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THE PARLIAMENTARY JOINT SESSIONAL COMMITTEE MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON THURSDAY 28 FEBRUARY 2025

RECOMMENDATIONS OF FINAL REPORT OF THE COMMISSION OF INQUIRY

The committee met at 9.58 a.m.

CHAIR (Ms Forrest) - Welcome, Kathryn, to the public hearing for the commission of inquiry oversight committee looking at the government's response to the recommendations. Thank you for your submission; very extensive and a lot of work's gone into that, so thank you so much. It's really helpful for the committee. This is a public hearing. Everything that you say is covered by parliamentary privilege while you're before the committee. That may not extend beyond the committee hearing.

If there's anything of a confidential nature you wish to share with the committee, you can make that request, otherwise it is all public. It's being broadcast and transcribed, so just indicate if that was the case to us. I would ask you to make sure you use your microphone. Cecily's online and we all need to remember to use our microphone so that she can hear.

Before we start this round of hearings, just recognise we are dealing with sensitive topics here. It may be triggering for committee members as well as for others who may be watching online. With that in mind, I ask members to take a trauma-informed approach to questions and keep in mind that people are watching, potentially.

I would also encourage anyone impacted by the content matter in this hearing to make contact with support services. These include the state-wide Sexual Assault Support Line, which is 24-hour support from local specialist counsellors such as yourselves, Sexual Assault Support Service or Laurel House on 1800 697 877 or 1800 MY SUPPORT; Lifeline 24-hour crisis support, 13 11 14; or Tasmanian Lifeline from 8.00 a.m. to 8.00 p.m. every day, on 1800 98 44 34; or 1300 YARN, a 24-hour crisis support for Aboriginal and Torres Strait Islander people, on 13 92 76; or Relationships Australia from 9.00 a.m. to 5.00 p.m. Monday to Friday, 1300 364 277.

I make those comments to hopefully remind people that there are services available for anyone who may be triggered. Kathryn, I'll get you, if you wouldn't mind, to take the statutory declaration and then introduce yourself. If you wanted to speak further to your submission or highlight any particular points, the committee's particularly interested in where, perhaps, from a service provider's point of view, the government are not perhaps progressing the recommendations as well as, or as efficiently, as they could, so that we can progress those matters.

Ms KATHRYN FORDYCE, CEO, LAUREL HOUSE, WAS CALLED, MADE THE STATUTORY DECLARATION, AND WAS EXAMINED.

Ms FORDYCE - I'm Kathryn Fordyce, I'm the CEO of Laurel House. I've been in the role since May 2021. I'd like to begin by acknowledging and paying my respects to the palawa, the traditional custodians of the lands and waters of lutruwita/Tasmania. Laurel House recognises the ongoing impacts of colonisation and the violent ways the lands were taken. We also acknowledge victim/survivors of child sexual abuse and other forms of sexual violence.

PUBLIC

We recognise the immense strength it takes to disclose and heal from child sexual abuse and other forms of sexual violence, and we commit to amplifying your voices, advocating for meaningful change, and standing side-by-side on the path to healing and recovery.

Thank you, Chair, and the committee, for the opportunity to present today. I speak on behalf of Laurel House, a specialist sexual assault service in north and north-west Tasmania dedicated to supporting victim/survivors, advocating for systemic change, and ensuring that these reforms result in real and tangible improvements in the safety and wellbeing of Tasmania's children and young people, as well as victim/survivors across Tasmania.

At the outset, I would like to acknowledge the gravity of this process. The commission of inquiry laid bare the systemic failures that have enabled child sexual abuse in institutions across Tasmania. This scrutiny committee plays a really critical role in ensuring that recommendations are not only implemented but are done so in a way that honours the voices of victim/survivors.

That responsibility can't be understated, and I know that you all know that. Before I outline some of Laurel House's concerns, I want to acknowledge the complexity of the implementation process. We know that there's no simple or quick fix to repairing decades, if not generations, of institutional betrayal, and the cultural conditions within our state that lead to child sexual abuse within and beyond institutions.

However, we also recognise that this is a once-in-a-generation opportunity to get this right, and that doing so requires a commitment to meaningful engagement, transparency and resourcing. Reform on this scale, we know, is difficult and takes time, so we appreciate that efforts are being made.

We recognise the progress that's been made in some areas, such as the redrafting of the *Change for Children Strategy* following considerable feedback from the sector and from victim/survivors, and we note that there have been improvements in engagement. We recognise the significant investment in Laurel House over the last few years, and including the most recent commission of inquiry funding uplift to our therapeutic services, increased funding for our HSB program - our harmful sexual behaviour program - and the funding we've received to contribute to the strategy, and the action plan development. We are appreciative of this investment and hope for announcements ahead of the budget that would allow for effective planning into the 2026 financial year and beyond.

At the heart of our feedback is the message from victim/survivors and their families that trust in government remains fragile. This is a deep and ongoing concern that, unless the process is survivor-centred, adequately resourced and informed by specialist expertise, it risks failing to deliver the changes that are so desperately needed.

A central issue that we must address is the chronic workforce shortages across key sectors that threaten the effectiveness of reforms. We have significant workforce shortages across the sector, leaving big gaps in terms of safeguarding children and young people. The forensic medical workforce remains critically underdeveloped. The family and sexual violence sector is stretched beyond capacity, with services like ours struggling to recruit qualified staff to meet increasing demand. There continues to be no clear strategic plan to build and sustain the workforce needed to deliver these reforms. We urgently need action to strengthen the

PUBLIC

workforce across the family and sexual violence sector, forensic medicals and the broader human services sector.

Another major concern is the lack of transparency and clear accountability mechanisms that continue to pervade the government's responses to child sexual abuse. We hear from victim/survivors that they still report ongoing frustration with the lack of accessible information about how allegations of child sexual abuse are being addressed. The current reporting mechanisms don't go far enough to rebuild trust.

The government's reporting mechanisms on the implementation of the commission of inquiry are still not ideal, with limited information available about progress and implementation. There is a need for formalised inter-agency, inter-jurisdictional responses to child sexual abuse. In our evidence, we've identified a couple of examples where disclosures of child sexual abuse (CSA) or concerns about the conduct of adults has still been met with responses that are less than ideal in terms of coordination or proactive planning. Transparency must continue to improve, not only in the reporting of progress, but how decisions are made and who is engaged in these decisions.

Today, sexual assault services like Laurel House have been inconsistently engaged in the implementation efforts, despite our expertise and deep connection to victim/survivors. It is particularly concerning that key initiatives have been developed with little or no engagement with specialist services like Laurel House. If those of us working directly with victim/survivors are not being consulted, it raises serious questions about whether these reforms are truly survivor centred. If these reforms are to succeed, specialist services must be at the table, not just as an afterthought, but as core partners in implementation, monitoring and evaluation.

Finally, I want to stress the critical importance of embedding survivor engagement in all aspects of the implementation. Consultation must be structured, ongoing and meaningful - not an afterthought, not reactive, not tokenistic. Victim/survivors and specialist services must be supported to contribute their expertise, not expected to do so without resourcing. There must be clear mechanisms for feedback and accountability, ensuring that victim/survivors can see how their input is shaping reforms in real time.

Without these measures, we risk replicating the very patterns of exclusion and institutional betrayal that led to the commission of inquiry in the first place. This is not a bureaucratic exercise, it's a fundamental shift in how we as a society respond to child sexual abuse. Victim/survivors have already endured immense trauma. They shouldn't have to continue fighting to be heard.

We're committed to working with the committee, the government and all the stakeholders to ensure these reforms are not just implemented, but implemented well. This cannot be another report that sits on a shelf. The wellbeing, healing and recovery of victim/survivors depends on it. The safety of children and young people depend on it. The safety of children and young people depend on it. We see this as a defining moment and we're here to help. We can't afford to get it wrong. Thank you.

CHAIR - Thanks, Kathryn. I really appreciate your summary there.

PUBLIC

I want to pick up on a point. I'm sure other members will have questions as well. You talked about a very clear view that you have that key initiatives need to be developed with the engagement of victim/survivors and key stakeholders such as yourself.

Do you have examples of where that's not occurring, like with regard to particular recommendations? On top of that question is the question of, have you had an interaction with Robert Benjamin yet, the implementation monitor - because part of his role is to do some of this as well?

Ms FORDYCE - Absolutely. There's been a couple of examples. The whole health department framework and implementation plan - Laurel House didn't have any involvement in that. That whole kind of process was developed with no consultation with us. We have, I guess, key relationships with the hospitals in relation to the delivery of forensic medical examinations and a range of other - there's reference to, in their implementation plan, around warm handovers to counselling services. We haven't had conversations with the Department of Health as to how that might happen, how it could eventuate, in what way could we support them to better understand those pathways to get people that disclose in the context of the LGH and other hospitals the care that they need.

Another example, although this has shifted a little in the last little while, the Tell Someone campaign and the training that was developed within the Department for Education, Children and Young People. We had no involvement early on in the development of that. It was out in market and the training was being delivered - the online training was being delivered. It was only after those things were in market that we approached DCYP to say, 'Hey, we'd really like to be involved in future iterations and in fact we would have liked to have been involved in previous iterations.'

The Tell Someone campaign is now sitting within DPAC. Certainly since it's been in DPAC, we've had a bit more contact. There's been some interagency meetings and Laurel House and SASS have both been involved in some of that kind of concept development. Things are shifting.

I do need to acknowledge that once we raised with DCYP the fact that we hadn't been included there were some regular meetings with the safeguarding team and we continue to have kind-of quarterly meetings in relation to that. At this point it's still largely updates rather than kind-of genuine engagement in how our expertise can be embedded in the work that's being done.

In relation to the monitor, I have reached out to Robert Benjamin. We are thrilled about his appointment. Certainly that's the feedback we've been getting from victim/survivors as well who found him, through the commission process, a highly supportive and engaging person. I personally gave evidence to him, both private and public evidence to him. He was just a terrific person to listen and hear and truly listen to the feedback.

We have tried to organise the time to meet. It could be in my diary.

CHAIR - He's got a pretty busy schedule too, I'm sure.

Ms FORDYCE - My EA and his team have been liaising to get us in the same place at the same time, so it could be in my diary.

CHAIR - That's all right. On the interaction or lack thereof, I'm wondering whether there was enormous pressure on all departments to get things done. That doesn't excuse not consulting with key stakeholders, but I'm just wondering if there was this time line. There were these things that, 'Okay, we can quickly do that, we can get something in place.' It could be seen as a box-ticking exercise. Whilst that may have happened, do you see that now there is much more engagement? Is it starting to look like that? Obviously, that's quite important.

Ms FORDYCE - We recognise that there was a lot of activity particularly in the six months leading up to the end of the first phase. That was June last year, I think. There was certainly a lot of activity then. I guess then we've had, obviously, a range of movement in some of the departments. There have been a lot of things changing. We've seen that there are some foundations being built for the work that needs to be done for the phase two and phase three implementation. I feel that there is judgment made by the departments about not wanting to overwhelm the sector in terms of consultation, not wanting to overwhelm us as specialist services. My call to them is let us decide what's within our capacity, without being the gatekeeper for our engagement.

CHAIR - Don't presume.

Ms FORDYCE - Do not presume that we've not got capacity because I think we would rather engage early, set some expectations about our capacity to be involved rather than trying to deal with something down the track that hasn't met expectations. When I or members of my policy team or senior management are involved in these kinds of consultations, that's not taking away from the delivery of services to victim/survivors. I am not a counsellor, so I'm not doing services for victim/survivors. There needs to be some recognition that we have the agency to say when we can and can't consult or when we think that another organisation may be better placed to provide feedback on a particular initiative.

There is a sense, particularly around the strategy development, of genuine efforts to engage with us. They have been peppered at times with some pretty tight, unrealistic and unfair time lines - including the most recent version of the strategy that was released in late December and had a feedback period of 15 January 2025. It really meant that we couldn't engage with victim/survivors. It meant that I was coming back from leave early, that I had staff working over that period. Christmas is a really difficult time for victim/survivors, particularly those that have experienced intra-familial abuse and may have disconnections from their families or are having to navigate interactions with their families. Any expectation at that time for us to engage with victim/survivors was vastly inappropriate. It was effectively two and a half to three weeks once you took that Christmas leave period out. We understand that there were some imperatives to get this stuff progressed, but I think that the process is as important as the product in relation to building trust.

CHAIR - You passed that feedback on?

Ms FORDYCE - Yes, and I shared it at the time where the tight deadline was provided to us. I shared it in multiple forums about how I didn't think it was appropriate.

CHAIR - Did you get feedback?

Ms FORDYCE - Yes.

CHAIR - Was there any change?

Ms FORDYCE - Not in that instance. There have been other examples where there was a really great three-month period offered for feedback on the first version of the strategy, which had been consistent with some of our inputs earlier into the strategy saying we need that kind of time in order to help victim/survivors, and also so that we can consult with the people that we're best supporting. I think I certainly got the impression that there was some political pressure in relation to the delivery of that time line. That wasn't what was said to me. That was the assumption that I made.

CHAIR - To be seen to be doing something rather nothing - is that the sort of political pressure?

Ms FORDYCE - Yes. Perhaps the development of the strategy had seemed to take a long time by perhaps the powers that be - and they were saying, 'Hang on, you've already consulted. Here's this next period of consultation. We really need to get this strategy out.' There was a commitment to splitting the strategy from the action plan and then the commitment to do the action plan in a co-design way moving forward, which the first meeting for that is this afternoon. That did enable something to be delivered, perhaps in a more timely way but it did mean that there was a lot of pressure on the sector and probably not an opportunity to connect with victim/survivors that might have wanted to have some input.

