Date: 20 November 2013

Ms Janette Dines  
Chief Executive Officer  
Royal Commission into Institutional Responses to Child Sex Abuse  
GPO Box 5283  
SYDNEY NSW 2001  

By email only: solicitor@childabuseroyalcommission.gov.au

Dear Ms Dines,

ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE – ISSUES PAPER 4 – PREVENTING SEXUAL ABUSE OF CHILDREN IN OUT OF HOME CARE

We refer to Issues Paper 4 released by the Royal Commission on 11 September 2013, and to the letter from our Ms Lynsey Warbey to your Mr Roderick Best dated 8 November 2013.

We are pleased to enclose the State of Western Australia’s submission in response to Issues Paper 4. If it would assist the Commission, we would welcome an opportunity to discuss the Issues Paper and our submission.

Please contact us if we can be of any further assistance.

Yours sincerely,

KATE GLANCY  
ADVISER
Western Australian Government's Response to the Royal Commission into
Institutional Response to Child Sexual Abuse
Issues Paper 4: Preventing Sexual Abuse of Children in Out-of-Home Care

Background

The State Government of Western Australia welcomes the Royal Commission’s focus on identifying good practice aimed at preventing child sexual abuse of children in out-of-home care (OOHC), and consideration of potential cost-effective initiatives, informed by sound research, that may enhance child safety in OOHC.

An essential component of effective risk management strategies must be reliable, workable and easily implemented policy and procedures for responding effectively to allegations or disclosures of child abuse and neglect.¹

The State Government of Western Australia provides a range of services, through its agencies and the community services sector, to promote the wellbeing of children and their families. Notwithstanding there are policies and strategies in other sectors such as disability and juvenile justice that are aimed at keeping children safe while they are cared for by people other than their parents, the scope of this response is focused on children in the child protection OOHC system.

The Department for Child Protection and Family Support (the Department) administers a range of legislation including the Children and Community Services Act 2004 (the Act). Its core statutory function is to safeguard and promote the wellbeing of children², and provide for their protection and care in circumstances where their parents have not protected, or are unlikely or unable to protect, them from harm or further harm.

The Department’s district offices across Western Australia undertake child protection assessments and investigations, and deliver OOHC and family support services. In addition, a number of community sector agencies operate under a funding

²The term 'children' is used throughout this document to mean 'children and young people under the age of 18.'
agreement with the Department to deliver OOHC and family support services (Funded Services).

OOHC services comprise home-based care (e.g. Department or funded OOHC general foster carers, relative foster carers), facility-based care (e.g. residential and family group homes, secure care facility), or independent living (which is often intensively supported) for young people in the care of the Department's Chief Executive Officer who are transitioning to independence or supported placements. Across jurisdictions, there has been a shift away from the use of facility-based (or residential) care towards home based care. ³

As at 30 June 2013, 3,972 children were in the care of the Department’s Chief Executive Officer. Approximately 40 per cent were in relative foster care, 36 per cent in general foster care (including carers in funded OOHC services), 9 per cent in residential care and 13 per cent in other care arrangements such as with parent/guardian or independent living.

The Department is of the view that optimising each child's development is an essential component of child safety in OOHC. For this reason, the Department and its Funded Services' commitment to striving for excellence in the standard of safety and care responses for children and young people is broader than preventing sexual abuse in care. ⁴

The Department implements a suite of mechanisms (policies/frameworks, procedures, training and monitoring structures) which collectively contribute to building a system that seeks to prevent abuse in care and cater for the safety and wellbeing needs of children in OOHC.

The Western Australian approach to keeping children safe whilst in care has been developed and strengthened over time, through policy reviews, learnings from other

jurisdictions, good practice highlighted in literature, as well as recommendations from key inquiries in recent years, such as:

- Report on the Quality Assurance of the Department for Community Development’s Systems and Processes for Children in Care (Social Systems and Evaluation 2004);
- A Duty of Care to Children and Young People in Western Australia – Report on the quality assurance and review of substantiated allegations of abuse in care from 1 April 2004 to 12 September 2005 (Gwenn Murray 2005);
- Report on Allegations Concerning the Treatment of Children and Young People in Residential Care (Ombudsman of Western Australia 2006);
- Review of the Department for Community Development (Prudence Ford 2007), commonly known as the Ford Review; and
- Review into St Andrew’s Hostel in Katanning: How the system and society failed our children – A Special Inquiry into the response of government agencies and officials to allegations of sexual abuse (Blaxell 2013).

The responses to the questions posed herein should be read as a whole because duplication of information relevant to more than one question posed by Issues Paper 4 has been avoided.

**Question 1: An essential element of OOHC is for a child to be safe and secure. Are there core strategies to keeping children in OOHC safe from sexual abuse and what is the evidence that supports them?**

There are core strategies aimed at keeping children in OOHC safe from all forms of abuse and neglect. The following three core strategies should be advanced by organisations with responsibility to protect children in care:

i. screening;

ii. managing situational risk; and

iii. creating positive organisational cultures.\(^5\)

The Department has developed, implemented and strengthened over time a range of policies and procedures designed to implement the core strategies and further the

---

objects of the Act.\textsuperscript{6} A key mechanism employed by the Department to advance the core strategies is the Better Care, Better Services: Standards for Children and Young People in Protection and Care (the Standards).\textsuperscript{7} The nine Standards\textsuperscript{8} were developed following extensive consultation with stakeholders and examination of relevant standards used by other child protection agencies, as well as national standards in other human services sectors including mental health, aged care and disability care. Standard 3 is the most relevant standard to keeping children safe whilst in care (including preventing sexual abuse). It provides:

