



2026

## JOINT SESSIONAL COMMITTEE

Recommendations made in the Final Report of the Commission  
of Inquiry into Child Sexual Abuse in Institutional Settings

# SECOND INTERIM REPORT (Part Two)

### MEMBERS OF THE COMMITTEE

#### Legislative Council

Hon Ruth Forrest MLC  
(until 11 June 2025; Chair until 11 June 2025)

Hon Cassy O'Connor MLC  
(from 29 October 2024)

Hon Sarah Lovell MLC

Hon Kerry Vincent MLC  
(to 21 October 2024)

Hon Meg Webb MLC (Chair)  
(Deputy Chair until 11 June 2025, Chair from 6 October 2025)

#### House of Assembly

Ms Rebekah Pentland MP  
(to 20 November 2024; from 11 March 2025 to 11 June 2025)

Ms Ella Haddad MP  
(from 4 March 2025 to 11 June 2025)

Hon Jacquie Petrusma MP  
(to 13 November 2024)

Ms Cecily Rosol MP (Deputy Chair)  
(Deputy Chair from 6 October 2025)

Ms Rebecca White MP  
(to 12 February 2025)

Mr Nic Street MP  
(from 20 November 2024 to 11 June 2025)

Mrs Miriam Beswick MP  
(from 20 November 2024 to 11 March 2025)

Mrs Jess Greene MP  
(from 26 September 2025)

Mr Roger Jaensch MP  
(from 26 September 2025 to 4 November 2025)

Mr Marcus Vermey MP  
(from 4 November 2025)

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# CHAIR'S FOREWORD

I am pleased to present this Second Interim Report (Part Two) on behalf of the Joint Sessional Committee scrutinising implementation of recommendations made in the Final Report of the Commission of Inquiry into the Tasmanian Government's Response to Child Sexual Abuse in Institutional Settings.

This Second Interim Report (Part Two) has been prepared to cover evidence taken by the Committee in the time period of June 2024 to June 2025. In that respect it must be read as a document of public record, but not reflective of the current implementation status of Commission of Inquiry recommendations at the time of tabling.

The work of the Committee was interrupted in 2025 by the unexpected prorogation of Parliament for an early State Election, which delayed progression of this interim report by many months. It also resulted in significant changes to Committee membership and a reduction in number from eight to six members.

Mindful of the delay in reporting on its work, the Committee considered it appropriate to release this Second Interim Report in two parts, due to its length and in an effort to ensure more timely tabling and publication.

Part One of the Second Interim Report included consideration of evidence relating to recommendations in the Commission of Inquiry Report Chapter 6 Education, Chapter 9 Out of Home Care, and Chapter 12 Youth Detention. Part One was tabled on 14 April 2026.

This Second Interim Report (Part Two) includes consideration of evidence relating to recommendations in the Commission of Inquiry Report Chapter 15 Health, Chapter 16 Criminal Justice Responses, Chapter 17 Redress, Civil Litigation and Support, Chapter 18 Overseeing Child Safe Organisations, Chapter 19 A Coordinated Approach, Chapter 20 State Service Disciplinary Processes, Chapter 21 Therapeutic Services, and Chapter 22 Monitoring Reforms.

This Second Interim Report (Part Two) presents the recommendations of the Commission of Inquiry by Chapter and in the order they appear in the Commission of Inquiry Final Report. In this report, each recommendation is written in full, under which it is noted whether it was a Phase 1, 2 or 3 recommendation at the time of taking evidence. Also noted is the Government reported status at the time of taking evidence and, where available, an extract from the Government's Implementation Report of August 2024. This report then presents the Committee's assessment and observations on the implementation of the recommendation, followed by relevant extracts from the evidence taken.

The Committee noted significant progress made on implementation of many recommendations and congratulates the diligent work in delivering this progress of many public servants across the Departments of Premier and Cabinet, Justice, Health, Education, Children and Young People, and Police, Fire and Emergency Management.

Many recommendations covered in this report are Phase 2, due for completion by July 2026. The Committee has noted progress on these recommendations will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take note of the Monitor's assessment as the basis for future scrutiny of Government.

The Committee notes progress has been made with the passage of several pieces of legislation which either complete a recommendation or provide the basis on which further recommendations will be implemented. Additionally, full implementation of many recommendations will require the allocation of adequate funding from the State Government, which will be a matter for future Committee scrutiny.

A clear success noted by the Committee has been the implementation and positive evaluation of the Arch Centre pilot (Recommendation 21.2). The review found the Arch model is improving the experience of victim-survivors and staff by providing services and support in one safe space for victim-survivors of sexual assault and child sexual abuse. There is also more work to be done with the evaluation making recommendations on how the Arch model can continue to improve, and community sector organisations raising concerns about inconsistent and inequitable funding arrangements for non-government organisation partners.

This Part Two Report includes a chapter 'Any Other Matters Incidental Thereto', which presents a selection of over-arching issues raised in evidence which while not attached to specific recommendations, are relevant to achieving successful implementation and intent.

Matters included in this chapter include:

- *Meaningful engagement with stakeholders*

External stakeholders have consistently called for more meaningful engagement from government in the ongoing processes to implement recommendations from the COI, including embedding survivor engagement in all aspects.

- *Transparency*

External stakeholders called for greater transparency and clear accountability mechanisms for the Government's responses to child sexual abuse. This is essential to deliver trust in the cultural and systemic changes required.

- *Prioritising Prevention and Early Intervention*

Significant emphasis was put on the need to prioritise prevention and early intervention in promoting and protecting child safety and wellbeing. Detailed, expert, evidence-based recommendations have been put forward by external stakeholders for consideration.

- *Structural Policy Reforms on Underlying Drivers of Child Sexual Abuse*

Beyond implementing the COI recommendations, there is a need for consistent, coordinated, whole of government policy approaches to address the intersecting drivers and risks associated with child sexual abuse – this should include a whole of government policy framework.

- *Sequencing of Recommendations*

It would be beneficial to review the sequencing of some recommendations which are interdependent and/or contingent on each other, particularly in the areas of OOHC and Youth Justice.

- *Funding of Community Organisations*

Significant concerns were raised that Tasmanian community services, essential to the successful implementation of the COI recommendations, are being under-funded and under-valued by the State Government.

- *Australia's International Human Rights Obligations*

There are state and national obligations under the UN Convention on the Rights of the Child which should be the basis of all COI recommendation reforms and initiatives, and which would benefit from a Tasmanian Human Rights Act to fully embed and protect the safety and well-being of Tasmanian children.

The Committee notes the evidence taken for the period of June 2024 – June 2025 not only forms the basis of reporting in its Second Interim Report but was also available to inform the [first annual report](#) of the Child Safety Reform Implementation Monitor, published in November 2025.

Those seeking to stay up to date on the progress of implementation of Commission of Inquiry recommendations may refer to the annual report of the Implementation Monitor as well as the periodic [government progress updates](#) published online.

As the Inquiry reports on evidence received between June 2024 and June 2025, there will be instances in this report where the reader will need to be aware of changes that have subsequently come to pass. The Committee draws the reader's attention to the following events relating to new legislation and release of documents. These are listed in date order (earliest to most recent):

- Passage of the [Justice Miscellaneous \(Reporting Procedures\) Bill 2025](#) in June 2025 (commenced October 2025). This has updated reporting laws to make it clear that anyone – not just official bodies – can report behaviour that may harm vulnerable people to the Registrar under the *Registration to Work with Vulnerable People Act 2013*.
- Tabling in Parliament of the '[Tatarka report](#)' in September 2025, examining grants of legal assistance to public officers appearing before the Commission of Inquiry.
- Passage of the [Commissions of Inquiry Amendment \(Private Sessions Information\) Bill 2025](#) in November 2025. This has made it easier for people to access the information they shared in confidential private sessions with the Commission of Inquiry, should they wish to do so.
- Tabling of the [Integrity Commission Amendment \(Mandatory Notifications\) Bill 2025](#) in November 2025. If passed, this Bill will introduce a mandatory requirement for public authorities to notify the Integrity Commission of any allegations of serious misconduct.
- Passage of the [Registration to Work with Vulnerable People Amendment Bill 2025](#) in November 2025, to implement a national agreement to provide mutual recognition of Working With Children Checks across jurisdictions.
- Tabling of the '[Woolcott Review](#)' - Part A in November 2025 and Part B in December 2025, examining the actions of government agencies, their impacts, resources and responses to information and concerns raised by the Commission of Inquiry.
- Tabling of the [Child Safety Reform Implementation Monitor Annual Report 2024-25](#) (with [Companion Document – Appendices](#)) in November 2025.

- Tabling of the [Office of the Independent Regulator Annual Report 2024-25](#) in November 2025.
- Release of the [Implementation Framework](#) for the Child Safety Reform Implementation Monitor in December 2025.
- Passage of the [Commission for Children and Young People Bill 2025](#) in December 2025, to enable the establishment of a new Commission for Children and Young People.
- Release of the Final Report of the [Teachers Registration Act Review](#) in December 2025, making recommendations to strengthen safety for children in learning environments.
- Release of a [draft Tasmanian Youth Justice Facility Model of Care](#) in February 2026 for public consultation.
- Release of the [Tasmanian Government response to the 'Woolcott Review'](#) on 26 March 2026.
- Passage of the [Integrity Commission Amendment \(Mandatory Notifications\) Bill 2025](#) in the House of Assembly on 6 May 2026.

### **Direction of the Committee, after completion of the Second Interim Report**

I take this opportunity to note the role and focus of this Committee continues to evolve since it was established in June 2024. Initially established to scrutinise the Government's response and plan to implement the recommendations of the Commission of Inquiry, and outcomes from that implementation, the early work of the Committee focused on gathering evidence on progress of the implementation and scrutinising responsible Ministers in hearings.

This Second Interim Report, parts one and two, reflect this earlier focus.

Now that the Child Safety Reform Implementation Monitor has been appointed, the Office of the Monitor established, and the Evaluation Framework which will underpin his work created and expected to be utilised to inform his annual report for 2025-26, the focus of this Committee will pivot to the aspects of its Terms of Reference associated with oversight of that role, and others.

From here on, the Committee's focus will primarily be to engage with the Implementation Monitor's annual assessment and reporting on the progress of recommendations, and scrutinising the Government based on the Monitor's assessment.

Further to that, the Committee will maintain ongoing scrutiny of the performance and proper execution of the functions of the legislated and soon to be established Commission for Children and Young People and, while it still exists as a separate entity, the Office of the Independent Regulator.

On behalf of the Committee, I extend sincere thanks to all those who contributed evidence to the Committee, in particular, victim-survivors, community members and stakeholders who generously shared their lived experience and expertise.

To close, I would like to extend my thanks to those members who served as members on the Committee to date - the Hon Ruth Forrest MLC (initial Chair of the Committee), Hon Kerry Vincent MLC, the Hon Jacquie Petrusma MP, Nic Street MP, Roger Jaensch MP, Miriam Beswick MP, Rebekah Pentland MP, Rebecca White MP and Ella Haddad MP.

Also, my thanks in particular to current Committee members for their perseverance and diligence in finalising this Second Interim Report (Part Two) – Hon Sarah Lovell MLC, Hon Cassy O'Connor MLC, Cecily Rosol MP (Deputy Chair), Jess Greene MP and Marcus Vermey MP.

Finally, the Committee extends its sincere thanks and acknowledges the work of Committee Secretary Ms Jenny Mannering and the support of Ms Allison Scott, Assistant Committee Secretary.

A handwritten signature in black ink, appearing to read 'Meg Webb', written in a cursive style.

**Hon Meg Webb MLC**

**Committee Chair**

**15 May 2026**

# ABBREVIATIONS

<b>ACCO</b>	Aboriginal Community-Controlled Organisations
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>ANROWS</b>	Australia's National Research Organisation for Women's Safety
<b>CARCRU</b>	Child Abuse Royal Commission Response Unit
<b>CARE</b>	Compassionate, Accountable, Respectful, and Excellent
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CCIRP</b>	Critical and Cumulative Incident Response Protocol
<b>CE</b>	Chief Executive
<b>CHAC</b>	Circular Head Aboriginal Centre
<b>CPIS</b>	Child Protection Information System
<b>CRC</b>	Committee on the Rights of the Child
<b>CSA</b>	Child Sexual Abuse
<b>CYHMS</b>	Child and Youth Mental Health Service
<b>CYPF</b>	Children, Young People and Families
<b>CYSOF</b>	Child and Youth Safe Organisation Framework
<b>DECYP</b>	Department for Children and Young People
<b>DOC</b>	Department of Communities
<b>DOJ</b>	Department of Justice
<b>DPAC</b>	Department of Premier and Cabinet
<b>DPP</b>	Department of Public Prosecutions
<b>DPFEM</b>	Department of Police, Fire and Emergency Management
<b>FFT</b>	Functional Family Therapy
<b>FME</b>	Forensic Medical Examinations
<b>FSV</b>	Family and Sexual Violence
<b>HACSU</b>	Health and Community Services Union
<b>HSB</b>	Harmful sexual behaviour
<b>IFSS</b>	Intensive Family Support Services

<b>LE</b>	Lived Experience
<b>LGH</b>	Launceston General Hospital
<b>MST</b>	Multisystemic Therapy
<b>NWRH</b>	North West Regional Hospital
<b>OPCAT</b>	Optional Protocol to the Convention Against Torture
<b>PAST</b>	Prevention, Assessment, Support, Treatment
<b>PCP</b>	Professional Conduct Policy
<b>PIP Act</b>	<i>Personal Information Protection Act 2004</i>
<b>SAC</b>	Severity Assessment Code
<b>SASS</b>	Sexual Assault Support Service
<b>SCCI</b>	Shared Capability and Centralised Investigations Unit
<b>SCMOU</b>	Statewide Complaints Management Oversight Unit
<b>SDMS</b>	Strategic Document Management System
<b>SR</b>	Separate Representative
<b>SRLS</b>	Safety Reporting and Learning System
<b>SSMO</b>	State Service Management Office
<b>SYP</b>	Supported Youth Program
<b>TASC</b>	Tasmanian Assessment, Standards and Certification
<b>TASCAT</b>	Tasmanian Civil and Administrative Tribunal
<b>TIC</b>	Tasmanian Industrial Commission
<b>TCI</b>	Therapeutic Crisis Intervention
<b>TFSVA</b>	Tasmanian Family and Sexual Violence Alliance
<b>TLA</b>	Tasmania Legal Aid
<b>TLRI</b>	Tasmania Law Reform Institute
<b>TSS</b>	Tasmanian State Service
<b>VSS</b>	Victims Support Services

# CONDUCT OF THE INQUIRY

1. On 13 June 2024 and 18 June 2024 respectively, the House of Assembly and the Legislative Council resolved that a Joint Sessional Committee be appointed, with power to send for persons and papers, with leave to sit during any adjournment of both Houses, and with leave to adjourn from place to place to inquire into and report upon matters related to the Recommendations made in the Final Report of the Commission of Inquiry into the Tasmanian Government's Response to Child Sexual Abuse in Institutional Settings, including:

(a) the Tasmanian Government's response and plan to implement the Recommendations;

(b) the Tasmanian Government's progress in implementing the Recommendations;

(c) outcomes related to implementation of the Recommendations, both partially and fully implemented;

(d) monitoring progress reports provided to Parliament, as provided for by Recommendation 22.1 by the independent Child Safety Reform Implementation Monitor (when appointed);

(e) overseeing the performance and proper execution of functions of the Commission for Children and Young People, as provided for by Recommendation 18.9;

(f) any other relevant matters that either House may refer to the Sessional Committee; and

(g) any other matters incidental thereto.

2. The Membership of the Committee is as follows:

## **Legislative Council**

Hon Ruth Forrest MLC (Chair)

Hon Sarah Lovell MLC

Hon Kerry Vincent MLC

Hon Meg Webb MLC

## **House of Assembly**

Rebekah Pentland MP

Hon Jacque Petrusma MP

Cecily Rosol MP

Rebecca White MP.