Ms WEBB - I noted the comments through your submission around consultation, and I particularly liked the section where you outlined what would be a best-practice approach. It prompted me to wonder - and now I'd like you to reflect on it for us - is it time to pause for minute and put in place some sort of shared public policy about how we will consult in this process? That is, best practice is wonderful - it's not always achievable, but at least it would manage expectations if there was something documented about the approach to consultation. I take it there's not such a thing in place currently. Is that something that you would like to see?

Ms FORDYCE - Yes, we would love to see the development of some kind of principles or clear practices, guidelines around how consultation is done and across legislative reform, across development of strategies, policies, practices, programs. Those things may look slightly different, but that kind of high-level, how do we engage victim/survivors, their family members and the specialist sector, and the community sector, more broadly, in that process? Some of that is - and we gave this feedback to DPAC in relation to the bill that came out for the *Commissioner for Children and Young People Act 2016*.

Ms O'CONNOR - Was it establishing the commission?

Ms FORDYCE - It was establishing the commission, thank you. We gave that feedback around - we were approached by DPAC to consult with victim/survivors, and we were saying, 'But why? You've already heard from victim/survivors through the commission of inquiry, what do you want us to consult with them on?' We're not going to go back to consult without a clear question, because every time we're asking people to revisit their feedback, where we're

not asking them a new question or confirming something different. We're basically telling them, 'We didn't listen to you the first time.'

Ms O'CONNOR - Also re-traumatising people.

Ms FORDYCE - Also re-traumatising them. I think the conversation that we had on that occasion was that even when you're asking someone - a victim/survivor - would this be better? Would this commission be better than the old commission? Or would this campaign be better than not having a campaign? Would this way of doing things be better than that way of doing things? We're asking them to reflect on what it was like for them before, so even though you're not asking a question that says, 'Tell me about your trauma', they're doing that shift in their head: 'Yes, that would be better. If that was in place for me, I wouldn't have had to deal with X, Y and Z.'

Sometimes, I believe that there's a lack of recognition that asking those kinds of questions still creates trauma and still needs that kind of holistic, wraparound support, and you still need a really good justification as to why we are going back to them in relation to that question.

We have had some really good examples of when the child and youth safe organisation framework legislation came out and it went out for consultation, the team at CARCRU that did that work, they did a really terrific job of saying, 'This is what we've heard from you, this is what we've changed in response to what you said and this is what we still need your feedback on'.

There was that kind of loop-closing for victim/survivors, and for the sector, to be able to kind of go, 'I'm not just having to say the same thing again because they're acknowledging what we've said before'. That kind of process is what we need to build into - and that clarity, and building the skills of the public servants and other people connected to this legislative reform agenda and the policy processes - is how they can build those skills to do that well.

Ms LOVELL - Kathryn, thank you, and thank you for your submission. It's really detailed and I want to say from the outset, I have read it, but I haven't probably absorbed it as much as I would like to because of the time frame. I apologise if I'm asking you something that is in there.

Ms FORDYCE - You might have to tell me the pages.

Ms LOVELL - Feel free to point me back to it. I wanted to go back to something you mentioned in your opening remarks around a lack of coordination when reports are made, particularly in these education, school settings or health settings, wherever that might happen. That's something that's come through in other submissions we've received and in other evidence. It's certainly something that I've been hearing anecdotally as well, and it's concerning to me. I know there are some recommendations that sort of fall into phase 2 around their timelines that will help, but I wondered if you might be able to tell us a bit more about where you're seeing that happen and what sort of problems that's causing. Particularly, what could be happening while these recommendations are being worked on in later phases to help with this, because it does seem to be a concerning gap.

PUBLIC

Ms FORDYCE - Yes and thank you for the acknowledgement of the extent of the feedback. A big shout-out to my team that spent a lot of time pulling those things together. The best example that I can think of relates to - and I did mention it in the evidence - I wonder if it might be good if we go confidential for a bit so that I can speak frankly. Is that okay?

CHAIR - We can, or do you want to leave this until the end? We will allow time.

Ms FORDYCE - Yes. Otherwise, I would feel I'll end up being cagier than might be useful.

CHAIR - We will go to other questions and we'll come back to that. We'll try to go in camera about 10.45 a.m. Will that give you time?

Ms FORDYCE - Yes.

Ms O'CONNOR - Kathryn, again, what a terrific submission, and thanks for your work, and all of the work that you do. Have you seen any evidence of actual, tangible change as a result of progress so far on implementing the recommendations?

Ms FORDYCE - Yes.

Ms O'CONNOR - What does that look like?

Ms FORDYCE - I guess we are seeing out in the community and in the services that we're interacting with, the government departments that we're interacting with, at least an appetite to talk about this issue. Appetite is probably not the quite the right word, but a willingness to talk about the issue - albeit that we're seeing considerable fatigue in people we're interacting with. I have to acknowledge that we've had significant investment in Laurel House's services, which have been much needed and overdue. That is allowing us to take the reins on broadening the suite of services that we are able to offer, building partnerships with other organisations that allow us to meet the diverse needs of victim/survivors.

Certainly, we can see within the Department of Education a lot more discussion about child safety, within schools, in terms of the contact that we're having.

Ms O'CONNOR - You make the point in your submission about whether or not safeguarding officers in schools are appropriately trained and qualified. I gather that's a conversation that's ongoing with DECYP as well.

Ms FORDYCE - Yes, absolutely. The shortages of highly qualified social workers in particular means that sometimes some of the tasks that I would ideally like to see in the hands of social workers are being given to other, less qualified or skilled or trained people, or differently qualified skilled and trained people.

There are probably missed opportunities in relation to the growth of the workforce that we need to be investing in now, and that comes to the comment that Sarah made before - yes, they might be phase 2 and phase 3 recommendations, but unless we're getting the foundations right now, we're not going to be able to deliver on phase 2 and phase 3 recommendations. We

need to get the foundations right, get the workforce in place, have a plan to grow the workforce, have a plan around how we engage with victim/survivors in the sector.

Resource the sector sufficiently such that we can engage in really meaningful ways, in ways that the public servants and particularly the policy people within those organisations, the way that we learn how to work with them in a way that we deliver information in the best way that they can make sense of as well, so I guess when we talk to victim/survivors, it feels really slow for them and I think there are examples where the successes of the Arch - we're in the Arch, the relationships that are being established between police and Laurel House and the broader services that are there, there's some great stuff happening. It's just that there's so much more that still needs to happen, including us being funded properly.

There is change, but it's slow and infuriating, I think. I'm regularly engaging with victim/survivors who gave evidence at the commission of inquiry who regret having given evidence at the commission of inquiry because, for them, they're saying that it's not making a tangible difference yet in the lives of other children and young people and that their mental health has been at a cost.

Ms O'CONNOR - And they feel unheard.

Ms FORDYCE - Yes.

Ms O'CONNOR - Can I go to the feedback in your submission on the legislation to establish the Commission for Children and Young People. You've provided some extensive -

CHAIR - Do you want to take it to a page?

Ms FORDYCE - That'd be brilliant.

Ms O'CONNOR - Sorry, page 13 of the submission and it's looking at recommendation 18.6, which is the establishment of the Commission for Children and Young People. Has there been any response to the feedback that you've provided on the legislation which points to a number of potential deficiencies and restrictions on the capacity of the commission and the commissioner.

Ms FORDYCE - No is the short answer. I haven't had any feedback. We had a meeting where we talked generally about victim/survivor engagement and I had feedback in relation to that. We then submitted our submission and haven't had any feedback yet in relation to that.

Ms O'CONNOR - And in your view, is the draft bill so manifestly insufficient that it needs substantial change before it's finalised?

Ms FORDYCE - No, we certainly gave a lot of feedback, but I think the bones are there and it draws very heavily on the recommendations of the commission of inquiry obviously, but I think a lot of our feedback related to the detail rather than the structure per se. In some ways, because the structure of the commission was recommended in that way by the commission of inquiry and the commitment of the government to implement the commission of inquiry recommendations, we didn't feel it was appropriate to comment on whether the structure was right, more about the implementation of that recommendation in the context of the legislation.

Particularly, there was a range of things around ensuring the rights of children more strongly through the document and it was alluded to, but there was other remnant language through the use of 'detainee', and other language, use ensuring that there was consent from children and a range of other things that, if we were truly implementing the Conventions on the Rights of the Child, that some of those things wouldn't have slipped through and so, I think there's just refinements that are needed rather than a whole rewrite per se.

CHAIR - Can I just ask when that last lot of feedback was sent, that you haven't heard back from? Roughly, not the exact date. A week ago, two weeks ago?

Ms FORDYCE - Late last year, November-ish?

CHAIR - Sure. Just to give it a context around that.

Ms FORDYCE - Yes. It was definitely last year. My policy officer was relatively new at the time and I think she started in September, so it would have been around that time.

Ms WEBB - You're describing that some victim/survivors feel regret now about involvement with the commission of inquiry. That whole commission of inquiry was based around examining and looking at betrayal of trust, essentially. The thing that we would most want to avoid at this point is further betrayal of trust as we implement these recommendations. With that in mind, obviously a risk there is that things are implemented in a way that might look tokenistic or might look like it's done to tick a box or a timeline, but not deliver an outcome or an impact that's intended.

In your submission I see what I read to be some red flags, just to say, this one looks like it could be veering into that category. Would you like to highlight any particular areas where you think there's a risk there that we have to turn our attention to, to ensure there's meaningful implementation rather than tokenistic implementation? One that jumped out when I read it was around training and making sure that training isn't just of a nature that we can tick-off, yes, x-number of staff have done this, tick, but that the training is meaningful, it's able to be acted on in the workplace and things. Would you like to highlight any other ones that we should turn our mind to and be aware of?

Ms FORDYCE - In the absence of a focus on outcomes across a range of areas, what discernible difference is training making to someone's attitudes, their knowledge, their capacity to respond, the skills that they identify are going to be needed. An example where there was an element of ticking the box was around the development of the MOU regarding children and young people with harmful sexual behaviour, the mandatory referrals through our services, or building a consistent pathway for service provision.

That example is that we actually haven't had the hard conversations that we need to have about whether there should there be mandatory referrals to harmful sexual behaviour programs? What are the barriers to CAMHS (Child and Adolescent Mental Health Service) intervening in supporting children and young people that have used harmful sexual behaviours? What are the experiences of Laurel House when we try to refer people to CAMHS? For us, in trying to get the product of the MOU, some really critical conversations haven't been had, and still haven't been had, that would move forward. It's one thing to have an MOU, it's another thing to have the culture of how we're going to work together because the agreement is only

PUBLIC

part of actually being able to get something happening on the ground. That is an example where the risk is there.

Ms WEBB - Are there any other areas you wanted to point to for us to be mindful of and turn our attention to?

Ms FORDYCE - Not that I can think of off the top of my head.

Ms WEBB - That's fine. There are some that you allude to in the submission, which I believe we may be able to extract and examine for ourselves.

Ms FORDYCE - Yes, and I'm certainly happy to connect with the committee out of session.

CHAIR - If there's further information you want to provide or highlight particular areas, please feel free to do that in writing.

Ms FORDYCE - Will do. Absolutely.

CHAIR - Can I go to another area? Are you done with that?

Ms FORDYCE - Actually, if I think about it, the forensic medical examination process is probably another. There is an identification within the commission of inquiry recommendations around having paediatric forensic examiners. To date, we've had very limited discussions about what we are experiencing as Laurel House in terms of supporting victim/survivors. It is beyond the experiences, the engagement and the access to forensic medical examiners is bigger than the experience just of children and young people.

We've got acute issues with forensic medical examination access generally, particularly in the north-west coast, but it takes a lot of time to train those people. Ruth's a nurse so she'll know that there's a specific set of training, it takes a long time, that needs a lot of supervision. We can't wait until the 11th hour to get that recommendation right.

CHAIR - And it's not just one person who's undertaking that -

Ms WEBB - And it's not just about changing someone's job title. Suddenly, whiz-bang, you are now such and such.

Ms FORDYCE - That's exactly right and there's a lot of work that needs to be done because there are many nurses and doctors who would have the requisite attitude and skills to do this work really well. But, for many of them, the fear of having to give evidence in a court or them thinking about looking at how the work has affected their colleagues, and not necessarily just the work, but the system that has perhaps not always provided the requisite level of support so that they can, you know, thrive in that work. Why would you put your hand up to do something that is perhaps not sufficiently valued within the health service?

Ms O'CONNOR - Can I just check, are there any paediatric forensic examiners in Tasmania?

Ms FORDYCE - Typically it's paediatricians who have then done additional forensic training to enable them to do that. We had an excellent paediatric examiner on the north-west coast who's now on parental leave.

Ms LOVELL - Are there many of those paediatricians that have done that training?

Ms FORDYCE - I wouldn't be able to answer that, but I think it would be great for us to fully understand who has had the training and who's then not engaged. I definitely know of nurses who haven't necessarily had paediatric training but have had training for forensic. I also know that at least two doctors on the north-west coast have previously indicated their desire or willingness to be trained in the paediatric forensic examination process and that hasn't happened.

CHAIR - Which all fits back into that workforce planning and workforce strategy.

You raised earlier concerns about transparency, and particularly for some of the victim/survivors who regret their participation partly because of the long time it seems to be taking to see any tangible outcome for children and young people now, in your view how do you think that could be expedited to make sure that at least if there's a good reason why there's delays that that could be made clear to these people, which is part of the problem here. I think that there are sometimes very legitimate reasons. What would be the way that should occur?

Ms FORDYCE - There's two reports on the Keeping Children Safe website and then there's the kind of online filterable updates and I guess in all of those, the update that was released for late last year that had the phase one recommendation implementation. It only provided commentary on the phase one recommendations, not the foundational work that was being done for the phase two recommendations.

