



Western Australia

**Mandatory Trauma-Informed Training for
Child Welfare Bill 2023**

Explanatory Memorandum

Children require stable, sensitive, and nurturing relationships and environments in order to reach developmental milestones and fulfil their potential. This overwhelming need for stable and supportive environments is, unfortunately, not always met. At least one child or young person was present at 23 832 family and domestic-related incidents attended by WA police in 2012–13; just over half of all incidents. Children who experience first-hand family violence, abuse, or neglect are vulnerable to becoming extremely distressed, and this exposure is a form of child abuse. Prolonged exposure to these circumstances has the potential to significantly impact a child or young person. Not only do these experiences disrupt developmental milestones, but they also cause the child to mistrust others, can lead to stress sensitivity, and can dangerously affect their future learning by having profound effects on the child's mental and physical health and wellbeing.

Furthermore, children who have experienced trauma, abuse, or neglect find it increasingly difficult to regulate their behaviour or self-soothe, displaying signs of 'hyperactivity', or developmentally inappropriate, disruptive, and destructive behaviours. Other potential effects include depression, anxiety, antisocial behaviour, mood problems and difficulties at school. Research also suggests that eating disorders, suicide attempts, and violence may also result from exposure to family violence.

In 2012, around 3400 children and young people were living in out-of-home care in WA, a rate of 6.1 per 1000. Children and young people in out-of-home care experience a greater potential for interrupted schooling and a greater likelihood of unemployment, contact with the youth justice system, and alcohol and drug problems. They are more likely to experience poorer mental health outcomes and have an increased risk of homelessness.

When working with children and young people, it is vital to understand the non-linear healing process for children, and the ways in which trauma can severely negatively impact the child's development, as well as their ability to trust and feel safe around adults. Without the correct training, those who work with children with trauma may, without even being aware, re-traumatise or cause the child to relive experiences detrimental to their mental well-being. Many adults who care for children – such as teachers, early childhood educators, paediatric nurses, doctors, midwives, and juvenile detention centre workers (among numerous others who currently hold a Working with Children Check or are listed as a Mandatory Reporter under the Children and Community Services Act 2004) – are not adequately trauma-informed. The lack of mandatory trauma-informed training for individuals who work with children is far from ideal. Children with trauma should never be made to feel unsafe when experiencing care under professionals. Introducing mandatory trauma-informed care aims to prevent

distrust and ensure all children and young people have equal opportunities to develop, gain a strong sense of well-being, and have a reliable and enjoyable future.

Trauma-informed care is an approach that recognises the widespread impact of trauma on an individual and aims to consider the totality of a person's life. Trauma-informed care is based on recognising the signs of trauma, integrating knowledge about trauma into policies, procedures and practices, and actively avoiding re-traumatisation.

Adopting a trauma-informed care approach is vital for children, as childhood trauma can have intense impacts on their development, well-being, and futures. This approach is informed by several key principles that are essential to providing adequate care for children. Under a trauma-informed care approach, children must feel safe and decisions must be made with transparency, allowing for trust to be built and maintained. Individuals with shared experiences should be present in the delivery of services, and shared decision-making should be prioritised. Moreover, a child's strengths should be recognised and encouraged, and a belief in the child's resilience and ability to heal must be emphasised. Finally, biases, stereotypes and historical trauma must be recognised and addressed when providing this care. By recognising the unique impact of trauma on a child, trauma-informed care can support them to heal, develop resilience, and thrive in a safe and nurturing environment.

Mandatory reporting is the legal requirement for all doctors, nurses and midwives, teachers, police officers, and boarding supervisors to report their reasonable belief that a child is experiencing physical or sexual abuse to child protection authorities. Understanding the complexities and life-long impact of trauma should be a vital component of all mandatory reporters' practices and report-making processes. The child or young person with whom they are working should feel supported, secure, and safe, and the reporter should take into account the child's wishes and whether making a report at that moment is the best thing for that child. In some cases, making a report may lead the child to feelings of distress, helplessness, or frustration, and in others, may result in the removal of the child from the care of the parental figure who requires support and services to assist them in leaving the situation safely with their child.

Through the creation and implementation of this bill, we aim to ensure all those who work with or care for children for any period of time have an informed understanding of how trauma, including abuse and neglect, affect children and young people, while also developing confidence in identifying children at risk, and understanding the complexities of making a report when it is believed a child is being abused, neglected, or a risk to themselves or others.