3. Public hearings were held in Hobart on 19 and 29 August, 2 September, 14 and 22 November 2024.
4. On 9 August 2024, the Minister for Police, Fire and Emergency Management, the Hon Felix Ellis MP appeared before the committee. The Minister was accompanied by:
  - Donna Adams, Commissioner for Police and Secretary DPFEM
  - Jonathan Higgins, Deputy Commissioner
  - Robert Blackwood, Assistant Commissioner
5. On 19 August 2024, the Attorney-General, the Hon Guy Barnett MP, appeared before the Committee. The Attorney-General was accompanied by:
  - Kristy Bourne, Acting Secretary of the Department of Justice
  - Oliver Hinss, Former Solicitor for the State in the Commission of Inquiry and current Director of the COI Taskforce, Department of Justice
  - Bruce Paterson, Director, Office of Strategic Legislation and Policy
6. On 29 August 2024, the Premier, the Hon Jeremy Rockliff MP, appeared before the Committee. The Premier was accompanied by:
  - Kathrine Morgan-Wicks, Secretary of the Department of Premier and Cabinet
  - Courtney Hurworth, Executive Director, Department of Premier and Cabinet
  - Mathew Healey, Acting Deputy Secretary, Department of Premier and Cabinet
7. On 29 August 2024, the Minister for Education, Children and Young People, the Hon Roger Jaensch MP, appeared before the Committee. The Minister was accompanied by:
  - Tim Bullard, Secretary, DECYP
  - Jenny Burgess, Associate Secretary, DECYP
  - Claire Lovell, Executive Director Children and Families, DECYP
  - Sue McKerracher, Acting Deputy Secretary Children and Families, DECYP
  - Courtney Hurworth, Keeping Children Safe Reform Lead, DPAC
  - Kathrine Morgan-Wicks, Secretary and Head of the State Service, DPAC
8. The Minister appeared again in his capacity as Minister for Children and Young People on 14 November 2024. The Minister was accompanied by:
  - Tim Bullard, Secretary, DECYP
  - Jenny Burgess, Associate Secretary, DECYP
  - Claire Lovell, Executive Director Children and Families, DECYP
  - Sue McKerracher, Acting Deputy Secretary Children and Families, DECYP

- Shane Gregory, Associate Secretary, DPAC
  - Courtney Hurworth, Keeping Children Safe Reform Lead, DPAC
  - Craig Woodfall, Director Community and Custodial Youth Justice, DPAC
9. On 14 November 2024, the Minister for Mental Health and Wellbeing, the Hon Roger Jaensch MP appeared before the Committee. The Minister was accompanied by:
- Dale Webster, Secretary
  - Michelle Searle, Deputy Secretary, Community, Mental Health and Wellbeing
  - Professor Brett McDermott, State-wide Director Child and Youth Mental Health Service
10. On 2 September 2024, the Minister for Education, the Hon Jo Palmer MLC, appeared before the Committee. The Minister was accompanied by:
- Tim Bullard, Secretary
  - Jenny Burgess, Associate Secretary
11. On 22 November 2024, the Minister for Health, the Hon Jacque Petrusma MP, appeared before the Committee. The Minister was accompanied by:
- Dale Webster, Secretary
  - Michelle Searle, Deputy Secretary Community, Mental Health and Wellbeing
  - Ian Thomas, Chief Risk Officer
12. The Committee notes the previous Minister for Health, Hon Guy Barnett MP, was scheduled to appear before the Committee on 2 September 2024, however this appearance was postponed due to a severe weather event that impacted on a number of health facilities in northern Tasmania. A Ministerial reshuffle took place in the interim and Hon Jacque Petrusma was appointed Minister for Health in November 2024. The Hon Jacqui Petrusma MP subsequently resigned as a Member of the Committee on 13 November 2024.
13. On 20 November 2024, Mrs Rebekah Pentland MP was discharged from the Committee. Mrs Miriam Beswick MP and Mr Nic Street MP were appointed to the Committee.
14. On 21 November 2024, Hon Kerry Vincent MLC resigned from the Committee following his appointment as Minister for Infrastructure and Minister for Local Government.
15. On 29 November 2024, Hon Cassy O'Connor MLC was appointed to the Committee.
16. On 11 December 2024, the Committee resolved to call for public submissions, with an advertisement placed in the Mercury, Advocate and Examiner on Saturday 14 December 2024. The closing date for submissions was 14 February 2025. 19 submissions were received from the following individuals and organisations:
- Private
  - Kennerley Children's Services

- Tasmanian Family and Sexual Violence Alliance (TFSVA)
- Tasmania Legal Aid (TLA)
- The Centre for Excellence in Child and Family Welfare (The Centre)
- Mission Australia
- Tasmanian Association of State School Organisations (TASSO)
- Tasmanian Council of Social Service Inc. (TasCOSS)
- United Workers' Union (UWU)
- Sexual Assault Support Service (SASS) Inc.
- Australian Nursing and Midwifery Federation Tasmania (ANMF)
- Commissioner for Children and Young People Tasmania (CCYP)
- Dr Morag MacSween
- Save the Children and 54 reasons
- Laurel House
- Jack Davenport
- Foster and Kinship Carers Association of Tasmania (FKAT)
- Carolyn Frohmader
- Alysha Rose

17. The Committee intended to schedule a second round of hearings with the Premier and Ministers in March 2025, however following the appointment of the Implementation Monitor Hon Robert Benjamin AM SC, the Committee resolved to defer these hearings to enable the Ministers to focus their resources on providing the information required by Mr Benjamin to prepare his report, expected to be released in September 2025.

18. The Committee invited the Implementation Monitor Hon Robert Benjamin AM SC to attend a private meeting of the Committee in February 2025 to discuss the role of the Implementation Monitor and the oversight role of the Committee with a view to avoiding duplication of effort and resources.

19. The Committee invited the Office of the Independent Regulator to attend a private meeting of the Committee in March 2025. This meeting was transcribed by Hansard for the Committee's reference.

20. On 12 February 2025, Ms Rebecca White MP resigned from the Tasmanian Parliament.

21. The Committee held public and private hearings with external stakeholders in Hobart on 27 and 28 February, 28 March and 1 May 2025.

22. On 27 February 2025, verbal evidence was received from the following witnesses:

- Laurel House (Kathryn Fordyce, CEO)
  - The Centre of Excellence in Child and Family Welfare (Deb Tsorbaris, CEO, Imogen Gerraty, Manager Executive Strategy, Partnerships and Engagement Tasmania, and Madeline McGarvey, Policy Officer)
  - ANMF (Emily Shepherd, Branch Secretary)
  - Tasmanian Family and Sexual Violence Alliance Inc (Alina Thomas, Chair Kathryn Fordyce, Secretary)
23. On 28 February 2025, verbal evidence was received from the following witnesses:
- TasCOSS (Adrienne Picone, CEO and Meg Tait)
24. On 4 March 2025, Ms Ella Haddad MP was appointed to the Committee.
25. On 11 March 2025, the House confirmed the resignation of Mrs Miriam Beswick MP and reappointed Mrs Rebekah Pentland MP to the Committee.
26. On 28 March 2025, verbal evidence was received from the following witnesses:
- Tasmania Legal Aid (Kristen Wylie, Director and Rebecca Lancaster, Associate Director)
  - United Workers Union (Amy Brumby, TAS Regional Coordinator and Philip Pregnell, Correctional Supervisor)
  - 54 Reasons (Claudia Lennon, Acting Executive Director and Clare Thorne, Acting State Director)
  - Interim Commissioner for Children and Young People (Isabelle Crompton)
27. On 1 May 2025, verbal evidence was received from the following witnesses:
- Regina Weiss, Tasmanian Barrister and Kathrine Morgan-Wicks, Secretary, Department of Premier and Cabinet
  - Richard Connock, Tasmanian Custodial Inspector and Sam Christensen, Principal Inspection Officer (Custodial Inspectorate)
28. The Hansard transcripts of these hearings should be read in conjunction with this report and are available at <https://www.parliament.tas.gov.au/committees/joint-committees/sessional-committees/recommendations-of-final-report-of-the-commission-of-inquiry>.
29. With the prorogation of Parliament and dissolution of the House of Assembly on 11 June 2025, Committee activity ceased.
30. On 26 September 2025, the Committee was re-established with a membership of six: Ms Lovell MLC, Ms O'Connor MLC, Ms Webb MLC, Mrs Greene MP, Mr Jaensch MP, and Ms Rosol MP. The Committee was authorised to receive all evidence, submissions and related correspondence papers received by the Committee in the Fifty First Parliament.

31. A meeting attendance record is provided as Appendix A.
32. On 6 October 2025, Ms Webb MLC was elected Chair and Ms Rosol MP was elected Deputy Chair.
33. On 6 October 2025, Mr Jaensch MP requested he be granted a leave of absence until 4 November 2025. The Committee granted this request.
34. On 27 October 2025, the Child Safety Reform Implementation Monitor presented his Annual Report 2024-25. This report is the Monitor's first Annual Report and serves as an audit of the reported status of child safety inquiry recommendations in Tasmania, setting a baseline of where the reform agenda is at for the first time. The Report will help inform independent evaluations and reporting on progress in years to come. In preparing his report, the Implementation Monitor drew on evidence obtained by this Joint Sessional Committee.
35. On 3 November 2025, Hon Robert Benjamin AM SC, Child Safety Reform Implementation Monitor, accompanied by Kathleen Cooper, Director and Ella Phillips, Policy Officer, Office of the Implementation Monitor, appeared before the Committee to provide evidence in relation to the Annual Report 2024-25.
36. On 4 November Mr Vermey MP was appointed to serve on the Committee in the place of Mr Jaensch MP.
37. On 8 December 2025, Hon Jo Palmer MLC, Minister for Children and Youth appeared before the Committee. The Minister was accompanied by:
  - Ginna Webster, Secretary
  - Jenny Burgess, Deputy Secretary – Strategy and Performance
  - Peter Whitcombe, Deputy Secretary – Child Safety and Youth Justice
38. On 12 May 2026, Peter Woolcott AO and Radha Thomas appeared before the Committee.
39. The Second Interim Report of this Committee, reporting on evidence received from the Tasmanian Government and external stakeholders between June 2024 and June 2025) is divided into two parts.
40. Part One of the Second Interim Report was tabled on 14 April 2026. It provides an overview of evidence received in relation to Chapter 6 (Children in the Education System), Chapter 9 (Children in Out of Home Care) and Chapter 12 (Children in Youth Detention) of the Final Report of the Commission of Inquiry and an assessment made by the Committee of the Tasmanian Government's progress in implementing these recommendations.
41. This is Part Two of the Second Interim Report. This Report provides an overview of evidence received in relation to Chapter 15 (Children in Health Services), Chapter 16 (Criminal Justice Responses), Chapter 17 (Redress, Civil Litigation and Support), Chapter 18 (Overseeing Child Safe Organisations), Chapter 19 (A Coordinated Approach), Chapter 20 (State Service Disciplinary Processes), Chapter 21 (Therapeutic Services), and Chapter

22 (Monitoring Reforms) and an assessment of the Committee of the Tasmanian Governments progress in implementing these recommendations.

42. The Committee intends to report on the evidence received from the Office of the Implementation Monitor (November 2025), the Minister for Children and Youth (December 2025) and Peter Woolcott and Radha Thomas (April 2026) in a Third Interim Report, which is anticipated to be tabled later in 2026.

# **EVIDENCE AND COMMITTEE ASSESSMENT OF PROGRESS MADE BY THE TASMANIAN GOVERNMENT**

## Chapter 15 – The way forward: Children in health services

### A policy framework and implementation plan

#### Recommendation 15.1

The Department of Health should develop and communicate a policy framework and implementation plan for reforms to improve responses to child sexual abuse in health services. The policy and implementation plan should:

- a) set out the purpose and need for the reforms
- b) set out the role, responsibilities and interactions of bodies the Department has set up as part of the reforms
- c) explain how reforms, including departmental reforms and those recommended by the Child Safe Governance Review, Community Recovery Initiative and this Commission of Inquiry, will work together to respond to child sexual abuse in health services
- d) outline how the reforms are being prioritised for implementation and who is responsible for their implementation
- e) set out the expected timeframes for implementation
- f) be published on the Department's website.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH's Child Safeguarding Reforms and Recommendations 2024-2029 Policy Framework and Implementation Plan is publicly available on the DOH website.*

*The Framework and Implementation Plan outline the background, context and details of the broader child safety reform and review environment within the Department, as well as capturing accountability, status and timeframes for implementation of all recommendations of the Commission and other child safety reviews.<sup>1</sup>*

#### Committee's Assessment

The Committee notes the Government has developed the policy framework and implementation plan, which are publicly available on the Department of Health website.

Laurel House raised concerns that the implementation plan doesn't provide any clarity about how recommendations have been (or will be) implemented or completed. They are concerned this doesn't provide victim-survivors or the community with assurances or clarity about what has substantively changed or what learning has occurred in the Department through the implementation of that recommendation.

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<sup>1</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 33.

The Committee notes while this recommendation is recorded as completed, it is an ongoing reform and needs to be continually monitored and under regular review. Further, the Committee notes consultation with expert stakeholders, including victim-survivors, is an important part of the successful implementation of this recommendation.

## Government Evidence

[Note: Hon Jacqui Petrusma MP appearing as Minister, not Committee member]

*Mrs PETRUSMA - To show proof of completion, I'm happy to table the Policy Framework 2024-29 and the Implementation Plan 2024-29. That shows the work that has been done in regards to the safeguarding reforms and recommendations. The framework outlines the background, context and further details of the broader child safety reform and review environment within the Department of Health, which addresses requirements 15.1(a), (b), and (c) of the recommendations.*

*The Implementation Plan captures accountability status and time frames for the implementation of all recommendations of the commission of inquiry and other child safety reviews, which addresses requirements 15.1 (d), (e), and (f) of the recommendations. They cover all the recommendations of 15.1.<sup>2</sup>*

## Stakeholder Evidence

According to the Laurel House submission:

*Laurel House recognises the considerable work undertaken by the Department of Health as outlined in the Framework and Implementation Plan. We note that the implementation plan doesn't provide any clarity about how recommendations have been (or will be) implemented or completed which doesn't provide victim-survivors or the community with assurances or clarity about what has substantively changed or what learning has occurred in the department through the implementation of that recommendation. We also note that there has been little to no consultation with Laurel House throughout the period of developing the framework, implementation plan or the subsequent work, nor is there a commitment to engage with us or other community organisations.*

*We note that there has no engagement with Laurel House into the development of the Child Safeguarding Advisors based at each of the major hospitals, and our team has had to our knowledge no or very limited engagement with the people who hold these roles at the LGH, NWRH and the Mersey which is concerning given that our service forms a critical service pathway for children and young people who have experienced child sexual abuse, or those using harmful sexual behaviours.*

*We also note that despite positive early engagement in 2023 in relation to the development of Family and Sexual Violence Liaison Service that saw the establishment of a reference group comprised of community stakeholders with significant experience in family violence, sexual violence and child sexual abuse, there has been no substantive further contact with Laurel House (and presumably) other specialist community services since the resignation of Mr Tom Caldwell, Clinical Lead in late 2023.<sup>3</sup>*

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<sup>2</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 6-7.

<sup>3</sup> Laurel House, 2025, *Submission #15*, pp. 7-8.

## Implementing the National Principles for Child Safe Organisations

### Recommendation 15.2

1. The Tasmanian Government and Department of Health should continue to implement the National Principles for Child Safe Organisations across all health services.
2. The Tasmanian Government should advocate at a national level for compliance with the National Principles for Child Safe Organisations to be a mandatory requirement for accrediting health services against the National Safety and Quality Health Service Standards under the Australian Health Service Safety and Quality Accreditation Scheme.

Phase 2 - 2026

Government Reported Status: In progress (DOH)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>4</sup>*

### Committee's Assessment

The Committee notes the Government brought forward activity to implement this recommendation, with the Department of Health's Child Safety and Wellbeing Framework outlining the department's approach to the implementation of the National Principles for Child Safe Organisations and Tasmanian child and youth-safe standards, supported by a Child Safety and Wellbeing Policy.

Initiatives to operationalise this Framework and Policy will need to be monitored to measure effectiveness and impact.

The Committee looks forward to an update from the Tasmanian Government on its advocacy efforts at a national level to give effect to part 2 of this recommendation.

### Government Evidence

*Mrs PETRUSMA - ...The Department of Health's Child Safety and Wellbeing Framework outlines the department's approach to the implementation of the National Principles for Child Safe Organisations and Tasmanian child and youth-safe standards. The implementation is supported by our Child Safety and Wellbeing Policy which articulates the department's commitment and obligations to creating and maintaining a child safe organisation, and explains key features of the department's approach to meeting the National Principles in the Tasmania Child and Youth Safety Framework. A Child Safety and Wellbeing Service has also been created to oversee the implementation of the framework and its related policy framework.*

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<sup>4</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 78.

*It is in progress. I do have quite a lot more information that I could read out, but if there's maybe specific questions in regards to this - we can table the documents soon. I'll table the Child Safety and Wellbeing Framework.*

**Ms O'CONNOR** - *What does all that mean in practical terms? In terms of implementing the national principles across the health service in practical terms, in real terms, what has changed and where?*

**Mr WEBSTER** - *I think the first thing is that we established a Child Safety and Wellbeing Service. A group of, if you like, dedicated staff across the network - and critical to those is in fact a group. They've changed their name recently, but I'll call them by their old name, which is child safeguarding officers. They are staff with expertise who actually sit in our regions alongside our CEs to monitor the education efforts in the regions, but also support the chief executives with advice about child safeguarding issues and things like that. They also are liaison point with child safety liaison officers, who are DECYP staff who also sit within our hospital network to be the liaison point between child safety and health, should a child in out-of-home-care, or coming into contact with child safety, need a health service. So, as a part of that, is there. The Child Safe Service also then has staff.*

*We have changed our approach with our safety learning and reporting system. One of the things we learned from the governance advisory panel and repeated in the commission of inquiry was that staff felt that to make a complaint you needed evidence. It was almost like you didn't report unless you could make a judgment that you felt they'd done something. We've tried to change it to reporting without judgment. In other words, we don't use the word 'complaint', we use the word 'concern'. If you've got a gut feeling, put it in the safety reporting and learning system so that we can pick that up. It might be a series of those gut feelings come together to say we should be doing something about culture, or we should be doing something to report this to Working with Children or indeed, you know, there is a professional boundary breach that we should be dealing with through AHPRA. That change to how we will report is really important first step.*

**Ms O'CONNOR** - *Who is reporting and who do they report to precisely? It's all THS staff?*

**Mr WEBSTER** - *All Department of Health staff, including the THS, can use that to report. It goes through to two spots. Our central complaints monitoring and oversight unit can see it, but our Child Safety Service can also see it. Then another thing that was set up under this banner is in fact what is a standing governance advisory panel that's aimed at children. We've set up a panel of five people made up of - the chair is a social worker, we have a psychologist on that panel, we have a lawyer, we have the CEO of Child Safe Victoria, and we have a lived experience of a younger person who's been through out-of-home-care in their earlier life.*

*They form what we call our child advisory panel. There are panels set up under the THS act to advise the secretary, and they get the reports that are coming through, they're monitoring that at their meetings. I also have the ability to refer a matter for investigation by that panel. They're also doing things like site visits to have a look at how we're doing at the local level. Child Safety and Wellbeing Service is more than just staff. It's this independent group as well, that look at what we're doing and give advice direct to me. This roams across a few recommendations, the Child Safety and Wellbeing Service also set up our child and young persons advisory group that give us feedback.*

...

**Mr WEBSTER** - *What you'll find in the framework that we tabled is that we wrote that before as part of the government's advisory panel recommendations. We revisited after the COI and we've gone through and embedded the national principles in our framework through that.*<sup>5</sup>

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<sup>5</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 7-11.

