
RECIPROCAL CHILD PROTECTION PROCEDURES

between

**Western Australia Police Service
Princess Margaret Hospital for Children
King Edward Memorial Hospital for Women
Disability Services Commission
Department of Education
Department of Education Services
(Office of Non-Government and International Education)
Department of Justice
Department of Health
State Coroner of Western Australia**

and

Department for Community Development

The Chief Executive Officers of the above government organisations have endorsed the Reciprocal Child Protection Procedures and require their staff to abide by both the spirit of the agreement and the procedures outlined. The original signed document is held on file by the Department for Community Development. This document is in two parts: an overarching agreement covering all organisations and specific procedures where special relationships are required.

FOREWORD

A key concern of the Department for Community Development and the broader community is the health, safety and well being of children and young people.

Effectively managing the protection of children is a major consideration for a number of government agencies and departments. An Interdepartmental Child Protection Co-ordination Committee is meeting to develop a framework for ensuring across agency co-ordination and collaboration to provide better outcomes for children who have been maltreated. Whilst this Framework is being developed, the Reciprocal Child Protection Procedures (updated 2002) are to be used as an interim document.

The Reciprocal Child Protection Procedures (updated 2002) strongly promote a collaborative approach with the community to ensure joint responsibility for the protection of children and families. The involvement of many agencies and stakeholders is necessary not only to ensure a wholistic child focused service, but also to regenerate community interest and collaborative participation. The Reciprocal Child Protection Procedures (Updated 2002) have been developed by the Department for Community Development in conjunction with key organisations which are co-signatories to the document.

Processes and procedures are not ends in themselves, but should always be used as a means of bringing about better outcomes for children. No guidelines can, or should, attempt to offer a detailed prescription for working with each child and family. This document sets out in practical terms guidelines for interagency collaboration, and calls for co-operation between agencies.

While these procedures provide a clear guide to government departments, they also offer an extremely useful framework for not-for-profit organisations that have a duty of care to children who may be in need of protection.

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PHILOSOPHY

The principles that underpin the reciprocal procedures outlined below are based on the fact that children are more vulnerable and less powerful than adults and are thus entitled to protection by the State and the community. Their protection and the provision of services are the primary responsibilities of both government and the community. Over time government and not-for-profit organisations have developed a variety of skills and expertise which when combined in partnership can provide the necessary protection and support for children and families.

The *Child Welfare Act (1947)* empowers the Department for Community Development, the Western Australia Police Service and hospital staff to take protective action on behalf of children. This statutory power does not lessen the responsibility of these and other organisations to provide and/or co-ordinate services. These reciprocal procedures are designed to assist the fulfilment of this responsibility.

The State and the broader community recognise that children and young people should grow up free from violence and abuse and that they should be able to develop physically, emotionally, intellectually and socially with freedom and dignity. It is also recognised that the family is the basic unit of our society and, wherever possible, support for the child should be provided within that setting. However, when necessary change cannot or will not be made by the family to reduce the risk of harm to a child, alternative care options may be required.

During the past 30 years research and literature has identified that no single person or agency has all the knowledge, skills or authority to safeguard a child or young person from abuse or neglect or to deal with the consequences of these. It is the task of agencies to co-ordinate their efforts to achieve a good outcome for the child or young person.

The focus of these reciprocal procedures is to minimise the risk of harm to a child or young person by providing co-ordinated support for the child, young person or family. This revised edition of reciprocal procedures has been adopted by all relevant Western Australian government departments and agencies involved in the protection of children and young people. Through these procedures we will work together to strengthen families and help keep children and young people safe.

OBJECTIVE OF THE RECIPROCAL PROCEDURES

The objective of the reciprocal procedures is to identify the circumstances under which both government and non-government organisations refer matters to the Department for Community Development where:

- maltreatment has occurred
- there is a high level of risk of maltreatment
- there is a concern for the well-being of a child
- the co-ordination of services and the transfer of information are required.

PRINCIPLES

While there is no mandatory requirement to report child maltreatment in Western Australia, organisations have a duty of care requirement to report cases of child maltreatment or assault to either the Department for Community Development and/or the Western Australia Police Service, depending upon the nature of harm. Most organisations have internal procedures that govern the reporting of such events and which are consistent with the following principles:

- When an ongoing risk of harm exists the organisations involved shall provide a co-ordinated and co-operative response to ensure the protection of the child. This approach acknowledges the diversity of expertise within organisations and their different responsibilities.
- The transfer of information between organisations shall be conducted from within an ethical framework based on the precept that shared information enhances a child's safety and leads to the provision of better co-ordinated and more effective services.

Government agencies will work in partnership with each other and with the child and their family to secure and sustain their safety, welfare and well being.

Child

Person under the age of 18 years.

Assessment

The process of collating and considering information from within a professional child welfare framework that leads to a decision regarding the child's needs and further action.

Investigation

The process which may arise from an assessment and usually includes face-to-face meetings with those concerned and the taking of statements, where appropriate, with the objective of confirming whether a child has been maltreated or is likely to be maltreated. Investigations are usually undertaken by the Western Australia Police Service and/or the Department for Community Development. Medical investigations are undertaken by medical practitioners. In Princess Margaret Hospital for Children (PMH) and other large hospitals medical investigations are usually undertaken by paediatricians with the assistance of social workers.

Child Concern Report

Classification used by the Department for Community Development regarding concern for a child's welfare that is related to the quality of his/her home environment or the standard of parenting he/she receives. A child concern report (CCR) will usually result in an assessment being undertaken.

Case Conference

Formal chaired meeting at which written assessments and reports are considered in order to plan a course of action for a child. The case conference is an accountable process. In regard to children under guardianship of the Department for Community Development, it is the mechanism whereby the Director General formally delegates his/her authority to make, record and communicate a decision as guardian.

Case Planning Meeting

Formal meeting convened to decide a course of action and/or to develop strategies to support or protect a child. The meeting may involve staff from more than one organisation.

Child Maltreatment

Child maltreatment occurs when a child has been subjected to sexual, emotional or physical actions or inaction's, the severity and/or persistence of which has resulted in significant harm or injury to the child or where a child has been exposed or subjected to exploitative or inappropriate sexual acts.

The description of child maltreatment includes situations where a child is denied available nutrition, shelter, medical attention or supervision to the extent that the child has suffered significant harm.

(The categories of maltreatment are attached as Appendix 1.)

Child Maltreatment Allegation

Referral classification where the information received is sufficient to indicate that a child:

- may have been or has been physically or emotionally harmed or injured
- may be at risk of significant physical or emotional harm or injury
- may have been exposed or subjected to sexual behaviour or activities which are exploitative or inappropriate to his/her development level
- may be the subject of persistent actions or inaction's which have or are likely to result in the child's development being significantly impaired.

Significant

Adjective used to describe the extent of the impact on the health, mental health or emotional health, physical or cognitive or social development of the child.

Persistent

Adjective used to describe actions or inaction's which may or may not be of a severe nature in any one instance but where the cumulative effect results in significant impact on the health, mental health, emotional, physical, cognitive or social development of the child.

Illegal Act or Criminal Act

Any circumstance where the worker believes or has information that suggests the law has been broken and the matter is of sufficient weight to be referred to the Western Australia Police Service. Instances would include physical assault, sexual assault or sexual exploitation.

Substantiation

Substantiation of a child maltreatment allegation requires sufficient information to form a professional judgement that a child:

- has been significantly physically or emotionally harmed
- is at risk of significant physical or emotional harm or injury
- has been exposed or subjected to sexual behaviour or activities which are exploitative or inappropriate to his/her development level
- has been the subject of persistent actions or inaction's which have resulted or are likely to result in the child's development being significantly impaired.

Consultation (with Department for Community Development)

Process of discussion with an appropriate Department for Community Development officer but where a formal referral does not occur and the name of the child is not usually divulged.

Referral (to Department for Community Development)

Formal process which occurs:

- when it is alleged a child has been maltreated (in accord with the description) or it is considered a child is at risk of maltreatment. A referral includes specific details together with the name of the child and caregiver, the nature of the alleged harm or injury and the person believed to be responsible (if known)
- where there are concerns for a child such as a child concern report, in accordance with the description, that includes specific details about the child, the caregiver and the nature of the concern.

PROCEDURES

1. Referral of a child to the Department for Community Development

1.1 Organisation Procedures

Staff must follow the procedures and practices set out in their own organisation guidelines. These usually require consultation with a senior member of staff of the referring organisation.

1.2 Referral Process

Referral shall be made to the duty officer of the appropriate Department for Community Development office or to the caseworker if the case is currently open or to Crisis Care Unit after hours.

A referral can be initially verbal, however all verbal referrals must be followed by a written report as soon as practicable. The report shall outline specific concerns, the urgency and seriousness of the case as initially assessed, the expectations of the worker and organisation together with the supports or services that the referring organisation can provide.

The priority given to the response upon the receipt of the allegation or concern is decided by the Department for Community Development but is usually made in conjunction with the referring organisation.

