Anglicare WA
FOR TODAY. FOR TOMORROW.

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About the agency

Anglicare WA is an incorporated not-for-profit organisation delivering a range of services to communities in 62 locations across Western Australia. Anglicare WA works together with people, their families and their communities to enhance their abilities to cope with the challenges of life and relationships. Anglicare WA's Vision is that "we live in a just and fair society in which all people thrive". As a leading not-for-profit organisation, Anglicare WA has an important role in building strong communities and families, supporting people to enhance their resilience and capacity to thrive. The work of the organisation is focused on delivering services that assist the most vulnerable people to participate fully in community life, by helping them to overcome relationship, housing and financial difficulties, and to access community support.

Anglicare WA services are underpinned by a principle of strong corporate governance that protects and enhances the interests of all stakeholders, staff, clients and the wider community. The core values of Compassion, Responsiveness, Inclusion, Empowerment and Leadership are embedded in all of the organisation's activities and decision-making, and all work is undertaken in a spirit of reconciliation between Aboriginal and non-Aboriginal Western Australians.

The Royal Commission has indicated that it has developed principles about record keeping because of the wide variety of institutions fitting under its definition of institutions within its Terms of Reference.

1. Creating and keeping accurate records is in the best interest of children.
2. Accurate records must be created about all decisions and incidents affecting child protection.
3. Records relevant to child sexual abuse must be appropriately maintained.
4. Records relevant to child sexual abuse must only be disposed of subject to law or policy.
5. Individuals' rights to access and amend records about them can only be restricted in accordance with law.

A sixth principle looking at enforcement of good record keeping practices is also proposed.

Anglicare WA welcomes the development of the five principles but as always with Royal Commission matters, the subject of record keeping in institutions is of course extremely complex. Anglicare WA's responses can only barely touch on some of that complexity and then respond to the specific questions raised in the light of our introductory comments.

To begin therefore, we want to state that any recommendations that the Royal Commission makes about record keeping in relation to child sexual abuse must also be adaptable to some degree to general record keeping but there are some further complications depending on the type of institution and the nature of the sexual abuse:

- Firstly record keeping demands for statutory and non-statutory organisations may not always be identical
- Secondly whether the reported child sexual abuse is intrafamilial or took place in an institution will have implications to how for how records are kept
- Thirdly whether the matter is ever likely to come before a criminal or Family Court as opposed to a civil court.

As Anglicare WA grappled with these questions, we came to the following formulation:

Either <u>therapeutic</u> records must be closed to access by courts in criminal and family court matters or for a number of reasons, accurate and full therapeutic records will not be kept and, if that is the case, the paucity of such records will be to the detriment for the older child or adult survivor wanting to understand what happened to and for them at the time of the disclosure and legal proceedings.

This formulation does not of course prevent the courts from accessing <u>procedural case notes</u>, such as when and how a disclosure was made, the impact of the child sexual abuse in general terms and what the institution did about the disclosure and support of the child. What it does however is prevent the spurious use of therapeutic records by defence lawyers, vexatious defendants or organisations. It also prevents further invasion of a child's personal boundaries and her or his privacy in ways which simply mimic the dynamics of abuse.

Such a formulation also doesn't prevent civil courts accessing evidence of the physical, psycho-social and other damage the child sexual abuse caused to the child via a comprehensive review of the records for matters such as compensation.

So, to return to the principles, Anglicare WA suggests that if they are to be adopted and made useful, must be clearly accepted and promulgated by <u>all</u>:

- helping profession courses at universities including undergraduate and post graduate psychology, social work, counselling and specialist areas within these

- TAFEs, other VET accredited service providers and privately conducted specialist training
- Not for profit social service organisations
- State and Commonwealth Government children's services
- Sporting, faith based institutions, children's activity providers and volunteer groups.