## Protecting children through a safety culture

### Recommendation 15.3

The Department of Health should ensure its cultural improvement program embeds a safety culture in health services by:

- a) requiring clear organisational values be observed across all levels of health services, including in relation to staff conduct
- b) establishing strong governance arrangements to address staff practices that place children at risk of abuse, and complementing established patient safety governance structures
- c) ensuring all levels of management demonstrate a commitment to a safety culture, including by addressing poor staff conduct
- d) clarifying roles and responsibilities among staff when there is a suspicion that child sexual abuse has occurred or that safety policies are not observed
- e) ensuring there are processes that hold senior managers and executives accountable to respond appropriately to the conduct of their staff, including through performance agreements and role descriptions
- f) establishing measures of a strong organisational culture that indicate an organisation
  - i. welcomes concerns about staff and sees them as an opportunity to improve safety for staff and patients
  - ii. empowers staff to feel safe and supported to raise concerns about colleagues with their leaders and gives them confidence in the ability of leaders to respond to concerns and take disciplinary actions (including termination) where appropriate
  - iii. ensures staff are clear about the process for raising concerns, how these concerns will be addressed and what feedback they can expect to receive
- g) providing progress reports to the Child Sexual Abuse Reform Implementation Monitor to demonstrate how these principles have been translated into policy and practice (Recommendation 22.1).

Phase 1 -2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*Recognising that cultural change is a more than ten-year process, the Department has made considerable progress in improving culture through the implementation of the One Health Culture Program and the specific actions undertaken to ensure child safety improvements.*

*The One Health Culture Program acts as an umbrella program for all culture, leadership, non-clinical development and wellbeing-related initiatives.*

*The One Health Culture Program is also rolling out leadership and management training to build the capacity of the Department's leaders and managers and ensure they have the skills and tools required to effectively perform their roles, including their role in safeguarding children and young people, reporting and complaints management.<sup>6</sup>*

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<sup>6</sup> Keeping Children Safe, Implementation Report, Government Response to the Report of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 33.

## Committee's Assessment

The Committee notes the Government reports this recommendation as completed based on the introduction of the One Health Culture Program and Strategy. However, the Committee also notes positive cultural change is an ongoing process over many years and will require sustained effort, measurement of outcomes and reporting on progress.

## Government Evidence

**Mrs PETRUSMA** - ... To address recommendation 15.3, the department has introduced its One Health Culture Program Strategy, known as One Health, designed to drive cultural improvements, supporting staff to work together, learn, collaborate, and problem solve, share risk, and empower and respect each other. It is about building a better working environment that supports employees to work together to improve the health and wellbeing of Tasmanians.

One Health has five focus areas: leadership accountability; building a capability; workplace values and behaviours; health, safety and wellbeing; and systems and processes. It brings together all the various cultural wellbeing and non-clinical development initiatives already underway across the department. I can table for you the One Health Cultural Program and Strategy document as well as the first annual report.<sup>7</sup>

...

**CHAIR** - ... I am interested to understand how you are monitoring and measuring a change in behaviour. Particularly, knowing what some of the barriers, perceived or actual, were to reporting in the past.

...

**Mr WEBSTER** - You will see in the strategy document, when you have a look at it, there are actually a number of KPIs that were built into that. These monitor our performance in the state service survey, for instance. Are we improving across the categories in the state service survey? Also other areas about levels of reporting and those sorts of things. There are a number of KPIs.

The first January report looks at, if you like, actions, because we didn't have a baseline. The second annual report, which will come out in the next few weeks - the delay there has been the TSS survey has only just been published. It gives us the opportunity to compare performance last year against this year for the first time in an annual report. We are busily trying to put that together now, so that we can actually see that.

The KPIs are about making sure that the strategy isn't just a series of actions, you know, 'Do leadership training, do -' but, in fact, that we actually see some improvements in our network as we go. What I can say is that, across the establishment of our complaints, et cetera, network, for the first time we are actually able to monitor the number of complaints across it. Previously, complaints went to the area where you were complaining about. If you had a complaint about the Launceston General it went to the Launceston General. There was no central oversight of how many complaints were going where.

**CHAIR** - Is that all complaints related to health, or child safety complaints as a separate -

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<sup>7</sup> Hon Jacque Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 7-11.

**Mr WEBSTER** - All complaints now going to health go through this central complaints mechanism.

**CHAIR** - With matters related to child safety, are they, somehow, flagged and prioritised? Some of the complaints you'll get are someone's delay to care and things like that, which are still important, but perhaps not as critical as attending to promptly.

**Mr WEBSTER** - That's why, also, we have the Child Safety and Wellbeing Service. That gives the priority to making sure we are reacting to those child safety complaints and they are getting that priority. Secondly, that we are reacting to, if you like, the gut feels. You know, five or six staff have a gut feeling that something's wrong, and our child safety service is making sure that they are connecting those dots and we are responding to that as well.

**CHAIR** - If a complaint was raised through the health complaints portal, not through the child safety one, is it automatically flagged and referred?

**Mr WEBSTER** - Yes. We independently flag that as well, outside of the agency.

**Mrs PETRUSMA** - If you read the actual strategy itself, there are performance measures and indicators for each action area. In the annual report, you'll see how they have been assessed as complete, underway or et cetera. Keeping in mind that another annual report will be coming out in the next few weeks.

...

**Ms WHITE** - ... my question. It was about that recommendation, (f)ii which is:

(ii) To empower staff to feel safe and supported, to raise concerns about colleagues with their leaders

That was an obvious problem, that whistle blowers weren't able to raise those issues, but that sounds like you're identifying a way to measure that directly. It would be good to see it much higher, as I think that's been a significant failure across health from the evidence we heard through the commission of inquiry.

What other feedback are you receiving beyond the survey from staff about how comfortable they feel raising concerns about their colleagues?

**Mr WEBSTER** - Through the safety reporting learning system, normally if you put in a patient safety report, it will flag with your direct manager and others depending on the level of the rating. We rate them from SAC 1 down to 4 -<sup>8</sup>

...

**Mr WEBSTER** - ... If it's a 1, that, in fact, besides your manager getting that, it will actually flag to every level up to me.

**Ms WHITE** - That's the most serious?

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<sup>8</sup> SAC - Severity Assessment Code

**Mr WEBSTER** - That's the most serious. So I get every SAC 1 across the network flags on my email so that I can monitor. That is death or near miss type of level of patient safety. Obviously, you lodge that, everyone in the network can see that you've done that.

**Ms WHITE** - When you do lodge that, does it identify you as the person who lodged it?

**Mr WEBSTER** - That's right.

**Ms WHITE** - It does. Is there a way to make it anonymous?

**Mr WEBSTER** - .... With the child safety we have actually made it anonymous and the reporting is through to the central teams, so that you don't have that same fear of the issues. 'Severity Assessment Code' is SAC.

**Mrs PETRUSMA** - In regard to that, I will table 'Do you have a complex or sensitive complaint', which goes through how they can do things anonymously. Also, how do we go in reporting concerns of inappropriate behaviour. These are throughout the hospital in different areas and stuff.

**Ms WHITE** - Posted up on the notice boards?

**Mrs PETRUSMA** - And in toilets. It so that we can encourage our staff to actually make anonymous complaints and to report up.

**Ms WHITE** - Coming back to my question then, so you're doing a survey to get feedback from staff. Are there other ways for you to understand how staff feel about these new processes?

**Mr WEBSTER** - Kath, and now I as secretary, are doing regular sessions in our hospitals so we get that direct feedback loop. The second part of it is making sure that - and this is the advisory panel that I spoke about, the standing advisory panel under the act - the purpose of their on-site visits is they can then gauge and get feedback. We're trying to create as many opportunities for feedback that aren't the traditional structures of feedback. The purpose of having child safeguarding officers out there in the network is, instead of being someone who's come from central office, they're actually working in the hospital on a day-to-day basis and hopefully picking up the feedback as well. ...

...

**Ms WHITE** - ... They might raise their complaints through their union so they could protect themselves from being the person who raised the issue. How are you engaging the unions in the work that you've just described for the committee?

**Mrs PETRUSMA** - I've met with the unions since being minister and taken on board their concerns. I attended the HACSU conference. I even said to the people there that they can email me anytime as well, which some have. I'm happy to take those on board. If they wish to be anonymous, we've handled those issues anonymously. I'll ask the secretary to provide further information.

**Mr WEBSTER** - The first thing is that our Governance Advisory Panel that set up our framework included the unions. .... There's knowledge within the unions. Then there's just that encouragement of, we need to know about these things. As you know, unions will raise them. The minister meets with them regularly. ...

**Ms O'CONNOR** - ... Recommendations 15.3 and 15.5, obviously which we'll get to shortly, relate to culture and accountability within health, and specifically call out the need for holding senior executives and managers accountable to respond appropriately to the actions of their staff. The government's response indicates on page 57 that this has been completed. I'm sure you'd agree that cultural change is not a task that is ever completed.

The responses from 23 September, all DoH staff, including members of DoH's Senior Executive, have child safety documented as an accountability in their statement of duties. How is this accountability documented in the statement of duties? How is it measured in the annual performance review? Are there specific key performance indicators that need to be addressed? ...

**Mrs PETRUSMA** - I'll just start off, I'll just say that because it's complete, as we outlined at the start, a lot of these are ongoing, of course, too. What was required has been completed, but they're ongoing. Quite a number of recommendations will be ongoing. I'll ask the secretary to the accountability.

**Mr WEBSTER** - ... The One Health Culture Program is a 10-year program. In saying it's completed - in the Governance Advisory Panel, you'll see there's a dot next to it that says, 'First step completed, but ongoing'. The statements of duties for everyone in health were changed with an insertion around child safety. ...

...

**Mr WEBSTER** - It's then built into the PDAs, but there's also a statement of commitment. If you join the health executive, you actually have to sign a statement of commitment around child safety. The other issue is that in our health executive, we actually have a separate meeting that is only on child safety. We don't actually have it as an item at a regular meeting. We have a separate meeting so we can focus on child safety at that meeting. I think the additional thing is that the rules around mandatory training apply to all our health executives across the board.

The final thing before I hand to Michelle is that, from July this year, there are now what we call monthly accountability meetings where each of the members of our health executive are sitting down with the secretary, and previously the associate secretary was involved, and we work through accountability issues such as people, risk, finance and these type of issues, complaints, et cetera. We've taken, if you like, the first part of the culture program leadership and accountability to the level of, 'We need monthly accountability meetings from the executive to the secretary'. Within our hospitals and primary care division, that flows down that each of the executives below our chief executives also has a monthly accountability meeting with the chief executive to inform the meeting that then occurs with the secretary.

**Ms SEARLE** - We did update all our statements of duties, as the secretary has discussed. Really, that is so that all of them have under key accountabilities and responsibilities, that we champion a child-safe culture that upholds the national principles of child-safe organisations. The department is committed to the safety, wellbeing and empowerment of all children and young people, and expect all employees to actively participate in and contribute to our rights-based approach to care, including meeting all mandatory reporting obligations.

Within our professional development templates we have updated those so that there are sections in there where they can reflect on the care values so that we embed the care values

*as part of our everyday working. Also for executives, there is a section around how we are implementing the commission of inquiry recommendations, and how we're implementing child safety across our organisation. There is that extended level of accountability for executives.*

*We do have our Aspire leadership program, which is obviously out of the One Health program. That was really part of picking up the desire around improving leadership accountability across the organisation, noting that a number of our senior leaders do step up into executive roles. It's not just about having us as being accountable, it's the next level down as well, and so that we're embedding that across the organisation.*

**Ms O'CONNOR** - *Thank you for that. How is that accountability measured in your annual performance review?*

**Ms SEARLE** - *We do have an annual performance development discussion, but obviously, as the secretary's commented on, we do have regular discussions through health executive in relation to child safety. We have quarterly updates from the child safety and wellbeing team that provide updates in relation to the trends that they are seeing and the work that they are doing. We also do have ongoing discussions, as you would through any management, with the secretary on the progress.*

**Ms O'CONNOR** - *Thank you. Are there specific KPIs that need to be addressed as part of these statements of duties, and form part of the performance review discussion?*

...

**Mr WEBSTER** - *.... The performance development and assessment documentation has KPIs built against each one. They will be different for each health executive, depending on their role in the organisation. Then, at the end of - in fact, every six months rather than every 12 months, but 12 months formally; six months informally - we go back and say 'What's your performance against those KPIs? Have you achieved them? What's your progress if you have not achieved them?' Those sorts of things. They are designed for each executive.<sup>9</sup>*

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<sup>9</sup> Hon Jacque Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 12-18.

#### **Recommendation 15.4**

1. The Department of Health should consider integrating features of the St Vincent's Health Australia's Ethos Program into its cultural improvement program.
2. The Department of Health should ensure, in adopting its cultural improvement program, professional boundary breaches by staff towards a child are always formally reported, responded to and recorded in centralised records for future reference.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH has undertaken an analysis of St Vincent's Health Ethos program and identified any gaps between it, and the Department's One Health Culture Strategy.*

*The Ethos Program was designed to build a culture of safety and respect, by fostering a culture of feedback, speaking up and reporting behaviours.*

*The One Health Culture CARE Chats model is similar to the Ethos Program and provides a framework for assertive communication and creating a culture of accountability with compassion.*

*Implementation of components of the Ethos Program will continue to be considered as part of the One Health Culture work.<sup>10</sup>*

#### **Committee's Assessment**

The Committee notes the Department of Health identified the Ethos Program has similar elements to the One Health Culture Strategy, however, the impact of the implementation of the Strategy will need to be monitored and assessed. The Committee further notes, having adopted the cultural improvement program, the Department will need to demonstrate all professional boundary breaches by staff towards a child are being formally reported, responded to and recorded in centralised records for future reference.

#### **Government Evidence**

**CHAIR** - *This is one that is marked as completed on the website. Is there anything you need to add on that, minister, or are you happy to go to the next?*

**Mrs PETRUSMA** - *No, it is completed. It is completed through the One Health Culture Program, and the St Vincent's Health Australia's Ethos program. It is designed to remove barriers to speaking up, by providing an avenue which is fast, fair and transparent. The department is mirroring the themes of that program when developing its own activities as part of the One Health Culture Program. ...*

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<sup>10</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 33-34.

...

**Ms O'CONNOR** - *Is that strategy publicly available? The One Health Culture strategy?*

**Mrs PETRUSMA** - *Yes, we tabled that.*

**Ms O'CONNOR** - *Is it on the website publicly available now?*

**Mr WEBSTER** - *Yes.*

**Ms O'CONNOR** - *... What sort of gaps were identified in the One Health Culture strategy, when compared to the Ethos program?*

**Mrs PETRUSMA** - *As I outlined to the committee, just a second ago, the department is mirroring the themes of the Ethos program when developing zone activities as part of the One Health Culture Program. For example, the department is implementing activities similar to the Ethos program through CARE chats, a style of communicating which challenges directly, in a compassionate way. The CARE chats model, which aims to support employees in addressing behaviour across the workforce, through proactive communication, is focused on both patient and staff safety. The CARE chats model supports staff to seek out conversations focused on accountability with compassion, to identify and address unprofessional behaviours.*

*Phase one of CARE chats has developed an evidence-informed communication tool to foster an organisation-wide feedback culture. It involves, training the organisation using the tool through training CARE chats champions, who will train other colleagues. It is informed by the research undertaken by Macquarie University into the Ethos program.*

*Also, there is another - mirroring the Ethos program, through activities like the Speaking Up for Safety Program and the Speaking Up for Safety Framework. I can go into quite extensive detail. We'll table the CARE chats reference guide.*

**Mr WEBSTER** - *Just to explain CARE - it stands for Compassionate, Accountable, Respectful, and Excellent. It was developed by our staff at the LGH as part of the work we did post the Governance Advisory Panels. The agency's adopted the LGH's values because around 2500 staff across the LGH contributed to the process of developing the CARE values, so we've just adopted those for the agency.<sup>11</sup>*

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<sup>11</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 19-20.

## Embedding child safety as a priority for leadership

### Recommendation 15.5

The Department of Health should make health leadership accountable for embedding child safety as a priority, including by:

- a) ensuring that all relevant health leaders have an obligation to act consistently with the National Principles for Child Safe Organisations (reflected in Tasmania's Child and Youth Safe Standards) in their role descriptions and performance agreements, with compliance with this obligation to be reviewed annually
- b) ensuring that the role descriptions and performance agreements of all staff providing services to children require them to protect child safety, with compliance with this obligation to be considered as part of annual performance reviews.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*All DOH staff, including executives, now have child safety documented as an accountability in their statements of duty and, as they are updated, their performance agreements.*

*Executive staff have also signed a shared statement of commitment to acknowledge collective and individual commitment to improving the way we work with children and young people.<sup>12</sup>*

### Committee's Assessment

The Committee considers that this recommendation has been implemented as written, and notes there will need to be annual reviews to ensure ongoing compliance.

### Government Evidence

**Mrs PETRUSMA** - *Probably one thing that hasn't been talked much about is that we do have checks and balances in place to safeguard children and young people through the recruitment processes, such as the necessary employment checks and essential requirements. They've been strengthened by providing specific reference to child safety and wellbeing when actually advertising for positions. People, when they're applying for the position, know upfront that that is a requirement of the role as well. ...*

**CHAIR** - *Before any new staff member is on-boarded, they would have had to have done the training before they could actually step into the hospital setting?*

**Mr WEBSTER** - *Within the first few days - as part of tier 1, for instance, doctors as part of, might not get this right, credentialing, not accreditation, credentialing, tier 1 happens, if you like, in the first half day of their employment.*

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<sup>12</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 34-35.