1.3 Indemnity

The Child Welfare Act 1947 section 146C (3) “provides that a person who, on reasonable grounds and in good faith for the purposes of facilitating the enforcement of the provisions of this Act, makes a report with respect to the circumstances of a child is not liable to any action for damage or other legal proceedings in respect to that report.”

1.4 Advising the Client

The client/caregiver shall be informed of the referral by the referring worker (in accord with organisation guidelines) unless it can be established the child will be placed at risk or a worker endangered.

Where a worker decides not to inform the caregiver, this decision should be made in consultation with a senior officer and with staff from the Department for Community Development.

1.5 Criminal or Illegal Act

In cases where it appears a criminal act has taken place (eg physical or sexual assault) the Department for Community Development worker will inform the Police Child Abuse Investigation Unit in the metropolitan area or the District Detective in the country unless the referring organisation has taken this action.

1.6 Transfer of Information

The referring worker/organisation may be required to provide confidential information to the Department for Community Development and the Police Child Abuse Investigation Unit in accordance with organisation guidelines.

1.7 Assessments and Investigations

In circumstances where the worker from the referring organisation has appropriate assessment skills and where there is a relationship with the child and/or caregiver, it would be valuable for them to participate in either the assessment and/or the investigation as either a consultant or co-worker. This will be particularly beneficial where the worker has knowledge of the child and his/her circumstances.

The Department for Community Development retains the ultimate responsibility for the conduct of the investigation and any matters, such as apprehension, which might arise out of that investigation.

1.8 Documentation

All referrals must be documented. Information provided to other organisations must respect the client's right to confidentiality and include only information relevant to the specific circumstances.

2. The Department for Community Development response to a referral

A Departmental officer (usually the duty officer) will receive the referral and process the information in accordance with departmental procedures.

The information will be assessed and a decision made as to whether the referral is a **child maltreatment allegation (CMA)** or a **child concern report (CCR)** and whether an investigation is warranted or, alternatively, what other response should be provided.

The referring organisation will be provided with feedback and relevant information that will include:

- whether the referral was assessed as either a CMA or CCR
- the grounds upon which the decision was made to, or not to, investigate
- the response provided by the Department for Community Development (eg CMA investigation, family support provided)
- the outcome of the investigation (if undertaken)
- name of the contact person (prior to and after allocation)
- consultation about further involvement with the referring organisation.

Initial verbal information must be confirmed in writing.

3. Referral from the Department for Community Development to other organisations

Department for Community Development staff may refer matters to other organisations for assessment or investigation, the latter only to the Western Australia Police Service. In the case of a medical assessment, referrals will usually be made to specialist hospitals such as PMH or to Community Child Health Services' Centres.

While referrals may be initially verbal, written confirmation must be provided.

Department for Community Development staff should recognise the expertise and experience of other organisations in dealing with child protection matters and/or family support. The particulars relating to referrals where there are specific arrangements are dealt with in the agreements attached to this document.

4. Allegations which involve organisation staff

Organisations, both government and not-for-profit organisations, should have in place (or be developing procedures) to respond to child maltreatment allegations where the allegation is against a staff member. These procedures are to reflect the duty of care organisations have towards both children in their care (or to whom they are providing a service) and to organisation staff.

Where an allegation concerns a ward or a child placed by the Department for Community Development, the Department must be advised immediately.

This agreement does not replace existing internal procedures within organisations designed to manage such allegations.

CASE MANAGEMENT RESPONSIBILITIES

Case Management

The decision regarding which organisation has case management will be made through negotiation between the organisation and the Department for Community Development. The decision will be dependent upon a number of factors including the nature of the allegation or concern, the relationship between the organisation and the child, the resources of the organisation and the appropriateness of the organisation to deliver services to the child.

The Department for Community Development will accept case management responsibility where a care and protection application is likely.

Planning Meetings

When the Department for Community Development is managing the case, planning decisions will be made by either case conference or case discussion.

When other organisations have case management, case planning meetings will be held in accord with organisation procedures.

Responsibility Post Investigation

Where an investigation is undertaken by the Department for Community Development and the matter is found to be unsubstantiated, case management responsibility will remain with the primary organisation providing ongoing services.

RESOLUTION OF DIFFERENCES

During the process of joint intervention and management, differences of professional opinion may arise. These may involve issues of confidentiality, differing work practices, expected outcomes and responsibilities of case management.

Where differences cannot be resolved on a worker to worker basis, respective managers of the office or unit should be involved.

If the dispute cannot be resolved at that level, the matter should be referred to the relevant Director, Community Development and Statewide Services.

WESTERN AUSTRALIA POLICE SERVICE

Specific procedures 1

1. The Role of Western Australia Police Service

The Western Australia Police Service is responsible for the investigation of child abuse which may constitute a criminal offence. This includes the initiation of court action where appropriate.

The Department for Community Development is responsible for investigating allegations of child abuse and where necessary for taking protective action to ensure a child's safety or well being, including the initiating of proceedings in the Children's Court. The Department for Community Development is also responsible for providing ongoing support to the child and family.

Both agencies have collaboratively developed joint agency protocols for the response to child abuse in Western Australia.

The protocols have been developed to provide guidelines to both agencies for the investigation and response to child abuse.

The joint agency approach to the investigation of child abuse seeks to protect children who have been subjected to abuse and minimise any additional stress that may be experienced during the investigation of the allegation through the lawful exchange of relevant information between the agencies and combining elements of the protective and criminal investigations.

A joint response **must** be considered when two of the following criteria are met:

- Does the information/allegation suggest the need for protective investigation/intervention?
- Would the allegation, if substantiated, constitute a criminal offence?
- A disclosure of criminality was made to another person.

A joint response will usually include the lawful exchange of relevant information and the co-ordination of respective agency actions.

In some cases, the response may include a joint investigation in which elements of the protective and criminal investigations are jointly conducted.

As a general rule, wherever possible and appropriate, a joint investigation should take place to avoid duplication by the agencies, in particular the duplication of interviews of child victims.

2. Department for Community Development advice to Western Australia Police Service

Department for Community Development staff will advise the Western Australia Police Service (Child Abuse Investigation Unit in the metropolitan area and the Police District Officer in the country) as soon as possible and prior to conducting or continuing with an interview of the child complainant where it appears a criminal offence has taken place and in particular where a child:

- Has been subjected to any form of sexual abuse
- Is receiving medical treatment or has died as a result of suspected non accidental injury
- Has been physically assaulted or has suffered a life threatening or serious injury
- Is the subject of criminal neglect where there is a disregard for responsibility of a parent/caregiver to provide the necessities of life
- Is being or has been involved in the production of pornographic material.

In all cases of allegations of abuse against children the specified officer from either agency must consider whether or not a joint agency response is required.

Where such a response is indicated, contact will be made as soon as possible with the specified officer from the other agency to advise of the circumstances and negotiate the action required as outlined in the joint response protocols.

Specified Officer is the officer/s within each agency with responsibility for agreeing to a joint response.

- In the Department for Community Development this will be the relevant team leader
- In the Western Australia Police Service, the specified officer for the metropolitan area will be the Child Abuse Investigation Unit Operations Manager or in country areas the district detectives office.

The Western Australia Police Service may also become involved in the following circumstances:

- Where a worker is likely to be in danger carrying out an investigation and/or home visit
- Where the worker believes the caregiver will not voluntarily surrender the child.

3. The Western Australia Police Service will notify the Department for Community Development

The Western Australia Police Service will notify the Department for Community Development in circumstances when:

- An incident of child assault or maltreatment is alleged to have occurred.
- A child has died or is seriously injured and there are other children in the family who may be at risk.
- There are concerns about the adequacy of the care provided to a child and it is considered the Department for Community Development support services may be appropriate.

"Child maltreatment is deemed to have occurred when a child has been subjected to, or is at risk of sexual, emotional or physical actions or inactions, the severity and/or persistence of which has resulted or is likely to result in significant harm or injury to the child or where a child has been exposed or subjected to exploitative or inappropriate sexual acts.

The description of child maltreatment includes situations where a child is denied available food, shelter, medical attention or supervision to the extent that the child has suffered or is at risk of significant harm or injury.

The Department for Community Development's mandate in relation to child maltreatment can extend to those cases where the person alleged responsible for the maltreatment:

- Is a parent or family member
- Is someone acting in loco parentis
- Is someone with 'care' responsibilities for the child. (Note - 'care' in this instance not only refers to the person providing physical care to the child but to other persons who have responsibility for or authority over the child)
- Is another child
- Is a non relative/non carer/stranger and the parent(s) is not acting protectively.

In this way the Department for Community Development's services may receive reports of child maltreatment from agencies such as schools, other government and non-government agencies, day care centres and even though they do not pertain to intra familial allegations, the Department for Community Development and Western Australia Police Service may undertake an investigation which may also involve other agencies.

The Western Australia Police Service generally deals independently with cases in which a person with no care responsibilities for that child has assaulted a child and where there are no apparent protection issues within the family.