Western Australia

Mandatory Trauma-Informed Training for Child Welfare Bill 2023

A Bill for an Act to; mandate trauma-informed care checks for all individuals who work with children for the safety and protection of all children; ensure all mandatory reporters are informed by trauma-informed care principles; and ensure all individuals working with children understand the complex impact of trauma and are trained correctly and accurately to work with children with trauma responses and behaviours.

Part 1 — Preliminary

1. Short title

This is the *Mandatory Trauma-Informed Training for Child Welfare Act 2023*.

2. Commencement

All sections of this Act commence on the day on which this Act receives Royal Assent (*assent day*), except—

- (a) sections 13(2)(a) and 13(2)(b) commence 1 November 2023;
- (b) sections 13(2)(c) and 13(2)(d) commence 1 May 2024;
- (c) section 13(2)(e) commences 1 November 2024; and
- (d) section 13(2)(f) commences 1 May 2025.

3. Terms used

In this Act—

child means a person under the age of 18 years;

childcare service has the meaning given to—

- (a) education and care service in the *Education and Care Services National Law (Western Australia) Act* section 5(1); and
- (b) childcare service in the *Child Care Services Act 2007* section 4;

child-related business means child-related work carried out by an individual for gain or reward otherwise than in the course of child-related employment

child-related employment means—

- (a) child-related work carried out by an individual under a contract of employment or training contract (whether written or unwritten);
- (b) child-related work carried out on a voluntary basis by an individual under an agreement (whether written or unwritten) with another person;
- (c) child-related work carried out by an individual as a minister of religion or in any other capacity for the purposes of a religious organisation; or
- (d) child-related work carried out by a student with another person that may or must be undertaken as part of the student's course of study;

child-related work means any work where the usual duties of the work involve or are likely to involve contact with a child in connection with at least one of the categories of child-related work, as specified in section 6 of the *Working with Children (Criminal Record Checking) Act 2004*;

Class 1 offence has the meaning given to that term in the *Working with Children (Criminal Record Checking Act) 2004* section 7(1);

Class 2 offence has the meaning given to that term in the *Working with Children (Criminal Record Checking Act) 2004* section 7(2);

Class 3 offence means an offence that is not a Class 1 offence or a Class 2 offence;

contact includes any form of physical contact, oral communication and/or electronic communication;

managerial officer means—

- (a) a managerial officer, as defined in the *Child Care Services Act 2007* section 3, in relation to a body corporate that holds a licence under that Act; or
- (b) a person with management or control, as defined in the *Education and Care Services National Law (Western Australia)* section 5(1), in relation to an education and care service under that Law; and
- (c) is taken for the purposes of this Act to carry on a child-related business; and
- (d) if the person does not carry out any child-related work as a managerial officer, is taken for those purposes to carry out child-related work in connection with a childcare service;

mandatory reporter means all doctors, nurses and midwives, teachers registered under the *Teacher Registration Act 2021*, police officers and boarding supervisors;

officer means a person employed or engaged by the Department of Communities, whether as a public service officer or under a contract for services;

TIC means trauma-informed care;

TICTIC means the Trauma-Informed Care Training Implementation Committee;

trauma means the lasting emotional response that results from lived experiences of distressing events, including -

- a) emotional, sexual or physical abuse;
- b) violence;
- c) neglect;
- d) discrimination; and
- e) other adverse events

WWC Check means Working with Children Check; and

WWC Card holder means that an individual has been issued with an Assessment Notice after their application or renewal for a Working with Children Check has been successful.

Part 2 — Trauma-Informed Care
Division 1 — Trauma-Informed Care foundations

4. Trauma-Informed Care framework

- (1) Trauma-informed care is a framework for the delivery and access of services that recognise the widespread nature of trauma, and that people may be affected by trauma.
- (2) TIC aims to—
 - (a) recognise the widespread impact of trauma;
 - (b) recognise the signs and symptoms of trauma;
 - (c) integrate knowledge about trauma into policies, procedures and practices; and
 - (d) actively avoid retraumatisation.

5. Consequences of implementing TIC training

The implementation of TIC training should—

- (a) improve engagement of service providers and recipients;
- (b) improve adherence of service recipients to treatment;
- (c) improve health outcomes and wellness;
- (d) help reduce avoidable care and excess costs for the health and social service sectors; and

- (c) reduce burnout amongst service providers.