\begin{table}[h]
\centering
\begin{tabular}{|p{0.9\textwidth}|}
\hline
\textbf{Standard 3 – Safety for children and young people in care} \\
\textbf{Standard 3:} Children and young people have safe relationships and living arrangements. \\
3.1 Policy and procedures are in place to protect children and young people from abuse and neglect while in care. \\
3.2 Children, young people and their carers are aware procedures are in place to respond within specified time frames, to allegations of abuse and neglect. \\
3.3 Where a concern is raised or an allegation made of a child being mistreated, abused and/or neglected, services will work together to respond to the allegation in a timely manner. \\
3.4 Services comply with the Working with Children (Criminal Record Checking) Act 2004 and conduct criminal record checks for employees, contractors, students and volunteers. No child contact can occur without these record checks which are undertaken every three years or upon a change of circumstance. \\
3.5 Services have procedures in place to deal with an unsatisfactory police clearance, Working with Children Certificate or check of the Department’s records. \\
3.6 Foster carers are registered* prior to the commencement of caring for children and young people. Registration for all carers is reviewed every twelve months and screening occurs every three years. \\
3.7 Foster carers have been assessed to determine their competency, prior to placement of a child in the CEO’s care. \\
3.8 In an emergency placement situation relative or significant other carers receive interim registration.* Full registration is completed within 90 days. \\
3.9 Services provide a safe environment for children and young people which include emotional, psychological, physical and environmental safety, and takes into consideration their age and any specific needs of the child. \\
\hline
\end{tabular}
\end{table}

\textsuperscript{6} The objects of the Act include to promote the wellbeing of children, other individuals, families and communities, and to provide for the protection and care of children in circumstances where their parents have not given or are unlikely or unable to give that protection and care: see section 6 of the Act.

\textsuperscript{7} Department for Child Protection and Family Support Western Australia (www.childprotection.wa.gov.au).

\textsuperscript{8} Standard 1: Assessing the wellbeing of a child; Standard 2: Protection and safety of children and young people; Standard 3: Safety for children and young people in care (children and young people have safe relationships and living arrangements); Standard 4: Responding to the needs of children, young people and families; Standard 5: Planning with children, young people, their families and carers; Standard 6: Children and young people in placement (children and young people are raised in stable and secure environments where their social, emotional, psychological and developmental needs are met); Standard 7: Accountability and governance; Standard 8: Carers and staff recruitment, training, assessment and support; and Standard 9: Complaints and disputes.
3.10 Residential facilities and or foster carer's homes are not unsafe due to overcrowding and are regularly maintained to ensure comfortable living environments for children and young people.
3.11 Services protect the child and/or young person from harm and use methods of behaviour management that do not involve physical or emotional punishment.
3.12 Services adhere to policies and procedures to manage children who exhibit difficult or aggressive behaviours which place their own safety and that of others at risk and receive training to understand and safely respond.
3.13 Services implement documented procedures and practice to meet legislative obligations in relation to the Occupational Safety and Health Act (1984).
3.14 Services identify safety hazards, assess risk and implement appropriate controls to provide and maintain a safe work environment.

* The language now used is 'approval' not 'registration' and this will be updated at the next review of the document.

Standard 3 contributes to each of the three core strategies implemented by the Department, which are discussed further below.

**Screening**

Screening is used as a strategy to deter and prevent unsuitable people from gaining access to children through paid employment and volunteer work. The Department's Record Screening Policy provides for a variety of criminal, departmental client and child protection, and human resource record checks depending on the level of engagement a person might have with children. By screening various records of a person proposing to provide OOHC, the Department endeavours to ensure inappropriate persons are not permitted to provide such care.

In accordance with the *Working with Children (Criminal Record Checking) Act 2004*, all individuals whose usual duties are likely to involve contact with children are required to hold a current Working with Children card.

All general, relative and respite foster carers, and the carer's spouse or de facto partner must have the required criminal and department records checks and *Working with Children (WWC) Checks*. The WWC Unit is automatically notified by the Police of any charges, pending charges or convictions relating to class 1, 2 or 3 offences for individuals who have a WWC card or those in child related work.

In addition, applicants who apply to become a foster carer are subject to a comprehensive assessment process, involving interviews, home visit observations,
referee reports, and medical reports, to determine their capacity to meet the 'carer competencies' in the *Children and Community Services Regulations 2006* (the Regulations).

Community sector OOHC providers undertake their own carer assessments and potential carers are subject to the same WWC check and record screening processes.

Foster carers who move from interstate and wish to become foster carers with the Department are subject to the Department's assessment process including WWC check and record screening. Approval is based on whether they meet the competencies as set out in the Western Australian legislation. Assessors will contact the relevant interstate agencies for information as part of the assessment process.

**Managing situational risks**

Irenyi et al (2006)\(^{10}\) suggests that managing situational risks can be achieved in part by:

- implementing policies and procedures for responding to disclosures of child abuse and neglect including a structure for responding to allegations of child abuse (both past and present) perpetrated by members of the organisation (e.g. foster carers or staff);
- having a framework for responding to and supporting children and their families affected by child abuse within the organisation; and
- provision of relevant training and information to staff and carers.

Accordingly, the child protection system in Western Australia has in place the following mechanisms designed to manage situational risk (which is a core strategy) and thereby contribute to keeping children in OOHC safe from all forms of abuse and neglect.

**Policies, procedures and frameworks relevant to reporting, assessing and responding to allegations of abuse in care**

- Administration Manual (e.g. reporting and handling misconduct);

---

• the Standards;¹¹
• Casework Practice Manual (e.g. specific chapters on complaints management, practice guidance on various topics relating to assessment of child abuse and neglect);
• Charter of rights for children and young people in care;
• Child Sexual Abuse Policy 2009;
• Code of Conduct;
• Complaints Management Policy and Procedures 2008;
• Consultation Disability Access and Inclusion Plan 2013-2017;
• Department for Child Protection and Family Support and Non-Government Placement Agencies Protocol for Abuse in Care 2009 (the Protocol for Abuse in Care);¹²
• Foster Care Partnership Policy 2012;
• Foster Care Partnership Practice Framework 2012;
• Foster Carers Support at Difficult Times Policy 2011;
• Leaving Care Policy 2011;
• Practice guidance and policy on neglect;
• Rapid Response: Prioritising services for children and young people in State care;
• Residential Care (Sanctuary) Framework 2012;
• Residential Care Practice Manual;
• Secure Care Manual – Kath French Secure Care Centre Practice Guidelines;
• Signs of Safety Child Protection Practice Framework, 2nd edition 2011; and
• Signs of Safety Policy, updated 2011.