The Western Australia Police Service may still refer to the Department for Community Development for supportive and treatment services.

Notification of the Department for Community Development may be made by telephone where it is considered an urgent response is required. However this should also include written confirmation to the Department for Community Development's local district office. Such advice should include:

- Name of child
- Date of birth
- Address
- Nature of allegation
- Name of alleged person responsible
- Relationship of alleged person responsible to child
- Other agencies' involvement.

4. Interviews with children and alleged perpetrators

The Western Australia Police Service recognises the first priority of the Department for Community Development staff is to protect children. However, staff must recognise the need to use correct interview techniques as inappropriate questioning such as leading questions may jeopardise the successful prosecution of perpetrators and hence place the child at further risk.

When it becomes apparent that a criminal offence has taken place the Department for Community Development staff will discontinue the investigative part of the interview, unless such discontinuance adversely impacts upon the provision of services or measures designed to protect the child.

The objective of the joint response protocols is to minimise the number of times that a child is interviewed and as such the need to interview the child at all in respect to the allegations is a matter for careful consideration. Where a clear allegation is made by a child to a third party, consideration should be given to referring the matter for a joint investigation without the child being subjected to an interview prior to referral.

The Western Australia Police Service is responsible for interviewing the person of interest/person believed responsible in relation to any criminal offence that may have occurred.

As part of a protective assessment, the Department for Community Development may also need to interview the person of interest/person believed responsible. The planning and timing of this interview should therefore take into account the requirements of the protective assessment.

The Western Australia Police Service would prefer to interview the person of interest/person believed responsible before the Department for Community Development make contact.

Wherever possible the Department for Community Development will refrain from any interview with the person of interest/person believed responsible in relation to the allegations prior to consultation with the Western Australia Police Service.

However as part of the protective assessment there may be circumstances in which the Department for Community Development needs to make contact with the person of interest/person believed responsible prior to completion of Western Australia Police Service inquiries. In these cases the Department for Community Development will negotiate with the Western Australia Police Service as to how contact is to be made.

The Western Australia Police Service will keep the Department for Community Development informed of the progress of criminal investigations and outcomes. In particular, following the Western Australia Police Service interview of the person of interest/person believed responsible, the Department for Community Development will be advised of:

- The person of interest/person believed responsible response to the allegations
- The results of the interview
- Bail Conditions, if any.

5. Role of the Child Abuse Investigation Unit

The Child Abuse Investigation Unit will investigate all declared priority one and two offences. Offences that fall within the charter of responsibility of the Child Abuse Investigation Unit are also investigated by district detective offices from the area where the complainant resides after prioritisation as priority three and four offences by the OIC of the Child Abuse Investigation Unit.

The Child Abuse Investigation Unit will provide support to districts where there is an identified need for assistance due to excessive complaints being received or protracted and difficult inquiries which may be expedited by joint investigations being conducted.

Priority One

- The child is in immediate danger of being further abused by the alleged perpetrator
- Other children are in danger of being further abused by the alleged perpetrator
- The alleged perpetrator is a person in authority (ie includes teachers, police officers, foster carers, social workers, priests, youth workers, voluntary youth leaders, doctors etc)
- A child is receiving medical treatment or has died as the result of suspected "non accidental" injuries.

Priority Two

- A child must be removed from potential danger within a timeframe, ie an upcoming access visit, etc
- An alleged offender is intending to flee from the State to avoid interview or apprehension.

Priority Three

- A child is in no danger of being subjected to further abuse in the short term or the long term.
- No extenuating circumstances are present giving rise to concern for a child's safety or well being.

Priority Four

- The complaint is historic made by an adult.

6. Resolution of differences and the protection of the child

It is essential that differences be addressed as soon as possible after they arise. These differences may relate to a number of factors such as roles, professional and organisational philosophies or priorities, systems issues, status and perceived power and/or communication breakdown.

These factors have the potential to damage the joint working relationship as well as contribute to a negative impact on the desired aims of the joint agency response.

Resolving differences needs to be addressed at an individual and agency level. Professional conduct is an important aspect in any process to resolve differences and it is expected that officers from both agencies will demonstrate the required professional conduct. A basic model for resolving differences is:

- Clear identification by both parties of the problem of the issue
- Acknowledgment of relevant goals and interests
- Generation of practical solutions to address the problem
- Seeking agreement on a preferred option
- Negotiation when the preferred option is not mutually shared
- Agreement on an outcome and its implementation.

Procedure for non-resolution

Where resolution cannot be reached the following procedures will apply:

- Both parties are to advise their immediate supervisor of the case circumstances and that a resolution could not be reached
- The supervisor will attempt to resolve the dispute through discussions with the referring officer and their counterpart at either the Department for Community Development or the Western Australia Police Service

- If the supervisor in consultation with all parties reaches resolution, the supervisor will advise the referring officer of the decision made and what further action is deemed necessary
- In cases where matters remain unresolved, a written record should be kept by the agencies.

7. Exchange of Information

The lawful exchange of relevant information between the Western Australia Police Service and the Department for Community Development is a key aspect of the joint agency response. The overall aim of the exchange of information is to bring about the best outcomes for children by ensuring that each agency has all relevant information available when making plans or decisions.

It is the policy of the Western Australia Police Service to encourage the release and sharing of information wherever possible providing that any release and sharing is in line with relevant legislation and the Police Service's Privacy Statement.

The release of information by the Western Australia Police Service will align with what is reasonably expected by the community and will include, but is not limited to, assisting with the supply of seamless government services, provision of a safer and more secure Western Australian community and forming partnerships with like minded community organisations.

In line with the Police Service's Information Exchange Policy, information may be exchanged for the following purposes:

- Protection and care of children
- Ensuring worker safety.

"Relevant information" is information which relates specifically to the inquiry being undertaken. It may include details of previous agency contact, criminal histories and information gathered in the progress of the investigation including statements and transcripts of interviews.

Working in a joint agency response, the Department for Community Development and the Western Australia Police Service will work flexibly and co-operatively in respect of the exchange of information.

The following considerations also need to be taken into account:

- The best interests of the child
- The confidentiality and privacy of the individuals involved
- Statutory requirements.

When responding to a summons or subpoena for the supply of information for court purposes, each agency will advise the other agency of such a request should it be proposed to provide information which was previously obtained under the exchange of information protocols.

KING EDWARD MEMORIAL HOSPITAL FOR WOMEN PRINCESS MARGARET HOSPITAL FOR CHILDREN

Specific procedures 2

King Edward Memorial Hospital (KEMH), Princess Margaret Hospital for Children (PMH) and the Department for Community Development agree to work together to protect children and reduce the trauma associated with child maltreatment to achieve the best possible outcome for the child and his/her family.

Social Workers at KEMH/PMH are managed within various directorates but all work to these guidelines, ie Child Protection Unit (PMH), Social Work Department (KEMH/PMH) Psychological Medical (PMH and SARC), State Child Development Centre.

1. Serious injury planning meetings - PMH

1.1 Introduction

Serious injury planning meetings (SIPM) are designed to improve co-ordination critical to the initial investigation, management and ultimate outcome of physical abuse and neglect cases where serious injury has occurred or significant risk of harm is present. The three organisations party to the SIPM are the Western Australian Police Service, Child Protection Unit (PMH) and the Department for Community Development.

1.2 Criteria for calling a serious injury planning meeting (SIPM)

In cases assessed by the Child Protection Unit (PMH) where a child has been severely injured or where the risk to the child is high, a SIPM will be called. The child protection team consists of a paediatric consultant and a senior social worker from the Child Protection Unit.

The Department for Community Development can call a SIPM if the child is in hospital and the Department for Community Development has information that equates to risk.

1.3 Process of a serious injury planning meeting (SIPM)

A SIPM will be held within two working days of a suspected non-accidental injury being diagnosed by the hospital staff.

The SIPM will be attended by a paediatric consultant, a Child Protection Unit senior social worker, a senior social worker from the Department for Community Development and an officer from the Police Child Abuse Investigations Unit. Other relevant staff may attend.

SIPMS will be held at PMH where the child is hospitalised.

All relevant and available information will be presented and considered. Organisations will state both their role and short term goals.

The SIPM will be documented and circulated by PMH and contain all relevant information available at the time.

Parents/caregivers will be informed of the imminent meeting by the PMH caseworker.

1.4 Subsequent meetings

A subsequent planning meeting will be convened at the point of discharge in order for PMH and the Department for Community Development to clarify roles and the ongoing management of the case. This meeting will also be documented by the Child Protection Unit staff member.

An intermediate planning meeting may be necessary between the SIPM and prior to the child's discharge. Either PMH or the Department for Community Development may call a planning meeting.

2. Statutory powers

2.1 Holding orders - legislative mandate (all hospitals)

Section 29 (3a) of the Child Welfare Act (1947) stipulates that the medical officer in charge of a hospital or his/her deputy may detain a child under the age of six years in the hospital for up to 48 hours for observation, assessment or treatment if the child is thought to be in need of care and protection.