CHAIR - Which is critically important.

Ms FORDYCE - I believe it's critically important. The most recent quarterly update was simply pie charts with no kind of detail about why the delays, what's going on, what work has been done or where things have needed to pivot to accommodate workforce shortages or the like. As the CEO of an organisation, if I provided that update to my board, that would be vastly insufficient for them to provide any kind of governance or oversight and I feel that the community, and victim/survivors in particular, need more clarity about what's going on; what foundational work is being done on the phase 2 and phase 3 recommendations? Like I've said several times, if we're not getting that right now, we're definitely not going to be able to deliver on them.

CHAIR - Have you passed that on to the government, that this would be really helpful information to have at these touchpoints, if you like?

Ms FORDYCE - I don't think I have, officially.

CHAIR - That'd be something you could also discuss with Robert Benjamin, because he did say to us that he's looking at not just the black-and-white recommendation on the page, but -

Ms FORDYCE - The intent of it.

CHAIR - Yes, the intent of it, and if it can be delivered in a more prompt or a different way, but still achieving the outcome. Maybe there's engagement there.

Ms FORDYCE - Yes, absolutely. The government is never going to be able to provide the level of detail that some people might want, and there might be particular reasons that certain information can't be shared about why something's delayed. Working from a premise of openness and transparency, and then removing bits that are 'risky to share' versus, I guess, the alternative. That is, I feel that it looks like, from the perspective of victim/survivors, that we don't share, and it's by exception that we're sharing rather than the other way around.

Being able to be more open about the work will help people understand the body of work that is actually being done that is foundational and is not visible, because there's plenty of people working. I'm talking to lots of people in various departments. I know they're making efforts, but those efforts are not visible to the average victim/survivor, their family member, the average community service person out there, the average community member. Sharing a little bit more about that foundational work would be really useful.

CHAIR - Also, the explanation as to why certain things can't be revealed. For example, you don't want to compromise an investigation.

Ms FORDYCE - Exactly.

CHAIR - They are the sort of things.

Ms FORDYCE - Yes.

Ms O'CONNOR - How might you do that? Sorry to interrupt.

CHAIR - Because of the time, we wanted to go in camera at some stage.

Ms O'CONNOR - How might you engage in a way with victim/survivors on progress that is meaningful, clear and accessible?

Ms FORDYCE - Certainly, in relation to the implementation of the recommendations, I believe some further consultation with victim/survivors about those reports and that online update - what additional information would we want to see. In some ways, the development of the monitoring and evaluation framework for the strategy will be useful in having clarity around, what are the outcome measures, how are we identifying that change is genuinely occurring? I'm really hopeful that having the monitor on board will allow us to provide more detailed feedback about what it is that we would want to know and how that might best be communicated.

Ms WEBB - How confident are you that the processes have been adjusted and changed and improved around making reports of concerns, or allegations, that will be responded to appropriately now, across the board? Are we better placed? Do people out there feel that they can do that more effectively and safely now than a couple of years ago?

PUBLIC

Ms FORDYCE - I believe there are many victim/survivors whose trust has been broken, that they still are seeing evidence of their complaints not being listened to. I know, even as the CEO of Laurel House, there are times where I hear things and I feel anxious about how to provide that feedback. How do I provide that feedback to government in a way that's not going to jeopardise the relationships that we rely on so heavily to progress the work that is in the interests of victim/survivors?

I'm not Tasmanian. I don't have established - the people in power are not the people I went to primary school with. It's not my uncle's brother. I'm not related to anyone here in Tasmania at all. If I'm feeling that way, the people that are connected and are still feeling that - can they really openly share their experiences and trust that that is going to be escalated in a way that's not going to be shut down by a person or a system?

We have examples like, the last couple of days where a police officer has been charged with child sexual abuse, possessing child sexual abuse material. While on the one hand, I look at that and I go, 'That's the system working' - brilliant, I've heard from victim/survivors that say their experience is, 'How long did it take us to do that? How long has he been a problem?' There's some question marks about, 'Where are the others? What are we doing to address the others? He wouldn't be working in isolation'.

Until there's a real sense of that trust in the system working, and I guess that's a really public example, but these more private examples, and by 'private' I mean where there's not an arrest, because the transparency is still not out there about those. If something's happening in the Department of Health or Department of Education, Children and Young People or in other places, is it that the majority of people are not seeing how the process is being implemented?

CHAIR - How the system's changing.

Ms FORDYCE - How the system's actually changed, yes.

CHAIR - I know that you did want to provide some information in camera. There's a formal process we need to go through with this. We actually need to stop the broadcast. You did explain why you needed to. We'll just get you to step out very briefly. It will only be for about 10 seconds.

The committee suspended from 10.52 a.m. to 11.07 a.m.

CHAIR - Thank you for your time, Kathryn, and if you're able to provide any further information about particular focus that the committee could, should or would be well placed to have, we will be asking further questions of the ministers and that at a later time that may help inform that. But we certainly appreciate your considerable contribution by way of the submission and also the evidence you provided today and we'll see you later today.

Ms FORDYCE - You will, when I have a different hat on, and probably talking less, hopefully.

THE WITNESS WITHDREW.

The Committee suspended from 11.08 a.m. to 11.15 a.m.

PUBLIC

CHAIR - Thank you to the three of you for appearing before the public hearing for the commission of inquiry committee hearings. It's a public hearing. Everything you say will be covered by parliamentary privilege while you're before the committee, but that may not extend beyond the hearing, just to keep that in mind. If there's anything of a confidential nature you wish to share with the committee, you can make that request and the committee would then change the process by which we take that evidence. Do you have any questions about that?

Ms TSORBARIS - I think most things we're going to say are already in the submission that you've received, so there's nothing new. We're comfortable with that process.

CHAIR - If something arises, just let us know that you'd prefer to provide that evidence in camera or in confidence. I did previously make note of the supports that are available to people who may be triggered by some of the content we'll be discussing here. There is also information of those services on our website, right at the front page of our website, if people need that. I won't repeat all those now.

Thank you for your appearance. You might not know members of the committee around the table. We've got Cassy O'Connor there, Meg Webb and Sarah Lovell. I'm Ruth Forrest, the Chair; Meg's the Deputy Chair of the committee; Miriam Beswick, Nic Street; and Cecily Rosol's online today.

If you would like to take the statutory declaration, and then I invite you to introduce yourselves and what your roles are. Then whoever wishes to speak to your submission, we'd appreciate that and we'll have questions for you to follow.

Ms DEB TSORBARIS, CEO, **Ms IMOGEN GERRATY**, MANAGER, EXECUTIVE STRATEGY, PARTNERSHIPS, AND ENGAGEMENT TASMANIA, AND **Ms MADELINE McGARVEY**, POLICY OFFICER, THE CENTRE OF EXCELLENCE IN CHILD AND FAMILY WELFARE, WERE CALLED, MADE THE STATUTORY DECLARATION, AND WERE EXAMINED.

CHAIR - Thank you. I'll let you introduce yourselves or you can introduce your team, Deb, I assume you're the main spokesperson.

Ms TSORBARIS - Yes, but these amazing women have knowledge and we might want to share as well along the way. I'm Deb Tsorbaris, I'm the CEO at the Centre for Excellence in Child and Family Welfare. We're the peak body for Tasmania and Victoria Child and Family Services.

Ms GERRATY - My name is Imogen Gerraty, I manage executive strategy and partnerships at the Centre for Excellence in Child and Family Welfare, or 'the Centre', as we sometimes like to call ourselves.

Ms McGARVEY - I'm Madeline McGarvey, I'm the policy officer based in Tasmania, so Policy Officer, Tasmania.

Ms TSORBARIS - Fantastic. We thought this morning we would try and give you a short summary of our submission. When we started to do that this morning, I realised it might go on for a bit long, so I will do my very best to just do the highlights. Please, if you think that

you've heard enough because it's all in the submission, please say we'd like a bit more time for questions. We're very happy to be guided by you.

Thank you so much for inviting us to present before the committee. I stand here today in nipaluna land. I'd like to acknowledge the traditional owners and custodians of this land, the Tasmanian Aboriginal community, and recognise the continuing connection to land, sea, culture and community. I pay my respects to elders past and present and recognise that this was, and always will be, Aboriginal land.

The Centre for Excellence, who you may not be familiar with, is the peak body for Tasmanian and Victorian organisations and those that they aim to serve - children, families, carers and young people - so, across the spectrum. I thought it'd be worth giving you a little history. In 2019, Families and Children Tasmania, the originating peak body, a voluntary organisation, approached us to sort of mentor them to try and get their organisation functioning the way they would like. After extensive consultation and due diligence, they decided they really wanted us to assume responsibility to run the peak here in Tasmania.

As you can imagine, it's pretty exciting because we are a very cross-jurisdictional peak with quite a lot of power of two states. Particularly when you're speaking to the Commonwealth, it's pretty exciting to be able to do that. We were officially welcomed into Tasmania in October last year. Our formal launch was in Hobart and minister Roger Jaensch welcomed us, which was extraordinary, really, because I'd have to say that, coming to another jurisdiction that has its own needs and wants, we felt really embraced by Tasmania.

At the launch, we brought together organisations working with children, young people and carers across the state and there was a palpable sense of optimism, not because of us, but because the commission of inquiry has created this momentum, which is pretty exciting. Attendees spoke about Tasmania's unique place-based strengths, its strong sense of community, and their aspirations for making the state a more inclusive, equitable, and safe place for children, young people and their families.

We have been around a really long time. We are a fairly experienced peak body, but we are, and continue to be, really excited about the opportunities in Tasmania through the commission of inquiry.

We continue to say this, that the agencies in Tasmania did show great foresight, because, really, to take advantage of the commission of inquiry you did need to have a way of doing that through a peak body, and so, here we are.

You would know this better than I - just over 110,000 children live across this state. Fewer than 1000 of those children live in and out of out-of-home care. It's really important to acknowledge that some of those kids come in and out. They do go home and they come back into care. Over 300 young people are in custody or community supervision. These are quite small numbers, but are really impactful when you think about the lives of those young people and their families.

Our view would be Tasmania is in a unique position, given those numbers, to drive real change, hence the commission of inquiry. Really, very uniquely placed in the country compared to other jurisdictions. We talk about the scale and the agility and the commitment to be bold in

terms of this commission of inquiry and the recommendations, and to do and continue to do some groundbreaking innovation.

We did a community connecting tour in Tasmania and found out a bit more about how Tasmanians work and live. I'd have to say, there're already some remarkable things happening here that I'm sure Victoria would like to steal. Your neighbourhood houses are the best in the country.

Ms O'CONNOR - Hear, hear.

Ms TSORBARIS - Best in the country - by far.

Ms O'CONNOR - Amazing social infrastructure. Amazing.

Ms TSORBARIS - In terms of being here, there are things we would like to see the rest of the country do. Also, Tasmanians don't wait for services to be delivered. They organise themselves.

Now, when it comes to kids in out-of-home care, that's an important spirit, because not every family wants a service - a professional service. Sometimes they want the community to get behind them. When I'm sitting here talking to you today, we are learning about you, but we're learning so much about what you do and the strength of the community that isn't really present necessarily everywhere else in the country. I can't speak for every state, but I can certainly, increasingly, speak for the strength of this great state.

When we first launched in Tasmania, I mentioned these tours. I'll get Imogen to talk a little bit about it. We spent a lot of time in the car - would you like to talk a little bit about it?

Ms GERRATY - Yes, absolutely. We knew that before we launched in Tasmania, we needed to do a really widespread listening tour. We went right across the state, spent some time on the west coast in Zeehan, in Queenstown. Went to the child and family centres there, building on the neighbourhood houses. The child and family centres in Tasmania are amazing.

I will say, we met with 81 organisations, 208 people - practitioners, managers, CEOs - and we have such a passionate and resilient child, youth and family workforce in Tasmania. They face a number of challenges, but there is so much, so many strengths to build on. I would say, as Deb mentioned, really strong community bonds. I think we had someone in Devonport tell us that Tasmania has caring communities. These are the kinds of strengths that we need to leverage when we think about commission of inquiry implementation. It manifests in these amazing formal and informal partnerships, which makes service delivery in Tasmania really unique compared to other jurisdictions. As Deb said, neighbourhood houses, child and family centres. The infrastructure is there, and it's wonderful.

Ms TSORBARIS - Now, we're going to turn a little bit to the actual recommendations of the inquiry and give you some insights of where we think progress has been made and where we think some extra prioritisation needs to occur.

Obviously, 191 recommendations, that's a lot of recommendations. It's always commendable when governments make a commitment to all the recommendations in an

inquiry. There is some progress being made and we'll talk about that in a minute. Particularly, the provision of one-off funding to implement the out-of-home care reforms, recommendation 9, I'm going to list them, I think it's important for you to hear the development of a whole-of-government child sexual abuse reform strategy, recommendation 19.1, and we acknowledge the work of government in redrafting the strategy based on feedback from organisations working with children and families.

The development of lived experience advisory groups, recommendation 15.7.

Because we know those who have experienced our service system first-hand show us the way to do better and the implementation of a number of legislative changes that will benefit children and families in Tasmania, recommendation 16.9, 16.11, 16.13, 18 and 20.3. Some of those, we think, they're really, really important. We've seen multiple efforts - many of you would know who lived and worked in Tasmania for a long time - to reform Tasmania's child and family system. When we arrived here, we were given a history of those attempts. It's fantastic to see where we are now. Among our members and community there is a sense of optimism about this inquiry, this work. It has started.