Not only would this assist in better record keeping but it would also ease employee movement between various employers and across States and Territories if these basic tenets were the same throughout. It must be noted however that there are distinct differences between agencies that have statutory obligations to protect children, those that are not the usual first line of disclosure but provide supportive counselling and therapy to children and those which only incidentally engage with children – for example, services whose prime function is to undertake alcohol and drug counselling support with adults. Even with some child safe agencies there would be vastly different engagements with children amongst staff; for example, those staff members who mostly deal with children under say 13 and those who deal with young people 14-18 years old.

The Royal Commission's Consultation Paper goes on to state that: "*The principles are intended to complement existing law and practice, promote and guide institutional best practice and inform future policy development and law reform*" (p7). However it must also be said that that few workers at the client face to face level are well educated about existing law, such as the Privacy Act, various State laws, agency and professional standards and all their applications to their daily work. This is another case where agency policies and procedures must interpret laws and make them clear and succinct, easily referred to at critical times and constantly reinforced. Currently very few workers would easily be confident that they are doing everything correctly in situations where often, time is of the essence. In fact this is illustrated by a young Anglicare worker's quite understandable response to the Consultation paper's question 6 (*what training or assistance institutions and their staff or volunteers might need to enable them to create accurate records relevant to child sexual abuse*). She answered as follows:

- Basic training on the process of disclosing abuse
- Training about how to be child safe and adopt best practice
- Training on how to put together incident and disclosure forms
- Training on how to listen to a disclosure and what to do next
- Training on how to support volunteers and staff members who are involved in a disclosure or incident
- Clear understanding of the responsibilities that staff members and volunteers have
- Information about how to appropriately store records safely and for how long
- Access to templates for recordkeeping
- Online templates and forms

- Online flowcharts for disclosure
- Online training for child safety (e.g. online learning modules for working with children in their home state)
- Partnerships between organizations of similar type where a sharing of skills and information about recordkeeping and best practice can occur. [1]

If nothing else, this list reminds us that policies and procedures are not what will determine a worker's daily behaviours and understandings.

This list might be added to further by including how to undertake a full intake and assessment that does more than get bare contact details and (at most) a two generational genogram and summary of the reason for referral. If as suggested by the Consultation Paper on page 10, "accurate and detailed records are inherent to children's rights to identity, nationality, name and family relations" then a comprehensive intake should (as is noted on page 20 of the Consultation Paper) address identity, health and mental, family connections and family identifications, among other things and whether these are obtained partly from the child and partly from other sources. Of course there are time and money implications to a comprehensive development of such information and duplication must be minimised – which suggests that one key agency should do such a comprehensive intake which can be confidentially distributed to all other agencies having a role with that child and perhaps added to centrally when new information is obtained. Electronic records might make the collation of such information easier but one agency must have key responsibility for centralisation of the information and ensuring that it is available to the child as an adult. A danger might be that this centralised collection of information can be seen as sinister and open to abuse by some but on the other hand all those engaged in working with a child should have the same objective information which could support the child in the best possible way.

Another risk is that if a child's family is in the family court and the information is admissible then the contents of the child's counselling file may be subpoenaed and become part of court proceedings. In this way, if there is intrafamilial abuse then the contents of the child's therapy may become available to both the court and the perpetrator. This violation of the child's right to privacy and protection from the perpetrator mimics the dynamics of child abuse.

In addition, further complications to record keeping protocols are made by the interface between the requirements and practices of the helping professions and those of both the medical and legal professions. In the case of the medical professions for example, although they are mandatory reporters in Western Australia, they may interpret their obligations very differently than a helping professional who is not a mandatory reporter. An example may be if a 14 year old presents with her

[1] Ms Heather Whewell, Counsellor, Family Services Program and PACS - Parent and Adolescent Counselling Service, Anglicare WA

mother to a gynaecologist with a venereal disease which they state is the result of consensual sex with a 16 year-old boyfriend. Provided the gynaecologist has confidence that this is the truth and in order to maintain the relationship, a report may not be made and the barest of notes kept. An entirely different response might be taken if a Child Protection worker has that same information on someone in their care, and quite different notes kept.