2.2 Use of holding orders

When a child presents or is born at any hospital and the hospital has serious concerns for the child's immediate safety and no other means of achieving safety are possible, the hospital will invoke *Section 29 (3a) of the Child Welfare Act (1947)*. This section is only to be used as a measure of last resort.

In situations where the Department for Community Development has been recently involved with the child and his/her family or have already been notified by the hospital of their concerns, the Department for Community Development will initiate action to protect the child while the child is in the hospital. **Once the Department for Community Development has been advised, *Section 29 (3a)* should not be used.**

If *Section 29 (3a)* is invoked the hospital will immediately notify the Department for Community Development and the Department for Community Development will assess the child's safety needs prior to the expiry of 48 hours as specified in the Act.

2.3 Apprehension of children at hospital

The Department for Community Development has powers under the *Child Welfare Act (1947)* to apprehend a child and make an application to the Children's Court to have the child declared "in need of care and protection" and thus placed under the guardianship of the Department for Community Development.

When this power is invoked at either hospital, maximum planning and co-ordination are required to reduce trauma and risk for the child, family, staff, patients and visitors. At PMH liaison is primarily with the Child Protection Unit social workers and at KEMH liaison is with the Social Work Department social workers.

2.4 Planning the apprehension

The decision to apprehend and the planning of this will occur in one of three ways:

- Apprehension of a newborn will be considered by the Department for Community Development and hospital staff at a planning meeting initiated by the Department for Community Development or the hospital social worker as soon as significant risk factors for the unborn child are evident during the pregnancy. (See Section 2.5)
- Apprehension of a child will be considered at the serious injury planning meeting at PMH. (See Sections 1 and 2.6)
- If the Department for Community Development makes the decision to apprehend in another forum, the case manager must urgently convene a planning meeting at KEMH or PMH so as to inform and co-ordinate with hospital staff.

The Department for Community Development participants will include the case manager and a senior officer with power to authorise the apprehension.

At planning meetings all information related to the decision is to be exchanged and documented along with the assessment and plan. The plan will outline:

- The decision and the reasons for the decision
- The exact process of apprehension (where, when, how, by whom and when parents are to be informed)
- The post apprehension plan (particularly whether or not the baby/child will remain in hospital and who will attend to the needs of parents and staff).

The Department for Community Development will be responsible for this documentation and provide a copy to the hospital social workers.

Ongoing liaison is between the Department for Community Development case manager and the hospital social worker who will inform and involve relevant hospital staff.

Arrangements for the placement of the baby/child are to be made by the Department for Community Development well ahead of the birth or discharge so as not to delay discharge from hospital.

2.5 Procedure for apprehension of a newborn

Early, collaborative and ongoing detailed interagency planning will reduce stress, minimise crisis and empower parents as much as possible. This requires respect and sensitivity to family and staff involved as well as an understanding of agency contexts and responsibilities. The decision and implementation plan will reflect best practice principles.

Referrals about potential or planned apprehensions will occur as early as possible in the pregnancy so as to maximise opportunities for positive outcomes for the families; babies can be born at 23-42 weeks gestation. All KEMH staff will refer to the hospital social workers who in turn initially liaise with the local duty officer of the Department for Community Development. Referrals initiated by the Department for Community Development will be to the hospital social worker KEMH and if necessary other maternity facilities. In an after hours crisis referral the liaison will be between

the Crisis Care Unit and the KEMH Hospital Cover, Clinical Manager (9340 222 pager 3333, Fax 9340 2491).

Parents, whenever possible, are informed by the Department for Community Development staff of the impending decisions to apprehend at birth. Any decision not to inform the parents is endorsed at management level by the Department for Community Development and the rationale for the decision will be provided to hospital staff. Best practice aims to manage risks and maximise family's abilities to care for their children.

Meetings within KEMH to plan the actual apprehension after the Department for Community Development has made its decision, are chaired by the Director of Midwifery in collaboration with the Section Head of the Social Work Department. They are usually attended by the KEMH Social Worker and Section Head, the Department for Community Development case manager and team leader, and (coordinated by the Clinical Manager of Ambulatory Care) the hospital cover clinical manager and the clinical midwifery managers of delivery suite and relevant obstetric wards. As relevant there may at times be invitations to staff from Psychological Medicine, KEMH security and other agencies.

Attendees should be fully briefed and interim plans should consider:

- Referral background, concerns and rationale of apprehension
- Rationale and plan for informing/not informing family of plan
- Current interventions by staff of either agency
- Relevant obstetric, psychiatric, social history which may impact on management within the hospital
- Staff concerns about detailed practicalities
- Specific timing and location of apprehension and whether or not with mother
- Security needs anticipated – KEMH and the Western Australia Police Service
- Contingencies and uncertainties
- Consents for Vitamin K/Hepatitis B injections – ideally obtained antenatally and if not via Delivery Suite staff immediately after birth or via hospital social workers liaison with the case manager of the Department for Community Development or Crisis Care Unit.

The written plan (interim and subsequent) will be:

- Prepared by the Department for Community Development, within an agreed timeframe and distributed as relevant
- Given to the Crisis Care Unit Manager who will be briefed by the particular office involved
- Placed on medical chart (the plan detailing the process of the apprehension) by the KEMH social worker who will provide ongoing communication to midwifery and other relevant staff. Note: the rationale and other information will be held in the Social Work Department

- Used by the Ambulatory Services Clinical Manager to brief hospital security as needed
- Used by the Department for Community Development staff to notify the local Western Australia Police Service soon after the meeting of anticipated security issues or need for attendance.

Apprehensions generally occur during office hours if at all possible so that adequate and appropriate staff are available. Apprehensions after dark create extra security and staffing difficulties. It is acknowledged that crisis will occur and require “on the spot” responses from all players.

When the mother is admitted to Delivery Suite and also when birth is imminent:

- (a) Delivery staff (Midwifery Manager/Clinical Midwifery consultant) informs KEMH social worker. If after hours the Delivery Suite Co-ordinator informs the Hospital Cover Clinical Manager
- (b) KEMH social worker informs the Department for Community Development social worker (who may inform the Western Australia Police Service – if part of the plan). If after hours the hospital Cover Clinical Manager informs Crisis Care Unit and negotiates the timeframe for apprehension and also informs the Director of Midwifery
- (c) The Department for Community Development social workers attend KEMH at the agreed time and consult with the KEMH social worker, Delivery Suite Clinical Manager, Hospital Cover Clinical Manager and other relevant staff. If after hours the Hospital Cover Clinical Manager co-ordinates relevant hospital staff to liaise with the Department for Community Development staff.

The baby is then apprehended according to the plan

- When the mother has been informed prior to delivery of the plan to apprehend the baby and that she is to **remain** the caregiver, they are both transferred to the hospital ward (unless the baby has to go to Special Care Nursery)
- Then apprehension can occur in the Social Work Department during office hours (0830-1630 Monday-Friday) or on the ward. The distress of other patients and security issues need to be considered if a ward location is chosen. If supervised access is required anytime, the Department for Community Development is to arrange this
- If the baby is to be urgently **removed** from parental care at KEMH, the physical apprehension will be from the Delivery Suite in the daylight hours, ie in the morning or up to a maximum of six hours after delivery if the mother has birthed in the morning or early afternoon. If the baby is delivered late afternoon, mother and baby to remain in Delivery Suite if possible, if not, then sent to the ward and apprehended at the weekend. The Crisis Care Unit negotiates with wards as to the location
- If the mother is unable to leave her bed due to a medical procedure, the Hospital Cover Clinical Manager will endeavour to arrange for her to have a single room so that the apprehension can occur there (rather than in the Social Work Department)

- If the baby has special medical needs the baby may be transferred to Special Care Nursery. Supervised access, if required, will be arranged by the Department for Community Development
- When the mother is informed by the KEMH social worker (or midwife if after hours) that the Department for Community Development staff are here to see her she is to be asked whether she would like the social worker (or midwife) to remain in the room during the meeting. The support of the mother during this highly stressful process is a role of hospital staff. The after hours services of Psychological Medicine may be required for some women. The KEMH social worker will actively follow-up on the next working day to ensure the mother is fully informed of her rights and options and is adequately supported, the mother can contact the Crisis Care Unit anytime meanwhile.