Structures that support children and young people in OOHC to report allegations of abuse that occurred whilst in care

 Advocate for children in care – The Department provides a specialist advocacy, support and assistance service for children and young people currently in care and


those who have left care and are eligible for leaving care services. The Advocate advances the child’s right to participate in, add value to and question decisions and actions that impact their lives.

**Duty of Care Unit (DoCU)** – The Department’s DoCU undertakes carer investigations, jointly and concurrently with a safety and wellbeing assessment by the district child protection worker. DoCU staff are located in head office, independent of districts that carry out case management and carer support duties. Where appropriate, joint investigation planning meetings will be convened by DoCU involving relevant department and community sector agency employees (in accordance with the Protocol for Abuse in Care). Where a criminal offence may have occurred, the Western Australia Police is notified and participates in joint planning and investigation.

**Integrity Standards Unit** – This is a departmental unit responsible for investigating complaints about employee and contractor conduct, and notifying the Corruption and Crime Commission of instances of misconduct.

**Leaving care and after care services** - The Department funds three community sector organisations to provide preparation for leaving and after care support services. These services assist young people throughout the transition from care and can start to work with them from 16 years of age in metropolitan areas and 14 years of age in country areas.

In addition to the support provided by leaving care services, young people who have left care can seek aftercare assistance from the Department. Young people may approach any Departmental district office for assistance, at any time, until they reach 25 years of age. Therefore, young people can approach leaving care services or the Department should they have concerns about their care experiences, including disclosing abuse.

**Commissioner for Children and Young People** – The Commissioner for Children and Young People (the Commissioner) is appointed pursuant to section 7 of the *Commissioner for Children and Young People Act 2006* (the CCYP Act). The best interests of children and young people are the paramount consideration when
functions under the Act are performed.\textsuperscript{13} While the Commissioner deals with matters affecting the wellbeing of children and young people generally, rather than enquiring with respect to individual children,\textsuperscript{14} she can assist a child to report abuse or refer a child to police.

\textit{Provision of training and information}

All foster carers receive a resource file containing the following materials:

- Foster carer agreement and the Foster Care Partnership Policy;
- Foster care handbook – provides information the Department’s legislative obligations, policies and practices relating to foster carer;
- Communication book – to assist foster carers and birth parents to communicate and develop a positive relationship while a child is in care;
- Fostering fact sheets – a range of fact sheets including childhood trauma and guidance for foster carers to respond appropriately to the child’s behaviours; and
- The parent’s and carer’s helping handbook – practical advice on how to help children protect themselves and stay safe.

Refer to the response to questions 5 and 6 for information on training.

\textbf{Creating positive organisational cultures}

An organisation that has a positive culture tends to have the following characteristics (Irenyi 2006):\textsuperscript{15}

- staff respond to disclosures of child abuse and neglect in a timely manner;
- mechanisms are in place to facilitate children in OOHC to share their experiences (children are treated as individuals with rights);
- inappropriate behaviours are addressed;
- staff/carers know what to do if they want to raise concerns;
- leadership and management styles that promote openness;

\textsuperscript{13} The CCYP Act, section 3.
\textsuperscript{14} See the Commissioner’s functions as set out in section 19 of the CCYP Act.
environments are monitored to avoid situational risks developing;
ongoing training and professional development in child abuse and neglect, such as grooming behaviours; and
focus on being 'child friendly' not just 'child safe'.

There is considerable overlap in terms of strategies aimed at managing situational risks and creating positive organisational cultures.

In addition to strategies stated in the previous section, the Department has established monitoring processes and strategies to engage with children to enable them to share their experiences. These are summarised below.

**Standards Monitoring Unit (SMU)**

At the initiation of the OOHC services sector, the Department established the SMU in 2007 to develop and progress the implementation and monitoring of standards as one of the ways to examine services, assure the quality of services and identify and realise opportunities for continuous improvement. SMU assesses the provision of quality care by the Department (districts and residential facilities) and funded OOHC services, as defined in the Standards.

Since 2007, all Department districts are subject to SMU monitoring visits every two years. Since 2010, funded OOHC and the Department's residential facilities can expect to be externally monitored at least once every four years by SMU using a self-assessment and external monitors approach, which is considered to be the standard practice in most industries to improve the quality of services. There are templates and guides to support this process.

Funded OOHC services and the Department's residential facilities undertake annual self-assessment against the Standards and identify areas where they have been met, opportunities for improvement, and where necessary, action required to meet the Standards. The self-assessment report is provided to SMU and funded OOHC services contract managers.

When evaluating the performance of the service, the SMU assesses operations of the service over the preceding 12 months prior to the visit. Staff from the SMU form
their opinion on the degree of achievement in implementing the Standards based on feedback from staff and service users (children, young people and carers), document review, and data available through the Department's client information system 'Assist and Objective'.

**Contract management**

All Funded Services sign a service agreement with the Department. In addition to SMU, contract managers conduct service reviews (three reviews in a five year contract period) which include the extent to which services meet the Standards, as well as progress made towards implementing any strategies identified through SMU monitoring and/or self-assessment processes. An active contract management approach is used to address critical incidents as they arise.

**Opportunities for children in OOHC to share their experiences including any concerns or disclosure of abuse**

The principle of child participation and enabling the 'voice of the child' is central to developing a child-centred system. In recognising that children may disclose abuse in different ways, the Department regularly provides opportunities for children in care to talk about their experiences in their home and outside environment, using the following strategies:

- **Viewpoint** – A computer assisted, self-interviewing program designed to promote greater participation by children and young people in care in decision making;

- **Quarterly care reports** – Child protection workers meet with the child in care alone at least once every three months to assess their wellbeing, build relationships and determine how they are progressing in care. Feedback from Viewpoint can be used as the basis for discussion; and

---

16 Child protection workers, team leaders and other relevant service delivery staff in the Department, as well as the Duty of Care Unit record information on the Assist and Objective client information system.

• **Signs of Safety tools** – As part of the Signs of Safety Child Protection Practice Framework, child protection workers can use various tools designed to engage with children including those in care.