Division 2 — Trauma-Informed Care training implementation and requirements

6. Duties of the TICTIC

- (1) The TICTIC, advised by child protection services, the Department of Communities and the Department of Health, will create TIC training guidelines to allow for registered accredited bodies, as outlined in section 9, to deliver both online and in-person TIC training.
- (2) The TICTIC will create TIC training guidelines whereby—
 - (a) stage 1 is required for all WWC Card holders; and
 - (b) stage 2 is required for all individuals specified in section 7(2).
- (3) Stage 1 TIC training will be broadly applicable across all professions and stage 2 TIC training will be more comprehensive, detailed and in-depth.
- (4) The TICTIC will develop online refresher courses on TIC that will be freely available to all, and that will be frequently reviewed to ensure relevancy and efficacy
- (5) The TIC training guidelines for both stages will incorporate the following principles of TIC —
 - (a) safety, wherein children and providers feel physically and psychologically safe;
 - (b) trustworthiness and transparency, wherein decisions regarding children are made with transparency, to build and maintain a trusting relationship between child and provider;
 - (c) peer support, wherein the importance of integrating individuals with shared or lived experience into the TIC training course is acknowledged;
 - (d) collaboration, wherein power differences are levelled to support shared decision-making;

- (e) empowerment, wherein the TIC training acknowledges and emphasises the importance of validating and building on strengths, believing in the resilience of the child and their ability to heal from trauma; and
 - (f) humility and responsiveness, wherein the TIC training emphasises the importance of recognising and addressing biases, stereotypes and historical trauma.
- (6) The TICTIC will conduct reviews of the *Mandatory Trauma-Informed Training for Child Welfare Act 2023* as outlined in Part 5

6A. TICTIC members and functions of their meetings

- (1) The TICTIC members must include -
- (a) the children and young people commissioner;
 - (b) members appointed by the Minister for Child Protection;
 - (c) the TICTIC chairperson as appointed by the Minister for Child Protection; and
 - (d) the TICTIC deputy chairperson as appointed by the Minister for Child Protection
- (2) The Minister for Child Protection must appoint at least 8, but no more than 10 members to the TICTIC.
- (3) The Minister for Child Protection can only appoint a person as a member of the TICTIC if satisfied that the person has not already been a member of the TICTIC and -
- (a) has qualifications, experience of expertise in one or more of -
 - (i) psychology;
 - (ii) education;
 - (iii) working with Aboriginal and Torres Strait Island children and young people;
 - (iv) social work;
 - (v) children and young people's mental health;
 - (vi) child protection;
 - (vii) childhood trauma;
 - (viii) youth justice; or
 - (ix) youth work.
 - (b) is a member or employee of an organisation relevant to exercising the functions of a committee member; or
 - (c) is a Police officer with at least 2 years of experience working with children, young people, and families.
- (4) The appointment of a member under this section is for no longer than 3 years.
- (5) A member of TICTIC must take all reasonable steps to avoid conflict of interests, that will impair their ability to exercise the committee's functions.

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- (6) The Minister may end the appointment of a member if -
- (a) a member is convicted, or found guilty of an indictable offence in Australia;
 - (b) a member is convicted or found guilty of an indictable offence outside of Australia, which if committed in WA would be an indictable offence;
 - (c) a member is absent from 3 consecutive meetings of TICTIC, other than those approved by leave; or
 - (d) a member is physically or mentally incapable of exercising their role on TICTIC.
- (7) The Chairperson must preside all meetings at which they are present.
- (8) The Deputy Chairperson must preside all meetings at which the Chairperson is absent.
- (9) TICTIC business can only be continued if at least half of the members, and the Chairperson or Deputy Chairperson are present.
- (10) At a meeting, each member with the exception of the presiding member has one vote, and if votes are tied, the presiding members will vote as a tiebreaker.

7. Who is required to undergo TIC training

- (1) All WWC Card holders are required to undergo stage 1 TIC training.
- (2) All WWC Card holders who engage in child-related work once or more per week are required to undergo stage 2 TIC training if—
 - (a) their work involves, or is likely to involve contact with a child in one or more of the following settings—
 - (i) childcare services, community kindergartens or educational institutions for children;
 - (ii) coaching or private tuition services of any kind, but not including informal arrangements entered into for private or domestic purposes;
 - (iii) accommodation or care of children, either in residential or private residences, but not including informal arrangements made by the parent or guardian of the child concerned or accommodation or care provided by a relative of the child;
 - (iv) placement arrangement or secure care arrangements;
 - (v) the performance of an office;
 - (vi) detentions centres;
 - (vii) community child health services;