Healthcare and Documentary procedures importantly include:

Post-delivery care of the mother should occur **before** the apprehension, eg if she is to be informed of the apprehension only after delivery, it is vital to complete her physical care beforehand in case she suddenly leaves the hospital

Post-delivery care can include sutures, shower, observations and special medications (eg for Rh-ve) and takes at least four hours

- Breast milk management may need discussion
- Consents taken and baby given Vitamin K and Hepatitis B (if consents from the mother are not possible, it is given by the Department for Community Development staff)
- Cord blood serums tests may be required
- Birth Registration form is given to the mother by midwife
- Midwife Notification Sheet to include a note about apprehension
- Centrelink Maternity Allowance form (with birth witness sticker) is to be given to the Department for Community Development worker by the midwife
- Visiting Midwifery Service for the mother is arranged by the midwife. If there are security risks, the mother is advised instead to attend her GP or Emergency Centre KEMH
- The Child Health Nurses Discharge Summary is filed in the mother's medical chart by the midwife
- The Obicare Discharge Summary (GP's copy) is sent to the GP by the midwife and is to include a note that the baby has been apprehended
- The cot card, nametag, photographs and footprints are kept in a named envelope and given to the Department for Community Development worker to give to the mother
- The baby's Personal Health Record (for ongoing Child Health records) is to be completed by the midwife (weight, head circumference, immunisations, etc) and given to the Department for Community Development worker for the baby's carer

- The mother's status regarding Hep C, Hep B, HIV may be relevant for the foster carer and baby. The KEMH social worker will liaise with the paediatrician regarding implications and inform the Department for Community Development worker in writing.
- The address of the foster carer may be given to the midwife if considered appropriate by the Department for Community Development worker so that relevant follow-up is given to the baby (Guthrie tests etc) by the Visiting Midwifery Service

Discharge of the baby from KEMH occurs when cleared by paediatric staff and considering feed times. Baby items (clothes, rug, capsule, and milk) will be provided by the Department for Community Development (or parents). Departmental staff will ensure the foster carers are suitably briefed if the baby has special needs.

A post-apprehension meeting will be held on the next working day between the Section Head (Social Work Department KEMH) and the Clinical Midwifery Consultant. This is to review the process and outcomes and identify any matters needing to be taken into account in future apprehensions. The Section Head will then liaise with the relevant Department for Community Development staff (case manager, Manager, Crisis Care Unit Manager) to further review the process and identify issues for further attention. The Section Head will obtain outcome information about the family and convey this to relevant KEMH staff promptly.

Debriefing (personnel) will occur within individual work teams unless there is considered need for an inter team debriefing. In this case costs will be shared for an independent consultant in critical incident debriefing.

Dispute resolution, if necessary will be provided by the Manager of the relevant Division (Department for Community Development) and the Head of Social Work Department (KEMH)

2.6 Procedures for apprehension of a child

The plans for this apprehension are to be made and documented at a SIPM at PMH.

The hospital-based social worker will prepare hospital staff, document the plan in medical records and assess debriefing requirements for parents and staff. Security issues are to be managed in collaboration with relevant ward staff.

The Department for Community Development is to provide a letter informing the hospital that the child has been apprehended and instructing the hospital to hold the baby/child in its care until discharge is authorised. The parent/s are to be given a copy of this letter by the Department for Community Development or an individual letter informing them of the apprehension, the court processes and the Department for Community Development's contact person.

The Department for Community Development worker must inform the hospital as soon as the parent/s have been informed of the apprehension since this may have implications for hospital staff. The rare decision to not inform parents beforehand is to be endorsed at the management level of the Department for Community Development and the rationale given to the hospital Child Protection Unit staff.

Where an apprehension takes place after hours and if the hospital social worker is unavailable, the Department for Community Development will liaise with the nurse manager of the relevant ward.

3. Child sexual abuse clinic referrals - PMH

3.1 Child Sexual Abuse

PMH has a Child Protection Unit (CPU) which provides services when a medical as well as a social work response is required. The CPU provides an assessment of the protective, medical and treatment needs of the child and whether the matter should be referred to statutory organisations.

Calls from the public and community organisations are received and assessed by the CPU social workers and, if necessary, an appointment is made for the child and his/her caregiver to be seen.

3.2 Referrals between the Department for Community Development and the CPU

In situations where the Department for Community Development has been involved in the investigation of an allegation of child sexual assault and believes (or has information) that a physical examination is required, this should be arranged through the CPU.

Where the CPU has assessed that the child's need for protection cannot or will not be met by the family/caregiver, a referral will be made to the appropriate Department for Community Development office. It is preferred that parental consent is obtained, however where this is not forthcoming, parents/caregivers will be informed a referral has taken place.

Both organisations acknowledge the need to reduce the number of investigative interviews a child must undergo following a disclosure or suspicion that a sexual assault has occurred.

3.3 Criteria for an urgent physical examination

If the child has been assaulted within the past 72 hours, semen may be present in or on the child or his/her clothing and likewise acute injuries, such as lacerations, abrasions, bites and bruising may be evident. While examinations can be carried out the morning following a suspected assault, the child should not be washed and the clothes worn at the time of the alleged assault should be stored in a dry paper (not plastic) bag.

When an urgent physical examination is required the child will be seen by a Registrar in the Accident and Emergency Department of PMH as soon as possible. If there is no need for an urgent physical examination, an appointment with the CPU team will be made.

3.4 The Purpose of Physical Examination

The physical examination will:

- Determine if, and what, medical treatment is required as a result of sexual assault. Treatment may be initiated at this time
- Collect forensic evidence for possible criminal proceedings.

Feedback to the child and his/her family of the physical consequences of the sexual assault may often reassure a child and family that all is well. The absence of physical finding does not preclude that sexual assault has occurred.

3.5 Attendance at the CPU appointment

When the Department for Community Development refers a case, the departmental caseworker should, wherever possible, accompany the child and the caregiver to the CPU so that the child and the caregiver do not have to repeat the details of the assault/abuse to a new caseworker.

It is preferable that an additional person accompanies the child to the appointment to care for the child whilst information is exchanged between the Department for Community Development and the CPU team.

The process of the physical examination will be explained to the child, the parent/guardian and the Department for Community Development caseworker and other relevant people. The examination for evidence of sexual assault is conducted within the context of a complete physical examination. It is preferred that a child is examined in the presence of their parent or accompanying adult. If the child requests that they wish to undergo the examination without another person present then this will be considered.

The findings of the physical examination and other relevant information will be given in writing to the Department for Community Development, the Western Australia Police Service and, if requested by the parent, to his/her legal adviser.

A follow-up appointment may be made if further involvement is thought to be in the child's interest.

4. Physical examination and documentation of injuries

Where the Department for Community Development requires medical assessment and documentation of injuries to children, it should contact the CPU for the necessary appointments to be made. The CPU social worker will discuss the case with the senior doctor within the CPU and Accident and Emergency Department and co-ordinate the necessary appointments (eg physical examination, photos, etc).

Ideally, parental consent is required for examination and documentation if the child has not been apprehended or is not a ward of the State. The hospital is able to offer an optimal service during office hours. The Department for Community Development should request (with the necessary consent) a medical report from the examining doctor at the time of the examination. The Department for Community Development's case manager, wherever possible, will accompany the child to the hospital.

Children who are brought to the Emergency Department of PMH without an appointment and who do not require urgent medical attention will have their needs attended to according to other children's medical priorities at the time of presentation. If medical assessment and the documentation is required by the Department for Community Development after hours, the case manager or Crisis Care Unit staff should make the necessary arrangements with the duty registrar in the Accident and Emergency Department and the on-call duty social worker. Both are contactable via PMH switchboard.

DISABILITY SERVICES COMMISSION

Specific procedures 3

Addendum to the Reciprocal Agreement with the Department for Community Development Protection of Children and Young People with Disabilities effective 23 July 2002.

Overview

This document forms the Disability Services Commission (the Commission) addendum to the Reciprocal Child Protection Procedures and specifies the process of referral by the Commission of suspected cases of child maltreatment and neglect to the Department for Community Development (the Department).

This addendum provides specific details as to the respective roles and responsibilities of staff who work in the Commission and the Department in the management of known and suspected maltreatment and neglect involving children and young people with disabilities.

This document refers to procedures to be followed between the Commission and the Department in relation to the Commission's provided services.

It does not cover clients of non-government organisations funded by the Commission. Many of these organisations have their own internal procedures for dealing with issues of suspected child abuse and neglect.

1. Objectives

To identify the circumstances where the Commission refers matters of suspected child maltreatment and neglect to the Department.

To implement a process by which support services between the Department and the Commission are co-ordinated and where appropriate sharing of information between organisations is facilitated.

To outline a process for the resolution of disputes in the professional management of cases referred for investigation or case management.

2. The Disability Services Commission philosophy and service commitment

The Commission provides and funds a wide range of professional and community based supports to assist parents and carers of children with disabilities. For example, Metropolitan Services Co-ordination (Individual and Family Support, Local Area Co-ordination) and Country Services Co-ordination provide specialised support services to eligible individuals and families. Different eligibility criteria apply to each of the program areas of the Commission.

The Commission's practice is based on the voluntary engagement between the family and its service. It holds the principles of self-determination and maximum participation in decision making as central features of service provision and support.

The Commission is fully cognisant of its legal and ethical responsibilities and its duty of care to protect the well being of individuals and families using its services.

The vulnerability of children and young people with disabilities to maltreatment and neglect is documented in national and international research. The Commission is committed to providing services and assisting individuals and families in a manner which ensures the individual is safe from harm or maltreatment and which respects the integrity and dignity of the person in all decision making affecting their lives.