**Question 2: Is there evidence for having different strategies to keep children in OOHC safe from sexual abuse depending upon whether a child is in relative or kinship care, foster care or one of the forms of residential care?**

There are common strategies that promote safety for children in OOHC regardless of whether they are in general foster care, relative foster care, or residential care. These are detailed in Question 1, and include:

• all general (including those who apply to funded OOHC services) and relative foster carers undergo a comprehensive assessment process to determine if they meet the competencies as set out in regulation 4(1) of the Regulations;
• monitoring of the Standards undertaken by SMU;
• departmental and criminal records check, and WWC Checks;
• assessment / interviews with residential care staff prior to employment;
• mandatory training for residential care staff and general foster carer;
• case management tools and formal structures to enable children to share their care experiences; and
• child protection workers regularly review safety plans and take into account actions to be taken to reduce danger and improve safety for the child.

However, due to different risk factors that could present in relative care or residential care, additional considerations and different strategies are applied to relative care and residential care facilities to keep children safe from abuse and neglect while in care.

**Relative care**

Relative carers may present additional risks, such as the possibility of intergenerational transmission of the same issues experienced by the birth parents for whom the child has been removed from or reduced capacity of the carer to
respond to, and manage, family dynamics to keep the child safe. In some instances, relative carers may need additional support and assistance to meet the required competencies.

As a result, the Department’s policy and practice guidance on assessing and working with relative carers indicates that, wherever possible, appropriate relative care options should be identified from the child’s safety network during Signs of Safety family meetings, and the assessment and review of relative carer competencies should be an integrated process that occurs as part of ongoing case management.

Residential care

Residential care is one of a suite of placement options for children requiring OOHC. Children in care, particularly those in residential care, often present with complex behaviours because of the significant trauma they have experienced prior to coming into care. Taking into account issues facing these children, and recognising the inherent risks of mixing a group of high needs children in the same facility, one of the recommendations arising from the 2007 Ford Review was the need to develop a three-tier system of residential care, based on the specific needs of the children in care. In response, the Department has established a range of residential care options, being:

---

18 Department of Communities Queensland (2011), Kinship Care; A Literature Review.
19 The aim of developing a safety network is to develop a network of people who can respond to, and manage the foreseeable threats and dangers to a child. Refer to the Department’s Casework Practice Manual, chapter 1.3.
20 Signs of Safety meetings occur as often as required; see http://www.dcp.wa.gov.au/Resources/Documents/SOSMeetings.pdf.
21 Being children and young people where general or relative foster care is not an appropriate option due to their behaviours.
22 The profile of children in residential care includes significant history of abuse and neglect and related trauma, multiple placement disruptions due to behaviours, self-harm, alcohol or substance misuse, sexually inappropriate behaviours, risk taking/anti-social behaviours including violence and aggression towards others and developmental delays and disabilities.
24 The Ford Review examined the broad structure and operations of the Department. Recommendation 55 – Current departmentally run facilities in the metropolitan area be reconfigured to provide Second Level Residential Care Facilities. This will require the development of an evidence-based therapeutic model, staffing model and competence-based training reflecting the therapeutic nature of services.
• Tier One (four-bed family group homes, operated by department districts and Funded Services, staffed by live-in carers with support staff);
• Tier Two (four bed residential group homes for children and young people with complex behavioural and emotional needs. High level of supervision is provided by residential care workers, with support from psychologists and other professionals); and
• Tier Three (six bed secure care facility staffed by a multi-disciplinary team, providing up to 21 days of intensive support for young people who present an extreme risk to themselves or others).

To minimise the opportunity for harm occurring to children in residential care, these facilities have a high staff/residents ratio, are designed for a smaller number of residents, and (with the exception of the dedicated emergency residential facilities) wherever possible children are matched to the most appropriate residential option to enable them to have a stable placement.

In addition, all departmental residential care staff receive mandatory training in Therapeutic Crisis Intervention™, the impact of trauma and the Residential Care Sanctuary Framework, all of which equip them with the knowledge and skills to respond therapeutically (rather than reactively) to the child's needs and behaviours. Staff also work with the child to develop an individual therapeutic care plan to manage their presenting issues.

---

25 Details can be found in the Department's Residential Care Practice Manual.
Question 3: What are the strengths and weaknesses of models that check OOHC practices by an audit approach, a regular supervisory visit, or an irregular visit by someone like a community visitor?

The Department's views on the strengths and weaknesses of the various approaches are outlined below.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audit approach</strong></td>
<td></td>
</tr>
<tr>
<td>Enables policies and procedures to be assessed using an objective, systematic approach.</td>
<td>Usually sample based. Therefore does not assess application across all children and young people.</td>
</tr>
<tr>
<td>Enables assessment to determine if policies and procedures are implemented.</td>
<td>Time delay between audit visits.</td>
</tr>
<tr>
<td>Establishes a baseline from which continuous improvement can be measured.</td>
<td>Audit findings 'requirements' not always actioned.</td>
</tr>
<tr>
<td>Validates good practice and identifies opportunities for improvement.</td>
<td>Depending on model used audits that are desktop or paper based provide more limited information.</td>
</tr>
<tr>
<td>determines whether services are delivering the outcomes agreed with the funding body.</td>
<td>Service provider may attempt to influence sample selection.</td>
</tr>
<tr>
<td>Audit body selects a representative sample.</td>
<td>Reliant on resources to address issues.</td>
</tr>
<tr>
<td>Increases community confidence that service providers are held accountable.</td>
<td>Fundamental cultural changes difficult to implement (pressure on placements to meet continuing demand).</td>
</tr>
</tbody>
</table>

**Regular supervisory visit**

- Enables the development of a relationship with the young person which may increase the likelihood of the young person providing feedback.
- Provides an opportunity for child protection worker to observe behaviour of the young person in care.
- Increases confidence from young people that someone with 'influence' is interested in their life.
- Provides information of how the service is operating on a regular basis, enabling more real time feedback to the funding body.

- Frequent turnover of staff makes it difficult to establish relationships.
- Difficult to establish the model for foster care as you are entering a person's home.
- Scope and depth of visit is not as comprehensive as an audit approach, including no formalised monitoring of policies and procedures and their implementation.
- Observer bias.

