Submission for the National Competition Policy: National approach to worker screening in the care and support economy

Our holistic support to children, young people, and families

Parkerville Children and Youth Care is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.
We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential.
We have been working alongside vulnerable children, young people, and their families for over 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out-of-home care, and early intervention and prevention services. The future of those we serve depends on what we do in the present to support them to reach their potential.

Our Purpose

Our purpose as an organisation is to support children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.

Our Vision

We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential.

Our Values

As a strong, values-based organisation, we are dedicated to an ongoing journey of self-awareness, learning and improvement in everything we do because the children and young people with whom we work deserve nothing less.

Bold and courageous: We stand up for what is right and amplify the voices of the children, young people, families, and communities we support.

Curious and humble: We search out information and data that will help us remain at the forefront of all that we do.

Caring and respectful: We acknowledge and embrace the diversity and individuality of everyone we meet and those we serve.

Hopeful: We believe in the power of positivity and are optimistic about change, having faith that together we can overcome any challenge we may face.

Truthful and accountable: We are committed to being open, honest, and taking responsibility for our actions.

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Parkerville CYC's services

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011), Midland (2019), and Rockingham (2024). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaboration and knowledge-sharing.
- **Therapeutic Services:**
  CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.
  PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC have had children in our care for the entirety of our 122-year history. We are implementing an innovative, award-winning new model, Our Way Home: radically personalised shared care, that focuses on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families. We care for children through a mixed provision across family group homes, foster care, and temporary care homes.

Early Intervention, Prevention and Youth Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school system and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences.
- **Kids' Hub:** multi-disciplinary approach to providing comprehensive mental health/wellbeing services for children aged 0-12 years, targeting mild to moderate emerging complexity. This service is a collaboration with Koya Aboriginal Corporation, Pregnancy to Parenthood, Lifespan Psychology Services, and MIFWA.
- **Family Support Network:** an early intervention program that connects families with coordinated services to strengthen child safety and prevent entry into out-of-home care.
- **Intensive Family Support Service:** in partnership with Koya Aboriginal Corporation, this service will provide practical, in-home support to families who are engaged with the Department of Communities (Child Protection), where children are either at significant risk of entering out-of-home care or are working towards reunification with their families.
- **Education Employment and Training Program (EET)**: For young people at extreme educational risk due to trauma, mental health, family issues.
- **Support and Community Services (SACS):** For families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Young Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Ruby's Reunification Program:** seeks to prevent youth homelessness through part-time accommodation, whilst engaging and supporting the family with counselling and practical support. It aims to foster hope for staying together or reunification, and keep young people out of the youth (and ultimately adult) homelessness sector.

Introduction

Parkerville Children and Youth Care welcomes the opportunity to contribute to the Treasury consultation on a national approach to worker screening in the care and support economy. Our submission draws on extensive experience in child safety, trauma-informed care, and continuous improvement, as well as sector-leading practice in Western Australia. We support reforms that strengthen accountability, transparency, and consistency, while remaining responsive to the realities of complex service environments.

Summary of High-Level Reflections and Recommendations

Parkerville supports a national worker screening approach that is rigorous, portable, and responsive to the realities of complex service environments. This could include a tiered system, with baseline checks for all staff whose roles bring them into contact with children and young people, and enhanced checks for high-risk roles, to ensure proportionate and robust safeguards.

Legislation should align with national child safety standards and provide clear, sector-specific guidance to help organisations navigate overlapping regulatory and accreditation schemes. Screening must also ensure continuity of support as young people transition into adulthood, recognising that vulnerability and the need for positive, healing relationships do not end at 18. Streamlined processes, real-time information sharing, and a commitment to continuous improvement will help organisations to maintain high standards and create environments where children and young people can thrive. Our recommendations, developed from our work with children and young people impacted by trauma and adversity, include:

Expansive and Tiered Screening Obligations: Screening should extend beyond frontline practitioners to include all staff whose roles bring them into contact with children and young people, with enhanced checks for high-risk/more complex environments and roles.

Sector-Specific Guidance and Streamlined Processes: Clear, practical, and sector-specific resources are needed to help organisations interpret and apply requirements efficiently across diverse service contexts, reducing confusion and duplication.

Alignment with National Standards and Continuous Improvement: Legislation should align with the National Child Safe Principles and support ongoing self-assessment, sector learning, and collaboration to drive continuous improvement in child safety.