The Commission recognises the key and central roles of the Department to investigate cases of suspected child maltreatment and neglect and the provision of a range of supports to assist families in their parenting role. The relationship between the Commission and the Department in case management is complementary and recognises the roles, skills and respective responsibilities to protect individuals from harm.

The Commission is committed to ensuring a co-ordinated across organisation professional service for children and young people who may be maltreated or neglected.

3. Managing referrals of suspected child maltreatment and neglect of children and young people with disabilities

3.1 Prior to referral to the Department

Commission staff will follow the guidelines contained within the Commission's Care and Protection Policy.

The Department is the organisation with the legal mandate to investigate allegations of child maltreatment and neglect. The Commission is not authorised to conduct child protection investigations.

The following procedures are in addition to those outlined in the Commission's Procedures Manual.

Non-government support organisations involved with the child or young person may be advised of the referral to the Department for advice, information and appropriate management. The family's consent is required for the release of information to non-government organisations involved with the child, except where the release of information may place the child at further risk.

3.2 At time of referral to the Department

Where the parent or carer has a disability which affects their ability to communicate, appropriate access to someone who understands and can support their communication needs will be negotiated between the Commission and the Department's staff investigating their case.

The appropriate Director/Manager will be consulted in the first instance to handle general enquires from the Department regarding an appropriate specialist (such as speech pathology) to provide general information on disability or impairment.

Requests from the Department and the Western Australia Police Service seeking involvement of specialist staff to assist in interviewing children or young people with disabilities will be made to the Commission's Director General.

Commission staff will be given information regarding needs and supports required to assist the child and/or young person (interpreter, foster care, and medication) during the initial stages of assessment and investigation.

Costs associated with providing support (if other than those provided through the Commission) to the client and their family will be based on agreed interagency policy and guidelines.

4. Case management responsibilities

This section complements case management responsibilities on page 16 of the Reciprocal Agreement and outlines in detail the circumstances by which Case Management Responsibilities will be decided.

Following investigation by the Department, decisions will be made between the Commission and the Department in a case planning meeting regarding ongoing management and the respective roles of the Department and Commission staff which specifically identifies each organisation's responsibility and action in relation to:

- emergency responses
- short term case management until outcome of court hearing and
- long term case management following outcome of court hearing.

A case discussion involving staff from both organisations will be convened as soon as practicable.

The Department will accept immediate and initial case management responsibility where:

- the allegations of abuse are serious and warrant immediate medical intervention or the Western Australia Police Service involvement
- a care and protection application is sought
- where the Department have guardianship of the child or young person
- the child is the subject of a custody dispute or
- if the family or child specifically request their involvement.

The Commission will continue to provide service where investigations reveal unsubstantiated abuse or neglect or where otherwise agreed by each organisation.

Reviews will be convened by mutual agreement between the Department and the Commission.

5. Review of organisation intervention

Where a complaint is lodged by the client or their advocate regarding an active joint case of the Commission and the Department, the organisation receiving the complaint shall advise the other of the complaint.

Complaints that are lodged with the Commission will be followed up by the consumer grievance office or delegated representative.

Complaints about the Department can be lodged with the Department's Consumer Advocate for follow up.

Section 5 and 6 Procedures

5.1.4 Policy

Everyone working in a school is responsible for the care and protection of the students.

Everyone working in a school is responsible for reporting concerns of neglect or emotional, physical or sexual abuse.

5.1.5 Advising the client

Department of Education personnel will follow the agreed procedures as outlined in the *Child Protection (2001)*.

This policy states that the principal must report immediately to the Department for Community Development disclosures or strong concerns of abuse and neglect arising from the actions or inactions of parents/caregivers. The principal must maintain a written record of this communication and subsequent actions. The Department for Community Development will assess the available information and decide how to proceed. Principals must endeavour to work with the Department for Community Development to ensure the best outcome for the student from the investigation of the concerns and plan for the student's continuing needs in the school environment. The Department for Community Development's guidelines require that people making reports of child maltreatment are given feedback on the actions taken or to be taken. Principals must seek undertakings from the Department for Community Development that they will be kept informed within the bounds of confidentiality.

Principals must develop an awareness of the powers of the Department for Community Development under the *Child Welfare Act (1947)*. These powers include:

- Apprehension of children in need of care and protection
- Interviewing the child
- Removal of children from the school
- Medical examination.

Principals are to advise the Western Australia Police Service of strong concerns and disclosures of abuse involving a person who is not the parent/caregiver for the child. Principals must also notify the Department for Community Development which is available to offer support to the student and family and enable a risk assessment to other children in the community. In the event that an alleged perpetrator is a member of staff, the principal must also immediately inform the relevant district director.

Principals will report all strong concerns and disclosures of abuse and neglect to parents/caregivers only on the advice of the Western Australia Police Service or officers of the Department for Community Development.

5.1.6 Criminal or illegal acts

Department of Education staff will follow the reporting procedures as indicated in *Child Protection (2001)*, specifically the sections regarding:

- responsibilities of principals
- responsibilities of school staff and
- allegations of sexual contact against Department of Education staff.

Reports of concerns about children or strong suspicions and direct disclosures of child maltreatment or neglect will be referred to the Department for Community Development.

Allegations of sexual contact against employees will be referred to the Western Australia Police Service and the Department for Community Development.

5.1.7 Allegations which involve agency staff

Department of Education personnel will continue to follow the reporting arrangements contained in *Child Protection (2001)*, specifically 'Allegations of Sexual Contact against Staff' and refer the matter direct to the Police Child Abuse Unit who will provide advice as to the appropriate action to take.

5.1.8 Responsibility post-investigation

Department of Education staff will not be considered managers of any case referred to and accepted by the Department for Community Development. If a case is found unsubstantiated or not accepted by the Department for Community Development, Department of Education staff will continue to monitor the child and record signs of concern. If these signs of concern continue, a further referral is to be made to the Department for Community Development.

DEPARTMENT OF EDUCATION SERVICES

(Office of Non-Government and International Education)

Specific procedures 5

1. Background

The Minister for Education is responsible for registering non-government schools under terms and conditions outlined in the *School Education Act 1999*. The Department of Education Services assists the Minister in the administration of the relevant sections of the Act.

The State Government provides the assurance that each non-government school has the capacity to function as a school and achieve acceptable education outcomes for its students through the registration function. Criteria and standards are specified in the Act and expanded upon in the Registration Guidelines. The criteria include, but are not limited to, satisfactory standards for the constitution of the governing body of the school, the fitness and appropriateness of members of the governing body to operate the school, levels of care for the students enrolled, the school's curriculum, the qualifications of the teachers, the school buildings and facilities, the enrolment and attendance procedures and the sufficiency of the school's financial resources.

Non-government schools are not owned, operated or administered by the State Government: the schools exist as *independent* schools owned and operated by governing bodies for each individual school or as *systemic* schools owned and operated by a "system authority". Systemic schools may also have their own local governing body.

The Catholic school system is the largest group of systemic schools in Western Australia. Catholic schools are the responsibility of the Catholic Education Commission of Western Australia. The Minister for Education and the Director of the Catholic Education Office have in place a "System Agreement" (currently in draft format) wherein the Minister delegates responsibility for the registration of Catholic schools.

Although smaller groups of systemic schools exist (eg Anglican Schools Commission schools, Swan Christian Education Association schools, Adventist Christian schools), none have or are expected to have "System Agreements" with the Minister for Education. Technically, these schools are independent schools. Most independent schools are members of the Association of Independent Schools of Western Australia Inc (AISWA). This body is not a system authority but often acts on behalf of all independent schools. It is a professional association representing a diversity of independent schools.

2. Procedures for non-government schools

2.1 For the Department

The roles of the Minister and the Department vis a vis the independent status of non-government schools and systems requires adoption of complementary and supportive procedures. Procedures applying within non-government schools are summarised below.

Whenever the Minister or Department becomes aware of a disclosure or allegation of child abuse or neglect or has a strong suspicion of abuse or neglect in relation to a non-government school, the matter is referred to the school principal to take appropriate action consistent with the policies for the particular school (ie whether Catholic or independent). The Minister or Department may, if circumstances warrant, carry out an investigation to check that the school is meeting its duty of care obligations which is one of the prerequisites for registration as a non-government school. If, in the Department's opinion, the child is in immediate danger, the Department will contact the Department for Community Development or Child Abuse Unit for advice on further action to be taken.

2.2 For Catholic schools

The Catholic Education Commission has developed for application across all Catholic schools policies and guidelines covering this subject (*Policy Statement on Child Abuse and Child Protection Guidelines: Guidelines and Procedures for Catholic Schools in Western Australia*). These statements outline procedures for the identification and notification of child abuse and neglect, procedures for dealing with allegations of misconduct and serious misconduct (in relation to child abuse) against lay employees in Catholic schools and principles and procedures in responding to complaints of abuse against personnel of the Catholic Church of Australia.