I suppose what we will say is it needs to be sustained if we're going to do the things that we want to do. Not for me, not even for you, but for children because we spend a lot of time with children in and out of home care, particularly those who have grown up in our work. I call them superheroes. They've got superpowers, but they're not always set up for success. They're all looking at this, thinking what will we all do for them?

Some further areas for focus moving forward: there are some recommendations that require a bit more continued focus and action to meet the long-term objectives of the commission of inquiry's work.

Prevention and early intervention: our submission emphasises the need for renewed investment in prevention and early intervention, something that the commission of inquiry did have a strong focus on. We believe that prioritising these recommendations, particularly those that relate to preventing harms to children beyond institutions, will be especially impactful for children and communities as we know that many harms to children occur outside of institutional settings. You would know that if you look at some of the data, we're seeing a decline in institutional harms and a rise in harms in and around family settings. There's been a shift in that in Australia.

We would like to see the government prioritise the following recommendations related to prevention.

- The development and implementation of a mandatory child sexual abuse prevention curriculum, which is recommendation 6.1.
- Preventative program for adults who have abused or at risk of abusing children, recommendation 16.17.
- Ensuring the availability of Australian government prevention strategies, including under the National Strategy to Prevent and Respond to Child Sexual Abuse, 2021-2030, which is recommendation 18.1.

I would want to say that my colleague, who is in the back of the room, and myself sit on the strategy group for the national action plan to prevent child sexual abuse. We're very concerned that there will be no money attached to that in the next plan, or indeed whether there will be a plan. There are some concerns that sit beyond the reach of this committee today that are deeply concerning, let alone the fact that the safe and supported national plan is pretty weak. I'll talk about our relationship to the Commonwealth a bit later.

- Raising the minimum age of criminal responsibility, recommendation 12.1: Across the nation there are some big issues around youth justice and justice for young people that I won't talk about today, but it is very patchy in terms of this issue and we're not all sure where this is going to go in terms of the feelings in the community more broadly and what will happen to young people in the context of what is a contested space now around supporting young people who come in contact with the criminal justice system.
- Implementing the Aboriginal and Torres Strait Islander Child Placement Principle through increased investment in Aboriginal-led targeted early intervention and prevention services, which is recommendation 9.15.

Developing an Aboriginal youth justice strategy that is underpinned by self-determination and that focuses on prevention, early intervention and diversion strategies for Aboriginal children and young people.

Each state and territory got its own plan in relation to working with Aboriginal communities but it takes time and lots of partnering in order to realise some of these things, but these are going to be very important recommendations that urgently require progress.

Although all prevention initiatives are crucial in alignment with the commission of inquiry, we consider child sexual abuse prevention initiatives to be of particular benefit to the broader Tasmanian community in the post-commission of inquiry environment. Developing and implementing an age-appropriate child sexual abuse education approach, creating child-centred policies and practices, providing professional development opportunities and organisational cultural change initiatives and funding prevention programs for adults who are at risk of abusing or have abused children and aligning with national prevention strategies will all help to create the culture shift we need.

After the Royal Commission, some of the great efforts and strides were terrific, but our concern with colleagues is we need to stay focused on this particular issue and if we don't, I think there will be grave consequences for kids in the states and territories. We get to say that in Tasmania, because you've had a commission of inquiry; this is one of the few forums in the country we get to talk about these things, which is really sad. We are really grateful to be able to talk to you about these things today, even though it's with great sorrow.

Our submission highlights the great work and the further work needed to progress the out-of-home care reforms as part of the commission of inquiry. Two key recommendations that the centre is looking forward to working with the Department for Education, Children and Young People to progress are the full transition of out-of-home care services to the child and

PUBLIC

family services sector - recommendation 9.2; the creation of a strategic plan for the out-of-home care system - recommendation 9.1. There are processes and meetings that have commenced in order to have those conversations. They're complex conversations, but the sector is ready to go. They really are getting themselves organised.

CHAIR - Has your organisation been directly consulted on the strategic plan and how has that been undertaken?

Ms TSORBARIS - It's still slow work, isn't it Imogen?

Ms GERRATY - Yes, absolutely. We are currently working closely with DECYP and the out-of-home care providers across the state. We convene the statewide service providers group. We had our first meeting yesterday and that group is feeding, together with the centre, we're walking alongside DECYP to feed into the strategic plan. So we're early stages, but we're walking alongside government.

Ms LOVELL - Can you explain what that actually looks like, meetings with them, what conversations you have had.

CHAIR - Do you have documentation, that sort of thing?

Ms TSORBARIS - No, we would say that we're yet to see that. We will be saying that we need to see some of this stuff. I'm also in on the expert panel that's been convened and have asked to see at least some of these sort of documents as they develop rather than seeing them sort of towards the end.

CHAIR - We've had other witnesses suggest there's like a 50-page document.

Ms TSORBARIS - There may well be internal documents that we haven't seen currently.

Ms WEBB - There may be much older documents.

Ms TSORBARIS - We haven't seen any current ones.

Ms LOVELL - Have you been approached formally by DECYP to be consulted on that?

Ms GERRATY - Yes, we are convening in the governance groups, and our understanding is that this governance group is consulting on a strategy, but we have not yet to be consulted on the strategy, as I said.

Ms LOVELL - So that statewide group that you talked about, the service providers, that's something the centre is doing themselves.

Ms GERRATY - We've been approached and we're doing it alongside DECYP.

Ms LOVELL - So DECYP hasn't asked you to do that?

Ms TSORBARIS - Given the governance has now been properly set up, I'd anticipate that we'd start to see some of that documentation. The governance really wasn't in place until

the last, probably the last three, four or five months, so people like me and people like Professor Leah Bromfield, who's chairing the expert panel, will want to see those documents over the next little while, but we haven't seen anything. I'm pretty confident it's being formed, but we haven't seen any of those documents to be formally consulted on. We would want to though. There are some very complex things that need to be considered as part of the outsourcing, commissioning models, and risk and the sorts of outcomes that a fund would want to see from agencies in relation to that outsourcing.

Other states and territories outsourced 30 years ago. With those models, that approach is not going to be the approach for Tasmania, but there are some big things to consider. Yesterday when we had the committee meeting, we talked about commissioning and the committee did say how will we be involved in that? Will you give us three models of commissioning you'd like us to consider or will there be a fully fledged model of commissioning that you want to lead with? We are starting to get into the nitty gritty a bit now, which is good for us and good for the sector because uncertainty is not great.

I suppose our role is to create certainty, but to ask for information and to establish a process, and we're feeling like it's got started now.

Ms WEBB - And presumably to advocate on behalf of your members as the peak body. One of the things that I'm interested in is whether you're hearing from your members then in terms of the strategic plan and where it has been placed in the timeline of implementation, whether it's been placed too late in that timeline because there are other out-of-home care related matters being implemented already. Surely, a strategic plan should sit as a framework and background to the implementation of other things. Is that something you've had a chance to hear from your members about and would you be advocating for bringing forward the development of the strategic plan to us as promptly as possible rather than a later stage that it's set at now?

Ms TSORBARIS - These are just my reflections from an outside perspective. There does also seem to be some sort of internal changes happening in DECYP that I think may have affected the strategic planning process.

There's definitely what I would say as - not emerging concerns - but necessarily you've got quite young children in homelessness services in Tasmania, so some of that's needed to be pulled into the planning process. It means that the strategic plan might then change. The reason this is on this list is because we haven't seen it yet nor have the members.

Ms WEBB - Sure. It's somewhat shocking we don't have a strategic plan and never have had one in place for an out-of-home care system in that sense. Is that out of step with what you see in other jurisdictions, particularly, say, compared to Victoria where you're also operating as peak? Is that sort of planning in place as a matter of course?

Ms TSORBARIS - I don't think I've seen any ideal reforms or any ideal processes at all across the country, to be frank.

Ms WEBB - Sure, but I'm not asking you that. What I'm asking is, do other states and jurisdictions have a strategic plan for their out-of-home care system and have they had that in place for periods of time?

PUBLIC

Ms TSORBARIS - There will definitely be reform plans which I suspect is the same thing, which is, 'This is what we're going to do, these are our priorities and this is what we're going to do in terms of a sequence of action.' Yes, they do, and things get prioritised and deprioritised, which is what we're suggesting today.

But you're right, without a public plan that says this is the strategy and this is how we're going to get there, it is challenging, which is why it's one of the top two that we've put before you today. So, yes, it is difficult. I know it's difficult for the providers. Late last year, we had the first meeting of providers and I think there was a relief with them that we were starting to have some conversations. I mean, they would say they want more communication, they want more certainty, they want to see documents, they want to input into documents and the more of that that we can do, the more likely we're going to succeed. So I would agree with you.

Ms WEBB - Can I check also on the organisations? Are you funded by our state government to act as the peak in our state?

Ms TSORBARIS - No.

Ms WEBB - You're not funded by our state government.

Ms TSORBARIS - We are only funded for the group that we are currently convening for them.

Ms WEBB - So they're buying in your services to act as a peak to be able to collaborate with the sector.

Ms TSORBARIS - Yes, but at the moment it's really small and incremental.

Ms LOVELL - I was going to ask a question about that, given that you've only been in the state since last year, essentially late last year.

Ms TSORBARIS - Probably longer than that informally, but more formally since last year.

Ms LOVELL - How many organisations do you represent in Tasmania and what's the membership structure? How does that work for the centre?

Ms GERRATY - Yes, absolutely. We have 35 organisational members. We were approached by families and children in Tasmania. Many of you will know families and children Tasmania. They were a sector-run peak so on the board of that were CEOs, state directors of child and family organisations and they approached us five years ago and said 'We want you to represent us'. We thought it's really worthwhile, given the commission of inquiry, when people ask us for support we say yes, we're going to come and support you. We are funding this ourselves but yes, DECYP have provided us a small amount of money to convene this statewide service providers -

Ms LOVELL - And so, 35 organisations in Tasmania?

PUBLIC

Ms GERRATY - Yes, right across the child and family system, organisations of all kinds working with children and families. So, it might be delivering family services, out-of-home care services, services around youth justice, homelessness services.

CHAIR - Is there a list of members on your website?

Ms GERRATY - Yes, absolutely.

Ms LOVELL - I had a look, I couldn't get it to load, it just came up blank.

Ms GERRATY - We'll make sure that you have a copy of our membership.

Ms LOVELL - Thank you.

Ms McGARVEY - And I'll just add that that's without a formal membership drive either.

Ms WEBB - I was going to say, just to clarify, they're not paid members of you like they would be maybe of a peak or a formal peak in that sense?

Ms GERRATY - They're paid members.

Ms WEBB - Oh, they are. Okay, FACT, because they were never able to secure appropriate peak body funding from our state government the way we fund other state peak bodies in the community sector context, I'm not surprised they came to you to seek help and that's good, because they needed to reach out.

It's a shame though, that our state government doesn't fund a peak in this space given the sensitivity of the services and the areas that are being provided, and that's not a comment on your involvement, it's just a comment that surely our state deserves a peak body in this space, funded here, to some extent, permanently located here, even if it is a dual organisation with another state. Buying-in your services, for particular initiatives or programs or consultation processes, is hardly the same as a peak body in the state, and that's more of a statement, Chair, I apologise. It's not a reflection on your organisation, it's a reflection on our state government's lack of commitment to funding.

Ms TSORBARIS - Thank you, and maybe that sort of advocacy will mean that our members can be properly represented by us, with all of the services that they get as a peak body, but we're just taking it one step at a time and we'll see what happens. We're pretty humble people as well. We want to prove ourselves in the state. We've probably already proven ourselves with our members, but you know, when you come and work in Tasmania, whilst Madeleine works here, we've got to make sure that we're doing what our members want us to do and working within the context.

I'm going to keep going if that's okay. We're currently working with DECYP and the out-of-home care service providers as was said in convening the Uplifting Care Statewide Providers Group and also on the expert panel, which Professor Leah Bromfield chairs. From our point of view, this is a really complex task, outsourcing, and I'm really confident that the centre, with all of its members, can provide the right advice that the government needs to do

this well, notwithstanding that some of the recommendations have not really necessarily got off the ground yet.

I'm not going to talk about the Australian Child Maltreatment Study unless I need to, but I suppose that, in itself, is our blueprint as an organisation in acknowledging that there are considerable harms that Australia's children are coming to and the implementation of the inquiry sits within that context and it's important to be reminded by that. I have mentioned our co-partners, so I'm not going to go through those recommendations again.

One of the key things in this sort of outsourcing environment is that we prepare our sector with the things that they think are important and I'd have to say one of the things that they think is really important is making sure that there's an appropriate learning and development strategy. So, there's the funding side of this and then there's the operational side of this. We did a bit of a survey recently of the sort of learning and development needs that our sector would need as we prepare for outsourcing in out-of-home care, and it's in the submission, but I just thought it would be interesting for you to know the sorts of things they were interested in having really under their belt, in a parallel way in the outsourcing environment, was: knowledge on adolescent and young persons violence in the home, 95 per cent of respondents; wanted more skilling up on planning and risk assessment, 91 per cent of respondents; reflective practise and collective wellbeing, 91 per cent of respondents; effective supervision, so that's supervising staff's work and casework, something like 91 per cent; trauma-informed training, 91 per cent; managing and maintaining personal boundaries, 87 per cent; effective leadership, 87.5 per cent and so on; and client voice in practise, 83 per cent.

We're already deeply embedded in what our sector is saying they need and we are in conversations with the department about how this is going to happen. It's a sector saying they need these sorts of things as part of the outsourcing we need to be getting ahead of that train and not waiting too much longer. You mentioned the strategic plan, it might seem like a minor issue but if they're saying they want these things, we should be trying to deliver these things earlier rather than later.