Continuity of Safeguards Across Age and Service Transitions: Screening systems must ensure continuity of support and safeguards as young people transition between child and adult services, recognising that vulnerability and the need for positive relationships do not end at 18.

Real-Time Information Sharing and Mandatory Reporting: Robust mechanisms for timely access to information, proactive notification, and mandatory reporting are essential to close loopholes and uphold the highest standards of safety and accountability.

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Parkerville's Child Safe Journey: From Compliance to Embedding Child Safety

At Parkerville, safeguarding children is a holistic, organisation-wide commitment that goes far beyond compliance with Working with Children Checks (WWCC). Our approach is grounded in a culture of continuous reflection, robust child safe practices, and a deep belief that every child's safety and wellbeing must be actively promoted through a comprehensive suite of strategies, policies, and values. Parkerville was the first organisation in Western Australia to achieve Child Safe accreditation with the Australian Childhood Foundation in 2016, and was re-accredited in 2019. We consistently adhere to the highest ethical standards and are in full alignment with Australia's National Child Safe Principles.

An expansive approach to Child Safe

Truly embedding and integrating Child Safe into the fabric of the organisation has, by intent and necessity, led us to reflect in a more expansive manner about how our practice aligns with the principles of creating a child-safe culture and environment – for instance, how it is not possible to separate a trauma-informed approach from a child safe one, or how a child's safety and wellbeing should be prioritised within the context of their family and community.

Therefore, whilst compliance-led models have their place, particularly in the early stages of an organisation's journey - Parkerville sees Child Safe as part of an interlaced fabric across our practice.

The Parkerville Context: Why Broader Safeguards Are Needed

For environments where children and young people impacted by trauma are regularly present – in Parkerville's case, including accessing support in one of our Centres or sites, or living in one of our residential programs - Principle 5 of the National Child Safe Principles compels us to ensure that every adult, not only frontline practitioners, is both suitable and actively supported to reflect child safety and wellbeing values in practice. Working with Children Checks are a vital mechanism, but in our context, safeguards must extend to all staff whose roles bring them into contact with children, recognising that a truly child-safe organisation is built through a collective commitment to vigilance, accountability, and continuous improvement; where WWCCs work in concert with other organisational practices to foster environments in which children can thrive.

The Nature of Our Environments

At Parkerville's Child, Youth and Family Centres, children and young people impacted by trauma and adversity access support in purpose-designed, trauma-informed spaces that are intentionally welcoming, safe, and empowering. These Centres are dynamic environments where children and families move in and out as part of daily service engagement, and where the physical design, ethos, and operations are all tailored to foster trust, autonomy, and healing. Importantly, the presence of staff extends beyond frontline practitioners to include administration, HR, IT, maintenance, and other corporate functions, all of whom may interact with children or be present in shared spaces as part of business as usual. This same diversity of roles is present at our Parkerville campus at which our Education, Employment and Training program is based, and in our residential settings, such as Our Way Home out-of-home care residences. For both, Parkerville's ancillary staff, such as IT and - more regularly - maintenance, must sometimes visit to ensure the safety, comfort, and functioning of the properties.

Thematic Responses to Consultation Questions

The following responses are grouped under four key themes, reflecting Parkerville's recommendations and sector experience.