**CHAIR** - *That's included, the training and necessary requirements?*

**Mr WEBSTER** - *That's right, yes. Mandatory child safety training is now seen as tier 1. It sits alongside hand hygiene, basic lifesaving, that sort of thing.*

**Mrs PETRUSMA** - *Also, duty statement, selection criteria, and referee checks demonstrate that children and young people are valued and respected. The department's committed to child safety and wellbeing and understanding of children's development needs and culturally safe practices. It's made very clear by the department that we do emphasise our commitment to child safety and wellbeing when advertising, recruiting and screening staff and volunteers, the way through.*

**CHAIR** - *On that matter, Minister, when referee checks are done, are those questions specifically asked of the referees, if they can vouch for the person's awareness of child safety matters, as you've outlined?*

**Mrs PETRUSMA** - *That's what is indicated in here.*

**Mr WEBSTER** - *That's what we expect. I can't vouch for every referee check, but that's what's expected because that's what's built into the statement of duties. When I do a referee check, that's what I'm asking.<sup>13</sup>*

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<sup>13</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 20-21.

## Recommendation 15.6

The Department of Health, to support health services become child safe organisations, should ensure:

- a) child safety, including safety from abuse in health services, is overseen by the governance and leadership structures established through the cultural improvement program
- b) child safety is built into the safety and quality systems of health services
- c) staff responsible for providing care to children have the knowledge and skills to respond to child safety concerns in line with the expectations of a child safe organisation and relevant health service policies, including being equipped to identify and respond to indicators of child sexual abuse
- d) staff act consistently with the National Principles for Child Safe Organisations (reflected in Tasmania's Child and Youth Safe Standards) when performing their work, including in discussions between health practitioners, health workers and children about care planning and treatment.

Phase 2 - 2026

Government Reported Status: In progress (DOH)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Child Safe Cultures priority area recommendation in Collaborating for Change.<sup>14</sup>*

### Committee's Assessment

The Committee notes the implementation of this recommendation to date, and that the National Principles for Child Safe Organisations will become part of the formal hospital accreditation process which will include independent, rigorous assessment of compliance with those Principles.

### Government Evidence

**Mrs PETRUSMA** - ...The Department of Health has developed a Child Safety and Wellbeing Framework, which we've tabled today, to implement the National Principles for Child Safe Organisations. If you've got any specific questions, because a lot of what is under this one has actually been discussed through our Cultural Improvement Program and the systems in place.

...

**CHAIR** - In terms of monitoring and making sure that compliance is occurring?

**Mr WEBSTER** - Through you, Minister. The next big step in this one is - and we've met with the National Safety and Quality Commission in Healthcare, I think that's what they call these days, but the national commission that sets the accreditation standards for hospitals. There is an accreditation standard two, under patient safety, which would include child safety, but the commission is now working on additional actions under that priority too, that are specific to

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<sup>14</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 78.

*child safety. In the future, we'll have to demonstrate all of what we're talking about today to keep our accreditation.*

**Ms O'CONNOR** - *What tools will be used to measure staff consistency and compliance with the National Principles for Child Safe Organisations?*

**Mr WEBSTER** - *This is one we've spent a lot of time working our way through. You can build KPIs around some of them, but a lot of them are about attitudinal change or behaviour change. It really is monitoring the feedback that we're getting from children, parents, et cetera. Are we seeing consistently the same comments around our network or are we seeing changes in those comments? That's why the Child Safety and Wellbeing Service is an ongoing service. It's also why the previous secretary set up a standing advisory panel to be independent, to monitor, spend time in the network, but also get the reports and give us feedback. As I said also, they have the ability to do an independent investigation.*

*All those things are really important. I think the other thing is that in addition to the survey that's done generally across the state service, we need to be building our own individual surveys that pick up, if you like, the non-state-service-y things of health, that's not really a good term, is it? Health sits in the health sector as well. We need to be judging how we're performing as a health service, not just as a State Service. In our hospital network we have a survey called In Sync. We're rolling that out, and we've got to do that across our network, not just in hospitals because obviously other services come in contact with children as well.*

**Ms O'CONNOR** - *Can I ask, through that process, is there a way to measure how staff are applying those national child safe organisations principles? I take on board how complex it is to measure, but also if you have mandatory training that's updated each year to be able to be certain that staff understand what they need to understand, how is that captured?*

...

**Mr WEBSTER** - *Ultimately, this is why I have met with the national accreditation body to say we need it built into the standards. Then we will have independent snap audits that are questioning us about, 'Are you still implementing this?' The national principles should be seen as a minimum standard, like we have in all other areas of health. We've got to meet the minimum standards. Just like we do with hand hygiene, we've got to do surveys to show that our staff are not just understanding hand hygiene, they're actually using it as they pass through doors and things like that.*

*That's the important work, and why we're saying this is ongoing is we actually need to build that into our accreditation standards, so that we can actually then start measuring it from that perspective. What I would say to you is that we've got imperfect measures at the moment around KPIs, and get the training done, and those sorts of things. Once we're actually building it into our accreditation, it will become a much better and more rigorous independent look at our performance.*

**CHAIR** - *It's also more visible once it's there. You won't get an accreditation if you don't comply?*

**Mr WEBSTER** - *That's right. The way the accreditation works is that there are eight accreditation standards, then under those is a number of actions. If you get not-mets then basically your accreditation is in jeopardy, and you get a certain number of days to fix them. If you get met with requirements you get a certain number of days to fix them. If they continue, you can then jeopardise your accreditation. Become a very public thing, if we fail the*

*standards into the future. As I said, it's already built into accreditation standard two, but we're asking them to actually call out additional actions that align with national principles so that we've got further judgement of how we're doing.*<sup>15</sup>

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<sup>15</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 21-23.

## Empowering children, families and carers

### Recommendation 15.7

1. The Department of Health should establish a health services young people's advisory group. The advisory group should:

- a) have a clear purpose and objectives
- b) be guided by clear terms of reference developed in consultation with children and young people
- c) comprise young people with significant lived experience of health services, including young people of different ages, from diverse backgrounds and with different care needs
- d) enable young people to contribute to decision making in a safe and meaningful way about issues that affect them
- e) allow young people to have a say in departmental strategies, policies, procedures and protocols that affect them
- f) be adequately funded and resourced.

2. Summaries of the health services young people's advisory group meetings should be prepared and distributed to all senior executive teams in the Department.

3. The Department should report on the activities of the health services young people's advisory group and on other engagement with children and young people through its annual report.

4. The Department should undertake other age-appropriate engagement with children to ensure as many children and young people as possible can take part in shaping health services.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH established a Children and Young Persons Advisory Group in late 2023. The Group is made up of young Tasmanians aged 12-18 years and meets quarterly.*

*Members are consulted on health issues affecting young Tasmanians, as well as be involved in the co-designing of resources for health staff, children, and young people to support improved child safety and wellbeing in Departmental services.<sup>16</sup>*

### Committee's Assessment

The Committee notes the Government reports this recommendation as completed. There is tangible evidence the Department has engaged with children, listened to their suggestions and implemented some into the physical environment of the hospitals. Ongoing dialogue and consultation with children and young people will be required.

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<sup>16</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p.35.

The Committee further notes the Government is relying on appropriately skilled experts to interpret the input provided by children through the various engagement tools. Membership of the Children's Advisory Group will need to be refreshed to ensure participant diversity.

## **Government Evidence**

***CHAIR** - ... I am interested in how these young people are actually appointed.*

***Mrs PETRUSMA** - There are expressions of interest. They met for the first time in October 2023. The inaugural Children and Young People Advisory Group Membership was established following an expression of interest process, open to young Tasmanians aged 12 to 18 years of age. Expressions of interest were encouraged from a mixture of age, gender and representation from a range of backgrounds. This included young Tasmanians with the experience of using Tasmanian Government Health services, such as our public hospitals; Aboriginal and Torres Strait Islander young people; young people with disability; young carers; young Tasmanians with refugee and/or migrant backgrounds; young Tasmanians from rural/regional or remote areas; young people with experience of homelessness and out-of-home-care; young people from low-income backgrounds and LGBTIQ+ young people.*

*We also had the support of community sector organisations, including the Office of the Commissioner for Children and Young People and the Youth Network of Tasmania who supported the expression of interest process. Several organisations and other jurisdictions also assisted the Child Safety and Wellbeing Service to establish the Children and Young People Advisory Group as well. This support included sharing learnings from their own children and youth participation models and informing the development of the Children and Young People's Advisory Group's foundational documents, such as the terms of reference. These documents have been endorsed by members.*

...

***Mr STREET** - ... One of the problems when I was Community Services minister with setting up these advisory groups and asking for young adolescents is that it's very difficult to get a broad cross-section of adolescents onto that. They tend to end up being self-selecting because they are adolescents who are interested in public policy and the issues that are being discussed. How confident are you that you have a broad cross-section on this advisory group, to provide the information that is necessary?*

***Mr WEBSTER** - My confidence is higher than in previous experience because we worked with organisations to find people for us, rather than, just allow people to self-select. It is still not that high because, again, within those organisations you get that level of self-selection. This is why we decided that, alongside the panel, which is the recommendation, we would have these ad hoc groups, where we are just looking at groups of our patients giving us feedback. That sort of broadens out the feedback.*

*The second thing is, it is very hard for five- or six-year olds to be part of a panel. How do you get their feedback? Again, the ad hoc groups supplement that process. You're right, getting a youth advisory panel that is broadly representative is incredibly difficult. Our approach was to do that, but have these other processes to supplement it.*

...

**Ms O'CONNOR** - How is the department undertaking age-appropriate engagement with children, to be sure their voices are being heard?

**Mrs PETRUSMA** - As we've outlined, there've been several health organisations in other jurisdictions assisting like the learnings from their own children, youth participation models and forming the development and how we do support the children. Also, we've had the support of other community sector organisations including YNOT [Youth Network of Tasmania] and the office of the Commissioner for Children helping us. We also have a special Child Safety and Wellbeing Services Secretariat. They are consulted at least four times a year, and they're supported and provided with opportunities to present their views. They're provided other supports.

**Ms O'CONNOR** - Before then, how is that feedback from young people captured? I mean, there's an argument there that, for transparency and a better functioning health service, you would make that feedback publicly available de-identified as well. How do you capture and act on feedback from children and young people who are within that system? You probably have some really important insights? That's one thing. How does it work into system change?

**Mr WEBSTER** - From that, it builds up into an annual report to health executive, the learnings from these engagements, so that we're picking up through that, which then translates into our annual report, so that we're publicly doing that.

Really important is designing the interaction in the first place correctly. ... It is actually getting people who have that skillset to run sessions rather than assuming that we can do it, or our nurse unit manager can do it, or whatever. In the ad hoc sessions, we make sure that the leadership that's doing that is appropriate to that. We get people in to do that.

The other thing is, we're not experts in interpreting those drawings if people are giving us feedback in drawings. Again, going back to child psychologists to say, 'What sort of feedback should we draw from this?', those sorts of things.

We're trying to make sure that we're capturing it in a way that it's meant to be captured, rather than an adult way. I think that's really important, because even reading something like this, we'll put an adult interpretation on it. It really is important that we continue to go back to the young people and children to check what we're saying.

**Ms O'CONNOR** - That's right. But also to demonstrate listening and results. For example, in the book that you've given us about spaces, the guidance to government from children and young people is about the visual environment that they're within. 'It's boring', is one of the observations. There could be an art gallery or art room, nicer rooms, outdoor sensory garden, a herb garden. This is direct advice to the Health department. Have any of those ideas been picked up and implemented?

**Mr WEBSTER** - The outdoor space at the LGH was opened -

...

**Mr WEBSTER** - That's the first thing. In the Mersey redevelopment, our paediatric outpatients - we're not allowed to call it a playground - we've got an outdoor space attached to that now, based on this feedback. ...

...

**Mr WEBSTER** - ... If you go into the Wombat Ward in Launceston, there's now a magnificent mural as you walk into the ward that is around indigenous animals. I didn't get that term right, but you know what I mean. In fact, a lot of our staff are now wearing the non-THS standard - they're out of the blues and into Wombat scrubs or individual scrubs. Those sorts of things. They're just little examples.

**Ms O'CONNOR** - What about the Royal?

**Mr WEBSTER** - At the Royal, they've now got the Penguin mural because they're the Penguin Ward.

...

**Mr WEBSTER** - RHH were working on the outdoor space, which we don't call playground.

...

**Mr WEBSTER** - .... We are trying to make sure we're implementing what we're being asked for.<sup>17</sup>

And further:

**Mr WEBSTER** - ... We want to actually hear directly from children and parents. With our website, at the bottom of every page now is actually a report of concerns link. Across our hospitals proactively in our Wombat Wards, which is what they are called in the north, and Penguin Ward in the south, we have the My Say, Our Voices booklet, which, through the minister, we can table - which is a way of children communicating not just in words but with drawings. All the drawings that are in that book came from children who attended one of our sessions to give us feedback about what it meant to be safe in our hospitals. In fact, the Penguin and Wombat Ward idea is coming from those same panels.

The other thing, just to wind up, is a summary of the learnings that we got from the sessions that we did with children and young people in 2023-24, which again, we can table. It is a document done to summarise the activity over that 12 months. We'll do that each 12 months. We're making sure we're following through on the learnings that we get from our young people as part of the framework.

**CHAIR** - Just on that, Dale, with this booklet, were these children who were engaged in that, children who had been in hospital, or were they just random children that you asked to participate?

**Mrs PETRUSMA** - When you read through it you'll see the children in hospital who are saying things like what ice cream flavours they'd like to see -

...

**Mrs PETRUSMA** - ... what they like about in hospital, what's the good, what's the bad. You know, that was boring, needles are not good, nose tubes suck. It's what they suggest for the adolescent ward. It's actually an interesting read when you have a look through it.

**CHAIR** - These were children who had been in hospital?

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<sup>17</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 23-26.

**Mr WEBSTER** - Children and young people with experience of our health services, not just hospital, but other services. The idea of this booklet is to encourage very young children to give us feedback not just in words, but drawing their own pictures of their experience and things like that as well.

**Ms LOVELL** - Is this given to all children who come into those wards now?

**Mr WEBSTER** - Yes.

**Mrs PETRUSMA** - The youngest who participated in it was Felix, who was four, and ranged up to Alex who was 17. But yes, a wide range of children and young people actually helped develop the resource.

**CHAIR** - Have their views about what's good and what they'd like been taken on board?

**Mr WEBSTER** - Yes. Things like they didn't want to call it a paediatric ward, it doesn't mean much for children to call something a paediatric ward. Changing the name of the wards was part of that. At the LGH, we have looked at the adolescent area and how we can reconfigure that, the request to have their own access to some food during the day and things like that. We take it on board and try to adjust what we are doing.

**Mrs PETRUSMA** - Chair, so that we can continue to hear from children and young people about how we can improve our services, we do have these up around wards. They are also given these handouts so that they can draw and write in their own words or in a picture how further we can improve services as well.<sup>18</sup>

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<sup>18</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 9-10.

## Recommendation 15.8

1. The Department of Health should ensure consistent information is provided to patients, including suitable age-appropriate resources for children and young people and their families and carers, across its health services. These resources should include information on:
  - a) requirements and expectations of a child safe organisation
  - b) patient rights when receiving health care, including the rights of children and young people
  - c) expected standards of behaviour for health service staff
  - d) processes for raising concerns and making complaints internally and externally
  - e) roles of health regulatory bodies in receiving complaints.
2. This information should be provided in formats that meet community needs, especially for those with less capacity to comprehend complex written text.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*Resources have been developed for statewide use relating to child safeguarding and complaints management. These resources support patients and their families to report concerns or make complaints when they need to, as well as providing age suitable resources for children and young people to provide feedback.*

*To support delivery of this recommendation a leaflet has also been created to provide patients and their families with relevant information regarding their rights in our services, how to report a concern or complaint (both internally and externally) and where they can seek further information or assistance.<sup>19</sup>*

### Committee's Assessment

The Committee recognises a range of consultation and feedback materials have been created and deployed in hospital settings to implement this recommendation. Ongoing review will be required to make sure the suite of materials remain relevant, accessible and meet the needs of children and young people in the health system.

### Government Evidence

*Mrs PETRUSMA - Just to table the Patient and Child Safety leaflet, that's one we haven't tabled. This captures information relating to the rights of patients and their family or carers in our health services, as well as information on how to raise a complaint or concern both internally and externally. The leaflet provides patients with high level information, but also links them to a web page, where they can find more detailed information and contact information. This is being provided to all patients or a carer or family member who admitted to one of our services. The department collects feedback on the leaflet from staff, consumers and consumer groups and is making several improvements, particularly in regard to accessibility of the information.*

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<sup>19</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 35-36.

...

**Mr WEBSTER** - *We have, in each of our hospital areas, community and consumer engagement committees, that are chaired independently by members of the community, that look at these materials. The one we have just tabled is the adult version of the child Your Say, if you like. It matches.*

...

**Mrs PETRUSMA** - *The 'My Say, Our Voices' book is throughout the Tasmanian Health Services but the 'How Did We Go?' poster is displayed across hospitals and health services, including in outpatient waiting areas and inpatient family tea rooms. The reporting child safety concerns, posters and handouts are in outpatient waiting areas, inpatient family tea rooms and staff areas. 'It's Always Okay to Speak Up' posters are displayed next to all child and adolescent inpatient beds with a QR code to information on the Department of Health website about child safety and wellbeing. The statewide complaints management framework, reporting concerns of inappropriate behaviour poster is displayed in inpatient family tea rooms, also with a QR code. The 'Me and My Health Journey' booklet which provides an alternative way for children to provide feedback including through drawing, also includes a QR code to link to the 'How Did We Go' form.<sup>20</sup>*

### Recommendation 15.9

The Department of Health should require its health services to undertake regular and ongoing monitoring of children and young people's sense of safety in health services to inform continuous improvements to child safety, including in the safety of the physical environment.

