reasons for the decision; and
- Any relevant complaint or review procedures.
Appendix G – Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle provides that certain considerations and preferences must be taken into account in relation to the placement of an Aboriginal child or young person.\footnote{Children and Community Services Act 2004.}

In placing an Aboriginal child or young person preference is given first to the child or young person’s kin, then to other Aboriginal families in the child or young person’s community and after that, if that is not a suitable placement, other Aboriginal carers. Placing a child or young person with non-Aboriginal carers is usually considered a last resort and must be sensitive to the needs of the child and the child’s links to their culture and, where possible, family.

All Australian states and territories have adopted the Aboriginal and Torres Strait Islander Child Placement Principle demonstrating a shared commitment towards preserving familial or at least cultural or community links for children in care.

The principles relating to the Aboriginal and Torres Strait Islander Child Placement Principle is set out in Section (12) of the Children and Community Services Act 2004:

\textit{In making a decision under this Act about the placement of an Aboriginal child or a Torres Strait Islander child, a principle to be observed is that any placement of the child must be considered as far as is practicable in the following order of priority:}

\begin{itemize}
  \item[a)] placement with a member of the child’s family;
  \item[b)] placement with a person who is an Aboriginal person or a Torres Strait Islander in the child’s community in accordance with local customary practice;
  \item[c)] placement with a person who is an Aboriginal person or a Torres Strait Islander;
  \item[d)] placement with a person who is not an Aboriginal person or a Torres Strait Islander but who, in the opinion of the CEO, is sensitive to the needs of the child and capable of promoting the child’s ongoing affiliation with the child’s culture, and where possible, the child’s family.
\end{itemize}
GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer</td>
<td>Is a person other than the child’s biological parent who provides for the day-to-day care of a child.</td>
</tr>
<tr>
<td>Caseworker</td>
<td>Refers to a Department for Community Development officer responsible for case planning in relation to children in the care of the CEO and their families. This officer may also provide ongoing support to children and their families who are accessing family support services.</td>
</tr>
<tr>
<td>Child</td>
<td>A person under 18 years of age. A child aged 12 years to 18 years is also referred to as a young person.</td>
</tr>
<tr>
<td>Child maltreatment</td>
<td>Refers to physical, sexual or emotional abuse or neglect of a child.</td>
</tr>
<tr>
<td>CPSU/CSA</td>
<td>Community and Public Sector Union/Community Services Association of Western Australia is the union that represents State Public Service workers.</td>
</tr>
<tr>
<td>CREATE</td>
<td>CREATE Foundation is a national non government organisation established to provide an independent voice for children and young people in out of home care to improve their life opportunities.</td>
</tr>
<tr>
<td>District Office</td>
<td>The Department has service delivery offices throughout the State servicing designated geographical areas. There are 16 of these designated geographical areas in total, which are referred to as District Offices. E.g. the Murchison District Office has its main office located in Geraldton with ‘sub’ offices located in Carnarvon, Meekatharra and Mullewa.</td>
</tr>
<tr>
<td>Duty of care</td>
<td>Refers to the statutory responsibility under the Children and Community Services Act 2004 to promote the safe care of children and to protect them from harm.</td>
</tr>
<tr>
<td>Foster care</td>
<td>Home based care for children and young people in the home of the carer, which is provided under statutory care and protection legislation.</td>
</tr>
<tr>
<td>FTE</td>
<td>Full time equivalent position within the Department.</td>
</tr>
<tr>
<td>Harm</td>
<td>Refers to any detrimental effect of a significant nature on the care, development, health and safety of a child.</td>
</tr>
<tr>
<td>Human services</td>
<td>Programs or facilities for meeting basic health, welfare, and other social needs of the community.</td>
</tr>
<tr>
<td>Intake and assessment</td>
<td>Refers to the procedure where an initial contact made with the Department regarding concern for a child’s safety and wellbeing requires an assessment by a caseworker of whether further actions need to be</td>
</tr>
</tbody>
</table>
taken by the Department to safeguard or promote the wellbeing of the child.

**Neglect**

Refers to the failure of a child’s parents to provide, arrange or enable the provision of adequate care for a child or effective medical, therapeutic or remedial treatment for a child.

**Notification**

Refers to a contact made with the Department that raises concern for the safety and wellbeing of a child.

**Placement breakdown**

Describes the deterioration and subsequent termination of a placement between a child or young person and their carer.

**Relative care**

Foster care provided by a family member or a person with a pre existing relationship with the child or young person. Also known as kinship care.

**Residential care**

Where children and young people in care are housed in a facility supervised by paid staff. Such facilities are also referred to as group homes and hostels.

**TAFE**

Technical and Further Education comprises of a network of 10 colleges with 50 campuses throughout Western Australia.