**Irregular visit by a community visitor**

- An independent community visitor can focus on the needs of the young person and not be affected by departmental resource constraints.
- May offer advantages in regional and remote WA as the visitor is a local resident. Increases ease of access.

- No relationship with young person.
- Myth that irregular unannounced visit will 'catch people out'.
- Increases the number of people with no tangible relationship attending the young person's home.
- Difficulty in recruiting suitable, skilled.
<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>and competent community visitors.</td>
<td>A resource intensive process for service provider, community visitor, and funding body.</td>
</tr>
<tr>
<td></td>
<td>Observer bias. Could be influenced by the visitor's relationship with the carer or facility staff.</td>
</tr>
</tbody>
</table>

The Department notes that an over-regulated system can result in the unintended consequence of diverting resources away from service provision to children in OOHC, which could lead to poorer outcomes for children in need. Any consideration of community visitor program should be evaluated against a cost-benefit and cost-effectiveness analysis.

Western Australia currently has a multi-faceted, holistic model for checking OOHC practices across the various types of care options (foster care and residential care provided by the Department and its funded OOHC services). The model acknowledges the strengths and weaknesses of the various approaches, and incorporates components of audit, regular visits, and external monitoring by regulatory bodies and specialised departmental units that operate independently ('at arm's length') from districts, Funded Services and residential facilities. Examples include:

**Audit approach**

- monitors from SMU undertake regular visits to Department districts and residential facilities, and funded OOHC services;
- senior practitioners in head office and districts undertake reviews of complex cases;
- internal and external reporting (including key performance indicators are reported to Treasury, national reporting through the Report on Government Services, and Child Protection Australia, and reporting on the national out-of-home care standards from 2015); and
- contract managers review progress reports submitted by Funded Services, conduct service reviews to check adherence to policies, financial
management and governance processes, and work with the services to address issues identified by monitors.

*Regular supervisory visit*

- child protection workers conduct (minimum) quarterly visits with children in care; and
- senior officers (not the case manager) undertake annual foster carer reviews.

*Irregular visit/external or at arm’s length monitoring or review*

- Viewpoint and case/care planning processes;
- Duty of Care Unit;
- Complaints Management Unit;
- Integrity Standards Unit;
- the Department’s audit and performance review team;
- Case Review Panel;
- Auditor General;
- Ombudsman of Western Australia;
- Commissioner of Children and Young People;
- State Administrative Tribunal;
- Public Sector Commission;
- Corruption and Crime Commission; and
- State Coroner.

**Question 4: What are the strengths and weaknesses of having OOHC providers regulated by the child protection department, or regulated by a body separate from the child protection department?**

The view that a body separate from the child protection department should regulate OOHC providers is based on the assumption this will lead to increased objectivity and reduce potential observer bias. However, it is unclear how multiple levels of accountability leads to reduced incidents of abuse in OOHC.

As explained above, the current Western Australian system has a varied approach involving regulation by the Department (such as internal reviews, SMU monitoring visits, contract management processes) and external bodies. For example, the Office
of the Ombudsman provides regulatory overview of the operations of the Department. Two examples of this are the investigation on care planning and the investigation into allegations concerning the treatment of children and young people in residential care, which arose out of a disclosure made under the Public Interest Disclosure Act 2003.

The Department's view is that an effective system that protects children in OOHC requires more than a compliance regime. Compliance needs to be balanced with, and complemented by, systems and processes that build a culture of continuous learning and improvement. The Department believes that the principles that underpin the development of its standards monitoring practice achieve such a culture. The principles are designed to:

- be a collaborative process enabling the participation of interested stakeholders;
- be an open and transparent process;
- provide balance between compliance and service improvement;
- expect a pace of change that is not beyond the capacity of the service;
- take into account the size and location of the service;
- maintain the anonymity of participants in reports; and
- provide an overview at a point in time of the operations of a service.

Question 5: What are the core components of the training needs of those working with children who might be sexually abused including foster carers, caseworkers and staff of regulatory bodies? What priority should be given to training in relation to sexual abuse compared to other training needs?

The core training components provided by the Department to foster carers and child protection workers are set out in the table below. While there are core components that should be included in training with respect to responding to child sexual abuse, content should be adapted to meet local needs, and relevant legislative and policy requirements. The training needs for people working with children who may have experienced abuse and neglect will also vary depending on an individual's level of existing knowledge, skills, and job role. The Department prioritises information and training on child abuse and neglect over other training needs.
<table>
<thead>
<tr>
<th>Component</th>
<th>Foster carers</th>
<th>Child protection workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors that contribute to child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Effect of child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Indicators of child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child development and trauma</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Risk factors for child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sexual behaviours of children that are age appropriate, concerning, and very concerning</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reporting of child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prevention strategies to minimise the risk of child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Grooming and coercion</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Child Sexual Abuse Accommodation Syndrome</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Responding to a disclosure from a child of sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><em>Criminal Code 1913</em> and the specific offences which relate to the sexual assault of a child</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Child assessment interviewing</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Forensic interviewing of children</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Medical and forensic examination</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Assessing parental protectiveness</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Safety planning and reviewing the safety plan, including building safety when harm is denied</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and responding to child sexual abuse by a child to a sibling or another child</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Treatment needs for children and families affected by child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Therapeutic behaviours with children and young people affected by child sexual abuse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Supervision in case practice, supporting workers’ growth and development, building emotional and psychological health</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
The core components for foster carers are slightly different to those for child protection workers because child protection workers need a greater level of knowledge and skill compared with foster carers/staff from other regulatory bodies. For example, child protection workers receive training in forensic interviewing and child interviewing techniques, how to conduct safety planning, and assessing sibling abuse, because they are required to undertake these activities in their statutory role. Foster carers receive training in how to report abuse because children in their care may disclose abuse and they need to know who to contact to report their concerns.