The legal profession is the prime area of difficulty regarding record keeping about allegations of child sexual and other abuse, especially when there are court cases involved. Anglicare staff members[2] have strongly argued that this is the area in which the unintended consequences are most likely to have an anti-therapeutic effect on children; and they are the reason for our formulation on page 2. Because of concerns about how defence lawyers and self-representing defendants may use therapeutic information in files, the legal advice may be to separate the therapeutic content of counselling sessions from bare procedural documentation although they might also make the point that all such information is able to be subpoenaed. The thinking is that any questions the victim might raise about their own sense of 'guilt' or 'contribution' to the abuse might be used against them and to call their veracity into account. Workers who heed this advice from lawyers may keep a record of their engagement which is very sparse in detail and does not assist the survivor twenty years later to gain a full sense of their engagement in therapy. Unless therapists are confident that their engagement with clients won't be used against clients in a court, there will no doubt be some distortion of recordkeeping.

Finally, before directly answering the questions put by the Consultation Paper, a further comment on allegations of child sexual abuse against an institution's worker. Records must of course accurately document the nature of the allegations, what was done about them, and police involvement, what the outcome or finding is and how the process is relayed to the child and their carers or other person making the allegations. In addition institutions need to consider how other potential victims and their family and others including Board members, staff and other parents are alerted to an issue without causing unnecessary alarm (or unintentional prejudice to the alleged perpetrator) and of course how this is recorded. A recent experience of a situation like this by an Anglicare worker raised issues not previously considered. For example: not only how the allegation, processes and outcomes are recorded but also, where they are recorded – are they recorded in the alleged victim's file and/or in the worker's human resources file? Which other staff members can see these allegations in the alleged victim's file and which can see them in the HR file? Do organisational files have limits on who can see different parts of each category of files and how can new reports be cross referenced with previous ones if access to files is limited? How are the victim and perpetrator files collated if charges are laid much later? How does a victim many years later get a full and comprehensive view of the actions the agency took? These questions are massively complicated if files are no

[2] **Especially Ms T Petridis, Anglicare WA Children's Consultant**

longer kept in hard copy by data systems becoming outmoded and if and when data is migrated to new systems.

Questions posed by the Royal Commission:

1. **how institutions can build and foster cultures that promote and recognise good records and recordkeeping practices as being in the best interests of the child**

Aside from the obvious need for constant training which makes clear why records are important for the child, for legal purposes and for agency integrity, (assisted hopefully by universities and training organisations having taught the same recordkeeping information and processes), record keeping needs to be integral to Child Safe models of work.

Practically, workers with children must have their daily work flow structured so that they have reasonable time between appointments to write adequately comprehensive notes. Note keeping must be seen as an <u>integral</u> part rather than incidental to the work with children. This may mean that fewer clients are seen by each worker at certain times, e.g. when doing intakes or disclosures or at times of crisis. Unfortunately this is a very complicated process when case-loads and statistics are central to funding and other work arrangements. As we will also note throughout this response, it is central to the adoption of a good record keeping culture that education not punishment, is the driving force behind all engagement with staff.

2. **what training staff and volunteers in institutions need to help them understand the importance and significance of good records and recordkeeping practices**

While part of this question is answered above, we would add that 'staff' here must include senior executives, especially those who develop costings and manage funding grants; human resources staff, practice managers and staff supervisors who need to reinforce the culture. All levels of staff need access to real, specific case studies that emphasise the costs of poor record keeping to the client, the worker, and the agency. Further, it must also include at least someone on the Board or an independent person who regularly consults to the Board and who understands the implications discussed in the Consultation Paper and Anglicare WAs responses.

3. **what role governments may play in promoting good institutional records and recordkeeping**

We believe that all levels of government need to be very clear that institutions receiving funding from public funds must meet certain standards of recordkeeping and they must also be clear that such records will be audited regularly. Obviously

there is a cost burden of such a demand but this of course must be weighed against the cost burden to victims and society over a lifetime when victims don't know why decisions and actions took place when they were a child. Further, as the Report to the Royal Commission by Freiberg, A, Donnelly, H and Gelb, K, 2015[3] suggests, poor record keeping that enables an offender to continue to perpetrate crimes must have institutional consequences.