Phase 3 - 2029

Government Reported Status: In progress (DOH)

Implementation report extract: N/A

### Committee's Assessment

The Committee acknowledges this recommendation is in progress, and when Standard Two of the National Standards is amended, there will be national oversight. While independent oversight will be important, the Committee notes there needs to be ongoing regular consultation with children and young people, and parents/caregivers to ensure compliance with this recommendation.

### Government Evidence

**Mrs PETRUSMA** - *This is in progress. It's the children and young people's sense of safety. The Department of Health is enhancing a mechanism to gather feedback from young Tasmanians about their experiences. Again, it incorporates a lot of what we've tabled today, but also to further strengthen the ways the community, including young Tasmanians, can raise safety concerns. There is also a new online form for members of the public to raise any*

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<sup>20</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 27-28.

concerns, including child safety concerns, about health workers. As we said before, we're promoting the statewide complaints management. We've already talked about the SRLS.

I think we've talked about most of the initiatives. We talked about the workshops and safety and feedback tools and surveys. We've outlined most of that. That is still in progress, but a lot of what we're doing is incorporated in that point. Secretary, is there anything else?

**Mr WEBSTER** - Probably we would get towards the end of this one and mark it as complete once the Standard Two of the National Standard is amended, as we've suggested to the national body, because then we've got independent oversight.

**CHAIR** - On this, there's the 'How Did We Go' forms and things like that that fit into part of this, the feedback mechanism, ... a four-year-old or a five-year-old is not going to be able to read this. They can see the pictures. ... Are the parents encouraged to engage with that and also to help their child to engage? It's often the children who are most vulnerable who are the ones who can't speak up for themselves.

**Mr WEBSTER** - Yes. That's exactly it, and also the ad hoc sessions that, are you know, actually sitting down and just having a drawing session about any of - the giraffe pictures are sort of an example of that. It's really important that you engage in a way that not just the parents interpret what the child wants, that the child gives us direct feedback. On an ongoing basis, we encourage the parents to help the children do the drawing et cetera. Then those ad hoc sessions we're running every now and then give us that more direct route of feedback.<sup>21</sup>

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<sup>21</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, p. 28.

## Recommendation 15.10

The Department of Health should work with relevant stakeholders to consider the needs and backgrounds of children and young people using health services, including Aboriginal children, children from culturally diverse backgrounds, children with disability, children with mental illness and children who identify as LGBTQIA+. The Department should consult with Aboriginal communities on how it can provide culturally safe spaces for Aboriginal children across its health services.

Phase 2 - 2026

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*Complete, but represents an ongoing priority for DOH through the Children and Young Persons Advisory Group and broader engagement work of the Child Safety and Wellbeing Service. The recommendation is currently recorded as a Tasmanian Aboriginal People priority area recommendation in Collaborating for Change.<sup>22</sup>*

### Committee's Assessment

The Committee notes this recommendation is reported by Government as completed, however a sustained and genuine commitment to engagement with relevant stakeholders must be an ongoing priority for the Department of Health.

### Government Evidence

**Mrs PETRUSMA** - .... *On this one we actually are complete, but this is an ongoing one as well. .... It's under the new Child Safety and Wellbeing Framework, that we will continue to take initiatives to strengthen our engagement with young Tasmanians and hear their ideas on how to improve its services to children and young people.*

*As I outlined before when I talked about the children and young people advisory group, that we do have a mixture of age, gender and representation from a wide range of backgrounds in regards to this to make sure that we do represent children and young people who are Aboriginal children, children from culturally diverse backgrounds, children with disability, children with mental illness and children who identify as LGBTIQIA+, et cetera.*

**CHAIR** - ... *With the consultation with the Aboriginal community, obviously, say, a person from the north-west, a member of CHAC perhaps, may or may not access services in that region, they may need to come to Hobart for services, or other parts of the state. How do you ensure that their cultural needs are also recognised within another health setting? It may have been more intense consultation with the local community in the local hospital area, but perhaps when they have to travel outside that region?*

**Mrs PETRUSMA** - *Our future focus will include building further on our engagement with Aboriginal children, young people and relevant service providers throughout the state,*

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<sup>22</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 78.

*whether through standalone consultations to ensure that children, young people feel safe and supported in an environment that they are familiar with. So this is an ongoing body of work too to ensure - but there is an Aboriginal health reference group too in the department.*

**Mr WEBSTER** - *I think that is one of the issues, that you want to have your local services culturally relevant and culturally respectful to the local area, and then services delivered statewide. It is about us actually making sure that we're culturally respectful in all parts of the network in a broad sense. To help us build on that we're about to appoint a chief Aboriginal health advisor, because we need to work better with community to make sure that we are respectful.*

*As the minister said, we meet with all the local providers at both locally and at a statewide level. This is an area where it's us still building to make sure that we're not just doing it at that local level, that we're acknowledging, if you like, cross-regional respectfulness, as such. I would say that again through reference groups we get that feedback, but also we believe it's really important that we actually have a voice within the department, which is why we're going down the avenue of a chief Aboriginal health advisor.*

**Ms O'CONNOR** - *Many LGBTIQ+ young people have difficulties at home. They might not be comfortable disclosing to their parents their sexuality, and they might be more comfortable indeed talking to health professionals, counsellors and the like. What policies does the department have in place to make sure appropriate and inclusive care is provided for LGBTIQ+ young people, and that their confidentiality and privacy is respected?*

**Mrs PETRUSMA** - *The department has been engaging with one of our key stakeholders, Working It Out, to discuss health access issues for young LGBTQ+ Tasmanians, to make sure that all our initiatives are being progressed through consultation with community and youth sector experts, especially in this area. I'll ask the secretary to add further.*

**Mr WEBSTER** - *We're very pleased to launch, last week, our LGBTQ+ action plan that we've developed with our community and with our reference group over the last three years, to get to that point. That's us going forward, we recognise we've got room in the space.*

*Importantly, in the space that you're talking about, from last year - and this is an ongoing program - we are funding Working It Out to have lived-experience Health Navigators...*

**Ms O'CONNOR** - *In the hospitals?*

**Mr WEBSTER** - *No, someone from within Working It Out who can actually help them navigate, help their peers, LGBTIQ+ young people, navigate their way through a health system and support them in that. That's a supplement to the other services that Working It Out has now been providing for about a decade around counselling, et cetera.*

*We recognise that it's really difficult when you might not have the support of adults to go through the process to navigate the health system. Having those health navigators, but more importantly, lived-experience health navigators to help the young people through our system is one of our biggest initiatives in recent times. Also making sure, in terms of our reference group, in response to feedback from the members of that reference group, we've just doubled the size of the reference group to pick up more community representatives, more lived experience representatives so that -*

**Ms O'CONNOR** - *More diversity?*

**Mr WEBSTER** - *And more diversity, exactly. Given it's LGBTIQ+, we needed to actually have a greater number at the table. We've doubled the size of our community members on our reference group to better get that feedback.*

**Ms O'CONNOR** - *... in practice, if a young person discloses something they can't talk to their parents about, that is their sexuality or gender identity, to a healthcare worker within the system, what policies are in place to make sure the privacy of that young person is respected? It's a difficult space, obviously, but there is a privacy issue here.*

**Mr WEBSTER** - *The starting principle is that that is confidential information to the patient. There isn't that automatic share right to parents of mature adolescents. The mature adolescent is the patient in that sense and it's their information. That's our starting principle. There are some provisions around safety of the patient and things that might see us sharing, but that's the first principle that is reinforced through our privacy policies. Our medical information is the medical information that belongs to the person, and a mature adolescent is seen as adult within that policy. That's a really important principle.*

*I think that the other thing I didn't mention there is that, over the last few years, we've developed what we call our LGBTIQ+ Champions Network, which now has 60 of our clinicians who wear identification within the network to provide advice to fellow clinicians as well as to the public about issues to do with community. That's an important network of our staff that are identified across the network to support, as well and make sure that -*

**CHAIR** - *Members of the community themselves.*

**Mr WEBSTER** - *They may be members of the community, they might just be supportive of community, but they've identified as wanting to be part of a network to get training and understanding that can help the rest of the clinicians also understand what's going on, et cetera.*

**Ms O'CONNOR** - *They're allies.*

**Mr WEBSTER** - *Allies, exactly. We, in fact, invite our Champions to listen in on the reference group meetings as well. The reference group is co-chaired by the Secretary and a member of community.<sup>23</sup>*

## **Stakeholder Evidence**

According to the Laurel House submission:

*As per other feedback, we believe that Laurel House should be included in consultations to ensure that the needs of children and young people who are victim-survivors are considered in relation to how services are delivered. We also note that Laurel House has particular programs that would provide insights into the intersectional experiences child and youth victim-survivors from culturally diverse backgrounds and those who are disabled or neurodivergent.<sup>24</sup>*

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<sup>23</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 28-31.

<sup>24</sup> Laurel House, 2025, *Submission #15*, pp. 46-47.

## Policies, Procedures and protocols on child safety

### Recommendation 15.11

1. The Department of Health should review and consolidate its policies, procedures and protocols. This review should prioritise identifying gaps in relation to safeguarding children and should inform the development and implementation of consistent statewide policies, procedures and protocols on child safety.
2. The Department's safeguarding policies should include implementing the National Principles for Child Safe Organisations and other recommended policy changes (namely, policies on reporting obligations, professional conduct and providing a chaperone (Recommendations 15.12, 15.13 and 15.14)).
3. The Department should undertake regular scheduled reviews of its policies, procedures and protocols for child safety to ensure they continue to reflect best practice and organisational changes.
4. The Department should publish its policies, procedures and protocols for child safety on its website to promote transparency and ensure accessibility to staff, patients and their families.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*A Child Safeguarding Policy Review project has been established, with stage one to deliver on recommendation 15.11 of the Commission Report.*

*Stage one has ensured the review and update of key child safeguarding policy documents, identified other child related policies, and established a process for ensuring those policies are reviewed in line with the Tasmanian Child and Youth Safe Standards.*

*The Project has also ensured that policy governance templates now include a statement requiring all policies relating to children and young people to be consistent with the Department's Child Safety and Wellbeing Policy.<sup>25</sup>*

### Committee's Assessment

The Committee notes the Government has reported this recommendation as completed. However, Department of Health policy documents are currently not all publicly available, and the Department is transferring its extensive suite of policy documents from the Strategic Document Management System to a new system that it says will improve public accessibility.

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<sup>25</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 36-37.

The effective implementation of this recommendation will require ongoing, accountable monitoring and review.

## **Government Evidence**

**Mrs PETRUSMA** - ... This recommendation, Review of Policies, Procedures and Protocols is complete, but it's also ongoing. It was a multi-stage Child Safety Policy Review Project established in January 2024. Stage 1 has met short-term deliverables against these recommendations by ensuring review of key child safeguarding policy documents, identifying other child safety-related policies, and establishing a process for ensuring those policies are reviewed in line with the Tasmanian Child and Youth Safe Standards.

Further stages of the project will continue to build on the findings and work of Stage 1. The project has also ensured that policy governance templates and Department of Health now include a statement requiring all policies relating to children and young people to be consistent with the department's Child Safety and Wellbeing Policy. The policy governor's framework makes a clear commitment to the review of government's documentation as part of the policy life cycle. The policy and practice guidelines have been or will be updated in line with changes and frameworks, et cetera.

**Ms O'CONNOR** - ... point 4 recommends the department publish its policies, procedures and protocols for child safety on its website. Cecily [Rosol]- and this is from a few weeks ago - found the Department of Health, Child Safety and Well-Being Policy, The Child Safety and Wellbeing Framework and How to Report a Safeguarding Concern, but beyond that, at that time she couldn't see other policies, procedures or protocols.

How many policies, procedures and protocols does the Department of Health have for child safety? For example, would the support person policy be relevant here? When will it and other relevant child safety policies, procedures and protocols be published on the department website to promote transparency?

**Mr WEBSTER** - The support person policy would be relevant, and I'll come back to that. We have 3500 policy documents on a system called the SDMS. ...

...

**Mr WEBSTER** - Strategic Document Management System. SDMS has 3500 documents on it, and is, in my view, almost as impenetrable as our website to find things on. We have, in fact, a project underway to replace SDMS, which will then allow us to put our documents up in the public way. As you imagine, if we put 3500 documents on our website -

**CHAIR** - It'd probably crash it.

**Mr WEBSTER** - Yes, exactly, so we've got a lot of work to do here. In the support person space that you mentioned, is that this was a policy that was particularly targeted by the Governance Advisory Panel in one of their recommendations. The old policy in this space was called a chaperone policy and was a very old policy. In fact, it had its objective of protecting the clinicians.

...

**Mr WEBSTER** - It's been replaced with a support person policy. This has actually now been updated a couple of times, but the idea is around when someone is in a vulnerable position, not just children, within the health services, that they have a right to have support persons with them so that they feel safe -

**CHAIR** - Of their choosing?

**Mr WEBSTER** - Of their choosing, so they feel safe in our environment. That was a significant and major change to our policy framework. As I said, the recommendation of the Governance Advisory Panel and Professor Picone and Ms Crawshaw made sure that we did it before they finished their work. We've revisited since then to update it further.<sup>26</sup>

### **Recommendation 15.12**

1. The Department of Health should ensure there are up-to-date policies on mandatory and voluntary reporting obligations, including for concerns about staff conduct, and that these are effectively communicated to staff. These policies must not require that reporting be formally authorised.
2. The Department's review of the *Tasmanian Health Service Protocol – Complaint or Concern about Health Professional Conduct* and associated documents should include:
  - a) a description of external reporting requirements in relation to child safety, including voluntary reporting pathways, and reporting to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the Child and Youth Safe Organisations Act 2023 and the Australian Health Practitioner Regulation Agency
  - b) guidance on when it is appropriate to acquit mandatory reporting obligations by reporting concerns to a superior (for example, to avoid multiple notifications). This should make clear that a person is always entitled to make a notification to an external agency if they wish to do so
  - c) a list of internal contacts for staff who have questions about child safety concerns and their reporting obligations.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH policies and protocols relating to mandatory and voluntary reporting have been reviewed and updated, including the Complaint or Concern about Health Professional Conduct Protocol.*

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<sup>26</sup> Hon Jacqui Petrusma MP, Ian Thomas and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 31-32.

*These mandatory and voluntary reporting obligations are also captured in the Department's mandatory child safeguarding training, that all DOH staff, volunteers and contractors are required to complete.<sup>27</sup>*

## **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed. Further noted is the memorandum of understanding signed in September 2023 between the Department of Health and AHPRA to support sharing of information relating to sexual misconduct by health practitioners. This MOU is reviewed on an annual basis.

External stakeholders questioned the extent to which implementation of this recommendation was flowing through into practice, given a very small percentage of notifications to the OIR in 2023-24 came from health services. The Committee urges the Government to assess this concern to ensure mandatory and voluntary reporting obligations are being met.

## **Government Evidence**

***Mrs PETRUSMA** - The Department of Health has developed, of course, what we've talked about here, the Child Safety and Wellbeing Framework and Policy, but also Statewide Complaints Management Framework and a Professional Conduct Policy, which outlines the responsibilities as mandatory reporters under several acts, including the Children, Young Persons and Their Families Act 1997, the Health Practitioner Regulation, National Law (Tasmania) Act, the Registration To Work With Vulnerable People Act, the Child and Youth Safe Organisations Act and to Tasmania Police, of course, if there's a reasonable belief that our employees are engaged in criminal conduct.*

*To reiterate, the staff are not required to seek authorisation before making a mandatory notification, but largely we have covered most of the elements of this recommendation already.*

***Ms WEBB** - ... I think there's an MOU that you have with AHPRA. Does that sit in this space in this recommendation? Can you give an update on how that is functioning?*

***Mrs PETRUSMA** - A memorandum of understanding was signed in September 2023 between the Department of Health and AHPRA to support sharing of information relating to sexual misconduct by health practitioners. Under the MOU, AHPRA and the department will share information regarding alleged boundary violations by department employees as soon as possible, and is allowed by law, enabling early action to protect Tasmanians. This action will strengthen the information-sharing arrangements and increase community trust in keeping children safe in our health system. Also, the department has collaborated with AHPRA to provide information sessions to staff across all regions on mandatory reporting in April 2024.*

***Ms WEBB** - Because it was an issue, that staff apparently didn't know that they could report to AHPRA, I think that was something identified in the commission.*

***Mrs PETRUSMA** - That's why they've done the information sessions, to remind staff that they can now do that.*

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<sup>27</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 37.

**Ms WEBB** - What level of confidence do you have now that all staff do understand that they are able to do that and will do it readily when necessary?

**Mr WEBSTER** - I think the second part of it is that as part of your reregistration each year, you now acknowledge that you have obligations as well. AHPRA changed its process end, and came through the COI. The important thing is that the department wasn't always aware when AHPRA had investigations on foot and what they were about. The MOU establishes the sharing of information between AHPRA and the department so that we have greater awareness, we don't have 100 per cent awareness because of legislative differences, but greater awareness. If someone reports to AHPRA and they commence an investigation, we will normally, in most circumstances, find out about that directly from AHPRA as soon as it's started rather than as happens in the past when it becomes a public issue later on.

...

**Ms WEBB** - The MOU stands, and is it revisited at any point or reviewed at any stage? What's the plan going forward then based on that MOU that was established last year?

**Mr WEBSTER** - It was signed in September last year and has a 12-month review cycle. It stands subject to, and we just revisited every 12 months.

**Ms WEBB** - Is there any suggestion that there's legislative reform that's required to address any of the information-sharing matters?