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- (viii) counselling or other support services;
 - (ix) religious organisations;
 - (x) clubs, associations or movements wherein over 50% of the membership or involved persons are children, but not including informal arrangements entered for private or domestic purposes;
 - (xi) a ward of a public or private hospital in which children are ordinarily patients;
 - (xii) a baby sitting or child-minding service, but not including informal arrangements entered into for private or domestic purposes;
 - (xiii) an overnight camp, regardless of the type of accommodation or number of children involved;
 - (xiv) a transport service specifically for children or a school crossing service; or
 - (xv) a children's entertainment or party service;
- or
- (b) they work as one of the following occupations—
 - (i) social worker;
 - (ii) youth justice officer;
 - (iii) community development officer; or
 - (iv) mental health worker.
- (3) Any individual may undergo TIC training if they so desire.

8. Implementation of TIC training

- (1) Applicants for a WWC Check must simultaneously initiate stage 1 TIC training.
- (2) Stage 1 TIC training must be completed within three (3) months of successful renewal or application for a WWC Check.
- (3) Individuals required to undergo stage 2 TIC training under section 7(2) must complete stage 2 TIC training within six (6) months of a successful renewal or application for a WWC Check.
- (4) Individuals identified under section 7 must undergo annual online refresher courses to ensure their knowledge of TIC is relevant and that they are able to apply their expertise in their work.
- (5) All individuals must undergo TIC training with a registered accredited body.

8A. Requirements of Stage 1 and 2 TIC Training

- (1) Stage 1 training must consist of -
 - (a) an introduction to trauma including -
 - (i) understanding the definition of trauma; and
 - (ii) covering topics that address the multiple types of trauma, such as physical abuse, neglect, sexual abuse and witnessing violence;
 - (b) the impact of trauma including -
 - (i) short and long-term effects of trauma on brain development, behaviour and overall well-being; and
 - (ii) understanding the concept of adverse childhood experiences (ACEs) and their potential lifelong impact;
 - (c) trauma-informed care principles including -
 - (i) introduction to trauma-informed care principles; and
 - (ii) the core components of trauma-informed approach, such as safety, trustworthiness, choice and collaboration and empowerment;
 - (d) trauma-sensitive communication including -
 - (i) developing effective communication skills to interact with children, families and other professionals in a trauma-informed manner;
 - (ii) emphasising active listening, empathy and respectful engagement;
 - (e) trauma screening and assessment including -
 - (i) learning about trauma screening tools and assessment techniques to identify trauma exposure and its potential impact on children and families; and
 - (ii) understanding the importance of conducting trauma-informed assessments; and
 - (f) trauma responses and coping mechanisms including -
 - (i) exploring common trauma responses in children, including fight, flight, freeze, and fawn; and
 - (ii) understanding the importance of promoting healthy coping mechanisms and self-regulation skills.

(2) Stage 2 training is and in-depth training which must cover all the requirements in section 10, including a specific focus on -

(a) trauma-informed interventions including -

- (i) delving deeping into trauma-informed interventions and evidence-based practices to support children and families affected by trauma; and
- (ii) learning about approaches such as Trauma-Focused Cognitive Behavioural Therapy (*TF-CBT*), Eye Movement Desensitisation and Reprocessing (*EDMR*) and others

(b) cultural considerations including -

- (i) understanding the intersection of trauma and culture, and the importance of cultural competence in working with diverse populations; and
- (ii) exploring strategies for providing trauma-informed care that is sensitive to cultural backgrounds and values;

(c) secondary traumatic stress and self-care including -

- (i) recognising the impact of working with trauma-affected individuals on professionals themselves; and
- (ii) learning strategies to prevent and manage secondary traumatic stress and promoting self-care practices;

(d) understanding the significance of building collaborative partnerships with other professionals, organisations, and community resources; and

(e) providing comprehensive trauma-informed care including exploring -

- (i) effective teamwork; and
- (ii) interdisciplinary approaches

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9. Accreditation of TIC training service providers

- (1) Accreditation is to be provided by the National Register on Vocational Education and Training and is only to be granted to registered training organisations.
- (2) Any organisation seeking to gain accreditation as a TIC training service provider must ensure their modules have been approved by the following sectors—
 - (a) community;
 - (b) professionals;
 - (c) children receiving help and youth who may have in the past;
 - (d) parents; and
 - (e) any other stakeholder that can provide insight.
- (3) Training providers must comply with—
 - (a) TIC training guidelines;
 - (b) the principles of TIC, including safety, trustworthiness, collaboration, and empowerment; and
 - (c) ongoing reviews and any updates to the TIC training guidelines.
- (4) Accreditation will be granted at the discretion of TICTIC.