2.2.1 Child abuse and neglect

Following a disclosure of child abuse or strong suspicion of abuse or neglect, teachers are guided through internal procedures as outlined in the policy. A report is made to the school principal who firstly informs the Catholic Education Office (Coordinator of Employee and Community Relations) and then reports the matter to the Department for Community Development. If the child is in "immediate danger" principals are advised to contact the Department for Community Development first. The policy indicates to schools that the Department for Community Development will determine whether to involve other agencies such as the Child Abuse Unit of the Western Australia Police Service or the Child Sexual Assault Unit at PMH. If the child is in "immediate danger of harm", schools are advised to contact the Child Abuse Unit directly.

2.2.2. Allegations against employees

The policy outlines internal procedures to be followed when allegations of misconduct and serious misconduct (ie sexual, physical or emotional abuse) by lay employees are received by the employer and referred to the Catholic Education Office (Coordinator of Employee and Community Relations). If, after following the internal procedures outlined in the policy, the Catholic Education Office determines the allegation is of serious misconduct, the employer is advised to contact the Western Australia Police Service (Child Abuse Unit for Metropolitan cases and the CIB for country cases). If the Western Australia Police Service advise the matter will NOT be investigated, under the policy the employer is to notify the Department for Community

Development that an allegation of abuse has been referred to the Western Australia Police Service and to seek advice on any further action by the employer.

2.2.3 Complaints against personnel of the Church

Under a policy approved by the Australian Catholic Bishops' Conference and the Australian Conference of Leaders of Religious Institutes, all complaints are to be referred to the Catholic Church in Western Australia. (A Contact Person will receive the complaint and report to a Director of Professional Standards within the Church). In instances of reportable child abuse, the policy indicates that a Contact Person shall tell a complainant of the complainant's right to take the matter to the Western Australia Police Service or other civil authority (ie the Department for Community Development) and provide assistance to do so.

2.3 For independent schools

AISWA, in order to fulfil its services to its members, provides professional support and advice on a range of policy and operational matters affecting independent schools. However, it cannot direct schools to adopt a specific policy or procedure. AISWA has sent suggested policy guidelines (*Procedures for Child Protection*) to all independent schools and urged them to develop their own child protection policy.

In relation to child abuse and neglect, the AISWA policy has parallels with the Catholic Education Commission's *Policy Statement on Child Abuse and Child Protection Guidelines: Guidelines and Procedures for Catholic Schools in Western Australia*. Under the AISWA policy, following a disclosure of child abuse or strong suspicion of abuse or neglect, teachers are guided through internal procedures and then the school principal reports the matter to the Department for Community Development.

It is not known if all independent schools currently have an appropriate policy. The Department will progressively check on the adequacy of each school's policy whenever a new non-government school applies for registration and when the registration for existing schools is due for renewal. Under the *School Education Act 1999* registration is for a period of not less than one year and not more than seven years. A child protection policy will be regarded as an integral component of a school's duty of care obligation to its students.

3. Procedures for providers of education services to full fee overseas students

3.1 Background

Under legislation, the Department of Education Services' Chief Executive Officer is responsible for registering statutory and non-statutory education service providers (ie institutions) and courses for full fee overseas students studying in Western Australia. Registration is in accordance with the terms and conditions of the State Act, the *Education Service Providers (Full Fee Overseas Students) Registration Act 1991* (ESPRA). Providers are also required to be registered under the Commonwealth Act, the *Education Services for Overseas Students Act 2000* (ESOS), and the *National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students*.

Statutory providers include all schools (government and non-government) acknowledged in the *School Education Act 1999*; TAFE and other vocational education and training colleges acknowledged in the *Vocational Education and Training Act 1996* and the State's universities, each of which has their own Act of Parliament. Procedures for government schools are as per the statement provided elsewhere by the Department of Education or as per the above statement for non-government schools. Procedures for TAFE colleges and universities, to the extent they enrol "children" under the age of 18 years, **may** be included in individual institution's policy guidelines.

Non-statutory education service providers include a variety of privately operated non-school colleges and institutions targeting services usually to one or more specific areas of education or training.

3.2 Procedures

Current *Policy Guidelines* issued to all registered education service providers **do not** deal specifically with matters of child protection, except insofar as the Department recommends that all providers (statutory and non-statutory) become aware of their legal responsibilities in matters of risk management in relation to overseas students living and studying in the State. Some, but not all, of the statutory providers would automatically be subject to overarching policies and procedures, eg government schools and Catholic schools. At this point in time many non-statutory providers may not have developed equivalent policies and procedures in matters of child protection.

However, the Department provides advice in three major areas that are relevant for child protection. Documents are available on *Dealing with Discrimination* and *Dealing with Harassment*. The third set of documents are *Local Carer Agreements* which outline for the registered provider the obligations of a local carer (ie guardian) with whom the provider and the overseas student's parents have a relationship. These documents have potential as the basis for providers to develop appropriate child protection policies and procedures should they become an essential requirement for registration.

If, in relation to a registered education service provider for overseas students, a disclosure or allegation of child abuse and neglect is brought to the notice of the Minister or the Department or if there is a strong suspicion of abuse or neglect, the response would be identical to that outlined above for dealing with these issues in non-government schools.

DEPARTMENT OF JUSTICE

Specific procedures 6

The Department of Justice staff will advise the Department for Community Development where:

- a child visiting a prison has been maltreated or where there is a likelihood of such maltreatment occurring
- there is a likelihood that an offender with convictions of violence and/or sexual offences against a child will be in a situation where a child could be placed at risk
- the Department of Justice has contact with a child, either as a client or by way of some other relationship, who has been maltreated or is at risk of maltreatment.

1. Department of Justice Referrals to the Department for Community Development

Community Justice Services' staff are required to advise the Department for Community Development regarding an offender or any other individual where there is suspected child abuse and/or:

- there is an allegation by a child that s/he has been assaulted or harmed currently or in the past and parents/carers have failed to protect the child and/or
- there is a belief that a child has suffered significant harm or there is a risk of significant harm and parents/carers have failed to protect the child and/or
- there are concerns for a child's welfare that are related to the adequacy of his/her home environment or the standard of parenting she/he receives and the precise nature of the issue or problem requires further assessment.

2. Referral Process to the Department for Community Development

Referrals are to be made to the Department for Community Development through the appropriate departmental office (usually based on the parent/carer's address) during working hours or through the Crisis Care Unit after hours. Referral may be made by telephone in the first instance and must be followed in writing.

DEPARTMENT OF HEALTH

Specific procedures 7

The Department of Health and the Department for Community Development (the Departments) initiated a Reciprocal Agreement in 1992. In 1996 the Agreement was updated and included in the Department of Health *Guidelines for the Clinical Management of Child Abuse and Neglect (1993)* as appendix 6 which is still current practice for Department of Health staff.

1. Preamble

1.1 The protection of children who have been harmed or are at risk of harm is a shared responsibility across occupational groups between agencies and the community at large.

1.2 The Department for Community Development shares with the Western Australia Police Service statutory responsibility for the protection of children.

1.3 The Department of Health has no statutory responsibility for the ongoing protection of children. However, public hospitals (medical officers in charge of hospitals or their deputy) can hold a child under the age of six years who is thought to be at risk of maltreatment for up to 48 hours under Section 29(3a) of the *Child Welfare Act (1947)*. The situation must be reported to the Department for Community Development within that period (see section 2.2).

2. Guiding principles

2.1 Health care providers are in an ideal position to assist in the early identification of child abuse and neglect because they have contact with a large proportion of the population for routine health care, illness and injury and through children attending health care services. Intervention by Department of Health staff should be offered in a supportive, non-judgmental and therapeutic manner to ensure the immediate and future safety of the child.

2.2 Department of Health staff will assess the degree of risk for the child prior to referral to statutory authorities (Department for Community Development and/or the Western Australia Police Service). Immediate referral for immediate protection by the statutory authorities is required when there is severe risk to the child and the environment to which the child is returning is unsafe.

2.3 Routine referral by Department of Health staff will occur where the child is assessed to have non-accidental injuries, where there is a disclosure of neglect or abuse, where the child presents with multiple risk factors or where there is concern for the child's safety.

2.4 Department of Health staff must retain a responsible attitude to confidentiality of information passed between agencies. Limitations of confidentiality include situations where there is a legal and ethical obligation to take action if serious harm is likely to arise through not doing so. Sharing information that enhances the child's protection may violate confidentiality. However, the need to protect the child should take precedence over any confidentiality issues.

3. Assessment of Risk

3.1 Assessment of the degree of risk must occur in all cases prior to a referral proceeding between the Departments. Risk indicators including signs and symptoms of abuse and neglect which need to be considered are:

- Child's history (disclosure by child, delay in seeking help)
- Physical signs (non-accidental injury, unexplained failure to thrive)
- Behavioural and developmental signs (self mutilation, developmental delay)
- Incident factor (repeat presentation, reports of recurrent apnoea)
- Perpetrator factors (co-existence of family violence)
- Family relationship factors (severe isolation, problem drug use)
- Environmental factors (severe social stress, isolation)

3.2 It must be stressed that while indicators in the above categories should alert staff to the possibility of abuse or neglect they are not necessarily proof that abuse has occurred. Both Departments have staff guidelines which provide more detail of these indicators and the degree to which they may indicate risk or harm. The Department of Health guidelines are *Guidelines for the Clinical Management of Child Abuse and Neglect*.