**Mr WEBSTER** - There are some Commonwealth privacy principles as well as state privacy principles, but mostly they've been overcome through the MOU.<sup>28</sup>

## Stakeholder Evidence

According to the Laurel House submission:

*Laurel House appreciates the work done to deliver this recommendation. We do have some uncertainty about the extent of which this is being implemented, however, given that in 2023-24 only 2% of the notification received by the OIR came from health services. This number, based on our experience working within health systems and seeing the pivotal role that health practitioners play in being potential reporters, seems to be lower than we would anticipate should all DoH be aware and actioning on their reporting requirements.*

*We would be curious to understand what assurances the DoH can provide that it is meeting its mandatory reporting requirements and requirements to report reportable conduct to the OIR.*

*We suggest that the Committee consider engaging with the regulator to discuss prior experiences with government agencies, focusing on both qualitative and quantitative data to assess their confidence in whether the government is meeting its obligations in this area.<sup>29</sup>*

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<sup>28</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 32-34.

<sup>29</sup> Laurel House, 2025, *Submission #15*, pp. 8-9.

### **Recommendation 15.13**

1. The Department of Health, in developing a professional conduct policy (Recommendation 20.2), should ensure:
  - a) there is a separate professional conduct policy for staff who have contact with children and young people in health services
  - b) the professional conduct policy for health services, in addition to the matters set out in Recommendation 20.2
    - i. specifies expectations outlined in other relevant Department of Health policies and procedures
    - ii. refers to other professional obligations of registered health practitioners, including those developed by the Australian Health Practitioner Regulation Agency and the National Boards
    - iii. reflects the specific risks that arise in health services, particularly the sometimes intimate and invasive nature of health services, and the significant trust and power afforded by patients and the broader community to those providing health services
  - c) the professional conduct policy for health services spells out expected standards of behaviour for volunteers, contractors and sub-contractors
  - d) the Department uses appropriate mechanisms to ensure compliance by volunteers, contractors and sub-contractors with the professional conduct policy for health services.
2. The professional conduct policy for health services should be reinforced through professional development requirements (Recommendation 15.15).

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH has developed a Professional Conduct Policy (PCP) aligned with the recommendations of the Commission of Inquiry. Key components of the PCP are backed up through the Department's mandatory child safeguarding training, that all Departmental staff, volunteers and contractors are required to complete.*

*The PCP will continue to be refined through the implementation Process and in alignment with whole of Government work in this space.<sup>30</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed. However, it is unclear how the Professional Conduct Policy will be reinforced through professional development as required under this recommendation.

Further noted is the relevant Recommendation 20.2 in Phase 2 which requires legislative reform to ensure that a breach of a departmental professional conduct policy may be taken to be a breach of the State Service Code of Conduct, without needing to assess whether a separate provision of the Code has been breached.

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<sup>30</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 38.

## Government Evidence

**Mrs PETRUSMA** - The Department of Health has developed a professional conduct policy which is underpinned by the One Health values, and other work being undertaken with the One Health Culture Program. The policy ensures that department workers, whether employees, contractors, subcontractors, volunteers and students understand the behaviours that are considered unacceptable, including concerning conduct, misconduct or criminal conduct, and their reporting obligations.

Extensive consultation occurred in development of the Professional Conduct Policy, including with the internal subject matter experts throughout 2024, and the policy has been shared across other agencies who are developing their own similar policies, including Department of Justice and DECYP, as well as, with SSMO, who have responsibility for whole-of-government conduct recommendations. Formal consultation with unions and staff commenced on 7 June 2024, and concluded on 21 June 2024. It was endorsed by the health executive in June 2024 and is supported by a lot of the other resources that we have discussed today. I can table a copy of the professional conduct policy for the committee.

**Ms O'CONNOR** - ... in terms of setting out those expectations of behaviours, reporting, accountability - in practical terms, how is this being applied and measured?

**Mrs PETRUSMA** - To support implementation, the current HR essentials training has been updated to appropriately capture any changes relevant from the revised workplace behaviour and grievance policies. Recommendation 20.2 does state that the Tasmanian government should introduce legislation or other binding mechanism to ensure that a breach of a departmental professional conduct policy may be taken to be a breach of the State Service Code of Conduct, without needing to assess whether a separate provision of the code has been breached. Such a breach does not have to be accompanied by a lawful and reasonable direction for there to be a breach of the Code of Conduct. Further legislative reform to the State Service Act will form part of delivery for the phase 2 recommendations, and have been addressed in the Professional Conduct policy that I have just tabled.

...

**Ms O'CONNOR** - Those breaches, the change to the way that is dealt with, will be an amendment to the State Service Act? When are we likely to see that?

**Mrs PETRUSMA** - That would come under the Premier.

**Mr WEBSTER** - To explain it, at the moment under this policy, we would have to call out someone's behaviour in one sense to give them a lawful and reasonable direction to comply, as a step. Or, we would have to say that behaviour is a breach of this provision of the State Service Code of Conduct. It becomes a process, and then we'll have to do a separate investigation to show that, et cetera.

The recommendation the minister read out from the commission of inquiry is that instead of having to prove the individual element, it applies to this part of the Code of Conduct, or they breached the lawful and reasonable direction from the secretary. Prima facie, it is accepted that they know there is the policy and they have professional conduct requirements. If they then breach those, then you have a prima facie breach of the State Service Act. You then go through the State Service Act process. It's really shifting it, so you don't have to do preliminary steps to apply the policy.

**Ms O'CONNOR** - Okay. Has that been consulted with CPSU and unions and the like? I imagine they would want to be part of any discussion about how this is rolled out.

**Mrs PETRUSMA** - Our professional conduct policy, that formal consultation with unions and staff commenced on 7 June and concluded on 21 June 2024. That changed that recommendation 20.2, which does come under the Premier. That is part of a phase 2 recommendation. So that'll be part of -

**Ms O'CONNOR** - 2026?

**Mrs PETRUSMA** - Yes, 1 July 2026. That will be coming under the Premier. I have no doubt that unions will be consulted as part of that.

**Ms O'CONNOR** - Will there be changes to the ED5 process? In Estimates, we were given some sort of flowchart of how that would change. That's all still in train too?

**Mr WEBSTER** - There have been some changes to ED5, but you would expect that if that amendment to the State Service Act passes Parliament, there would have to be further amendment because ED5 would have to align with the act.<sup>31</sup>

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<sup>31</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 34-36.

### **Recommendation 15.14**

The Department of Health's chaperone (or Accompanying Person/Observer) policy should be updated to require the presence of an extra staff member during examinations or episodes of care where no family member or carer can be present.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*The Chaperone Policy (now known as the Support Person Policy) has been updated in line with the Commission's recommendation.*

*The Policy continues to be refined and improved through the implementation process.<sup>32</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed.

The Committee further notes concerns raised by external stakeholders about the practical implications of this change, particularly for forensic medical examinations (FMEs), where the requirement for an AHPRA-registered person to also attend these procedures has created challenges. The Committee supports calls for further consultation to address these concerns.

### **Government Evidence**

*Mrs PETRUSMA - Chair, just to assist with this one. I'm very happy to table the support person policy for the committee. That has replaced the former chaperone policy in December 2023.*

*Since the original policy was released, it has been continued to be refined and improved. This revised version of the policy was endorsed by the THS executive in August 2024. The policy's purpose is to guide healthcare workers providing examinations, procedures, and intimate personal care, especially to vulnerable patients. The policy intends to safeguard vulnerable patients while minimising additional work or impact on patient flow through the health system.*

*The support person policy does require a support person to be offered for the provision of intimate personal care for all patients. It requires a support person to be present for all intimate examinations and procedures, for all examination procedures, and intimate personal care provided to vulnerable patients at any time a patient requests they be present.*

*CHAIR - How does a patient know that's their right? Particularly if they're a young person.*

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<sup>32</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 38-39.

**Mr WEBSTER** - That's, again, through posters, through encouraging staff to make sure you are offering these rights at all times. Again, this standard applies in this space as well. Again, getting independent assessment. Are we applying our support person policy correctly?<sup>33</sup>

## Stakeholder Evidence

According to the Laurel House submission:

*While we acknowledge the importance of updating the Chaperone Policy to ensure the presence of an additional staff member during examinations or episodes of care where no family member or carer is present, we are concerned about the practical implications of this change, particularly for forensic medical examinations (FMEs).*

*The requirement for an AHPRA-registered person to also attend these procedures has created challenges, as not all Laurel House staff are AHPRA-registered (as many are social workers and degree qualified counsellors that do not require AHPRA registration). This can result in a significant number of people being present in the room during what are often highly sensitive and distressing situations for young people.*

*Additionally, we note a lack of consultation with Laurel House and forensic examiners regarding the development of this policy. Engaging with stakeholders who work directly in these contexts is crucial to ensuring that policy changes are both practical and sensitive to the needs of victim-survivors.*

*We recommend further consultation to address these concerns and explore adjustments to the policy that balance safeguarding requirements with the need to create a trauma-informed and supportive environment for young people undergoing FMEs.<sup>34</sup>*

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<sup>33</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, p. 36.

<sup>34</sup> Laurel House, 2025, *Submission #15*, pp. 9-10.

## Professional development for health service staff

### Recommendation 15.15

1. The Department of Health should identify minimum requirements for professional development on child safety for different levels of staff, including staff, volunteers and contractors, as well as leadership. Professional development should cover, at a minimum:
  - a) understanding child sexual abuse (including grooming and boundary breaches)
  - b) the requirements and expectations of a child safe organisation
  - c) mandatory and voluntary reporting obligations, including the role and function of Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the Child and Youth Safe Organisations Act 2023 and the Australian Health Practitioner Regulation Agency
  - d) relevant child safeguarding policies and procedures.
2. The Department should have appropriate processes in place to ensure leaders have the knowledge, skills, aptitude and core capability requirements to effectively manage people and to lead a child safe organisation.
3. The Department should develop outcomes-based measures of the effectiveness of child safety professional development initiatives for all categories of staff, volunteers, and contractors, including management, leadership, human resources, and professional and non-professional staff.
4. These outcomes-based measures should be reviewed annually and the results used to inform further professional development initiatives and leadership selection.

Phase 2 - 2026

Government Reported Status: In progress and on track for delivery in Phase 2 (DOH)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Professional Development and Training priority area recommendation in Collaborating for Change.<sup>35</sup>*

### Committee's Assessment

The Committee notes this is a Phase 2 recommendation and the Government reports implementation as in progress.

The Committee further notes that whilst the training specified in this Recommendation has been offered as an annual mandatory course, its effectiveness and ongoing compliance monitoring needs to be demonstrated by the Department.

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<sup>35</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 79.

## Government Evidence

**Mrs PETRUSMA** - This one is in progress. There is a minimum mandated child safeguarding training requirement for all Department of Health staff that we've outlined. It's implemented for all Department of Health staff, volunteers, students, and contractors to increase awareness of child safeguarding, including when and how to raise safety concerns for children and young people. In 2023, child safeguarding training compliance reached 98 per cent for Department of Health staff. February 2024 saw the rollout of an updated annual training course. Ongoing compliance monitoring is occurring.

As of February 2024, all Department of Health staff, volunteers, students, and contractors are required to complete an annual 30 to 45 minute mandatory course called the Fundamentals of Safeguarding Children and Young People Training. All new staff are required to complete the training at commencement, with volunteers, students, and contractors without a network account training via health learning online.

The Heart Health Executive Analytics Reporting Tool Dashboard enables tracking of staff completion of the mandatory trial safeguarding training. This dashboard can be viewed by health leaders and has reporting capacity to ensure compliance with mandatory training requirements across services.

**CHAIR** - How will that be reported then? ...

**Mr WEBSTER** - This will become part of our HR dashboard suite. The HR dashboard that we're developing so that we can actually report all this sort of data, so it's publicly aware of where we're at with these sorts of things. At the moment, there is internal sort of data that's provided within - obviously, have to declare it as part of any accreditation process, but we want to actually have it on our website as part of our dashboards.

**CHAIR** - When we talk about contractors, is this any contractor? A contractor who may be a plumber coming in to fix a plumbing problem. Do they have to as well?

**Mr WEBSTER** - Where they're part of a regular contract of maintenance and those sorts of things, then, yes. It might be a one-off contractor, but then they'll have to be supervised on site if they're not having gone through this process.

**CHAIR** - They have to have someone watching them all the time, effectively?

**Mr WEBSTER** - If they're not part of our regular crew, then yes, they'll have to be supervised as part of it.<sup>36</sup>

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<sup>36</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 36-37.

## Improving responses to child sexual abuse

### Recommendation 15.16

1. The Department of Health should have a specific policy on responding to complaints and concerns about staff conduct. The policy should establish a complaints escalation, management and investigation process that is informed by the following principles:

- a) Complaints processes should be well-understood, trusted and accessible to staff, patients and others.
- b) Complaints processes should have clear escalation processes, internal and external reporting requirements within specific timeframes, and address immediate risks to children's safety.
- c) There should be appropriate scrutiny and oversight of how complaints about child safety are escalated to senior staff, managed and recorded.
- d) Complaints about child safety should be recorded comprehensively and stored securely in incident management (such as the Safety Reporting and Learning System) and human resources systems.
- e) Complaints about unprofessional conduct and boundary breaches with child patients should be recognised as indicating a patient safety issue and treated as serious.
- f) Complaints data should support decision making and inform system improvements.
- g) There should be appropriate communication and supports provided to those making complaints or affected by the alleged conduct, including through open disclosure processes (Recommendation 15.18).

2. The policy should include a diagram showing the complaints escalation, management and investigation pathways for child safety concerns and associated governance and review arrangements. It should also outline the roles and responsibilities of the various bodies involved in responding to child safety concerns.

3. This policy and diagram should be available to health service users and the public.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*The DOH Statewide Complaints Management Framework and Policy have been developed and are publicly available on the DOH website.*

*The Framework and Policy are complemented by the establishment of a Statewide Complaints Management Oversight Unit (SCMOU).*

*The SCMOU is responsible for maintaining the Framework and providing oversight for serious or complex complaints. This includes acting as a centralised escalation point for allegations of serious performance issues or misconduct by staff.<sup>37</sup>*

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<sup>37</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 39.

## Committee's Assessment

The Committee notes the Government reports this Recommendation as completed.

The Committee urges the Government to ensure the complaints process is accessible and clear to health service users and the public, including timeframes for response and resolution.

## Government Evidence

***Mrs PETRUSMA** - ... 15.16 is complete, responding to complaints and concerns, but of course it will be ongoing as well. The department is committed to an integrated and consistent approach. To achieve this, fostering a positive, open and transparent complaints management culture is key.*

*The Statewide Complaints Management Framework and policy is being developed to assist staff to manage complaints in the Department of Health. The framework was released in August 2023 and aims to improve the awareness of all staff regarding the department's trauma-informed approach to managing complaints and concern. It is founded on a 'no wrong door' approach for making a complaint or registering a concern. To support the complaints framework, a simple online form has been created and is easily accessible for staff and members of the public to make a complaint about concerns of inappropriate staff behaviour.*

*The model is guided by the following principles: it is to be trauma informed, promoting and protecting safety, respectful and confidential treatment, accessible information and processes, clear and regular communication, taking ownership, timeliness, transparency, fairness and natural justice. A Statewide Complaints Management Oversight Unit has been created to support the consistent triage and oversight of complaints management in the Department of Health. I'm happy to table the Statewide Complaints Management Framework.*

***CHAIR** - As a user, if I was to make a complaint, and I was not seeking to be anonymous, what confidence do I have that my complaint's being seen, responded to in terms of the confidence in the system?*

***Mr WEBSTER** - The first step is the acknowledgement of that by our Statewide Complaints Management Oversight Unit, and then they provide a feedback loop. There are unfortunately some constraints in feedback, but we try to - I'll just go to that, for instance, ED5 processes, you can't actually give chapter and verse feedback, but we'll give feedback on progress of that process. Part of the unit's role is to keep that feedback loop going with the complainant in that sense.*

***CHAIR** - If a person who made a complaint about an individual that proved to have some substance to it, they would be informed that it was being progressed? Would you at least know that?*

***Mr WEBSTER** - Yes. They'd be informed of that; we've got process steps. So they might not be informed that we've commenced an ED5 on a particular individual, but we've commenced an investigation. That might be how we frame that.*

***CHAIR** - If it's dismissed as not requiring further assessment, the person who made the complaint would be notified of that as well?*

**Mr WEBSTER** - *That's right, yes. Just for completeness, but it also may be moved in if it's something that would require a root cause analysis or open disclosure or even in some circumstances an apology from the senior member of the agency. All those things wouldn't be done by the complaints management unit, they would be done by the appropriate part of the agency. The feedback loop might actually move from the unit to whoever is in charge of that part of the process.*

**Ms O'CONNOR** - *... The Statewide Complaints Management Framework on the Department of Health website says that people will receive an acknowledgement of their complaint within five working days, but there's no timeframes listed for a final response. These are available on pages 5 and 6 of the policy document and page 18 of the framework. Where is it shown that a person should be updated about their complaint every 35 working days. Is that in the document? I haven't had a chance to look at the one you've tabled. The point of the question here is about accessibility so that people understand what to expect from the department, so they're not left sort of hanging with uncertainty?*

....

**Mr WEBSTER** - *It's in the matrix, which is in the policy. That actually spells out the 35 days there. We need to check what's on the website to make sure that that's the document that's on the website. The policies are from SDMS, which I explained before, whereas the framework is something we've put up publicly. It may be that we've missed out in the public document the 35 days that's in the actual internal document.*

**Ms O'CONNOR** - *... Perhaps we could have a commitment today that that information will be put into the framework that's publicly available?*

**Mr WEBSTER** - *Absolutely. The matrix of that - and we don't have the end date because as you can appreciate you've been around the ED5s and they take forever - but we need to spell that out. There's a matrix that's in the policy that we need to make sure is in the back of the framework.*

**Ms O'CONNOR** - *... there's a 'no wrong door' approach referred to in the policy, but the statewide complaints management web page refers to SCMOU, the Statewide Complaints Management Oversight Unit having a -*

...