Theme 1: Current Challenges & Benefits

Consultation Question	Parkerville Response & Recommendations
Q1. Main challenges and other issues in worker screening?	The challenges outlined - fragmentation, inconsistent information sharing, and loopholes such as the supervision exemption - are well-recognised. In our dynamic, trauma-informed environments, children and young people interact with a broad range of adults, including ancillary staff, whose roles may not be formally classified as "child-related work" but who still have the potential to shape the safety and wellbeing of those we support. When screening focuses only on direct care roles, it risks missing these important interactions and the unique vulnerabilities present in settings like out-of-home care and therapeutic programs. Overlapping regulatory and accreditation schemes have the potential to create confusion and duplication. Streamlined, sector-specific guidance would help organisations like ours apply requirements more efficiently and consistently. A key gap is the lack of real-time information sharing about individuals who may pose a risk. Delays or siloes in sharing critical updates can leave children and young people exposed to harm. We need systems that enable timely, proactive notification so organisations can act swiftly to protect those in their care. Finally, vulnerability and the need for support do not end at 18. Screening must ensure continuity of safeguards as young people transition between child and adult services, so their opportunities for healing and growth are not interrupted.
Q2. What works well in current screening systems?	The NDIS Worker Screening Check's provision of continuous monitoring and real-time alerts for new criminal offences or adverse findings is a key strength, helping to ensure that only suitable individuals retain clearance. This is in contrast with the inconsistency across jurisdictions of continuous monitoring for WWCCs. We support a national approach that builds on the NDIS model, ensuring that the worker screening check/s is subject to robust, real-time, national continuous monitoring. This would close current gaps and enable prompt risk identification and response, regardless of where they occur.
Q3. Do proposed benefits meet expectations? Any others?	Anticipated benefits such as improved safety, reduced duplication, and increased workforce mobility are strongly aligned with the needs of our sector, and have been emphasised by the Royal Commission into Institutional Responses to Child Sexual Abuse and international reviews such as the UK's Independent Inquiry into Child Sexual Abuse (IICSA). Both inquiries found that fragmented and inconsistent screening systems enabled individuals who posed a risk to children to move between roles and jurisdictions. For Parkerville, the most critical benefit is a system that closes these gaps through national consistency, robust information sharing, and continuous monitoring. We also see value in reforms that explicitly embed child safety principles, mandate sector-specific guidance, and support a culture of continuous improvement; ensuring that screening is not just a compliance exercise, but a proactive safeguard for children and young people, especially those impacted by trauma and adversity.
Q4. Key issues and solutions for national consistency?	National consistency must be about ensuring that every child (and every person receiving care and support), regardless of where they live or receive care, is protected by the same high standards. In our work, we see how inconsistencies between states and sectors can create real vulnerabilities, with people who pose a risk to children able to move between roles or jurisdictions without proper scrutiny. This is a live and practical challenge for organisations committed to child safety.

	One route to address this safeguarding imperative could be a truly integrated, national barred list, similar to the UK's Disclosure and Barring Service, to ensure that anyone found unsuitable in one context is prevented from working with children anywhere else; supported by mandatory, timely reporting of adverse findings and clear, harmonised risk assessment criteria. National consistency should mean that no matter where a child is cared for, the safeguards are equally robust and systemic gaps or inconsistencies cannot be exploited.
Q5. How to uphold safety and improve efficiency?	Parkerville supports moving to digital ID verification, a single application portal, and continuous monitoring; but efficiency should not come at the expense of safety. Throughout their journey with Parkerville, children affected by trauma and adversity may interact with a range of adults beyond their core support staff. This can include maintenance, admin, and IT staff who share their spaces in the delivery of vital ancillary services. Screening systems need to reflect this complexity: it is not enough to streamline processes for the majority; we need flexibility to ensure that everyone who enters a child's environment is appropriately checked and supported. For us, a truly effective system is one that enables organisations to uphold best practice in child safety, but never lets convenience override the need for robust, context-sensitive safeguards.
Q6. Barriers/opportunities for specific groups or organisations?	In complex service environments like ours, safeguarding is not limited to frontline practitioners. Children and young people impacted by trauma interact with a wide range of adults, who may be present in shared spaces as part of daily operations. Screening systems that focus only on direct care roles risk overlooking these important interactions and the heightened vulnerabilities present in settings like out-of-home care. The lack of flexibility and clarity in current screening systems do not always account for the realities of dynamic, trauma-informed environments. Organisations must also navigate multiple, sometimes overlapping, regulatory and accreditation schemes: sector-specific guidance and streamlined processes are needed to help organisations interpret and apply requirements efficiently across diverse service contexts. Importantly, vulnerability does not end at 18. Many young people supported by organisations like ours continue their journey of healing, growth, and skill-building into adulthood. Screening systems must ensure continuity of safeguards and positive support as young people transition between child and adult services, so that their opportunities to thrive are not interrupted by gaps in protective practice. A more expansive, tiered approach to screening would better reflect the realities of our sector and support genuine child safety.