Ms WEBB - It's not a minor issue at all, is it? Surely a strategic plan would help layout the approach and set up the expectation of a commitment, for example, to funding from the state government for these sorts of learning and development opportunities.

In terms of your conversations with DECYP that you mentioned and you mentioned just now, what indication do you have that there is any commitment to willingness to fund learning and development as part of this outsourcing reform? And what's the size of that commitment that's been indicated to you?

Ms TSORBARIS - I would love to be able to answer all those questions, but I can't. The first thing I can say is there's been engagement, at an executive level, there's been 'come and talk to us about these things and tell us what the need is'. Those conversations have happened. We've applied a reasonable amount of pressure to say these things are urgent and I think we've pitched some ideas to the department. We now need to wait and see, so that's where it's at.

Ms WEBB - Do you know what the timeline is then on something that's more set in stone around next steps and commitments to funding for learning and development?

PUBLIC

Ms GERRATY - I can't tell you a timeline, but we are having really positive engagement.

Ms WEBB - Would it be your expectation that there would be progress and funding committed and expended and progress in delivering this sort of training prior to the outsourcing process as part of preparation for the shift to the NGO sector?

Ms GERRATY - We'd certainly hope that that would be the case. Obviously, we can't say definitively, but that's absolutely our hope.

Ms TSORBARIS - That would be our advice, that has been our advice. It's a little bit about like the advice around the strategic plan. That would be our advice. I have worked in government, I don't know what's going on behind those walls, our advice is this, it would be much better to do it this way. Ultimately, we do need to set up the outsourcing for success and that's why today is really helpful because it says, what are we doing well? Where do we need to improve? And to have that conversation publicly.

CHAIR - Do you think there's unnecessary barriers to this more transparent sort of process? For the average Tasmanian and particularly victim/survivors, there's very little visibility of what's going on. We've heard that from other witnesses as well, which is distressing for them in some respects because they want to see things happen now to protect children now and in the future. Do you think there's better ways that this this could be handled?

Ms TSORBARIS - All I can say is the people that we represent feel like they don't get enough information about what is going on.

CHAIR - The service providers and the members? How could that be done better?

Ms TSORBARIS - By coming to meetings and telling people where the department are at with each of the elements of the reform and what they need from the agencies in order to enact that. I think there is an issue around what I would call timely communication. I have to say, we've seen a lot more of that lately and we are pushing more and more for that. Agencies I think sometimes they are in the dark -

CHAIR - If I was a Tasmanian, whether a victim/survivor or a non-victim/survivor, but someone who just is really interested in the progress on some of these things, I might not know to come to you as the peak to find that information. What sort of public reporting do you think there should be? We get the quarterly reports, but they're pretty scant on detail. In terms of giving some confidence and building some trust with Tasmanians, how do you think the government should be doing that?

Ms TSORBARIS - These are long-awaited reforms. You only need to look at the history of things that were meant to happen and didn't happen. If I were the government, I would be fully transparent and have it on the website about where things are up to, if they're delayed, if there has been a change in the way that a recommendation is being enacted, I'd be fully frank about that because things don't always necessarily happen the way you would like. Circumstances change. I can't say why that isn't happening.

PUBLIC

Ms O'CONNOR - It's cultural. I can help you understand that. We can help you understand that.

Ms TSORBARIS - I'm being respectful, though.

Ms O'CONNOR - No, I understand that. But it is cultural here, the lack of transparency across government and it's reflected on this very substantial matter as well.

Ms TSORBARIS - It is an experience that we have elsewhere. It isn't just in Tasmania.

Ms O'CONNOR - Governments protecting themselves.

Ms TSORBARIS - Well, it isn't only in Tasmania.

Ms O'CONNOR - No, I know. I understand that.

Ms TSORBARIS - I suppose, one of the things that we pride ourselves on, have prided ourselves on, in Victoria is turning that around a little bit. There's a lot of trust that we have with government. We often say, 'You've got to tell people', because if you don't tell people then they think the worst.

Ms O'CONNOR - Yes, and then you lose trust.

Ms TSORBARIS - Sometimes, progress is being made and you're not even sharing it. I'd have to say is something that we do voice quite strongly. We have very good relationships with people in the department, and we are able to say that to them. You've got to get out there.

CHAIR - But it's not happening.

Ms TSORBARIS - It's not happening to the degree that it should. I, frankly, can see glimmers of that, but not to the degree that it really is going to need to be, would be my view.

The other thing is there has been quite a bit of change of leadership in the department. There's been a lot of change. You'll work with somebody for a while and then they either retire or leave and somebody new comes in. It certainly changes for us because we've built a relationship with somebody, because it actually is about that. Then somebody new comes in and they have a different approach or their priorities might change and that can be really hard.

Ms O'CONNOR - Can I ask a question? In your engagement with the out-of-home care sector, what are you hearing on the ground about how it is now and whether there has been any change in practice, any change in engagement from government, given the lack of a strategic plan, given how many issues were identified in out-of-home care and the commission of inquiry, what's the sector telling you?

Ms TSORBARIS - I think because the engagement started quite actively at the end of last year, they're pretty optimistic. Meetings last year - executives were there - fully briefed the sector about where they were at with the commission of inquiry. Expert panels stood up, all the advisory groups stood up early this year and then our group met this week. There've been quite

PUBLIC

a lot of conversations and governance set up. I think, right now, the agencies are feeling quite optimistic. We just need to maintain that momentum.

Ms O'CONNOR - I'm actually curious to know what out-of-home care providers are saying to you. People working in that sector, not governments so much.

Ms TSORBARIS - These are the providers.

Ms O'CONNOR - And are feeling optimistic?

Ms TSORBARIS - Because the governance has started to take shape.

Ms O'CONNOR - Okay.

Ms TSORBARIS - We were sitting in meetings with them this week. They were going, 'We feel like - it's good to know this. We feel like we're getting engaged. We feel optimistic.'

Ms O'CONNOR - Okay.

CHAIR - And this is the first time they're aware of that?

Ms TSORBARIS - No, I think that there haven't been the governance groups in place until late last year to be able to have those conversations. I would say that there were lots of one-on-one conversations. We would have reported to us that individual NGOs, CEOs, and senior staff would speak directly to the department about what might be happening. But it wasn't happening in a formalised governance structure as it is now, which is more public and more transparent. That started late last year.

Ms WEBB - One of the things that's concerning to me, and I've sort of already put this to you I think in another question in one way, but I'll try and be more specific. We've got recommendation 9.2, which is the outsourcing to the non-government sector recommendation. The timeline for that is by 2026. That's a phase 2 but the workforce strategy about skilling people up, and the strategic plan development, those recommendations - so strategic plans 9.8, workforce strategies 9.1.0, third stage, by 2029. To what extent are you disturbed, as the peak for the sector, that the outsourcing is going to happen potentially three years before you have a workforce strategy in place to ensure that workforce is capable of it, and a strategic plan underpinning how it should happen? How can that be acceptable to the sector?

Ms TSORBARIS - Oh, well, we're not all sitting there, holding hands and singing Kumbaya, because, you know, this is a fragile reform, right? We see other states who are taking services back in, so we need to be mindful of what's going on around the country. We have advised the department that they need to do some of these things now, like a learning and development strategy. We've been very clear, we've done surveys, we've said, 'This is what the sector wants.' We will keep pushing. We're pretty persistent people. You don't know me yet, but you're going to get to know me really well. We're very persistent. I can wait and I can keep going and keep asking until we get what we need.

I also think there are people in the department that want some of these things to happen quickly as well. I don't know everybody and I don't know quite how it works, but I can tell you there's some fantastic people in there that want things to happen yesterday.

I do think the sequencing is a problem, though. You've absolutely nailed it in terms of the sequencing, and I think it is part of the problem, but we're going to push forward some of these things that we want earlier, rather than leaving it and they never happen. I have to tell you, one of the things that does happen is, people go, 'Oh, learning and development, that's the agency's responsibility. It's not ours. It does happen, it happens everywhere.' Well, no, it's not. We need consistency and we need to know, across this state, that when it comes to adolescent violence in the home - which is probably causing an awful lot of police callouts in this state - that everybody knows what to do. It creates an environment where you can do something much earlier than you ordinarily would. That's why it's been picked up by the agencies as a key issue, because actually is a trigger for everything else.

Ms WEBB - Strength to your arm with it.

Ms TSORBARIS - We're pretty persistent. Also, we have been successful in working alongside government, but also being irritating, because there are lots of priorities, aren't there? To me, this is the number-one priority. Tasmania's kids - that's it. I'm irritating about that. It can't slip down. Kids can't slip down the pecking order, and we won't let them. That's why we're here.

CHAIR - I want to take you back for a minute to one of the earlier comments you made around Tasmania having strong community bonds, and that's true, everyone's related who's from here, originally -

Ms WEBB - Which strengthens the problem.

CHAIR - If you want to know what Tasmania is like, that can create enormous barriers to feeling confident to report, to trust the system, because the person who may be the perpetrator could be the person you need to go toward, report to, or is in the chain somewhere. When you're out and about hearing that- You're very positive about our community connections, but it also creates a different set of challenges, doesn't it?

Ms TSORBARIS - Yes, it does. It does, but look, you've still got to build trust. You've got to build trust and actually, you've got to sometimes have the difficult conversations. This isn't just an issue for Tasmanians, it's actually an issue for our First Nations communities, who might be running a service for a woman escaping family violence and a service for the perpetrator at the same time. You know, it's a small world really. It comes up for us all the time. I suppose, not being a Tasmanian, I tend to call things out a little bit more, in a really polite and respectful way.

Ms O'CONNOR - Plenty of us do, don't worry.

Ms TSORBARIS - I know, but I don't want to be rude, I want to be respectful, because we have been so embraced here, in a way that I couldn't have imagined that would happen. It is about earning your stripes and being respectful and we will be, but we're pretty persistent and can't let this opportunity of the commission of inquiry slip through our fingers, because it is

PUBLIC

a very brave state that takes these actions. I do think there are some logic issues in the sequencing of things - that have been absolutely nailed here - that really do need to be addressed.

CHAIR - We're just about out of time. Is there anything in particular that you haven't covered that you really wanted to pass on to the committee before we wrap up?

Ms TSORBARIS - I think that the only other couple of things is - we do mention in our submission trust and transparency as a really big thing that we need to work on, which a number of you have touched on. We also see the importance of working closely with the Commonwealth Government to see Tasmania get its fair share of the resources to be able to address some of these issues like poverty, literacy levels and a range of other things, and prevention of abuse of children.

I just wanted to say that from a CEO point of view, it is really nice to sit around the Commonwealth table and present two of the states in this country on issues that impact children. It's about the commission of inquiry, but it's about what the Commonwealth need to do to contribute to it, as well as what you need to do as a community.

The other thing is that it might not be front and centre, but technology and AI and online abuse is beyond rife in this country. The online platforms both create the environment for child pornography and the algorithm sends it to people who use it, and we are in trouble in this country in not being ahead of the game.

That's why training and learning and development and helping workers understand how to manage this with their clients is really, really important. It's fast becoming one of the top issues that practitioners want to have more knowledge about.

CHAIR - Sorry to cut you short and that we didn't have the chance to drill down into some of those more important matters. Thank you for your time and for your submission. We appreciate that.

THE WITNESSES WITHDREW.

The committee suspended from 12.04 p.m. to 12.15 p.m.

PUBLIC

CHAIR - Thank you Emily, for appearing before the commission of inquiry committee, looking into the recommendations of the implementation by the government and keeping a watchful eye over that. This is a public hearing. It is being broadcast and being transcribed. Everything you say is covered by parliamentary privilege while you are before the committee. If there's anything of a confidential nature you wish to share with the committee, you might like to make that request and the committee will consider that. Otherwise, it is all public. I know you have presented to committees before, but do you have any questions with regard to that?

Ms SHEPHERD - No. I don't. There are probably some specific examples that I would be prepared to share with the committee in confidence. I'll just be guided by you, if you would like, for the illustration in relation to the examples that I provide.

CHAIR - Anything like that we might try and leave to the latter part of the hearing so we can do it all at once, rather than having to go in and out of a confidential process.

Just a content warning from anyone who might be watching online as well. There are support services for those who may be triggered or impacted by the content of this inquiry and the hearing, and those contacts are available on our website, on the homepage, if members of the community need those.

Ms EMILY SHEPHERD, BRANCH SECRETARY, AUSTRALIAN NURSING AND MIDWIFERY FEDERATION, WAS CALLED, MADE THE STATUTORY DECLARATION, AND WAS EXAMINED VIA WEBEX.

CHAIR - Thanks, Emily for your submission and appearing before the committee. We invite you to introduce yourself and to speak to your submission further. Members will have questions, and we'll try and allow at least 10 to 15 minutes in camera at the end, if you need that.

Ms SHEPHERD - Thank you for allowing me, on behalf of the ANMF (Australian Nursing and Midwifery Federation), to present further information and make submissions to the committee. For context, I know it is included in our submission, but as the branch secretary of the ANMF Tasmanian Branch, we represent over 8000 nurses, midwives and care workers across Tasmania. Effectively, in any settings where health service delivery occurs, you will find nurses and midwives in our members. We represent a large proportion of student nurses, midwives, as well.

Regarding the submission, I would also say that first and foremost, the ANMF vehemently oppose any neglect or abuse of children and absolutely recommit and reaffirm our endeavours to be part of the community regarding the safety of children. It really does require a community to keep our children safe. We're very happy to pay our part where we can.