4. what role children, parents and others may play in helping institutions develop, share and monitor their recordkeeping practices.

Whether children are actually in the care of an institution in out of home care or are simply receiving a service (therapy, skills acquisition, coaching etc.), institutions need an understanding of who their client is, commensurate with their level of engagement. This means a comprehensive background in the case of out of home care but at least some understanding of vulnerabilities and strengths if the child is in a cricket team. Information should come from children and their parents (or carers) first of all and should be seen as information 'owned' by them unless the child's safety is at risk. Importantly both positive information (what the child likes and is good at) as well as vulnerabilities (such as previous traumas) should be collected with some sensitivity.

In addition feedback from children who have experienced abuse and disclosed to institutions is also a powerful message to share. If these survivors are able to give testimonials to institutions that are similar to the ones in which they experienced abuse and area able to outline what they may have preferred from staff and volunteers, this will give a voice to what children within those organisations want for others.

5. what records relating to child sexual abuse should be created by institutions that care for or provide services to children, and what type of language and detail should be used

Keeping in mind our formulation on page 2, the suggested principles noted in the Consultation Paper and that a child may in fact read this record twenty years or more after it is written, it is important that not only the objective initial statement from the child is recorded (ie what they actually said that alerted the worker to a disclosure) but also what the worker said to the child at that time (for example, that they are believed, that what happened wasn't their fault and that the worker will be doing something about it). In addition the worker needs to objectively document explanations about why they have to breach the child's presumed confidentiality if this is the case, what the child's wishes are about this and who they want to be told and why or why not the worker acted on the information,

[3] Freiberg, A, Donnelly, H and Gelb, K, 2015 Sentencing for child sexual assault in Institutional Contexts, Royal Commission into Institutional Responses to Child Sexual Abuse , Sydney

who they spoke to about it (ie supervisors, child protection authorities and the police) and what they understood was done about their report. Many of these requirements could easily be in the form of a template. A 2002 article suggests that all file notes should include subjective, objective information, assessment and plan (SOAP)[4], which is as good as many more complicated formulations.It should go without saying that records should meet ethical requirements of being objective or identifying which aspects of their records are subjective. As another Anglicare worker recently put it *"My practice is to write as though the client is standing behind me, with a strong emphasis on accountability and transparency."* [5]

6. **what training or assistance institutions and their staff or volunteers might need to enable them to create accurate records relevant to child sexual abuse**

We have commented on this in our earlier discussion. Practice standards need to be uniform across agencies, staff and volunteers must be clear about the reasons for high standards of record keeping and institutions must factor adequate time for record keeping into staff working days. Anglicare WA believes that in addition to formal training, staff and volunteers need opportunities to openly and safely discuss their beliefs and underlying assumptions, practices, skills and reasons for recording information and how these fit with the requirements of the institution and the law. Once staff and volunteers fully understand the intent of such processes, they are more likely to adopt them. Practice discussions, seminars, cross service debates and other similar practices would assist staff and volunteers to be "on board".

7. **how children's views and experiences can be accurately reflected in records about their childhoods and decisions affecting them**

Depending on their age, actually writing into the record what the client thinks/thought and their feelings about the record may be very therapeutic for them and a good "message to their future self". In addition, photos of art work and sand tray work and other non-written examples should be included in files to help accurately record the child's emotional state at the time. Again, there is a cost and time factor in these processes but all these things may help the client both at the time and many years down the track. Modern photography and scanning equipment makes keeping these records considerably easier. Follow up interviews, perhaps at 3, 6 and 12 months after the major work is completed and where appropriate, would also assist both the child and staff to understand the sequelae of abuse and actions taken by institutions. Naturally such follow up information should also be included in records.

8. **how institutional records can be monitored to ensure they are accurate**

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[4] S Cameron and I Turtle-Song Learning to Write Case Notes Using the SOAP Format *Journal of Counselling and Development* Summer 2002 Vol 80

[5] Amy Whittle Anglicare WA Victim Support Worker, in communication with the author.