In Western Australia, child abuse training is delivered to Department staff (including child protection workers), foster carers and Funded Services throughout the year. The Department uses a 70:20:10\(^{27}\) learning model, which promotes work-based learning, supports collaborative learning and networking, and places formal learning as a foundation to improve individual practice and organisational operation.\(^{28}\) In accordance with that model:

- new child protection workers receive mandatory induction and orientation core training. Various eLearning modules are pre-requisites for attending core training. Child protection workers are expected to complete extension courses relevant to their roles as part of their ongoing professional development;
- foster carers receive training in preparation to become a carer and have access to ongoing training after approval as carers. Preparation training is mandatory for carers in the metropolitan area, and for country carers a more flexible approach is applied using video conference option; and
- Funded Services can either access the Department's training courses and/or provide their own training to staff.

In addition, the Interagency Mandatory Reporting training group delivers specific child protection training for professionals (both mandated reporters and non-mandated reporters can attend).

---

\(^{27}\) Being 70% work-based learning, 20% collaborative learning and networking and 10% formal learning.

As foster carers are volunteers, the approach taken is to encourage and support them to attend training (for example by providing child care and training in the evenings). Carers can enrol in training as often as they choose.\(^{29}\) It is difficult to mandate training unless there is a specific concern regarding a carer's competency. Some of the funded OOHC service providers mandate some training, and others require minimum training sessions per annum.

To enable greater access to learning opportunities and support to carers, the Department delivers information and training through a range of flexible and blended learning strategies, including:

- face-to-face training delivered centrally and in districts by the Department’s Fostering and Adoption Unit;
- participation in local district activities in line with the Foster Carer Partnership Practice Framework (for example foster carer morning tea where staff present a specific topic);
- case management activities (such as home visits and discussion with the child protection worker or the senior officer care services, carer reviews which includes discussion on the carer’s learning plan, and specialist support from the district psychologist where required);
- fostering and encouraging informal networks between carers;
- advice and support from the Foster Carer Association of Western Australia;
- Foster Carer Resource File; and
- eLearning packages.

**Question 6: Is there adequate and effective training and information available to foster carers who are caring for children who have sexually abused other children?**

The Department is committed to delivering effective training to foster carers to support them in their role. There is currently sufficient training and information, including with respect to sexualised behaviour displayed by children.\(^{30}\) However, it is

\(^{29}\) The Foster Carer Learning and Development Workshop annual calendar is distributed to all approved Departmental foster carers.

\(^{30}\) For example the evaluation feedback on 'Understanding Sexualised Behaviour' has been rated positively by participants at an average of 8-9 out of 10.
noted that the adequacy and effectiveness of delivering training is impacted by additional challenges for carers who live in regional/remote areas, given the distance to attend training. The use of video conference in recent years has improved access.

As with any training, it needs to be delivered, reviewed, and modified where necessary to reflect evolving policy and practice. Formal training also needs to be complemented by other learning strategies, as detailed in the response to question 5 above.

For children who have offended against other children, the focus of the training and information provided to carers by the Department is on addressing the sexualised behaviours of the child and safeguarding other children from sexual abuse. The Department provides persons caring for a child (foster carer, residential care, funded OOHC services carers) with information on appropriate developmental sexual behaviours and concerning sexual behaviours, as well as protective behaviours workbook.

Caring for children who have sexually abused other children is one of the most complex areas of work for professionals and foster carers. In recognition of this, a completed priority project of the National Framework for Protecting Australia’s Children 2009-2020\(^{31}\) was the development and distribution of a learning resource for carers and staff on Responding to Concerning Sexual Behaviours in Children and Young People. Western Australia led this project in consultation with the National Framework Implementation Working Group, which has members from child protection agencies across Australia and community sector agencies. The learning resource contains the following:

- Facilitator’s DVD-ROM and Guide;
- Participant’s DVD-ROM and handbook;
- a companion video which contains facilitation tips and carers’ perspectives on dealing with concerning sexual behaviours and child sexual abuse; and

---

\(^{31}\) The National Framework for Protecting Australia’s Children 2009-2020 (the National Framework) was endorsed at the Council of Australian Governments meeting on 30 April 2009. It consists of high level and supporting outcomes, strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the National Framework. It can be accessed via http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-everyones-business
• additional resources to enhance the learning experience.

Question 7: How should the rate of sexual abuse of children in OOH C be determined, noting that the National Standards for Out-of-Home Care require reporting of substantiated claims of all types of abuse? Would a form of exit interview assist in capturing information? What should be introduced to ascertain whether information on child sexual abuse in OOH C is resulting in changed OOH C practices?

Most jurisdictions, including Western Australia, already report on the rate of abuse of children in OOH C in the Report on Government Services (ROGS). ROGS 2013 includes for the first time a ‘safety in out-of-home care’ indicator and two related measures\(^{32}\) of children in OOH C who were the subject of a substantiated notification while in OOH C, regardless of whether the person responsible was living in the household. The Report notes that the data is experimental and will be improved over time, and is not comparable across jurisdictions because the scope of information captured by jurisdictions differs. In addition, work is underway to further develop measures that will be reported as part of the National Standards for Out-of-Home Care\(^{33}\) from 2015.

Evidence suggests that experiences of victimisation routinely co-occur and that, for this reason routine measurements of only one form of child victimisation are inadequate in capturing the frequency and severity of victimisation experiences.\(^{34}\)

Exit interviews could provide an additional source of information, however would not necessarily capture the rate of sexual abuse of children in OOH C in a reliable way or improve data quality. The reasons for this include that the young person may not wish to participate in an exit interview, may participate in an exit interview but not wish to discuss specific details of their care experience, or the data may have already been reported in the past and the exit interview data may contribute to ‘double-counting’.


OOHC practices are informed by research evidence, views of children and young people in care and care leavers, and knowledge and experience of practitioners and foster carers. Additionally inquiries from Australia and international jurisdictions add to the knowledge base of OOHC practices that lead to good outcomes for children and young people in care.

In summary, the Department's view is that changing the current national reporting requirements does not add any value, and there are already multiple sources of information that guide agencies to improve OOHC practices, which develop incrementally and as a result of constant monitoring and review.

Question 8: What is the usefulness and validity of different ways to address allegations of sexual abuse brought against foster carers? In particular, which approaches enhance participation by the child particularly approaches best suited to seeking possible disclosures of abuse (including disclosures that might be inferred from behavioural changes) from children? Are the current processes fair? What appeal processes should be available for foster carers?

