



Government of **Western Australia**  
**Child and Adolescent Health Service**



Our Ref: KM:s/OMR2054

Your Ref: A729564

Hon Dr S E Talbot MLC

Chair

Joint Standing Committee on the Commissioner for Children and Young People

Via email: [jsccecyp@parliament.wa.gov.au](mailto:jsccecyp@parliament.wa.gov.au)

Dear Dr Talbot

## **WRITTEN SUBMISSION INVITATION: INQUIRY INTO THE MONITORING AND ENFORCING OF CHILD SAFE STANDARDS**

Thank you for your correspondence of 17 December 2018 and the opportunity to provide feedback on the inquiry into the monitoring and enforcing of Child Safe Standards.

The Australian Children's Commissioners and Guardians defines a child safe institution as one that consciously and systematically:

- creates conditions that reduce the likelihood of harm to children;
- creates conditions that increase the likelihood of identifying and reporting harm; and
- responds appropriately to disclosures, allegations or suspicions of harm.

Western Australia currently has a voluntary approach to child safe organisations and the Commissioner for Children and Young People (CCYP) has enabling legislation to raise awareness, provide capacity building training and resources and consult with children. The CCYP has developed a suite of resources to support organisations to implement child safe approaches in Western Australia, including guidelines and an organisational self-assessment tool.

In relation to the three components of the terms of reference, I have liaised with my Executive team and enclose an overview of Child and Adolescent Health Service (CAHS) feedback for your consideration.

**The recommendations made by the Commissioner for Children and Young People in the report 'Oversight of services for children and young people in Western Australia'**



The Commissioner's report 'Oversight of services for children and young people in Western Australia' (the Commissioner's report) notes that a number of agencies are responsible for the oversight of services provided to children and young people in Western Australia and that these agencies carry out a range of functions, are invested with diverse powers and have distinct mandates. The Commissioner's report specifically provides an analysis of the services and functions provided by:

1. Office of the Inspector of Custodial Services
2. Mental Health Advocacy Service
3. Chief Psychiatrist
4. Commissioner for Children and Young People
5. Health and Disability Services Complaints Office
6. Auditor General
7. Ombudsman.

CAHS supports the view that agencies with independent oversight functions must have independence and adequate powers to gather information, respond to complaints and report on matters. CAHS is committed to working within the current oversight mechanisms and any future oversight mechanisms put in place.

**The recommendations from the 'Royal Commission into Institutional Responses to Child Sexual Abuse' relating to an independent oversight body responsible for monitoring and enforcing child safe standards**

The Department of Health has established an internal Implementation Working Group to address applicable recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission). The working group has representatives from each Health Service Provider, including CAHS, to drive the implementation process. This will include the implementation of Child Safe Standards.

Recommendation 6.4 from the Royal Commission states that "All institutions should uphold the rights of the child. Consistent with Article 3 of the United Nations Convention on the Rights of the Child, all institutions should act with the best interests of the child as a primary consideration. In order to achieve this, institutions should implement the Child Safe Standards..." Further to this, the *Health Services Act 2016* has as one of its objectives to promote and protect the health status of Western Australians. The Western Australian health system is regulated and is subject to the National Safety and Quality Health Service (NSQHS) Standards. These Standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met and that there are quality improvement mechanisms. The NSQHS Standards are integral to the accreditation process that the Western Australian health system is subject to, and it is envisaged that the Child Safe Standards could be embedded into the NSQHS Standards which are subject to regular scrutiny and a national accreditation process.

## **The response from the State Government of Western Australia to the above recommendations**

The State Government gave in-principle support for recommendations pertaining to Child Safe Standards in its response to the Royal Commission, including:

- a total of ten Child Safe Standards and components (recommendation 6.4-6.6);
- adoption of the Child Safe Standards as part of the new National Statement of Principles for Child Safe Organisations (recommendation 6.7);
- a requirement for all institutions engaged in child-related work through legislation to meet Child Safe Standards (recommendation 6.8-6.9);
- independent oversight of Child Safe Standards (recommendation 6.10-6.11);
- child-focused complaint handling policy and procedure (recommendation 7.7 and 13.6); and
- code of conduct (recommendation 7.8).

The Department of Health, along with other State Government agencies, is committed to implementing these recommendations. The Department of Communities (Communities) is the lead agency in relation to the implementation of Child Safe Standards. To progress implementation of these and other related recommendations for which they are the lead agency, Communities has established a Working Group. The Department of Health and CAHS, through the Statewide Protection of Children Coordination Unit, are represented on this group. Membership includes:

- Office of the Commissioner for Children and Young People;
- Department of Education;
- Department of Local Government, Sport, Recreation and Cultural Industries;
- Catholic Education Office, Western Australia;
- Independent Public Schools;
- Department of Health and the Child and Adolescent Health Service;
- Department of Communities including Education and Care Services, Commissioning and Sector Engagement etc; and
- Department of Justice.

This working group has agreed on a number of principles to underpin the development of the proposed approach to strengthening capacity building and implementation reporting of Child Safe Standards in Western Australia, as well as agreed on a phased implementation plan that:

- leverages off existing agency and peak body functions and aligns with Government reform priorities and commitments; and
- focuses on capacity building including monitoring and reporting to identify trends, patterns and issues.

The implementation plan categorises the approach into work with regulated sectors and work with the unregulated sectors. As noted above, the Western Australian health system

is part of the regulated sector because it has existing formal regulation through the NSQHS Standards, and it is envisaged that the Child Safe Standards could be embedded in these Standards.

The working group has noted that:

- the implementation plan is expected to be a five to ten year plan;
- it is supported by an initial three year phased plan; and
- oversight of Child Safe Standards is being considered alongside this implementation plan.

Members of the working group, including the Department of Health and CAHS representatives, have supported this approach to the implementation of Child Safe Standards, which includes the continuation of the capacity building role of the CCYP.

Once again with thanks.

Yours sincerely

Dr Aresn Anwar  
**Chief Executive**  
**Child and Adolescent Health Service**

/ March 2019

cc Dr David Russell-Weisz, Director General, WA Health  
Dr Victor Cheng, Executive Director, Health Service Management, CAHS