In previous responses to Royal Commission consultations and Issue Papers[6], Anglicare WA has indicated its effective use of Consultants and Practice Managers and its proposal for an Internship Consultant. Recently Anglicare WA has in fact employed a General Manager of Practice Excellence and it would be part of that person's duties to oversee regular audits of file notes, possibly actually conducted by Supervisors, Practice Managers or direct service managers. Several staff members have indicated in this regard that institutions need to consider some process of internal yet independent monitoring and auditing of files with ongoing feedback to supervisors/managers and staff in ways which would acknowledge the critical importance of consistent monitoring of case records and the processes associated with clearly articulated independent auditing (outside program not necessarily outside agency)[7]. Another worker emphasised that the audit process must also include educational aspects rather than disciplinary ones.[8]

9. **whether there may be any unintended consequences arising from requiring institutions to create accurate and detailed records relating to child sexual abuse (for example, creating records that may be discoverable by other parties in legal proceedings, potentially to the detriment or distress of individuals discussed in those records).**

Again, some of these consequences have been referred to above but in addition there are examples of unintended consequences may arise when allegations of child sexual abuse are made against an institution's worker. Records must of course accurately document the nature of the allegations, what was done about them, police involvement if any, what the outcome or finding is and how the process is relayed to the child or other person making the allegations. However, recently an Anglicare worker consulted on a situation in another institution which raised issues not previously considered. A child raised (non-sexual) allegations about a worker and once they were clarified with the child and her parent, the question became not only how the allegation, processes and outcomes were recorded but also, where they were recorded – were they recorded in the alleged victim's file and/or in the worker's human resources file? Which other staff members can see these allegations in the alleged victim's file and which can see them in the HR file? Since any allegation of sexual abuse was not found, how, when and under what circumstances would other staff have access to this information and how could it be misused? Or indeed, how might it assist to raise future concerns about that worker? Do all institutions have limits on who can see different parts of each category of file and how can new reports be cross referenced with previous ones if access to files is limited? How are the victim and perpetrator files collated if later charges are laid or civil suits raised? These

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[6] See the Anglicare WA Response to Issue Paper 10

[7] Ms Amy Whittle op cit and Ms Victoria Cooke, Family and Domestic Violence Consultant, Anglicare WA

[8] Heather Whewell op cit

questions are massively complicated by data systems becoming outmoded and whether damage can be done when data is migrated to new systems.

Another concern was raised by a staff member who noted that "*children who know their experiences of sexual abuse and other kinds of abuse are on record for 18years of age + 7 further years may feel they aren't able to completely move forward until that evidence can be destroyed. (In addition) if there are videotapes of evidence provided by that child at the age of abuse, some may feel a sense of 'stuckness' with those records not being able to be destroyed.*" [9]

However, the author of this response is also aware of some (albeit somewhat dated) research conducted by Mary Harvey and Judith Herman in 1994[10] which, noted that although there were records of child clients presenting at a hospital, when they presented as adult survivors of childhood trauma they appeared to have three general patterns of recall of childhood abuse –

- Continuous Recall, Delayed Understanding;
- Partial Amnesia, Delayed Recall and Delayed Understanding; and,
- Profound Amnesia and Delayed Recall.

If that research has been borne out over time, it raises a number of difficult questions about institutions contacting adult survivors many years later to see what they want to do about their records. At the least a very careful review of client files should be conducted before contacting adult survivors about the disposal of their records.

In addition a number of Royal Commission clients have reported to us that they were symptom free until they were contacted many years later by Police regarding possibly confirming others' complaints or heard about the Royal Commission or started talking about their abuse. Often this opening up is a central part of recovery but at the time many feel they have been made worse not better and some are angry that their memories have been stirred up.