Theme 2: Design Features

Consultation Question	Parkerville Response & Recommendations
Q7. Are design elements comprehensive? What's missing?	The key design elements are comprehensive, but Parkerville recommends explicitly including sector-specific guidance, cultural safety, and mechanisms for continuous improvement. These additions are critical for ensuring the approach is effective in diverse and complex service environments.
Q8. Synergies/tensions between design elements?	There are clear synergies in the proposed design elements, such as increased portability, continuous monitoring, and digital integration, which can streamline processes and strengthen safety for children and young people. However, efforts to harmonise and streamline screening must balance the need for national consistency and safety with the need to adapt to the real-world diversity of care

	settings, such as in out-of-home care or co-location of multiple child-centred trauma-informed services in a single setting. Meaningful stakeholder engagement is essential to resolving these tensions. This means not only consulting with service providers and regulators, but also actively involving children, young people, and families in the design and implementation of screening reforms. Their lived experience is critical to ensuring that safeguards are practical, accessible, and genuinely protective. We also recommend that sector-specific resources go beyond guidance for organisations: they should include accessible, child- and youth-friendly materials that help those receiving care to understand their rights, what safe practice looks like, and how to speak up if they feel unsafe. This approach supports continuous improvement and empowers children and young people as active participants in their own safety, ensuring that reforms are both effective and meaningful across diverse care settings.
Q9. How to incorporate key design elements for sustainability?	A sustainable national approach must recognise that vulnerability is not age-bound. Many children and young people accessing services present with complex needs that require longer-term support, and their safety and wellbeing must remain central as they transition into adulthood. A strength-based system acknowledges this continuity and builds in safeguards that follow individuals across life stages and service systems. To achieve this, the scheme must enable cross-sector oversight of workers. Risk does not stay within sector boundaries; workers who pose harm may move between domains such as children's services and disability support to avoid detection. Embedding data-sharing mechanisms and a centralised screening framework is critical to ensure that concerning conduct is visible and acted upon, regardless of where it occurs. The UK's Disclosure and Barring Service (DBS) offers a useful model in its provision of national coordination, access to barred lists, and portability of checks across roles and sectors. A similar approach in Australia would support consistent safeguarding, reduce duplication, and ensure that screening reflects the realities of the care economy.
Q10. Do common features support a national approach? Why?	A national approach to worker screening must do more than harmonise compliance; it should actively strengthen safety and wellbeing for children and young people, especially those with complex needs and ongoing vulnerability. The common design features outlined in the consultation document provide a strong foundation, but their effectiveness depends on how they are implemented in practice. From our experience, the most critical elements are: • **Centralised and coordinated screening**: National consistency is essential, but it must be matched by robust, real-time information sharing across jurisdictions and sectors. This prevents individuals who pose risks from exploiting gaps and ensures that concerning conduct is visible wherever it occurs. • **Expansive and context-sensitive safeguards**: There should be facility for screening to extend beyond frontline roles to include all staff whose work routinely brings them into contact with children, reflecting the realities of diverse service environments. In settings like ours, vulnerability is frequently not limited by age or circumstance, and safeguarding must be holistic and enduring. • **Strength-based, child-centred practice**: The system should empower organisations to create environments where children and young people feel safe,

	valued, and able to thrive. This means embedding child safety as a core value, listening to children's voices, and supporting families and communities to build capacity and resilience. • **Sector-specific guidance and support**: Practical resources and tailored training are needed to help organisations interpret and apply new requirements, ensuring reforms translate into meaningful, context-sensitive practice. While the common design features are a positive step, their success will depend on ongoing collaboration, continuous improvement, and a shared commitment to child safety that goes beyond minimum standards.
Q11. Additional design features or gaps?	There are several additional features, drawn from international best practice, that would strengthen Australia's national worker screening approach and address current gaps: • **Ongoing status checks and inclusion of 'soft' local police data:** Implementing ongoing status checks and integrating local police data like intelligence, allegations, and workplace conduct, would enable real-time monitoring of workers' criminal and safeguarding information. Adopting this approach, as seen in the UK's Enhanced DBS system, would help identify risks earlier and support more responsive safeguarding, rather than sole reliance on convictions. • **National barred list mechanism and mandatory reporting:** Implementing a robust national barred list and mandatory employer reporting, similar to the UK model, would help to prevent unsuitable individuals from working with vulnerable groups and ensure that adverse findings are consistently referred and acted upon, strengthening cross-sector accountability and closing loopholes. • **Tiered approach to screening:** A two-tier model, with baseline checks for all staff who will likely come into regular contact with children, and enhanced checks for those in direct, unsupervised, or high-trust roles, would be especially beneficial for organisations like Parkerville. This approach recognises that ancillary staff (such as maintenance, admin, or IT) may still interact with children and young people and should be screened appropriately, while those in frontline or high-risk roles require deeper scrutiny. The UK's Enhanced DBS check provides a useful model for this kind of proportionality and depth.