10. Module content requirements for TIC training

At a minimum, TIC training should cover—

- (a) professional implementation and knowledge, including—
 - (i) application of knowledge of developmental trauma to create a practice map;
 - (ii) creating a developmental trauma responsive framework in professional practice;
 - (iii) assessment and intervention plans to address trauma needs;
 - (iv) establishing, implementing and reviewing relationship-based practices; and
 - (v) creating professional environments to support trauma responsive practice;
- (b) self-care and supervision for workers and organisations;
 - (i) awareness of wellbeing of others and oneself in a workplace setting;
 - (ii) self-care and self-help strategies;
 - (iii) information about helplines and crisis resources; and
 - (iv) strategies for employers to gauge wellbeing and stress levels of employees
- (c) an overview of trauma, including on—
 - (i) biology, types and definitions of trauma;
 - (ii) exploring the meaning of safety and inclusive practice;
 - (iii) exploring the experiences of people living with trauma; and
 - (iv) coping strategies and impacts of trauma;
- (d) responding to disclosure, de-escalation and relational work;
- (e) gender identity and sex, including—
 - (i) respecting children’s perceptions of self;
 - (ii) creating a safe space; and
 - (iii) informing practitioners of how to manage social situations where children’s perceptions and their personal lives may intersect and conflict;
- (f) mental health;
 - (i) information regarding mental illness and disorders;
 - (ii) assessment and identification of positive and negative mental health in individuals; and
 - (iii) strategies to improve mental health
- (g) physical and mental health connections;
- (h) cultural and social backgrounds, including—

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- (g) physical and mental health connections;
 - (i) the relationship between poor mental health and chronic physical conditions; and
 - (ii) the positive effect physical activity can cause to mental health
- (h) cultural and social backgrounds, including -
 - (i) Indigenous trauma-informed care and practice;
 - (ii) using Indigenous forms of story-telling and communication;
 - (iii) creating a culturally-safe healing environment by working with story maps to help map generational stories that provide insight, resilience and recovery; and
 - (iv) children from refugee and asylum-seeking backgrounds;
- (i) disabilities, inclusivity and accessibility, with specific regard to -
 - (i) accommodating physical disabilities;
 - (ii) accommodating mental disabilities; and
 - (iii) respectful and mindful conversations with consideration for disabilities;
- (j) responding to risks and disclosure;
 - (i) recognition and assessment of risks; and
 - (ii) risk management and intervention techniques;
- (k) rebuilding control and focusing on strengths;
- (l) belief in recovery; and
- (m) avoiding re-traumatisation of children.

11. Registering training providers with TICTIC

- (1) Only accredited and registered bodies will be able to provide certifications for completed training.
- (2) Approval to be a registered training provider will be granted at the discretion of TICTIC.
- (3) Providers need to submit an application to the TICTIC expressing their interest in becoming registered training providers of TIC training.
- (4) Applications should include—
 - (a) detailed information about the organisation;
 - (b) their expertise;
 - (c) training curriculum;
 - (d) delivery methods; and
 - (e) any other information deemed relevant by TICTIC.
- (5) TICTIC will review the submitted applications and assess the suitability of the providers based on the established criteria.
- (6) This review process may involve evaluating the quality and comprehensiveness of the training curriculum, the organisation's track record in delivering effective training and compliance with relevant regulations and guidelines.
- (7) Upon completion of the review and assessment process, TICTIC will make a decision regarding the accreditation or registration of the training provider.
- (8) Registered training providers will be subject to ongoing evaluation and monitoring by TICTIC, including—
 - (a) periodic reviews of their training programs;
 - (b) assessment of participant feedback and outcomes; and
 - (c) adherence to quality standards.
- (9) TICTIC may conduct regular inspections, audits, or assessments to ensure continued compliance with the guidelines and legislation.