Children can disclose abuse in several ways. Disclosure may be accidental, indirect, partial, made while the abuse is occurring or after it has stopped, and can be made to a range of different people including adult relatives, foster carers, child protection workers, teachers, medical professionals, siblings or school friends. Additionally, stress, anxiety, fear, or guilt associated with disclosure may result in a child either retracting their initial disclosure or denying that they were abused. Children need to feel safe, supported, and believed before they will make a full disclosure.

A whole-of-community approach supported by coordinated response by service providers and government agencies is generally the accepted model to protect children from harm and to facilitate and support children to disclose abuse. In line with this approach, the following strategies are used in Western Australia:

- children in care are given multiple and ongoing opportunities to talk about their care experiences, for example through case management processes

---

such as Viewpoint, quarterly care visits and case/care plan reviews, as well as access to the Advocate for Children and Young People in Care;

- there are clear policies for key government departments and Funded Services who work with children to know what to do if a child discloses abuse to them, and where to report allegations of abuse and neglect. Key government agencies such as the Departments of Health, Education and the Western Australia Police have dedicated child protection units within their agencies who provide training and advice to their staff;

- professionals and service providers (both mandated reporters of child sexual abuse and non-mandated reporters)\(^{36}\) receive training on indicators of abuse, and what to do if they have concerns about a child. The Department’s Learning and Development Centre and the Interagency Mandatory Reporting Training Working Group deliver this training;

- a child-centred approach to assessing and responding to child disclosures is provided by the Department’s child protection workers, joint Department and Western Australia Police childFIRST Child Assessment and Interview Team, forensic/medical examination undertaken by the Child Protection Unit located at Princess Margaret Hospital or the Sexual Assault Referral Centre. Where the matter proceeds to a criminal charge, the Child Witness Service provides support to the child victims;

- foster carer training includes behavioural indicators of abuse and actions to take if a child in their care discloses abuse;

- children in care often access the Department’s Psychology Services or funded child sexual abuse treatment services, which provide additional avenues of support and a safe place to disclose abuse; and

- at a community level, information about child abuse and neglect is readily available through the Department’s offices and website, and universal services such as 24 hour telephone helplines and Parenting WA.

The principles of procedural fairness and natural justice inform the Department’s policy and procedures in relation to the assessment of allegations of child abuse and

\(^{36}\) As defined in section 1248(1)(A) of the Act, mandated reporters of child sexual abuse in Western Australia are doctors, nurses, midwives, police and teachers. Foster carers are not mandated reporters although anyone with concerns about a child’s safety including sexual abuse is encouraged to contact the Department or the Police: see www.mandatoryreporting.dcp.wa.gov.au.
neglect. However, the Department's first priority is to take actions to protect children from harm or further harm. Foster carers who are alleged to have sexually harmed a child are given the opportunity to respond to the allegations via an interview with the Western Australia Police and the Department's officers.

The DoCU employs experienced staff to undertake carer investigations. DoCU is located in head office and independent of districts. DoCU staff do not have an established relationship with either the child or the carer and, as such, are more likely to be objective.

A carer investigation occurs when:

- an approved carer is the person alleged responsible in a safety and wellbeing assessment;
- there are repeated unresolved standard of care concerns and a recommendation for investigation is endorsed by the district director; or
- other circumstances are endorsed by the Manager of DoCU as requiring an independent carer investigation.

Where appropriate, DoCU convenes a joint investigation planning meeting with relevant department and non-government agency employees (in accordance with the Protocol for Abuse in Care). In undertaking the carer investigation DoCU will determine the carer's compliance with the carer competencies outlined in regulation 4 of the Regulations.

Concurrently with the carer investigation, the district child protection worker undertakes a safety and wellbeing assessment. The purpose of a safety and wellbeing assessment is to determine whether any immediate action should be taken to provide for the safety of children in the placement, including the carer's own children. Referral to the Western Australia Police occurs where a criminal offence may have occurred.

If a child protection worker finds that an allegation of harm against a foster carer is substantiated, the foster carer is given the opportunity to have the findings reviewed by another senior officer who was not involved in the original investigation.
If the Department proposes to revoke a foster carer’s approval status following the investigation, then the foster carer is given the opportunity to refute the grounds for revocation. Foster carers can also utilise the Department’s complaints management process or the Ombudsman of Western Australia if they remain dissatisfied with the Department’s decision or the conduct of its staff.

**Question 9: What measures could be used to assess whether the safety of children from sexual abuse in OOHC is enhanced by independent oversight of the handling of allegations of sexual abuse?**

As stated in the response to Question 3, Western Australia currently has a number of independent oversight bodies that can investigate the handling of government operations. Furthermore, following a recommendation of the recent St Andrew’s Hostel Inquiry, a Review of the CCYP Act has been considering an enhanced child abuse complaints support function for the Children’s Commission. The Review Report is yet to be released.

As previously explained, the Department acknowledges that an over-regulated system can result in the unintended consequence of diverting resources away from service provision to children in OOHC, which could lead to poorer outcomes for children in need if initiated within existing budgetary constraints. For that reason, additional independent oversight of the handling of allegations of sexual abuse should be evaluated against a cost-benefit and cost-effectiveness analysis.

**Question 10: What are the strengths and weaknesses of different oversight mechanisms in keeping children safe from sexual abuse in OOHC?**

The strengths and weaknesses of different oversight mechanisms in keeping children safe in OOHC are outlined in the response to question 3 above. Monitoring of the Department’s work already occurs through a multi-level system of internal, external and judicial bodies, as explained in the table below.