Theme 3: Preferred Model

Consultation Question	Parkerville Response & Recommendations
Q12. Preferred model and reasons?	Parkerville supports Option 2: a single national check. This model offers uniformity, portability, and continuous monitoring, aligning with international best practice. Importantly, a single integrated screening system addresses a critical reality in our work: the need for vigilance in safeguarding does not end when a young person turns 18. The vulnerabilities and intersecting complexities that bring children and young people to our services - such as those in out-of-home care and transitioning into leaving care programs, or being supported in youth homelessness diversion programs into supported accommodations services - do not disappear overnight. For many, the risks and support needs remain just as acute after their 18th birthday as before. A single, integrated check ensures continuity of protection and closes gaps that could otherwise be exploited as young people move between child and adult services.

	To address the diversity of roles and risks, Parkerville also recommends a two-tier approach: a standard check for all staff whose roles bring them into contact with children and young people, and an enhanced check for frontline staff and those working in settings with a different or enhanced risk profile. This ensures that both ancillary and direct care staff are appropriately screened, reflecting the heightened risks in certain environments and supporting seamless safeguarding across age thresholds and service transitions.
Q13. Alternative models for efficiency and safety?	As noted above, Parkerville recommends considering a two-tier system: baseline checks for all staff, and enhanced checks for high-risk roles. This approach balances administrative practicality with robust protection for children impacted by trauma and adversity. In environments with heightened risk, enhanced checks, training, and supervision should be considered for all staff whose roles bring them into contact with children.

Theme 4: Risks & Transition

Consultation Question	Parkerville Response & Recommendations
Q14. Risks or unintended consequences and mitigation?	A key risk is losing the child-specific focus that comes with a dedicated Working with Children Check, if a single generalist check is adopted across all sectors. Parkerville cautions that a generalist approach may dilute the safeguards needed for children, especially if it does not account for the unique risks in more complex child-facing environments. There is also a risk that the system could inadvertently exclude workers who are present in children's lives but not working directly with them, such as ancillary staff in shared spaces, if screening is limited to direct care roles. Parkerville recommends that the national approach maintain a strong child safety lens, ensure that both direct and indirect contact roles are covered, and avoid creating barriers for workers who support children in complex environments. Mitigation strategies include embedding child-specific criteria, maintaining sector-specific standards where needed, and ensuring that ancillary staff are included in screening requirements.
Q15. Transitional arrangements needed for implementation?	Parkerville recommends that transitional arrangements be designed with careful attention to the intersection of worker screening reforms and the various sector Standards and accreditation frameworks to which organisations like ours are subject. Sector-specific guidance should clarify how new screening requirements align with existing obligations under child safety, out-of-home care, mental health, and other regulatory standards, to avoid confusion and duplication. Continuity of care is paramount in our sector, where for many children, the adults being screened are not just staff; they are the people responsible for their daily wellbeing, safety, and sense of home. Disruption to screening processes must not result in instability or loss of trusted relationships for children, especially those impacted by trauma and adversity. Transitional arrangements should therefore ensure that children's care environments remain stable, that staff are supported to meet new requirements without unnecessary disruption, and that organisations have clear, practical pathways to maintain compliance with both new and existing standards. This includes timely communication, practical support for staff and organisations, and mechanisms to address any gaps or overlaps between old and new systems.

Concluding reflections

Parkerville Children and Youth Care welcomes the opportunity to contribute to the development of a national approach to worker screening in the care and support economy. Our experience demonstrates that safeguarding is most effective when it is holistic, context-sensitive, and embedded across all aspects of organisational culture and practice.

A truly child-safe system recognises that vulnerability and the need for support do not end at 18, and that children and young people thrive when surrounded by adults who are not only screened, but actively committed to their wellbeing. In dynamic, trauma-informed environments, every adult, whether in a frontline or ancillary role, plays a part in fostering safety, trust, and healing.

We urge that reforms prioritise expansive and tiered screening obligations, robust sector-specific guidance, and mechanisms for continuous improvement. Streamlined processes and clear alignment with national standards will help organisations navigate complex regulatory landscapes and maintain high standards of safety and accountability.

Above all, a national approach must empower organisations to create environments where children and young people feel safe to dream, to heal, and to reach their fullest potential. By embedding child safety as a core value and fostering a culture of shared learning and vigilance, we can ensure that reforms deliver meaningful, lasting change for those who need it most.

Parkerville looks forward to ongoing collaboration with government and sector partners to realise this vision and strengthen the care and support economy for all children, young people, and families.

Yours sincerely,

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