10. what the resourcing implications of requiring institutions that hold large volumes of un-indexed historical records to index their files are

11. whether and how indexing of historical records should be prioritised (for example, prioritising records of elderly care leavers, or de-prioritising files of over 100 years of age)

We don't have firm views on questions 10 and 11 although regarding question 10, we note that whether a lot of hard copy records have to stored or electronic records are stored "in the cloud", each would also have cost implications. This

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[9] Ms Heather Whewell, Counsellor, Family Services Program and PACS - Parent and Adolescent Counselling Service, Anglicare WA

[10] Mary R Harvey and Judith Lewis Herman Amnesia, Partial Amnesia, and Delayed Recall among Adult Survivors of Childhood Trauma in *Consciousness and Cognition*, Vol 3 295-306 Academic Press 1994

may be a major hurdle in the case of small institutions – children's activities, church or sporting clubs for instance. In addition, regarding question 11, we believe that this and several other questions below will have very different meanings for Aboriginal and Torres Strait Islanders, in view of the paucity of past records and the frequent loss of such records for ATSI people.

12. how records relevant to child sexual abuse should be indexed to allow them to be easily located, retrieved and associated

This question was partially discussed earlier in regard to complaints against employees and how they are recorded but given potential large time delays between reporting and reviewing of such records, ease of retrieval implies a very good indexing system. As in the above points, the cost implications for very small organisations would be major barriers to effective record keeping.

13. what should happen to the records of institutions that close, or change ownership or function before the expiry of any record retention period

We don't have a strong view on this question.

14. whether and how the views of individuals discussed within institutional records could be canvassed and represented in decisions concerning disposal

Referring to the example mentioned in Question 9, if a child is old enough to be aware that records have been kept about their abuse they certainly should have the opportunity at the time to say whether they want to be consulted about disposal of the records but what a 12 year old, an 18 year old and a forty year old would want and expect are very different things. In the case of children we suggest that their worker has an obligation to explain to the child and their carer what the law and the institution require in the keeping of records. We also propose a national website (or an App) which in plain English simply and specifically documents the reasons why records must be kept, who and under what circumstances they can be accessed and how and when they can be destroyed. If the interactivity of the website was limited, the cost implications would be minimal, only updating when State or Federal laws changed.

15. how long records relevant to child sexual assault should be retained, and under what (if any) circumstances should they be destroyed

16. what implications abolition of statutory limitation periods for civil claims by victims and survivors of child sexual abuse may have for record retention practices

We are answering these two questions together because they are partially tied. Once again allowing for our formulation on page 2 with regard to criminal and family courts accessing therapeutic records, Anglicare WA would nevertheless argue that such records should still not be destroyed at the end of a court case. In addition, if statutes of limitations are abolished for civil claims then it would seem unconscionable to ever destroy records at least in that client's lifetime. The strong

argument for our earlier point that file notes must be full and comprehensive about how and why decisions are made is specifically important in this regard so that, at least as adults, childhood victims can piece together the past in ways which help them understand the complexities that may not have been apparent to them as children. As we have heard from Public Hearings of the Royal Commission, it is far too easy for institutions and their staff to rely on 'the culture of the time" but civil claims would be far more successful if records provided some insight into actual worker's thinking at the time.

17. whether the records of all institutions that care for or provide services to children should be subject to mandatory retention periods, what impact this may have, and how those impacts can be mitigated

See many previous points. Anglicare WA would like to say that all services to child should be subject to mandatory retention periods for records but can see that the cost burdens and even the person power to develop and maintain such records would be a considerable burden to many small organisations unless they could all have free access to some means of storing such information in the cloud. No doubt other issues would arise such as who could access such records and under what circumstances – which we might limit to the need to confirm the enrolment of the child in the service- and also when and why the records might be deleted. The capacity for such records to be hacked or otherwise misused further raises enormous complications.

18. whether institutions should maintain registers of what records they destroy, when and upon what authority.

See above.

19. how the Access Principles for Records Holders and Best Practice Guidelines in providing access to records have been applied in practice

20. whether they have resulted in simplified and more open access processes

21. whether and how they might be adapted to apply to access to the records of all the institutions within our Terms of Reference.