---

37 Blaxell, P (2013). St Andrew's Hostel in Katanning: How the system and society failed our children – A Special Inquiry into the response of government agencies and officials to allegations of sexual abuse.
### Internal Mechanisms

| SMU | - Implementation, monitoring, quality assurance and continuous improvement of out of home care services. |
| DoCU | - Support the investigation of allegations of harm by approved carers to children in care of the Department and provision of advice to local District offices about whether carers meet the competencies under the Regulations. |
| Complaints Management Unit | - Initial implementation and ongoing management of a 3-tier complaint process whereby complaints that are not satisfactorily resolved at the local level or through CMU investigation are able to be taken to the Ombudsman for external review.  
| Advocate for Children in Care | Provides children in care of the Department with:  
- Advocacy services;  
- Support and assistance in using the Department's Complaints Management process;  
- Age-appropriate information on advocacy, service delivery, rights, policies and procedures and complaints handling processes;  
- Support in accessing other complaints services such as the State Administrative Tribunal and WA Ombudsman. |
| Case Review Panel | Established under the *Children and Community Services Act 2004* to review care planning decisions, including placement and contact arrangements, for children in care of the Department. |
| Integrity Standards Unit | Investigation of complaints about employee and contractor conduct and responsibility for notifying the Corruption and Crime Commission of instances of misconduct. |

### External Mechanisms

| Auditor General | - Undertakes annual financial audits of the Department, and performance audits to assess the effectiveness and efficiency of the Department's efforts to fulfil its legislative functions.  
- Recent Auditor General Reports have assessed the Department's role in the Implementation of the National Partnership Agreement on Homelessness in WA, and the Department's Information Systems. |
| Ombudsman | - Broad review powers to investigate complaints about the Department.  
- Reviews the deaths of certain children and young people known to, or ought to have been known to the Department.  
- Undertakes own-motion investigations about the practices of the Department.  
| Corruption and Crime Commissioner | - Government agencies are required to notify the Corruption and Crime Commission (CCC) of all instances of public sector misconduct.  
- "Misconduct" is broadly defined in the *Corruption and Crime Commission Act 2003*, and would appear to cover instances where a public sector employee has harmed a child, and where a public sector employee or agency has failed to adequately respond to an allegation or complaint concerning child abuse.  
- The CCC publishes an annual report, however does not detail the number of complaints made by children, or the number of complaints which allege child abuse or concern child-related services.  
- In 2011-2012 there were 6 complaints (0.10%) alleging indecent dealing with a minor by a public sector officer. |
| Commissioner for Children and Young People | - Responsible for monitoring various aspects of the complaints systems employed by government agencies to deal with complaints made by children or young people and the laws, policies, practices and services affecting the wellbeing of children and young people.  
- Unable to deal with individual complaints except when investigating matters affecting the wellbeing of children and young people generally which are raised through a matter relating to a particular... |

---

34 *Children and Community Services Act 2004* section 242A and *Parliamentary Commissioner Act 1971* section 19A.  
35 Such as Ombudsman Western Australia, Planning for children in care: An Ombudsman’s own motion investigation into the administration of the core planning provisions of the *Children and Community Services Act 2004*. 

28
child or young person.
- Occasionally receives concerns and complaints about the Department. The Commissioner currently
  refers these back to an appropriate internal complaint body or provides information to a complainant
  pursuant to a Memorandum of Understanding. This kind of referral service is consistent with the
  discussions of Parliament recorded in parliamentary debate, and the existing terms of section 23 of
  the CCYP Act.

Judicial Oversight

| Children’s Court | - Considers the Department’s assessment about whether a child or young person is in need of
|                  | protection.
|                  | - Decides whether a protection order is in the best interests of a child or young person who is in need
|                  | of protection.
|                  | - Decides the appropriate type and length of protection order for a child or young person.
|                  | - Can adjudicate disputes about contact or placement arrangements and other relevant matters for
|                  | children in provisional protection and care of the Department.
|                  | - Decides whether a secure care arrangement is appropriate for a child in provisional protection and
|                  | care.
|                  | - Has discretion to appoint a separate legal representative for a child and to determine whether the
|                  | legal representative acts on the child’s best interests or instructions.
|                  | - Decisions of the Children’s Court are able to be appealed to the Supreme Court of WA.

| State Administrative Tribunal | - Has review jurisdiction over decisions by the CEO with respect to:
|                              |  - secure care arrangements for children in care;\(^{40}\)
|                              |  - care planning following the recommendation/s of the case review panel; and
|                              |  - issuing a Working with Children Check negative notice.

Question 11: What implications exist for record keeping and access to records, from delayed reporting of child sexual abuse?

All Western Australian government departments and Funded Services are subject to the State Records Act 2000. The Department maintains a record keeping plan, which includes a retention and disposal schedule. The Department keeps its client records, including records with respect to foster carers and children in care for 125 years after which they are transferred to the State Records Office.\(^{41}\) This means that the investigation process in future matters will not be hampered by the destruction of records. In line with the Department’s record keeping plan, Funded Services are required to keep records relating to the work they are contracted to undertake.

The Department’s Freedom of Information Unit manages requests to access historical records, from clients (including care leavers). The Western Australia Police can obtain the Department’s records to assist their investigations into a current or historical allegation of abuse.

\(^{40}\) Children and Community Services Act 2004 section 88H.

\(^{41}\) It is noted that some historical records may previously have been destroyed in line with the legislative requirements of the time. The Department’s client and foster carer records are retained for a period of 125 years as prescribed in the Department’s record keeping plan, which is approved by the State Records Office. After 125 years, the records are transferred to and become the archival property of the State Records Office.
The major implication for record keeping and access to records from delayed reporting of child sexual abuse is the reduced likelihood of being able to obtain records that validate or support disclosures. Additionally, the disclosure itself may not contain as much detail as if it was obtained contemporaneously. However, the obstacles in corroborating the allegation of abuse do not necessarily prevent the investigation of the allegation.

Western Australia has learned from the experience of the Redress WA Scheme.\textsuperscript{42} The existence and quality of supporting evidence was critical to the operation of the Redress WA scheme. Issues which became apparent were that:

- information had been destroyed in line with legislative requirements of the time;
- the poor quality of records kept left significant gaps in what was recorded; and
- key witnesses had died, were unable to be located, or could no longer remember the events.

The Redress applicant claims were nevertheless able to be supported by:

- comparison to a historian’s construction of the history of each of the institutions where the abuse was alleged to have occurred; and
- the level of consistency with other reports of abuse from the same institution.

\textsuperscript{42} In 2008 the Western Australian Government commenced the Redress WA scheme designed to provide adults, who as children, were abused or neglected whilst in care with an alternative to making a claims through the court process.