In relation to the implementation of the recommendations of the commission of inquiry, as per our submission, I would say that it has been quite difficult for us to be able to make submissions at length regarding the specifics of the recommendations. You'll note from the submission that largely the information that we have gathered regarding the progress has come from accessing the website and reading reports on the implementation. However, there have also been some instances where the ANMF have been directly asked for feedback regarding isolated mechanisms. An example of that would be participating in the Woolcott Review that

PUBLIC

the ANMF participated in and provided submissions to, particularly on Employment Directions 4 and 5.

There have been other work that has occurred, particularly in relation to what I would say is probably legislative changes. Also of note would be the fact that, as the ANMF branch secretary did sit on the Governance Advisory Panel, which was convened prior to the conclusion of the commission of inquiry. Through that process I believe there were 86 recommendations that that Governance Advisory Panel established, which we have been more engaged in, in terms of understanding the implementation of those recommendations as opposed to the recommendations of the commission of inquiry. But I would highlight that there has been, I would say, significant overlap in some instances in the themes of the Governance Advisory Panel recommendations and those of the commission of inquiry recommendations.

In terms of the submission, there's probably three areas that the ANMF feel -

CHAIR - You just froze then for a minute.

Ms SHEPHERD - Oh, can you hear me okay now?

CHAIR - Yes, we can now, if you could start that last bit again, if you like.

Ms WEBB - The three themes.

CHAIR - Yes.

Ms SHEPHERD - Okay, the three themes that we really feel apply across all the commission of inquiry recommendations are really about transparency. Obviously, as I've mentioned, it is difficult to understand the progress that has been made in relation to the commission of inquiry. To be able to provide that information from us to our membership in terms of what progress is being made and understanding that in a holistic way because obviously the communication and consultation around that, I would say, is probably significantly reduced compared to what it was post the commission of inquiry early days.

In terms of a couple of items that have really stood out to us and have really affected our membership have been the way in which complaints in relation to child safeguarding are handled, but also the way in which other complaints are handled that might relate to the safety of children. I would sort of describe those as perhaps in a clinical context. When a child might be at risk because of a clinical issue in relation to perhaps a health practitioner versus allegations of child sexual abuse, for instance, they are two very different things but, obviously, it is still a risk to children. I certainly appreciate that the bar, I suppose, in terms of the response might be quite different.

I think that that does pose a problem in terms of having transparency around the way in which complaints are handled. We absolutely supported a central complaints unit so that there could be tracking of complaints so that, obviously, patterns of behaviour could be identified early on.

But unfortunately that has meant at times that complaints are often lifted up and out of the local area level without the opportunity for local area management to put feedback to or

early responses into particular concerns and, like I say, that might be a clinical problem as opposed to a child safeguarding issue in regard to allegations of abuse.

It's probably easier if I talk to the process. We've had examples where people have been stood down and suspended from practice under Employment Direction 4 (ED4). They've been removed from the clinical environment. All of their access to their emails, intranet files, et cetera have all been revoked immediately when that person has been stood down. They're then subjected to an ED5 investigation, but obviously they need access often to the intranet or their files that are contained within their departmental email and, unfortunately, at times we've had to advocate for members to be able to have that access reinstated so they can actually provide a considered response to the investigation and also the way in which the process around the suspension occurs. We've got concerns around process and principles of natural justice whereby people are stood down and suspended from practice. They're not offered an opportunity to provide any information or context at the time, to have an input into whether or not a suspension is actually the most appropriate course of action in the circumstances.

So I think that there's quite a lot of work to be done in a complaint space still. As I said, we absolutely support the central complaints in terms of tracking of patterns and identifying behaviours of concern and in the interest of protecting children, but, at the same time, it appears that the actual focus has really reduced the principles of natural justice for those people who might be subject to a complaint. There's not a great deal of transparency around what is the criteria or what is the threshold that would lead to a suspension.

These are the sorts of things that we've raised through the Woolcott Review. It would be great to have a level of transparency around that to actually understand when is it that we should expect that a member would be suspended from practice.

Obviously, that threshold might be lower for child safeguarding issues and perhaps not quite as low for those clinical issues, but being able to have some transparency around that would be very helpful.

The ED 5 investigations - I'm sure it might not be a theme that has already not been explored by the committee. The ED 5 investigations in some of these matters have taken a protracted period of time. In fact we have members who were stood down soon after the conclusion of the commission of inquiry and have not yet had their investigations completed. They have been stood down from practice for that entire time.

Obviously, for those who may have a result where they're cleared of any wrongdoing, the likelihood of them returning to the workplace is extremely low because of the trauma that they've endured and the mental health impacts that have occurred during that time. Again, we -

Ms LOVELL - Sorry, Emily, to interrupt. It's Sarah. On ED 5 investigations and, particularly, recently, there were some changes that were announced to the ED 5 process last year through, I think it was Estimates processes, and were meant to be coming into place.

Have you had any members be subject to an ED 5 since those changes and have you noticed any improvement in those processes since those changes came in?

Ms SHEPHERD - I think it depends on the actual matter. I would say in some instances, no. There've been some instances where we've had a number of members who've been subject to an ED 5 investigation as a result of the same issue. Those particular matters have moved along quicker than what I would say the individual matters have and that those individual matters are still taking a protracted period of time.

Ms LOVELL - Thank you.

CHAIR - Carry on, Emily.

Ms SHEPHERD - In the interest of time, I'll just move on to the next item there. It's around the education component. I think, obviously, we're very much in support of the child safeguarding training that all state service employees completed. I think that's really important in terms of increasing the visibility and the education and understanding about potential risks and strategies to keep children safe in government institutions.

We're very keen to see that that continues and that it's not just a check box to say that we've completed that training and it's now finished. It has to be an ongoing piece of education and training for our members and others working with children and, more broadly, across the state service officers. As I said, at the moment, ultimately it does require that community to keep children safe.

Obviously, in that instance, our concern really relates to, at times, the lack of support in that regard as well for those staff who, unfortunately, have been triggered on multiple occasions and come to us seeking support by having completed that training.

Whilst we absolutely support the training and ongoing training, we also need to develop mechanisms and support for staff who are completing that training and recognising that there are victim-survivors in every community and in every workplace. I think that there needs to be better support in place to support staff who are completing that training in education and who are triggered by that, and, obviously, having appropriate supports to be available to them when those issues occur for them. We've had instances where members have accessed the Employee Assistance Program and the support that they've received has not been trauma-informed. They've not been able to access professionals who are trained in dealing with child sexual abuse and they're more of a generalised counsellor, if you like, which in some instances has then done more damage than good where those members or staff have then chosen to take themselves away from nursing and midwifery rather than continue to engage.

The last point in our submission goes to transparency. At the time when the ANMF called publicly for a commission of inquiry, I quoted one of our members who said that sunlight is the best disinfectant, and I still believe that that is true today. I think that for all the challenges that are experienced in our healthcare system, being transparent about them and being honest about them and including the people within the system to be part of the solution is absolutely critical. This is clearly woven through the recommendations of the commission of inquiry in terms of improving culture. It was included in the Governance Advisory Panel final recommendations in terms of improving culture.

Instead, in instances we've seen there are times where people have felt that they've had the big-stick approach taken to them. The mandatory training that I highlighted before where

some people were triggered: ultimately, they were threatened with termination of employment if they didn't complete that mandatory training. As I said, absolutely in support of that, but we need to make sure that we're putting the supports in place to support those staff who might need it in completing that training, but also in other ways in which business as usual occurs if you like.

I have included an example which doesn't really relate to the commission of inquiry, but about the vacancy control committee and the lack of transparency around that and how it erodes that trust and confidence that our members and staff have in the system to not only support them, but also to protect patients and keep children safe.

I will leave it there.

CHAIR - We've heard from others and you about the importance of trust and building trust after trust has been in huge deficit. From your membership, is there any evidence that they're reporting back to you that there is a building of trust and that the people feel more able to raise issues or can see evidence of the delivery of some of these recommendations in a positive way?

Ms SHEPHERD - Well, the feedback that we have received is that it's probably the opposite in that they feel that instead of it being a process whereby members would raise a concern with the intent of quality improvement. If I take child safeguarding out of it and talk about the Safety Reporting Learning System, which we talked a lot about in the Governance Advisory Panel, that Safety Reporting Learning System is meant to be an opportunity for continuous quality improvement; if members are putting in an SRLS, it's really to highlight there's been a clinical issue because that's really what that system was geared to, rather than concerns around colleagues or conduct or behaviours within the workplace, which is obviously where some of those recommendations went to around that system. The feedback really is around not so much as: look this issue has occurred - it's been highlighted, and we need to work with you about what's given rise to this; can you pinpoint why this issue might have occurred - so actually bringing people along on the continuous improvement journey rather than saying: you've made a mistake here, do better the next time.

I think that is multifactorial in a lot of instances. This example, I would say, is more at the local level within our hospitals and services - that direct interaction at the ward or unit level.

I would say that's symptomatic of the enormous stress that our members and others within the health system are under. They are time poor. There's been a huge amount of change that's occurred as a result of the commission of inquiry and also around transfer of care and the pressures placed upon people to move patients in and out of hospitals much quicker. That makes it a very difficult environment to implement a supportive continuous improvement approach to dealing with incidents or complaints.

Outside of that, we've had instances where members have raised concerns around child safeguarding and they've raised them locally and not have not had a positive response. Those members have reported to us feeling intimidated by their senior managers. When we've encouraged them to raise them through a protected interest disclosure and, later for one member through the Integrity Commission, the response has not been supportive of continuing to investigate that complaint. Those members have felt as though it was history repeating itself.

I'm happy to go into that in more detail at the end in camera, if that's okay. Those examples are really concerning. I think that it shouldn't matter what the issue is, that someone's raising in relation to child safeguarding, there should always be the opportunity for that transparent discussion and ensuring the person who has raised the concerns actually has their concerns addressed and address to their satisfaction - that they are confident going back into practice that those children are being kept safe.

There have absolutely been instances where we would say it appears that nothing's changed in that regard.

Ms WEBB - Yes, it's disturbing to hear that. I wanted to ask you about that very thing - the confidence that you have via what you hear from your members about the efficacy and the safety of utilising reporting mechanisms now and whether that has improved from times past, because of what's been done since the commission reported and the implementation of recommendations.

It sounds like there's still a very patchy experience of that. I was interested to see in your submission where you mentioned times where you'd encourage members to then, if they had no joy at the first sort of effort, to make a report to, go down pathways like protected interest disclosures and Integrity Commission complaints, but still received an inadequate response. I want to tease that out. Is that because those avenues basically can send you back to where you were before and start the process again and therefore you're going to run into the same barriers or what? Can you elaborate on why those further measures didn't deliver an outcome?

Ms O'CONNOR - And how?

Ms SHEPHERD - Yes. I think, first and foremost, in some situations there might be a difference in - this is a clinical example but it did raise concerns around child safeguarding and the local area level in terms of senior management had a differing opinion in interpretation of legislation about what was happening in a particular environment and they were comfortable with what was occurring, but obviously the particular member at the time and others had significant concerns - it certainly wasn't their interpretation of the legislation - the clinical practice didn't match up with their interpretation and certainly deviated from what they would have considered to be normal therapeutic practice.

In that instance, we did encourage them to lodge a protected interest disclosure and the response came back to say that it didn't meet the criteria for a protected interest disclosure, albeit that in terms of the governance and the appropriateness of implementation of clinical practice as a result of that governance structure, I feel, did meet the protected interest disclosure criteria. Obviously, that was effectively shut down.

The complaint to the Integrity Commission was of a similar vein. In that particular instance, some 12 months later, that particular member has had contact in relation to this matter to actually seek further information and request to meet to discuss the concerns, which is sort of coming a little bit of -

Ms O'CONNOR - Sorry, Emily, just to get clarity, a request by the Integrity Commission or the department?

PUBLIC

Ms SHEPHERD - I believe it was with the Integrity Commission, but if it's okay, through Ruth, if I double-check that information and provide it back to you in writing, just so that I can be sure.

CHAIR - Sure. I mean, you did say earlier, Emily, that all staff and your members felt like things hadn't really changed. When you go back to some of the past experiences there, some of these people would still be the same people. Obviously, they're working in some of these locations. Surely the system shouldn't come down to whether I think this looks concerning or whether someone else does. If it's concerning, it's concerning. Is that what you're saying?

Ms SHEPHERD - Absolutely. Look, the way in which it was reported to me I had concerns about the children in that situation. It wasn't an isolated member coming to us saying, 'well, this is my interpretation of the legislation' who might have not interpreted something correctly. It was a collective of members who shared a similar concern and others who had also spoken up and not received an appropriate response.

There was one instance where one of our members was called to a meeting with senior management and there was an HR representative present. They had requested the meeting to discuss the concerns and then couldn't understand why there was an HR representative present. That appeared as though it was a more of a performance management meeting as opposed to a meeting to hear the concerns and support the member.

Ms O'CONNOR - I'd like to understand, Emily, because it seems to me there should be a connection between safeguarding, training and a clear understanding amongst your members and people who work within the health system, not only about their mandatory obligations, but also that if they have concerns that there's the *Public Interest Disclosures Act* or the Integrity Commission as an option.

I'm wondering is there any sort of reinforcement through the safeguarding training of the choices people have to relay information, that sense that there's a positive responsibility on staff or are you saying that the culture hasn't changed - the culture that shut down whistle-blowers, which got us to this point in many ways in the first place?

Ms SHEPHERD - Yes, thank you, I hear what you're saying. I would say that the training has been positive insofar as it's really clarified for, I think, every health professional and in fact more broadly than that because I would say that health professionals are having conversations with families and their communities about the importance of whistle-blowing and reporting behaviours of concern or actual instances of children being at risk.