4. Consultations

4.1 Consultations between the Departments may take the form of:

- (a) Discussions regarding current concerns, but without providing client's names
- (b) Inquiries as to whether a child is known (ie giving the name but not details of current concern).

Note: if the name and concerning circumstances are provided by the Department of Health, then the Department for Community Development worker may regard this as a referral.

4.2 Department of Health staff may consult, prior to referral, with the duty social worker of the appropriate Department for Community Development district office.

4.3 Department for Community Development may consult with appropriate Department of Health staff when requiring expertise on specific health matters.

5. Procedures for referral

5.1 Department of Health referral to Department for Community Development

5.1.1 Prior to referral to the Department for Community Development, Department of Health staff may need to consult internally as outlined in the *Guidelines for the Clinical Management of Child Abuse and Neglect*.

5.1.2 Referral will be made to the duty officer of the appropriate Department for Community Development district office during usual working hours. The duty officer will inform the referring Department of Health person of the intake and allocation process and possible time lines.

5.1.3 After hours referral may be made to the Crisis Care Unit.

5.1.4 Verbal referrals will be accepted by the Department for Community Development. These must be followed by a written assessment outlining specific concerns and expectations of Department of Health workers. Department of Health staff are expected to inform the parent/guardian of this referral. However, in those instances where informing the parent/guardian may increase the risk of harm to the child, informing the parent/guardian will be delayed until appropriate action is planned between the two Departments.

5.1.5 The Department of Health worker may have clinical information and/or assessments which must be considered during the investigation assessment. Therefore it may be appropriate for the referring Department of Health worker to be involved with the Department for Community Development worker in planning the investigation. The Department of Health acknowledges that the Department for Community Development has final responsibility for the investigation decision.

5.1.6 The Department for Community Development will provide feedback to the Department of Health on the outcome of the Department for Community Development investigation and assessment and where appropriate the planned direction of intervention.

5.2 Department for Community Development referral to the Department of Health

5.2.1 Department for Community Development should notify the Department of Health of its involvement with the family, where it is known that the Department of Health has significant involvement with that family. This should be done where possible with the family's consent. Department for Community Development staff are expected to inform the family of this notification.

5.2.2 Department for Community Development may refer to the Department of Health for a range of services from health and developmental assessments and/or monitoring, through to treatment. The service units include community health services, hospitals, Child and Adolescent Mental Health Services and psychiatric services.

5.2.3 Verbal referrals will be accepted by the Department of Health. These must be followed by written referrals outlining details and specific expectations of the Department for Community Development workers.

5.2.4 Feedback from the Department of Health will be provided to the Department for Community Development on the outcome of the assessment or treatment.

5.3 Department of Health referral to the Western Australia Police Service

5.3.1 Department of Health may report incidents including criminal and child protection matters to the Western Australia Police Service.

6. Case Management

6.1 The purpose of case management is to ensure the protection of children, to maximise the child's capacity to receive quality care and to minimise the trauma of intervention.

6.2 The Department for Community Development has a statutory mandate to ensure that children are protected. However, in the majority of cases, planning, intervention and continued management can be a shared responsibility and process.

6.3 Where both Departments are involved with a child or child's family, joint discussions are to occur. These may involve informal telephone conversations, planned case discussions or formal case conferences.

6.4 For all children who are wards of the Department for Community Development it is a requirement that formal case conferences and case reviews be held at regular intervals. These are convened by the Department for Community Development and include workers from all agencies involved with the child or the child's family.

6.5 Early discussions between Departments need to address the following:

- who needs to be interviewed
- role description of each person involved
- who is to be the case manager
- who else needs to be involved
- who will be responsible for communication with the child's parents
- time lines
- proposed methods of interagency communication
- dates for review of plans
- review of plans.

6.6 Minutes of any reviews/case discussions/conferences must be taken and circulated to all agencies in attendance by the Department that has convened the discussion. It is preferable that this is done with the family's consent.

6.7 Either Department may call a formal case discussion or review and such a review may also be requested by parents. At such meetings all appropriate professionals who have had or are having input into the case are to be invited. Parental/caregiver attendance will depend on each individual case.

7. Resolution of Difficulties

7.1 During the process of joint intervention and management, differences of professional opinion may arise. These may involve issues such as confidentiality, expected outcomes and responsibilities of case management.

7.2 Workers are encouraged to co-operate and make every effort to resolve professional differences. Sometimes it will be necessary to differentiate the needs of the adult from the needs of the child. In those situations where the adult is a Department of Health client, it is important to focus on the well being and protection of the child/ren. This is particularly so in the mental health area. With regard to child protection concerns, case management should always be undertaken by an agency where the child is the identified client.

7.3 Where the differences cannot be resolved by the Department for Community Development and Department of Health workers in the field this can be discussed between the local district manager at the Department for Community Development and the Department of Health line manager as set out in the *Guidelines for Clinical Management of Child Abuse and Neglect*. Further unresolved concerns can be discussed between the Department for Community Development Manager and the Department of Health designated regional contact person.

STATE CORONER OF WESTERN AUSTRALIA

Specific procedures 8

In order to assist the Coroner's Court in identifying cases which require further investigation on the one part and so as to provide the Department for Community Development with information which could have a bearing on the safety of children on the other part, the following procedures are to be observed.

1. The Office of the State Coroner to the Department for Community Development

The Office of the State Coroner will immediately provide the Department for Community Development with information which might help to identify a child, including the name, address and next of kin of the child when

- there is the death of a child under 18 years of age
- the information is to be provided to the Director General
- the information is confidential and is only to be used for promoting the safety of children believed to be at risk.

2. Department for Community Development to the Office of the State Coroner

The Department for Community Development will immediately notify the Office of the State Coroner of any information obtained as a result of the provision of the above information which could have a bearing on the Coroner's inquiry.

3. Where a child may be at risk of harm

Where the Department for Community Development have reason to believe that a child may be at risk of harm and that information relating to the circumstances of the death of another child might be relevant, post mortem information may be made available by the Office of the State Coroner in the following circumstances:

- any request for information relating to the pathology findings relevant to the death of children.
- the written request should detail the reasons which the Department for Community Development has for requesting such information

- in the cases where the State Coroner's Office is satisfied that legitimate interest of children at risk can be served by releasing information, a summary of relevant injuries would be prepared and forwarded in writing to the Director General, Department for Community Development. Such a summary will identify the location and extent of any relevant injuries
- if information supplied is not sufficient for the purposes of the Department for Community Development or further clarification is required, arrangements can be made for an appropriate officer to speak with the pathologist concerned who if appropriate will discuss and explain any injuries found over the telephone
- post mortem reports themselves will not be released except if Court proceedings are instituted then those reports will be released to the Court in question
- It is to be noted that the pathology findings are extremely confidential. The above information is only released on the basis that the Department for Community Development has an important duty to perform in protecting children from injury. The information is only used for promoting the safety of children believed to be at risk.

CATEGORIES OF CHILD MALTREATMENT

Appendix 1

Child maltreatment allegations are commonly grouped into four main categories which are not mutually exclusive. These categories do not represent 'absolutes' and rarely reflect the complexity of circumstances which surround the harm.

The four categories of child maltreatment allegations are:

Physical Maltreatment

Physical maltreatment can be described as the persistent and/or severe physical harm caused to a child. It includes injuries such as cuts, bruises, burns and fractures caused by a range of acts including beating, shaking, illicit administration of alcohol and other drugs, attempted suffocation or excessive discipline.

Physical maltreatment also includes the deliberate denial of a child's basic needs such as nutrition, medication, shelter and supervision to the extent that injury or impaired development is indicated.

Emotional Maltreatment

Emotional maltreatment includes behaviours such as persistent hostility, rejection or scapegoating of a child, exposure to chronic or serious spousal violence, such that his/her behaviour is disturbed or social, emotional and intellectual development is impaired.

Sexual Maltreatment

Sexual maltreatment includes a wide range of behaviours and activities that expose or subject a child to sexual activity that is illegal and/or is inappropriate to his/her developmental level. In some circumstances (for example sexual behaviour between children), a fine line exists between what is and what is not maltreatment. In these cases, careful consideration of the contextual element of a coercive or power relationship is essential. It is particularly important in relation to sexual behaviour between children that the children's respective ages, developmental level and the nature of the relationship are considered.

Neglect

Neglect is where a child persistently does not receive adequate food, shelter, medical attention or supervision to such an extent that the child's development is or is likely to be damaged or injury occurs or is likely to occur.

The deliberate deprivation of a child's basic needs should be considered within the context of physical or emotional maltreatment.

Neglect must be considered within the context of the social and economic environment in which the child lives and the availability of resources. Where the neglect of children is endemic within a community, consideration should be given to a 'whole of community' approach.