**Ms O'CONNOR** - *... 'one front door' approach. I understand these mean the same thing, I guess, as the SCMOU will triage and refer as necessary, and complaints made in other ways should also be triaged and sent to this as necessary. The two different ways of describing the same thing is potentially confusing, don't you think? 'No wrong door' is quite different from 'one front door'. Could this be clearer? And a link included on the statewide complaint management page to both the SCMOU web page and the complaint form to make it easier to find out how to make a complaint?*

...

**Mr WEBSTER** - *Yes, and I've just been pointed out that the 35 days is in the framework, so it is on the website.*

**Ms O'CONNOR** - ... Has the Statewide Complaints Management Oversight Unit been established?

**Mrs PETRUSMA** - Yes.

**Ms O'CONNOR** - Does it have a web page or contact details, or its internal -

**Mr WEBSTER** - Every page of the website has the link that takes you effectively to the complaint form that takes you to SCMOU.

**Ms O'CONNOR** - Thank you.<sup>38</sup>

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<sup>38</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 37-39.

### **Recommendation 15.17**

1. The Department of Health should establish a separate Health Services Child-Related Incident Management Directorate or partner with the Child-Related Incident Management Directorate (Recommendation 6.6) to respond to allegations of child sexual abuse and related conduct by staff, breaches of the State Service Code of Conduct and professional conduct policies, and reportable conduct (as defined by the *Child and Youth Safe Organisations Act 2023*) in health services.
2. If the Department partners with the Child-Related Incident Management Directorate, it should ensure the directorate has access to specialised advice to inform investigations against health services staff, particularly where allegations have arisen in the context of provision of health care.
3. If the Department establishes a new Health Services Child-Related Incident Management Directorate, it should mirror the functions and manner of operation reflected in the Child-Related Incident Management Directorate, including having three distinct roles and skill sets covering incident response management, investigations, and misconduct and disciplinary advice.

Phase 2 - 2026

Government Reported Status: In progress and on track for delivery in Phase 2 (DOH)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Incident Management priority area recommendation in Collaborating for Change.*<sup>39</sup>

### **Committee's Assessment**

The Committee notes this is a Phase 2 recommendation and the Government reports its implementation is being progressed, including the establishment of the Statewide Complaints Management Oversight Unit (see also evidence under 15.16).

### **Government Evidence**

**Mrs PETRUSMA** - ... *This is in our child-related incident management directorate. A lot of this is in regards to SCMOU, the unit that has been created. I appreciate a lot of what I have here has already been talked about. I wonder if the secretary's got anything else that he feels needs to be added to this, because we have outlined most of what is happening to this.*

**Mr WEBSTER** - *Just to reinforce that link to the child safety service as well, so that it does have a child safety as well as general complaints flavour.*<sup>40</sup>

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<sup>39</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 79.

<sup>40</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 39-40.

### **Recommendation 15.18**

The Department of Health should ensure open disclosure processes for patients who experience child sexual abuse in health services and their families and carers that:

- a) create a safe, trauma-informed pathway for victim-survivors, or others affected by an event, to receive clear and personalised information in response to their questions or concerns
- b) facilitate appropriate notifications including to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the Child and Youth Safe Organisations Act 2023 and the Australian Health Practitioner Regulation Agency
- c) make appropriate supports available to affected people, including victim-survivors, their immediate family and carers, where abuse is connected to the Department's health services, including warm referrals, with the person's consent, to trained and experienced child sexual abuse counsellors.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH has reviewed and updated its Open Disclosure Policy, which is supported by open disclosure and trauma-informed training currently available and being rolled out across the State.<sup>41</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed. The Department of Health has reviewed and updated its Open Disclosure policy and instituted training for staff in line with this Recommendation.

The Committee further notes external stakeholders have identified the need for greater clarity in the process for making warm referrals to trained and experienced child sexual abuse counsellors.

### **Government Evidence**

*Mrs PETRUSMA - ... the Department of Health services have open disclosure processes in place. Online open disclosure training, as well as trauma-informed training is available to all staff. The department's open disclosure policy has also now been reviewed and updated. The Department of Health is committed to supporting victim/survivors of child sexual abuse, including through trauma-informed open disclosure whereby there is frank and open discussion with victim/survivors about what happened to them. Open disclosures include an apology, an opportunity for the person to talk about their experience and ask questions, and an explanation of the steps being taken to prevent abuse happening again.*

*The Department of Justice has also developed a resource for use by government agencies titled 'Apologising to Victim/Survivors of Institutional Child Sexual Abuse'. This resource provides guidance to agencies on the delivery of an institutional apology to victim/survivors*

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<sup>41</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 39.

*of child sexual abuse. This resource will complement our existing agency open disclosure processes. I can table the open disclosure policy document too.*

**Ms O'CONNOR** - *Is that publicly available?*

**Mr WEBSTER** - *This is the Strategic Document Management System process again. It will be publicly available once we can overcome the issues we have in that system.*

**Ms O'CONNOR** - *Okay. I guess it's difficult to put a time frame on that, is it?*

**Mr WEBSTER** - *The process is underway. We are hopeful that that would be up this year, if not early in 2025.*

**Mrs PETRUSMA** - *It's why we're spending an extensive amount of money in IT in the Health department to try to get a lot of things underway in the department.*

...

**Ms O'CONNOR** - *What supports are available to affected people where the abuse is connected to Department of Health services?*

...

**Mr WEBSTER** - *... Generally speaking, what will happen is through either the Statewide Complaints Management Oversight Unit or Child Safety, Department of Health will offer support to complainants and actually do it. ....*

...

**Ms O'CONNOR** - *... Are there wait times, as far as you know, for people who make those complaints through the open disclosure policy and the mechanisms that underpin that? Are there wait times for people to receive some support?*

**Mr WEBSTER** - *No, the support mechanisms will go in as required. They don't go into, if you like, the example I gave, where we actually made the referral off to a private service. We intersect with that private service to make sure they're ready to take the client, rather than just doing a referral and saying, 'You'll wait until someone contacts you'. It's actually more of a 'hot' referral. To make sure the support goes in immediately, rather than as part of a wait program. <sup>42</sup>*

## **Stakeholder Evidence**

According to the Laurel House submission:

*It is currently unclear to Laurel House, without further analysis, if there has been a substantive change in how referrals to LH now occur from the DoH in the case of such disclosure. This feedback is primarily based on a lack of transparency from DoH about whether any such allegations have been made against DoH staff or clarity on what such a notification process would look like in such an instance.*

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<sup>42</sup> Hon Jacque Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 40-42.

*Ideally, in the case of such disclosures, DoH would inform the Independent Regulator and simultaneously support a warm referral to Laurel House at the earliest possible instance. The process surrounding this referral would occur with family and victim-survivor consent and guidance on their preferences for how DoH handles this regarding our involvement. We would also expect that the Independent Regulator in reviewing the case, would ensure that DoH has made appropriate referrals including to Laurel House.<sup>43</sup>*

### **Recommendation 15.19**

The Department of Health should develop and implement a critical incident response plan for human-caused traumatic events where numerous staff and patients are affected, including serious child-related incidents. The response plan should:

- a) identify who is responsible for leading the response to a critical incident and set out the applicable reporting arrangements
- b) identify the steps to responding to a human-caused traumatic event (including incidents relating to child safety)
- c) provide for external assistance from experts with training and expertise in crisis management
- d) be based on best practice responses to traumatic events
- e) provide for early communication of information about the event
- f) provide psychological first aid to affected people
- g) provide extra support from skilled psychologists on an ‘as needed’ basis to affected people
- h) provide for information about other support services that can assist affected people
- i) facilitate communication and support among affected people as a means of social support
- j) provide for critical incident debriefing run by a neutral and trained expert where appropriate
- k) provide for a review of the Department’s response to the critical incident
- l) provide for an evaluation of any actions to be implemented as part of the Department’s response to the critical incident
- m) provide for any lessons from a review or an evaluation of the Department’s response to the critical incident, to be shared with the Secretaries Board to further inform responses to critical incidents across the whole of government.

Phase 2 – 2026

Government Reported Status: In progress and on track for delivery in Phase 2 (DOH)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Incident Management priority area recommendation in Collaborating for Change.<sup>44</sup>*

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<sup>43</sup> Laurel House, 2025, *Submission #15*, pp. 10-11.

<sup>44</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 80.

## **Committee's Assessment**

The Committee notes the Government reports implementation of this Phase 2 Recommendation as in progress with the development of a Critical and Cumulative Incident Response Protocol (CCIRP).

The Committee further notes external stakeholders raised the need for effective collaboration to ensure the critical response plan includes an integrated response with external organisations that will be part of supporting victim-survivors, their families and others affected by a critical incident.

## **Government Evidence**

***Mrs PETRUSMA** - This is the critical incident response plan, which is in progress. We've talked a lot today about our One Health Culture Program. A key focus area of the culture program is health, safety and wellbeing, to ensure we have a workforce that understands and positively engages with worker and patient safety, adjusting or eliminating behaviours and practices as appropriate, a physically and psychologically safe workplace and wellbeing supports available to assist our people. This includes the development of a structured set of supports to assist our people if they are exposed to potentially traumatic events. This will be a part of our Critical and Cumulative Incident Response Protocol, which will be a department-wide framework that links escalation pathways, reporting mechanisms and avenues of support. This will be done to ensure our processes are clear and incidents are being managed and escalated appropriately. To support development of the CCIRP a literature review has been undertaken by a senior psychologist within the department which recommends a peer-lead, trauma-responsive, and organisationally endorsed approach.*

*The research suggests both an immediate, psychologically first aid response and facilitator group reflection should be included to enable flexible, responsive support to staff. It's based on contemporary research. Work is continuing on the design of the protocol. This includes integration with the broader critical incident response processes. The CCIRP will be supported by our staff wellbeing program. In the meantime, all health employees, including those working within Ambulance Tasmania and the hospitals can access the department's EAP program as well. Critical incident stress management is a long-standing program that utilises a dedicated team of 80 psychologists and 76 critical incidents stress management peers to manage the impact of critical incidents, for example on our Ambulance Tasmania workforce. They provide on-scene support, psychological support, follow-up assistance and advice to partners, families and friends.*

***Ms LOVELL** - This is a phase 2 recommendation. Is that on track to be delivered on time?*

***Mrs PETRUSMA** - Yes*

***Ms LOVELL** - At that time, or any earlier do you think?*

***Mrs PETRUSMA** - A lot of it has already been put in place, through the One Health Culture Program. But yes.*

***CHAIR** - Are you confident there will be adequate services right around the state to meet - not that you hope you need to use it too much, but that there won't be a delay in accessing that support, particularly the initial support.*

**Mr WEBSTER** - We have to make sure there are initial responses. We have that broad responsibility in any emergency event for the state. It's the same resource pool that we'd pull into this as well.

**CHAIR** - Are you confident that we'll meet the more sometimes nuanced or challenging needs of a person who's traumatised by a sexual assault on a child, for example?

**Mr WEBSTER** - Yes, because it's, it's through that additional training. Ambulance Tasmania or the system set up by DPFEM which includes Ambulance Tasmania is a good model, but it needs to be adapted, which is why we haven't just switched over to that model. We're doing the research to make sure it's fit for purpose.<sup>45</sup>

## **Stakeholder Evidence**

According to the Laurel House submission:

*As per previous comments in relation to Recommendation 6.7 about the need for integrated response, we believe that it is critical that the Department of Health work collaborates with Laurel House (and other key stakeholders) in the development of their critical response plan given the key role that Laurel House will play in supporting victim-survivors, their families and others affected by child sexual abuse. Our team are highly experienced in supporting organisations following the disclosure or discovery of child sexual abuse.*<sup>46</sup>

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<sup>45</sup> Hon Jacquie Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 42-43.

<sup>46</sup> Laurel House, 2025, *Submission #15*, p. 47.

## Restoring trust

### Recommendation 15.20

1. The Department of Health, Launceston General Hospital and Tasmania Police should make clear that they will continue to assist, on an ongoing basis, known and as yet unknown victim-survivors of child sexual abuse by James Griffin related to the hospital and should nominate a contact person for people who have enquiries.
2. Assistance should include:
  - a) outlining what is known about Mr Griffin's offending at the hospital
  - b) taking steps to ascertain whether a person is or may be a victim-survivor of Mr Griffin's offending or clearly explaining why this cannot be done.
3. The Department and Launceston General Hospital's communications with known and as yet unknown victim-survivors of Mr Griffin and their families and carers and the broader community should be informed by the principles of open disclosure.
4. Launceston General Hospital should ensure victim-survivors and their families and carers who do not receive individual open disclosure (Recommendation 15.18) still receive a warm referral to trained child sexual abuse counsellors if desired.

Phase 1 - 2024

Government Reported Status: Completed (DOH)

Implementation Report (August 2024) extract:

*DOH is committed to continuing to support all victim survivors, known and as yet unknown.*

*The Department has an Open Disclosure Policy, which is supported by open disclosure and trauma-informed training currently available and being rolled out across the State.*

*The Department of Police, Fire and Emergency Management (DPFEM) has completed the component of recommendation 15.20 relevant to the agency.<sup>47</sup>*

### Committee's Assessment

The Committee notes the Government reports this recommendation as completed, and the State's ongoing commitment to supporting victim-survivors through a trauma-informed open disclosure policy.

### Government Evidence

*Mrs PETRUSMA - This is complete, but it's an ongoing commitment. It's ongoing assistance for victim/survivors. We have already touched on it this morning. The Department of Health is committed to supporting victim/survivors of child sexual abuse including through trauma-informed open disclosure.*

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<sup>47</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 40.

*The Chief Executive of Hospitals North has also recently written to known victim/survivors associated with the Launceston General Hospital. The letter acknowledges the impact of the matters associated with the Commission of Inquiry on victim survivors, their families and loved ones. The letter offers victim/survivors the option of attaching a notification to their health record which will prevent them from having to unnecessarily retell their lived experience and ensure they can be provided with appropriate support. The letter also confirms if they have any issues or would like to discuss anything, they can contact the chief executive directly.*

*The department is also developing a number of initiatives aimed at supporting recovery and restoration in the Launceston community, which we briefly touched on this morning. The Department of Health has been providing holistic support to victim/survivors and witnesses of the commission of inquiry. As the secretary outlined before, these supports have now transitioned to be provided on an ongoing basis by the Department of Premier and Cabinet.<sup>48</sup>*

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<sup>48</sup> Hon Jacqui Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 43-44.

## Oversight

### **Recommendation 15.21**

The Tasmanian Government should ensure a review of the *Health Complaints Act 1995* is completed and considers the role of the Health Complaints Commissioner in relation to:

- a) addressing systemic issues within health services related to child safety
- b) incorporating the administration, monitoring and oversight of the Code of Conduct for Unregistered Health Care Workers
- c) coordinating with the role of the new Commission for Children and Young People (Recommendation 18.6), and the Independent Regulator under the Child and Youth Safe Organisations Act 2023.

Phase 3 – 2029

Government Reported Status: Phase 3 (DoJ)

Implementation Report extract: N/A

### **Committee's Assessment**

The Committee took limited evidence on this Phase 3 recommendation, however, notes implementation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report.

## Chapter 16 – Criminal justice responses

### Police responses

#### Recommendation 16.1

1. The Tasmanian Government should fund and establish specialist units in Tasmania Police, based on the Victorian Sexual Offences and Child Abuse Investigation Teams model, to investigate child sexual abuse and to be based in three locations (Hobart, Launceston and the North West).
2. The specialist police units should:
  - a) specialise in the investigation of child sexual abuse, including historical child sexual abuse (and potentially adult sexual assault) but not undertake domestic and family violence work unless it is directly connected to child sexual abuse (or adult sexual assault)
  - b) be staffed by police officers who have undertaken specialised professional development (Recommendation 16.3) and members who have trauma-informed training (Recommendation 19.2)
  - c) partner with other agencies and support services involved in responding to child sexual abuse to create multidisciplinary teams. These teams do not have to be co-located, although this may be appropriate in some areas
  - d) have access to a 'soft' interview room, ideally offsite from police stations and potentially in multidisciplinary centres
  - e) be directed to perform other policing duties only in exceptional circumstances and not as part of a unit's usual roster
  - f) support the wellbeing of police officers and members working in the specialist unit
  - g) develop and implement strategies to engage and build trust with marginalised communities, particularly Aboriginal people and people with criminal histories (Recommendation 16.2).
3. Tasmania Police should measure and report on victim-survivor satisfaction with the operation of the specialist units within two years of establishment and regularly thereafter.

Phase 2 - 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Tasmanian Aboriginal People priority area recommendation in Collaborating for Change.<sup>49</sup>*

#### Committee's Assessment

The Committee notes the Government reports significant progress has been made on this recommendation with the opening of the Arch Centres in Hobart and Launceston, and Burnie under construction. The Committee understands the Government is investigating sites on the

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<sup>49</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 80.

west and east coast, to complement the Arch centres, and an independent evaluation of the model was being undertaken.

The Committee notes an engagement strategy was being planned and scoped to ensure vulnerable members of the community, including youth, are aware of the services provided by the Arch Centres. However, the data regarding use of the Arch Centres cannot be disaggregated to indicate whether, or the degree to which, children in state care settings are using the Centres.

The Committee further notes a training package for responding to instances of child-sexual abuse has been rolled out and completed by around 90 per cent of Police officers. A partnership with the University of Tasmania provides specialist interviewing training to investigators and trauma-informed training is undertaken in conjunction with other service providers involved in the Arch Centres.

External stakeholders raised concerns the MOU signed in 2021 between Tasmania Police and then Department of Communities has generated significant difficulties in progressing child safety matters. Concern was also expressed in relation to this MOU predating the Commission of Inquiry and still being in use and without apparent update, despite departmental changes.