There's absolutely a groundswell of people wanting to report and I would say that's occurring more frequently. I think where the change needs to occur is the way in which these complaints are actually dealt with. It may well be that: 'Okay, it doesn't meet the criteria for protected interest disclosure.' Why not set up a meeting with that particular individual and step that through and unpack that and explain why it doesn't meet the protection disclosure and criteria and where else they could go if they still had concerns or try to understand what the concerns are and support that person to then take them to the appropriate body or manager or whatever it might be.

PUBLIC

It was literally just a response to say it doesn't meet protected interest disclosure criteria. That kind of response when people are raising a legitimate child safety concern is what I see as the biggest risk to undoing all the good work of the education and training and the recommendations of the commission of inquiry. Because if people aren't feeling supported and they don't feel like their complaints are taken seriously and they don't feel heard, that's when we start to see that reiteration of culture of people saying: 'Well, why would I report? Because nobody does anything with it anyway.'

Ms WEBB - Are you aware, Emily, of either your organisation or your members utilising the Office of the Independent Regulator as a reporting avenue when you do run into trouble with reporting through other avenues? Is that something that's available to you and your members as another option?

Ms SHEPHERD - It's not something that we've utilised, no.

Ms WEBB - My understanding is that would be another independent avenue, I believe. It's about enforcing the Child and Youth Safe Standards and the Reportable Conduct Scheme and it's about being an entirely independent from departments avenue to have further investigation if necessary or at least check up on whether appropriate investigations have occurred in response to reports. Public hospitals and private hospitals are, I believe, covered by it, but it might be worth investigating. It's still a relatively new mechanism. It might be worth us considering that. For you and your members it might be worth looking at that as an option.

Ms SHEPHERD - Absolutely. Thank you.

CHAIR - Emily, you did suggest there were some things you wish to cover in camera. Is there anything else you wanted to say before we consider that?

Ms SHEPHERD - I don't think so. Thank you.

Committee proceeded to in camera hearing.

Public hearing recommenced at 1.06 p.m.

Ms LOVELL - Was that in the evidence that Emily gave not in camera before, because we're still in camera?

Ms SHEPHERD - I could email if that is easier.

CHAIR - Maybe send an email to clarify that point and we can include that. Thank you very much for your time and contribution to the inquiry.

Ms SHEPHERD - Thank you.

THE WITNESS WITHDREW.

The committee suspended from 1.06 p.m. to 1.08 p.m

PUBLIC

CHAIR - Thank you, Alina and Kathryn for appearing before the committee and Kathryn to you for returning. We appreciate the submission and the efforts gone into preparing that so thank you.

This is a public hearing of the committee looking into the government's response to the commission of inquiry recommendations and the implementation of that. This is a public hearing. It will be broadcast. It is being transcribed and will be part of our public record. Everything you say before the committee is covered by parliamentary privilege, but that may not extend outside the room.

If there was anything of a confidential nature you wish to share with the committee, you could make that request and the committee would consider that, but try to do that toward the end of the hearing rather than in the middle if that's possible.

Also just note again, the sensitive nature of the content we're discussing in this hearing. I draw members of the public's attention to our website where there are the services that can provide support if anyone is triggered or needs support as a result of that.

Thank you for your appearance. I ask you, Alina, to take the statute declaration and then introduce yourself and speak to your submission and members will have questions.

Ms ALINA THOMAS CHAIR, TASMANIAN FAMILY AND SEXUAL VIOLENCE ALLIANCE INC, WAS CALLED, MADE THE STATUTORY DECLARATION, AND WAS EXAMINED.

Ms THOMAS - I'd like to commence by acknowledging the traditional Aboriginal people as the first people and traditional owners of the land, water and air of Lutruwita/Tasmania and acknowledge that Aboriginal sovereignty was never ceded and the continuing hurt caused by colonisation.

We acknowledge the ongoing leadership of the Tasmanian Aboriginal communities in addressing and preventing family and sexual violence. We also acknowledge all people who have experienced family violence, sexual violence and child sex abuse and all forms of violence against women and children.

We recognise the importance of systems changes being guided by their experiences, expertise and advocacy. We thank victim-survivors for their generous contribution to the work of the commission of inquiry, the ongoing expertise that victim-survivors provide specialists in family violence services in Tasmania and we remember and pay respects to those who did not survive and all those who've lost loved ones due to sexual and family violence.

We really appreciate this opportunity to present to you today on behalf of the Family and Sexual Violence Alliance with the perspectives of Tasmanian specialist family and sexual violence sector. I'll just say a little bit about the alliance because this is the first time we've been able to appear in such an occasion.

The Tasmanian Family and Sexual Violence Alliance is a newly incorporated peak body with the aim of addressing and preventing family and sexual violence in Tasmania. The alliance will improve the sector's capacity to provide a coordinated approach to advocacy, policy

development and service delivery. We aim to reduce the risk, extent and impact of family and sexual violence through collaboration with victim-survivors, community organisations and government agencies.

We hope that this will be the first of many occasions when we're able to represent victim-survivors in the community sector as we try to reduce the risk, extent and impact of all child sex abuse and related harms in Tasmania.

We have prepared an introductory statement. It takes about six minutes for me to go through it.

CHAIR - That's fine.

Ms THOMAS - Within that statement, there are six points that I'll bring your attention to.

Ms FORDYCE - Alina, do you just want to mention -

Ms THOMAS - Sorry, I missed that bit, you do you first.

Ms FORDYCE - As you all know, I'm Kathryn Fordyce. I'm the CEO of Laurel House, but here in my capacity as the deputy chair of the alliance.

Ms THOMAS - And I'm the CEO of Engender Equality family violence services. I'm here as the chair of the alliance.

The first issue that we need to acknowledge is the interrelationship between institutional child sex abuse and child sex abuse that happens in homes and communities in Tasmania. To separate child sex abuse into institutions and others is a false dichotomy. It hampers our collective efforts to address the devastating and ongoing harm.

The 2023 Australian Bureau of Statistics Personal Safety Survey found that the most common perpetrators, for both boys and girls who experience sex abuse under the age of 15, were family members, family friends and acquaintances and neighbours. Of course we need to remove perpetrators from our institutional settings, but this alone will not solve the underlying problem. We will only reduce child sex abuse through a whole-of-community response. It is not something that government agencies can do in isolation of the broader community.

The second issue that's critical to preventing and reducing child sex abuse in Tasmania is recognising the intersection with other forms of gendered violence. Child sex abuse is overwhelmingly perpetrated by men. Girls are far more likely to be the victims. The recent *Australian Child Maltreatment Study* found a massive gender disparity in child sex abuse, which has been an enduring feature of Australian society, but which, in contemporary society, is becoming even more pronounced. Child sex abuse is more likely to occur in households experiencing family and sexual violence and many of the adult women who present to our services have experienced child sex.

Importantly, the recent Commonwealth government rapid review on family, domestic and sexual violence identified the critical role of protective parents in preventing future

victimisation and perpetration in the next generation, which you might have seen in our submission, highlighting the really important role that protective parents hold.

The third matter that we asked the committee to consider is adopting a public health framework to child sex abuse. This means covering the full spectrum of prevention, early intervention, response and recovery and healing. We want to ensure that we have the data to measure our impact and the systems to support delivery.

We note and welcome the government's recent reworked draft of the 10-year child sex abuse strategy that has adopted that approach and we invite you, as the committee, to move towards this framework, including to ensure that we are addressing the ever-changing risk factors associated with child sex abuse, such as the escalating sexual violence being perpetrated by boys against girls.

The fourth point we make is that there are many practical, measurable, evidence-based and cost-efficient initiatives that Tasmania could and should be implementing right now across prevention, early intervention, response and recovery and healing. We've listed 25 initiatives in our submission and developed detailed proposals which we're happy to share. To date, there has been a lack of government investment in these specialists and community-based approaches to addressing child sex abuse.

Our fifth observation is positive and hopeful. In 2025 we should see the co-production of the first action plan in Tasmania's child sex abuse strategy. This presents a unique opportunity to implement the approaches and initiatives we've recommended and place Tasmania at the forefront of national and global efforts to address child sex abuse.

We hope the work of the committee will include a focus on the first action plan and help ensure it includes appropriate funded programs that utilise existing community-based assets and expertise and we're looking to join the Change for Children co-design working group - we would like to see the alliance have a seat there.

CHAIR - Have you asked for that, Alina?

Ms FORDYCE - We've asked and it has not been taken up.

CHAIR - No response or a refusal?

Ms THOMAS - It was being followed up by minister Palmer's adviser was the last update I had.

Ms FORDYCE - But I think our original request was refused. We were told that there was already a lot of people, something to that effect. We've followed up further.

Ms THOMAS - Finally the sixth issue that we asked the committee to consider is comparative funding for Tasmania's family and sexual violence sector, which is critical in addressing child sex abuse in this state. With our limited resources, we have undertaken some preliminary analysis of per capita funding for family and sexual violence services in Tasmania and compared this with the ACT, Queensland, WA and Victoria. On the face of it, this analysis indicates that Tasmania has a far lower per capita funding for family and sexual violence

PUBLIC

services than the comparison states and territories. This analysis matches our experience on the ground and we believe requires further and urgent examination.

Thank you for the opportunity to meet with you today. I'll invite any questions or comments that we might be able to talk further to.

CHAIR - Thanks. That was a lot of helpful information in the submission around that. I will lead off with a question about whether you have had any interaction to date with Robert Benjamin in his role as implementation monitor?

Ms THOMAS - I haven't.

CHAIR - Not that I expected you to have. He's been very busy.

Ms FORDYCE - I expect, as I gave my evidence representing Laurel House this morning, that I'll talk to him about the opportunities for the alliance to work as an introduction to the alliance, because - coming back into doing this work - he wouldn't be aware of it. Certainly there was the recommendation about the establishment of the sexual violence peak body.

He's obviously aware that we were in our infancy, in his role as commissioner, but he hasn't yet been briefed about where we're up to now. We will certainly seek to do that.

CHAIR - Because some of the 25 points, probably all of them in fact, that you've put together there, may help give effect to some of the recommendations in different ways that might have been laid out in the recommendations in the report. He said to the committee that he was open to that sort of thinking.

Ms THOMAS - What we're offering there is a way to operationalise the recommendations in a way that fits with the current landscape and resources in the community so it would be an efficient way to do that.

CHAIR - I know this is a new alliance, but in your respective roles and acknowledging the work that's being done together now, are you hearing any sense in the community from the people who you work with that things are changing in regard to sexual abuse of children? What are you hearing?

Ms THOMAS - I think that there's very little that's resonating in the community around the commission of inquiry and the evidence that's landed. We know that there are people who have become more aware of the issue and how this sits as a responsibility that the state is taking on to try to correct the problems that we're facing, but in terms of having the resources and capacity to be able to then engage in that, I see that there are very limited opportunities to be able to do that. It sits as a very inaccessible suite of resources and communications.

CHAIR - How could that be improved from your perspective?

Ms THOMAS - I think it comes down to being able to resource the organisations that have that expertise and the connections in the community to be able to communicate it, to be able support community responses and to be able to help what essentially needs to be a

mobilisation of people to be able to engage and also be active in their response and adaption around the recommendations and the hopes for the inquiry.

Ms FORDYCE - I have just come off a phone call with one of my staff who had been in the 'change leads' meeting that happened this morning. So the change leads are: the (inaudible), TasCOSS, Neighbourhood Houses Tasmania. Laurel House and SASS have just started joining those meetings most recently. In relation to the rollout of the strategy, and we've talked about this in the alliance, is that we have a really engaged group of people who have driven the development of the alliance and even that very engaged group are not always across the detail of what's going on and particularly quite often our family violence colleagues are reliant on Laurel House and SASS to get them up to speed with the stuff that's going on in this space.

When you cascade beyond that to the more mainstream services that are out there, community services that have a really vital role to play and then beyond that, to communities you know that it is really the ripple effect that we need to be having out into the community so that everybody understands their role in preventing and responding to child sexual abuse. Whether you're a local government councillor or whether you're a soccer coach or whether you're just a mum or a dad or a sibling, whatever your role is in the community that you understand what your role is. We're a long way from having a commission of inquiry report, even from a strategy and action plan to actually, how do we mobilise the efforts of every single person in our community. We're just such a long way from that.

Ms THOMAS - I'll just add one other thing; one impact that we are seeing though is that victim-survivors of child sex abuse recognise themselves in the conversations and in the media and there becomes a cascade of disclosures that happen, which is really important. We want that to be happening; we want people to be recognising that what has happened to them is not acceptable because when it's not recognised, people take that on and blame themselves.

We need there to be a response for people when they are at that point. At the moment with the climate that we've got, we're letting people down because the wait time for that service response is so long that really it goes back to kind of reinforcing that it's actually not really that big of a deal. I don't know how we can be more consistent in that messaging, but at the moment it's sitting very inconsistent.

On one hand we're wanting to take this seriously - that's brilliant. People are coming forward as they're recognising themselves in that experience, but then they're met with the news that there's going to be months, years wait for actual service, and that service is so important because it is what validates that experience. It is what gives them back a sense of self within that experience of victimhood that they are still a complete person that did not deserve what happened to them. Until they get that service interaction, they will be thinking that they've deserved what happened to them and that there is something essentially wrong with them that has brought that assault on them.

Ms O'CONNOR - Just off the back of that, the wait list situation, is it worsening?

Ms THOMAS - Definitely.

PUBLIC

Ms O'CONNOR - Is that because of the cascading disclosures and people are retraumatised to some extent by the fact of the commission of inquiry? Across the sector what are the wait lists looking like?

Ms THOMAS - We've got a three-year wait list in Hobart. I say this: that's our success story because there we've got people who are recognising that something -

CHAIR - This is in the family violence space?