22. in relation to inconsistent laws and practice, whether the Privacy Act 1988 (Cth) should be amended so the Australian Privacy Principles relevant to access and amendment apply to all private institutions that care for or provide services to children; or, alternatively, how small private institutions that care for or provide services to children can be encouraged to 'opt-in' to the Australian Privacy Principles scheme.

Questions 19-22 are areas of expertise and complexity far beyond the capacity for not for profit organisations to navigate. A brief look at the applicable legislation on the National Archive website http://www.naa.gov.au/records-management/publications/legislation-policies-standards-advice-and-your-

agencys-accountability.aspx illustrates the difficulty for small to medium organisations.

23. in relation to fees and charges, whether requests to access records created by institutions about children with whom they have engaged should be free of fees and charges, and, if so, what resourcing implications this may raise for record holders

Even assuming that institutions could keep the vast majority of records electronically, it cannot be denied that accessing, reviewing, checking for other confidentiality and privacy issues, printing and sending such documents is a costly matter. Anglicare WA does not require victims to pay a fee for such access. The WA Department for Child Protection and Family Support FOI application for records is provided free of charge regarding personal information but there are also identification requirements (which are of course understandable) but which can be a struggle for some former Child Migrants and members of the Stolen Generations at this time. For sporting clubs, charities, some small faith based organisations and the like, the demand for records would likely be small but nevertheless costly in time and effort for often voluntary staff. A suggestion might be that institutions covered by the Incorporated Associations Act (WA) might pay a very small annual levy to cover cloud storage and retrieval costs.

24. in relation to access grants, what steps institutions should take to ensure that individuals have appropriate support when reading and interpreting records with potentially distressing content

We support the proposal that many or most individuals may need some assistance in interpreting records but believe that whether the institution is required to provide other support should depend on an assessment of the support needed by and otherwise available to a person.

25. in relation to redactions, whether nationally consistent standards for redaction should be established; and what those standards should be

We support nationally consistent standards for redaction of files but establishing them won't be easy, despite all the legal requirements. Questions will be raised about why the names of institutional staff who were abusive or neglectful cannot be named and therefore why they can't then be held responsible; other questions will be asked about why the names of siblings, other relatives and other children at institutions should be redacted when they are all aware of the placement and finally even judgemental and painful statements sometimes serve a purpose in helping adult survivors see that the failures were not theirs.

26. in relation to refusal of access and amendment, whether existing exceptions are appropriate in the context of records relevant to child sexual abuse

27. in relation to third party privacy, how public and private institutions can be better educated about the proper application of third party privacy exceptions

Education is perhaps the key to several of these questions, at least for current and future record keeping. Electronic correspondence for example makes it a little easier to separate third party queries for example but then the same electronic processes make worker errors so much more likely. An associated danger is that staff will spend more time documenting their engagement with clients and third parties than they do actually assisting the client.

28. whether a sixth principle directed at enforcing the initial five principles is required

We are in favour of the sixth principle but perhaps not the term "enforcing". "Education", "quality assurance", " ensuring best practice" might be better terms but we do stand by earlier comments that if standards are "required" then funding and infrastructure must be made available to institutions and especially to front line workers to make sure they are adequately resourced to undertake high standards of record keeping.

29. whether it would be necessary or appropriate to adopt a two-tiered approach to the enforcement of recordkeeping practices, whereby certain institutions (such as OOHC service providers and schools) are held to a higher standard than others (such as local sports clubs).

It is hard to see how smaller institutions could maintain the record keeping standards expected of OOHC and schools without appropriate resourcing and even harder to see how the vast number of organisations that rely of volunteers could stay viable if they were required to reach a certain standard. However a potential consequence is that it becomes more difficult for perpetrators to survive in large organisations but easier to migrate into smaller, less well-regulated organisations where record keeping is not so comprehensive.

No responses are made to the final three questions.

30. whether a records advocacy service would be useful for victims and survivors of child sexual abuse in institutional contexts

31. what powers, functions and responsibilities a records advocacy service should have

32. whether there are existing bodies or agencies that may be suited to delivering records advocacy services.