



**Hon Simone McGurk MLA**  
Minister for Child Protection; Women's Interests;  
Prevention of Family and Domestic Violence; Community Services

Our ref: 74-01192

PERTH CORONERS COURT

12 SEP 2017

RECEIVED

Ms Dawn Wright  
Manager Listings  
Office of the State Coroner  
Level 10, Central Law Courts  
501 Hay Street  
PERTH WA 6000

Dear Ms Wright

Thank you for your correspondence dated 13 July 2017 regarding the Coroner's Finding in relation to the death of KLD.

KLD's death in August 2012 was a catalyst for the revision of policy and practice guidance in a number of areas including case transfer and requests for co-workers; relative carer assessments; reporting concerns from contact visits and ensuring children in care under the age of five years should not be on the monitored list.

A detailed report outlining changes to policy and practice following this death was presented by the Department of Communities (Communities) at the Inquest held in January 2017. Additionally, Communities has implemented a number of recommendations made by the Ombudsman of Western Australia.

I advise as follows in relation to the three recommendations made by the Coroner in respect of Communities;

***Recommendation 1***

***I recommend that on the transfer of children in care from one location and set of carers to another, there be appropriate assessment by consultant paediatricians in the new location to record a child's welfare and progress. This is on top of and in addition to their annual health assessments.***

There has been significant work undertaken to develop practice guidance enabling the case transfer of children in care. Case management now follows the child and not the parents. If a child is in the Chief Executive Officer's care and resides outside of the case management district the request is now for transfer and not co-work.

A range of factors are considered and discussed when transferring a case, including care planning, legal requirements, education, contact arrangements and physical, psychological, emotional and behavioural health. Routine and specialist health matters are discussed by senior staff during the transfer process.

Within 20 working days of a child entering care, health care planning commences to identify and treat any immediate health concerns. This provides a preliminary assessment of the child's health and wellbeing across physical, developmental, psychosocial and mental health domains. It aims to identify any immediate health, dietary, and emotional difficulties, sensory deficits and/or behavioural concerns and, where possible, initiate appropriate measures or referrals. A comprehensive health assessment occurs at a later time to fully explore the health and development of the child.

An annual review of the child's health status is also required while a child remains in care.

A general practitioner may provide ongoing health assessments with input from specialist services. When a child has complex medical needs that require specialist input, a specialist may be the more appropriate health assessment provider (e.g. a paediatrician).

The relocation of a child with complex medical needs, particularly when this is to a regional or remote area, takes into consideration if the child's medical needs can be addressed locally.

This recommendation requires further consideration by Communities and the Department of Health who are the provider of paediatric services.

### ***Recommendation 2***

***I recommend all children transferred from one location to another to have a case worker. Only successful long term foster placements should be placed on a Monitored List, after a period of suitable review.***

Since this death there has been significant work undertaken to develop practice guidance to enable the case transfer of children in care and ensuring case management follows the child and not the parents. Revised practice guidance in relation to the transfer of cases involving children in care, requires that:

- requests for case transfer must be resolved, in principle, within five working days and the case transferred in less than four weeks;
- the transferring district must advise the family and agencies verbally and in writing the case has been transferred to another district including the new contact; and
- a case worker as opposed to a tasked co-worker must be allocated for the child which ensures case management is focussed on the child.

The Monitored List is not a list of children considered at risk waiting to be assessed. Subject to initial inquiries and preliminary assessments, which identify the risks and priorities for a case, new or existing cases that cannot immediately be allocated to a caseworker may be allocated to the Team Leader. The Monitored List is actively scrutinised by the Team Leader who ensures that tasks and actions required for cases on the Monitored List are undertaken and actively followed up. Regular reports on the number of cases on the Monitored List are

provided to both the Child Protection and Family Support Management Team and the Community Sector Union.

Current practice requires that cases involving children in care who are two years of age or under must not be placed on the Monitored List. Children in care who are aged between three and five years may be placed on the Monitored List if the decision has been approved by the child protection Executive Director Country Services or Executive Director Metropolitan Services. The decision for a case to remain on the Monitored List must be reviewed by the Team Leader and/or District Director every month and approved by the relevant Executive Director every three months.

Children not in care aged five years and younger may only be placed on the Monitored List after a Safety and Wellbeing Assessment has commenced, the children are not considered at risk of harm, and the decision has the approval of the District Director. If concerns are received for any child on the Monitored List, an urgent review occurs and immediate allocation is required.

### ***Recommendation 3***

***I recommend all contact of DCP workers with children in care be recorded and appropriately assessed in a group meeting to ensure there is adequate supervision of the care and treatment provided to children in departmental care.***

In some situations, contact between a child and their family may need to be supervised. The person supervising contact is either a Family Resource Employee or a Child Protection Worker and details of contact visits must be recorded on the case file. The supervisors must discuss any concerns for the child or parents observed during contact with the Team Leader immediately after the contact visit occurring. Practice requirements include:

- Contact arrangements must be prepared and implemented as soon as possible. This must occur as part of the child's Provisional Care Plan; within seven working days of the child being taken into Provisional Protection and Care, or Care Plan, within 30 working days after a Protection Order is granted.
- The Child Protection Worker must observe contact on a regular basis and advise the parents of the purpose of the observation.
- The person supervising contact, either a Family Resource Employee or Child Protection Worker, must record the details of contact visits in a Contact Feedback Report, which is then placed on the case file.
- Child Protection Workers must support carers to understand the importance of contact, and to give them strategies to manage the challenges that contact can pose.
- Contact supervisors must discuss any concerns for the child or parents observed during contact with their Team Leader immediately after the contact visit.
- The Team Leader must review and quality assure contact reports for children who are on the Monitored List.

Communities agrees supervision is an essential part of supporting staff and promoting good service delivery. Individual supervision must be provided by the line manager/supervisor and includes formal scheduled sessions and informal unscheduled discussions. All staff must receive a minimum of one formal individual supervision session per month with their line manager/supervisor.

Group supervision and multidisciplinary case consultation involving other team members, specialist district staff and other members of the child's care team, can and does occur as considered necessary.

Thank you for bringing this matter to my attention.

Yours sincerely

HON SIMONE MCGURK MLA  
**MINISTER FOR CHILD PROTECTION; WOMEN'S INTERESTS;  
PREVENTION OF FAMILY AND DOMESTIC VIOLENCE; COMMUNITY SERVICES**

- 4 SEP 2017