Ms THOMAS - This is in the family violence space, yes, but I do want to highlight that there are a lot of people who come through our doors who have experienced child sex abuse and whose children are at risk of child sex abuse because they're not resourced to be the protective parent that they need to be.

Ms FORDYCE - I talked earlier this morning that Laurel House and SASS have had record investment in our services and while that's terrific, we see our fellow family violence services not being funded in the same way. We can see that when you've got a woman presenting to a family violence service who's probably not yet, they may have experienced child sexual abuse, but they're presenting concern is the family violence that might be going on, it takes that establishment of that relationship with the family violence provider to kind of identify that perhaps there's all of this other historical stuff related to their sense of self that's established in early childhood. In many instances we can't get this system right if our colleague family violence services are not also being equally resourced because the system is so interdependent and reliant on each other.

CHAIR - This takes back to the commission of inquiry recommendations, the government's response, acknowledging the very real issues you've raised there and the lack of resourcing. We did hear earlier - and this may be a little bit repetitive from your perspective, Kathryn - I'm just interested in perhaps Alina view on it; there seems to be, from a victim/survivor's point of view, from what we've heard, that they feel like nothing's happening or not enough is happening or we can't see what's happening and - just listening to your comments about the services that are perhaps being engaged but not really facilitated to do all the things you need - is it the government's job to ensure that there is much more open and transparent reporting about what's actually happening, why things are being delayed and what we're doing to try to address those things, or is it just their job or is it the job of the government to be much more proactive but also to assist the service providers to share that with their members and the people they care for?

Ms THOMAS - I think that's a very interesting question, Ruth. I spend a lot of time really wanting to promote the need for transparency. When we're not transparent, we foster suspicion and it actually doesn't cost anything to be transparent, it's just what we should be doing as part of our responsibility to community; that we're communicating regularly about what's happening or often what's not happening. It's that transparency that will build trust and that trust is so important, particularly when we're talking about this issue because we're wanting to support people who've had their utter essence of trust violated by people with more power than them.

Yes, that's a really critical role that we need to play. I think we would need to be very careful in terms of who delivers those messages, because there are messages that need to come

PUBLIC

from government and there's messages that need to come from community and I think we can work together so that those messages are informed in a way that can land appropriately with community. I think we'd need to sort of look quite closely at what needs to come, at what time and from whom, recognising that there's different relationships with community across the different service provisions and different responses and we would need to consider that.

Ms FORDYCE - Can I give an example of where transparency hasn't been obvious and it was in an example that was in this committee. There was a question asked about wait lists for services and the paper that was tabled - I think the question was taken on notice - there was a paper tabled sometime later that made a statement that it's not possible to provide the details of the waitlist across the state. We, and I assume my family violence colleagues, provide monthly data about waitlists and we know that we provide that, we know it's accessible. Yes, we know that collating it all together is problematic in some ways but that information is available and in -

CHAIR - But a caveat of - there may be information that's -

Ms FORDYCE - Outliers.

CHAIR - Yes, that's right.

Ms FORDYCE - Some interpretation and so, I think for us, when we look at something like that, that's an example where we know the government isn't being transparent and so, us as service providers are then thinking, 'Okay, well where's the transparency in other situations' and creating that, as Alina said, suspicion about other situations where we're not being told about things. I think that's an example for us as service providers, but for victims and the community more broadly, it's similar.

CHAIR - It breaks trust further.

Ms O'CONNOR - Can I just say, Kathryn, just a quick observation, every single organisation or individual who's presented to us in the hearings over the past two days has mentioned transparency, the lack of it as a key feature. Every single one.

Ms WEBB - I'm interested, I switched to picking up on the area you talked about the public health approach and noted that the iteration that's come through finally, and in the final iteration for the 10-year strategy, has actually adopted that as an approach, which sounds like a good positive for us to acknowledge. You're encouraging our committee to think about ways that the recommendation implementation can transition to a public health model or approach. Have you got an indication that the government is interested to look at how they approach the implementation of the recommendations broadly within that approach and within the strategy that's now landed?

Ms FORDYCE - I do have a view in relation to the vast majority of the commission of inquiry recommendations are focused probably more toward the early intervention response and healing and recovery. There is certainly recognition throughout the commission of inquiry report about the need for prevention. It is my understanding that DPAC, the people in charge of the strategy development, the co-design of the action plan, that part of the action plan development will be developing a prevention framework. It is my understanding that some of

the reason that we're looking to have yet another document that is separate to the strategy and action plans is because there is some reservation about the current funding envelope. Having a framework that is spelt out with evidence-based approaches to prevention allows that to be explored, costed, such that additional funding can be provided for that prevention work.

When we see prevention as distinct and separate from all of the other work that we're doing and how they are interrelated, responses prevention, it's not primary prevention, but it is prevention. I think that it is for us -what do we understand is already going on in prevention across a lot of the organisations across the state, who are doing remarkable things off the sides of their desks in relation to prevention work. I'm not saying that we shouldn't have a framework, but I'm concerned that with the level of investment that is being needed to do the commission of inquiry reports that we're going to miss an opportunity to fully and robustly engage in and fund the prevention work that's needed to make the wholesale change that we need to make in community attitudes and responses.

Ms THOMAS - I might just add that prevention needs to also consider the people who are using the abusive behaviour that we're wanting to eradicate. I'm not seeing a significant enough focus on people who are either beginning to show signs of predatory or paedophilia responses. I think there's a real opportunity there for us to do something that we might think about as a primary prevention. There's no harm has happened as such, but we've got somebody who might be noticing something within themselves. They need to be able to get support, just as I would need to go the dentist if my tooth's beginning to hurt. People who might start feeling like they've got some tendencies that they're concerned about, they need somewhere to go. We shouldn't be waiting until children are being harmed before we respond. Even then, that response becomes one of isolation or punishment. Instead, what we need is something that's going to help people to correct their behaviour to hopefully continue to somewhat function in the community.

Ms WEBB - I'm also interested to talk more about the co-design of the action plan. Co-design is a very appealing word for governments to use so that they can give themselves a nice pat on the back for their virtue signalling. If it's not genuine, then it's not going to achieve the ends that we expect a genuine co-design process to achieve. You've already indicated you haven't been invited to be part of that process. In your view, is the scope of participants in that process sufficient to allow for an authentic co-design process?

Ms THOMAS - We do have a little bit of catching up to do because the first lens was on government institutions and then the idea that we then need to be bringing in community-based responses and community initiatives has come after that. Thinking that we are wanting to make some compensation now for what started out a little bit exclusionary, I think we need to make sure that there is community-based representation on the committee. Community based in two ways: one, representing the experiences of victim survivors as they present to our services literally in their thousands every year. Across community, people who are otherwise not accessing help or support from police or justice.

They are people who are literally family members, they're sitting in remote communities, but they're reaching out because we're a safe and comfortable option. It is really important to recognise that, but also in terms of the role that we hold in our specialisation of understanding what intimate partner violence is, what family violence is, how it impacts, how it impacts across life span, how it impacts based on gender, how it interrupts our ability to function and

PUBLIC

participate as citizens, access education, make career choices, all of these things. This is where it's a public health issue because it's something that starts as soon as we're born and doesn't end until we die. That needs to be represented and we're the ones that can do that.

Ms WEBB - My question was around to what extent do the current participants in that process represent an authentic and genuine representation of those who should be there to be genuine co-design? Are we falling short?

Ms THOMAS - That's right. Yes.

Ms WEBB - Have the government then explicitly articulated, if they've used the word 'co-design', have they explicitly articulated the representative components that they expect to be part of that co-design? Like you just have identified community members, service providers, etcetera? Has that been explicitly described by government in relation to this process?

Ms THOMAS - Not that we know.

Ms FORDYCE - With my Laurel House hat on, I know who's been invited and I've got copies of terms of reference.

Ms WEBB - We might seek that for ourselves.

Ms FORDYCE - Yes. The reason that the Alliance knows about it is because I said to the Alliance with my Laurel House hat on, it's a shame that we as the Alliance don't have a place there because while Laurel House and SASS as people in organisations involved in the establishment of the Alliance, TasCOSS has had some involvement in the establishment of the Alliance, it no longer has an ongoing role in that.

We can provide some context around the interactions that we have with our family violence colleagues, but we're not specialist family violence services, we're specialist sexual violence services and those things are different and they're interrelated, but our family violence colleagues bring expertise that we don't. Being able to have the Alliance that is coming with the lens of that intersection, I believe, is essential and is an oversight certainly on the part of the decisions about who's in the group.

I am unclear yet about exactly how victim/survivors will be engaged in a co-design process. I know that there is the Victim/Survivor Advisory Group that's been established by DPAC, but it is unclear to me and maybe we will understand more after the first meeting this afternoon around how victim/survivors will be engaged or how the people that are involved in the co-design group will be able to kind of cascade to get broader input.

The other thing that is super critical is that that we have at the table around that group is people that are representing the needs of diverse communities and marginalised communities. It's essential that we have Aboriginal controlled organisations at the table. It's my understanding that there is place for them at the table, but I'm not sure that - from what I understand - it may be that we won't have people there. Are we sufficiently doing the groundwork that we need to support marginalised communities to engage and is a co-design working group alongside everyone else the way to do that co-design?

With those marginalised groups I think there needs to be a bit more of a deep dive into how we engage people and particular organisations so that we do get the broadest understanding of what does child sexual abuse look like in their communities and how we can leverage the strengths and resilience of those marginalised communities to hear what they say is going to work for their communities. As much as the Alliance, our individual organisations that are members of the Alliance, do our very best to be inclusive organisations. We are, by nature, white, middle class organisations where we try very hard to be inclusive, but we need those voices directly at the table.

CHAIR - Any other questions? It might be helpful for you to consider after the meeting today if there's, particularly related to the some of the matters we've raised, if there is any update or more positive things that could be said or less positive things that could be said, then it'd be helpful to get some feedback on that.

I think there's a lot of - we hear - work going on behind the scenes. It's not very visible, so you're not visible to victim/survivors and the general public. That may be helpful to the committee as we continue to consider this and, at a later time, hold the ministers to account for what's happening in those spaces.

We're nearly out of time, but is there anything else you wanted to add or anything you wanted to say that you perhaps haven't or something that's come up?

Ms FORDYCE - I would like to emphasise - and we have included in section 4 of the submission the intersections between child sexual abuse and family violence. Alina's talked about the re-victimisation. I wanted to reinforce the connections that we know exist between exposure to family violence and the use of young people, particularly young men and boys, using harmful sexual behaviours. There're very considerable sections within the commission of inquiry recommendations that relate to creating systems to respond to harmful sexual behaviours.

Echoing Alina's earlier points about us needing to focus on prevention is that we need good family violence services that can provide timely support to women such that children are not being exposed to family violence and ending up on a trajectory that will see them harming - harmful sexual behaviours doesn't only harm the children that they're harming. It is incredibly harmful for a child to be using harmful sexual behaviours in terms of their own identity and their own development and their own wellbeing.

This is why all this, the conversation that we're having about this, how critical it is that we as service providers that are running harmful sexual behaviour services - and we can take case histories of children and families and we can look back to that time at which services, if they've been delivered at that point, may have changed the trajectory of that family in terms of a young person using harmful sexual behaviours and then the harm that might be being done to siblings or to other children that are connected to that child or young person.

It's so critical that we're getting all the pieces of the puzzle because otherwise, if we're investing only in one part and not getting the rest of it, you're not getting the full picture and we're ultimately going to undermine the great efforts of all very well-intentioned people trying to make this massive whole-of-community change.

CHAIR - It goes back to the public health approach, doesn't it? Which ties it back to there.

Ms FORDYCE - Absolutely.

Ms O'CONNOR - Do you think government, in any conversations that you've had with agencies, do you think they get that? The connections and the need for there to be, if they're serious about this - it's not just about a checklist as you say in your submission - of recommendations, but of the need for them to be an integrated approach?

Ms THOMAS - I think we are really shy. I understand that there's a diplomacy that we that we engage. I understand why there is a diplomacy, but I think we - sometimes our diplomacy can also compromise us actually talking about the issue that we actually have on hand. We really need to be talking about men's use of violence, and we're not doing that enough.

Like I say, I understand it, but until we're really talking about what the problem is, we are going to find it really hard to unpack the solution when we're not looking at the people who are doing this harm in our families and addressing the causes behind their actions and their behaviours.

Ms FORDYCE - I think, adding to that, I do think that there are individual people that get it but I don't think the system gets it. I think that it does feel, at times, that you might be talking to one part of the system that isn't well-integrated with the rest of the system and, therefore, isn't kind of seeing the connection that we might think is blazingly obvious.

I think, at times, the frustration that I personally feel and suspect my colleagues feel, is that where we're trying to bring some somebody, an agency, an organisation, on a journey to see how that bit fits with the greater bit. I think that at times that it does feel it's a lot, but we're here for it. That's why we want to be at the table. We want to be having these conversations. We want to be challenging things. It does mean that, at times, the alliance will say things that perhaps other people are not willing to say.

Ms O'CONNOR - Good.

Ms FORDYCE - We will say it because -

Ms THOMAS - We need to play that role.

Ms O'CONNOR - Yes.

CHAIR - Behaving or responding in silos is what got us here.

Ms FORDYCE - Absolutely. Agreed.

CHAIR - Thank you very much for your time and submission. If there's anything else you want to provide to the committee at a later time please feel free to do so.

PUBLIC

Ms FORDYCE - We did think that we didn't provide copies of the last two submissions we made for the Change for Children strategy nor our budget submission. Tabling those, if we could.

CHAIR - Thank you. We'll circulate those to all the members.

Ms FORDYCE - Terrific. Thank you so much.

THE WITNESSES WITHDREW.

The committee adjourned at 1.50 p.m.