Part 3 — Mandatory Reporters

12. Purpose of TIC Training for Mandatory Reporters

- (1) Mandatory reporters are required to be aware of what cases to report, how to report said cases with discretion and if the reporter should avoid discussing the case with children's parents or guardians.
- (2) In order to achieve this level of sensitivity, mandatory reporters must understand—
 - (a) children and young people under the care of mandatory reporters require confidence in the trustworthiness of the reporter; and
 - (b) children and young people may have high-risk homes or guardians, wherein reporting varying topics may pose additional threat to the child.
- (3) Undergoing TIC training ensures all mandatory reporters understand the weight of reporting cases to the children's guardians, improving the wellbeing and outcomes of children who have experienced varying levels of trauma, abuse and neglect.

13. Mandatory Reporters required to undergo TIC training

- (1) All mandatory reporters in Western Australia will receive either stage 1 or stage 2 TIC training.
- (2) For the purposes of sections 12 to 15, mandatory reporters has the meaning given in section 3 and also refers to—
 - (a) ministers of religion;
 - (b) out-of-home care workers;
 - (c) school counsellors;
 - (d) psychologists;
 - (e) early childhood workers; and
 - (f) youth justice workers.
- (3) All mandatory reporters engage in child-related work, and come into contact with children for under an average of three (3) hours per week, are required to undergo stage 1 TIC training.
- (4) All mandatory reporters who engage in child-related work for over an average of three (3) hours per week, are required to undergo stage 2 TIC training.

Part 4 — Consequences for Non-Compliance

14. Consequences WWC Card holders

- (1) For individuals required to complete stage 1 TIC training, failure to comply with the completion of training within three (3) months of successful renewal or application for a WWC Check will result in a temporary suspension to the WWC Check for one (1) month.
- (2) For individuals required to complete stage 2 TIC training, failure to comply with the completion of training within six (6) months of successful renewal or application for a WWC Check will result in temporary suspension to the WWC Check for three (3) months.

15. Consequences for Mandatory Reporters

- (1) For mandatory reporters who are required to complete stage 1 TIC training, failure to comply with the completion of the training will result in a one (1) month suspension of engaging in child-related work or coming into contact with children during the hours of professional or volunteer work.
- (2) For mandatory reporters required to complete stage 2 TIC training, failure to comply with the completion of the training will result in a three (3) month suspension of engaging in child-related work or encountering children during the hours of professional or volunteered work.

Part 5 — Scope for Review

16. Review

- (1) A review of this Act will occur at least once annually by TICTIC, who also have the discretion to conduct reviews more than once a year and may choose to expand the content of the review if they deem it is necessary
- (2) A report is to be submitted to the Minister for Child Protection by TICTIC within one (1) month of the conclusion of each review.
- (3) The Minister must review the operation and effectiveness of this Act and prepare a report based on the review—
 - (a) as soon as practicable 5 years after assent day; and
 - (b) after that, at intervals of not more than 5 years.
- (4) The Minister must table the report in both the Legislative Assembly and Legislative Council.

17. Review Content

- (1) TICTIC's review will review—
 - (a) the progress of the implementation of TIC training;
 - (b) the efficacy of TIC training and implementation;
 - (c) whether the TIC training is having a positive or negative impact on children; and
 - (d) any other contemporary concerns related to TIC training or that are deemed appropriate for review in order to ensure the success of TIC training in Western Australia.
- (2) The annual review undertaken by TICTIC will endeavour to hear key stakeholder voices, including but not limited to—
 - (a) children;
 - (b) WWC Card holders; and
 - (c) registered and accredited TIC training bodies.

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18. Review Period

- (1) This Act will be subject to review a minimum of once every twelve (12) months, for a minimum of ten (10) years.
- (2) This Act may also be subject to review at the discretion of the Premier, Minister for Child Protection, Minister for the Prevention of Family and Domestic Violence, Minister for Community Services, Director General of the Western Australian Department of Communities and the Director General of the Western Australian Department of Justice.

19. Review of TICTIC

The Minister for Child Protection and the Joint Standing Committee on the Commissioner for Children and Young People will conduct a review every two years into the TICTIC with regard to their—

- (a) productivity;
- (b) efficiency;
- (c) efficacy; and
- (d) any other related concerns.



YOUTH GOVERNOR OF
WESTERN AUSTRALIA

DECLARATION OF ROYAL ASSENT

IN THE NAME OF HIS MAJESTY, I assent to this Act.

A handwritten signature in dark ink, appearing to read 'ZPB7', written over a horizontal line.

His Excellency, Hon. Doug Jackson
Youth Governor of Western Australia
16 October 2023