### **Government Evidence**

***Mr ELLIS** - ... Two key initiatives have contributed to meeting this recommendation. In July 2023 Tasmania Police established a Family and Sexual Violence Command to ensure a victim/survivor-centred and trauma-informed approach. Under this command there are now multidisciplinary centres, known as Arch centres, operating in the north and the south. Arch South opened in July 2023 and Arch North opened in August 2023. Via the Commission of Inquiry Immediate Fund, \$5 million was provided for a third Arch centre to be established on the north-west coast. These funds have not been fully expended yet due to challenges in locating a suitable site on the north-west coast. Sourcing an appropriate site is continuing and we are working through that.*

*The Arch pilot program is also being independently evaluated according to a comprehensive evaluation review and monitoring framework developed by ANROWS (Australia's National Research Organisation for Women's Safety) in collaboration with Arch partners. The Institute of Child Protection Studies at the Australian Catholic University, in partnership with the School of Social Sciences at UTAS, has been engaged in undertaking the independent evaluation of the Arch centres. The initial stages of the evaluation have commenced. ...*

...

***Mr ELLIS** - There are a range of different supports that are available in the western district, including with some of our Arch partners in Tasmania Police. I will pass over to Tasmania Police to talk about what that response currently looks like.*

***CHAIR** - Particularly for the western district.*

***Mr BLACKWOOD** - We are focusing on Burnie for a location for the Arch. There are some good options there that we're trying to finalise at the moment. In the meantime we acknowledge that the Arch doesn't exist there. Some of the models that we're using in the south and the north, where we're working with Laurel House and SASS (Sexual Assault*

Support Service), we're adopting that sort of model, albeit we're not currently co-located. We have those closer working relationships, particularly with Laurel House in the north.

**CHAIR** - The minister gave some numbers of people reporting or seeking assistance from the western district. Where do they go now?

**Mr BLACKWOOD** - Our sex crime staff are mainly located in Burnie but with a satellite office in Devonport at the moment as well.

**Mr ELLIS** - Some of the investment we've made in terms of physical infrastructure has been important too. The Commission of Inquiry was very supportive of things like soft interview rooms, which are a much more supportive environment, and some of those investments have been key in the Western District facilities as well...

**Mrs PENTLAND** - You just mentioned Laurel House. What role do they play in that?

**Mr BLACKWOOD** - Laurel House provides the sexual assault counselling services within the Arch Centre within the Northern District and will also provide that within the Western District as well. In the south we have the Sexual Assault Support Service, which does that role.

...

**Mrs PETRUSMA** - ... I appreciate the Arch centre is going to be assessed by ANROWS, but what are the outcomes of coming forward for victim/survivors? Is there any information you can share as to what victim/survivors are saying has been a positive outcome of these centres?

....

**Ms ADAMS** - .... We have had a lot of clients and the service providers that work within the Arch centres complimenting the construct of how the Arch centres are operating. I've had a number of emails forwarded to me from the team which will highlight a victim/survivor's experience and how positive they've found the experience, the support they've received. They're describing it as being a fantastic support process and really feeling safe about being able to come forward. The respect that's being given around their choices as to how they want to manage their decisions about whether they want to work through a criminal justice path or not has been really a highlight of how well the Arch centres have been operating.

...

**Ms WEBB** - .... I note on the Arch website it lists a range of contact numbers for support, including the Strong Families Safe Kids Advice and Referral Line. One of the things I'm wondering about is how we are making young people in state care - and by that I mean whether it's out-of-home care or in youth detention or any other circumstance such as that - aware of the Arch centres and the ability to contact them with complaints or to raise issues? And, what is the means by which we are doing that and that they have that direct line?

...

**Ms ADAMS** - The most important part at the moment is through the service providers in Laurel House and sexual assault services. They have been the lead in terms of ensuring that vulnerable members of the community are aware of these really valuable services in both the north and the south and hopefully very shortly in the north-west.

*A really important part of our engagement strategy, which we're in the planning and scoping phase of at the moment, is to ensure that vulnerable members of the community, including youth, are aware of the services that are provided. If you refer back to the Commission of Inquiry's recommendation, they've been very specific that they want Tasmania Police to have a dedicated effort in building those relationships and having the awareness and information so that they do know how to come forward and that there are those established relationships of trust so that they have a recognition that Tasmania Police will provide the level of support they need. It will be an ongoing piece of work that we will do as part of addressing the commission of inquiry's recommendations.*

**Ms WEBB** - ... my question was about how we are ensuring that young people in state care - in circumstances where the state is responsible for them, whether in out-of-home care or in particular youth detention - how are we making absolutely sure that those children we are responsible for as a state are aware of and have ready access to contact with the Arch centres? Is there a particular intention to set that up so we can provide them with that information, rather than just the broad community-wide measures?

**Mr ELLIS** - Ms Webb, I suppose my colleague who has carriage of Children and Youth will no doubt be able to provide a more detailed update in this space, but you're right, it's certainly a key and important area. We need to be making sure that not just a general understanding of the services of Arch is available, but that we're engaging with our most vulnerable groups and, of course, that includes children in state care and detention. It also includes migrant communities, Aboriginal communities and we acknowledge the work as far as continuing to engage with those vulnerable groups can't be as simple as the same communications that we have for the broader community.

....

**Ms WEBB** - ... you quoted statistics about how many young people have contacted the Arch centres. Can you break that down in terms of how many of those are youth in state care?

**Mr ELLIS** - We can take that on notice as well.<sup>50</sup> ...

....

**Ms WEBB** - In relation to what was described in hearings last time and we've come to understand are the new specialist sex-crime investigators that are attached to the Arch model .... How many visits have those new specialist sex-crime investigators undertaken to children in youth detention or in relation to children in out-of-home care? ....

**Mr ELLIS** - .... There are 38 specialist sex-crime investigators and four investigation support officers across all three Tasmanian policing districts who have been specifically assigned...

**Ms ADAMS** - We wouldn't have the data in relation to investigators attending youth-detention centres or out-of-home care.

**CHAIR** - That would be the Minister for Children would have that?

**Ms ADAMS** - I don't think he would have that either.

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<sup>50</sup> The Question on Notice response from Minister Ellis, dated 30 August 2024, stated: This information is not requested from children/young people who contact the Arch Centre and is therefore not retained in Tasmania Police systems."

**Ms WEBB** - So, we collect the data on children or young people contacting the Arch centres. Are we able to identify, obviously not individually, but are we able to have the data on how many of those children, if any, are either in youth detention or in out-of-home care? ... Would we not then know what response has been provided, in terms of how many interactions or visits or whatever it might be?

**Ms ADAMS** - I've got advice here that Arch data is de-identified and we're not able to provide youth in state care data. It follows on that we're not in a position to provide the number of visits investigators would have made to children in youth detention or out-of-home care.

**Mr ELLIS** - ... it's important to note that this service is available to those people and the significant work that we're doing, in terms of supporting our most vulnerable people, to utilise the Arch centre services.

...

**Ms WEBB** - .... In terms of the work being undertaken by the specialist sex-crime investigators through the Arch centres, what work is being done to look at organised abuse or what we might more colloquially think of as paedophile rings or that sort of situation in the community? Particularly where it may impact on children in state care or involve adults employed by the state.

....

**Mr BLACKWOOD** - .... Wherever we receive any information to say there is coordinated sexual offending we'll always investigate it thoroughly. To date we have not discovered that that's actually occurring. Some of the information we have found is people accessing open-source information and deducing themselves that there may be something going on. We'll always look at it and we encourage any reporting that anyone has information like that. Other things that we're doing, especially in the sexual and family violence command, is, where an allegation is raised and a suspect is deceased, it doesn't mean we stop the investigation there. To make sure there aren't further offenders who were working in collaboration with that one, we'll undertake an investigation. We'll still work with victims closely where the offender is deceased.

**Mrs PETRUSMA** - .... In regards to the specialist child abuse unit. If I made a report to any police officer in Tasmania, do they automatically refer to these units ...

**Mr BLACKWOOD** - Generally, what would happen is if you were to attend a police station, let's say in the report of a sexual assault matter, you would be immediately referred to someone from the Family and Sexual Violence command who is a specialist investigator. Part of that is engaging with the detective early on and they're with you for your journey throughout that report. So, we're engaging really early with the specialist investigators.

**Mr VINCENT** - I was interested in the training that you're saying is through the academy. You start with some specialist training, but you're gradually working through all new cadets coming through as well as existing staff? And, who else, other than the police force, are you involving in that training to make sure that it's leading industry?

**Mr BLACKWOOD** - Sure. In terms of our investigators, we partner with the University of Tasmania, especially in relation to our interviewing training, and that's what we call the 'whole-story' interviewing training. So, we have specialists come in and teach our staff about that.

*In terms of the Arch, there's been a lot of training done with the service providers and police together. That includes Blue Knot, who run the trauma-informed training for all the staff. So training together ensures that we're in that consistency across the board, whether you're engaging with police or one of the other service providers.*

...

**Mrs PENTLAND** - *What percentage of the police force has gone through the training now, then, if you've completed the package?*

**Mr HIGGINS** - *.... In relation to the training package for responding to instances of child-sexual abuse, that's around 90 per cent, not quite. There are about 10 per cent or more that haven't and there's a variety of reasons for that. As far as the specifics in relation to this recommendation, in relation into harbouring and concealing, it's supervisors, investigative areas and promotional courses as they're coming through now...*

...

**Mrs PETRUSMA** - *...in regards to the mandatory training that police officers have undergone, are you seeing an increase in the detection of that type of offending by police officers at all?*

**Mr HIGGINS** - *Yes. There has been a far greater, I suppose, trust in reporting and the ability for a person to come forward. -... I haven't got statistics right in front of me and I don't plan to go through that at the moment. That's something I think we can find. But there's been an enormous uptick in people coming forward in relation to child or sexual offences in general. I don't necessarily attribute that to there being more happening in the community. I think that's a greater awareness and greater trust in the system, that they're able to enter, and the choice that a person is able to make to actually do that. No, it's not a good thing at all that people are being abused or sexually offended on, but it's important that people now are able to have that comfort and that choice to actually make an informed decision on what they might like to do.<sup>51</sup>*

## **Stakeholder Evidence**

Alysha Rose made the following observations in relation to the ARCH centres:

*Unfortunately, similar barriers are present regarding the ARCH centres. Whilst I only hear wonderful feedback generally, they are not seen as a service that an AYDC Survivor would readily access from my understanding. I am unsure of the potential for outreach support for those in prison or home detention, but we need to ensure that there is money being provided, ideally by way of proper processes, to cater for ALL Victim Survivors. Girls, and AYDC Victim Survivors very much included. This might require creativity, exploring literacy and general accessibility issues more. But it is critically important.<sup>52</sup>*

According to Jack Davenport:

*There is a significant complication in the current practice of police and child safety coordination for joint investigations. This specifically relates to 2(c) of recommendation*

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<sup>51</sup> Commissioner Adams, Minister Ellis, Assistant Commissioner Higgins, *Transcript of Evidence*, 19 August 2024, pp. 14-22.

<sup>52</sup> Alysha Rose, 2025, *Submission #4*, p. 68.

16.1, pertaining to specialist police units partnering with other agencies and support services. I am assuming that this includes CSS.

... This MOU was agreed and signed in 2021, between Tasmania Police and DOC.

The MOU states:

*This Memorandum of Understanding (MOU) outlines the overarching operating framework to support collaboration between Children and Family Services and Tasmania Police to facilitate responsiveness to victims, hold perpetrators to account and prevent or reduce harm, abuse and neglect to children through:*

- 1) Shared Operating Principles
- 2) Mandatory Reporting
- 3) Information Sharing
- 4) Joint responses to investigations
- 5) Governance

*This MOU and its wording has generated significant difficulties in progressing child safety matters. The fact that it is still in use and without apparent update, despite departmental changes and predating the COI, is alarming.*

*In my experience, where criminal offence is considered in the context of a child safety assessment, CSS has been extremely passive in its approach to child safety to the point of inertia. I have seen occasions where this passive approach has directly contributed to endangering the safety and wellbeing of children (including those in OOHC).*

*Contrary to the implication of the MOU - that investigations might be secondary to child safety consideration - I have seen CSS operate in a way that preferences criminal investigation.*

*The language used in the MOU is confusing and vague. For example, the term 'lead agency' is not properly explained or clarified. It is not clear to me why there needs to be a lead agency to begin with.*

*In prior experience in other states, notably WA, there has been a clear demarcation between police investigation continuing in parallel to child protection activities. Progressing safety planning does not inhibit a criminal investigation, or vice versa. Simple steps can be taken for both agencies to develop contingencies when faced with queries from families (or children for that matter) pertaining to the progress of investigation, whether police are involved at all, or the impact of criminal investigation on child protection involvement (for example).*

*However, in Tasmania it has been my experience that CSS involvement is severely curtailed as police conduct their investigation. This has led to some instances of CSO being required to mislead families over reasons for delays in certain processes (such as reunification progression).*

*The MOU references a 'Keeping Children Safe Management Committee'. I can see no evidence or indication of meetings of this committee having taken place.*

*The MOU does not account for additional delays arising from consideration of the criminal investigation by the DPP, or any issues relating to criminal trial; as far as I know there is no MOU with the DPP.*

*The MOU has no accounting for the Reportable Conduct process.*

*I cannot find any MOU between the police and education services, and the content of the Keeping Children Safe MOU does not provide sufficient guidance.<sup>53</sup>*

## **Recommendation 16.2**

1. Tasmania Police should establish ways for people to report child sexual abuse online.
2. The Department of Justice and the Department for Education, Children and Young People should review their internal processes to make it easier for people in prison and youth detention to report abuse to the police or other bodies, including online or by phone hotline, and ensure appropriate confidentiality of reports.
3. Specialist police units (Recommendation 16.1) should develop a strategy to engage with 'priority communities', by implementing measures to develop relationships, build trust and encourage reporting of child sexual abuse, and to assist prevention and 'disruptive' policing (Recommendations 9.29 and 9.30).
4. Priority communities include:
  - a) Aboriginal communities
  - b) people who are or were in prison or youth detention
  - c) people who are or were in out of home care (or youth support services).

Phase 2 – 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Child and Community Voice priority area recommendation in Collaborating for Change.<sup>54</sup>*

## **Committee's Assessment**

The Committee notes the Government reports implementation of this Phase 2 recommendation is underway.

The Committee further notes in light of the priority communities specified in this recommendation, work must be done to ensure reporting processes are well designed and targeted, and data is collected to effectively measure the success of implementation of this recommendation.

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<sup>53</sup> Jack Davenport, 2025, *Submission #25*, pp. 33-34.

<sup>54</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 80.

## Government Evidence

**Mr ELLIS** - .... We are working through the implementation of this action as part of the second phase of Project Link, which is work that we had underway. Project Link is an initiative under the banner of Project Unify that will allow online reporting of minor crime. The Project Link does not cover reporting of crimes against individuals, such as child sexual abuse, which is complex in terms of confidentiality of information and the timeliness of the response of the report, which is why it has been regarded as the second phase of that important work. ....

**Ms ADAMS** - In terms of online reporting, we have a current project which should be rolled out towards the end of the year in relation to minor crime. What that platform is going to enable us to do is to further broaden the work that is already done, to expand it, to allow members of the community to report, online, sexual abuse using that platform. We hope to start that work in the new year, but because we have already done a majority of work in regards to Project Link, ..., it does put us in a very good position to be able to get a quicker outcome than we would have if we had to start from scratch.

In terms of the engagement, we have spoken about the engagement strategy and the appointment of the inspector. We have several Aboriginal Liaison officers across Tasmania Police to help facilitate engagement with Aboriginal members of the community and we also have a new agency strategic plan for 2023-2026 now. We are an active participant in the national agreement on Closing the Gap. There will be some actions and work that will come from that that may supersede some of our strategic actions in our plan, but we will work through that to ensure those actions are prioritised.

The next 12 months is to consult and work with vulnerable members of the community, which will include the Aboriginal community, to ensure the strategies are fit for purpose and actually going to have the greatest impact. Our members are aware and actively supporting those actions.

...

**Ms ROSOL** - In relation to point 2 on the internal processes for people in prison and youth detention to report abuse, I know we have touched on this a little already, but are you able to provide any specific information on any progress on this and processes that have been or are in the process of being developed?

**Ms ADAMS** - We are in the phase of developing scoping in relation to how we will progress this important recommendation. One thing I can say is that if there are reports in relation to child-sexual abuse coming from any detention facility, though those calls will be managed by our specialists' units - our sexual investigators, it's important that we've got investigators that are trauma-informed, who understand the importance of working with the victim to get the whole story and to ensure that they've got the appropriate support. That's an important change into the way that we respond to those calls from the past.

**Ms WEBB** - ... In relation to being clearly identified - Aboriginal communities, people who were - or are - in prison or youth detention and people who were - or are - in out-of-home care - will you be keeping statistics about children in state care, in those youth detentions or out-of-home care settings so that we'll be able to know what the stats tell us about the use of this reporting?

**Ms ADAMS** - As I've indicated, we haven't got that data, but we can certainly consider how we can retain that data.

**Ms WEBB** - I'm just wondering whether I can strongly encourage you to do that, given that we're specifically identifying those groups as being important to target with this. How will we know if we are achieving that well if we're not actually collecting data about it?

**Mr ELLIS** - I think the Commissioner has just given you a commitment to strongly look at that.<sup>55</sup>

### Recommendation 16.3

Tasmania Police should review its professional development on child sexual abuse to ensure:

- a) all police are trained in
  - i. the dynamics of sexual abuse and the concept of grooming, and perpetrators' use of these to facilitate a crime
  - ii. myths and misconceptions about child sexual abuse and disclosure
  - iii. responding to child and adult victim-survivors sensitively and with an understanding of trauma
- b) child sexual abuse specialist detectives are trained in
  - i. approaches to interviewing child and adult victim-survivors and vulnerable witnesses, including the Whole Story framework (or similar specialist interviewer training)
  - ii. understanding the vulnerability of specific groups of children (such as those in out of home care and youth detention) and common myths about these children
- c) all police receive scheduled and regular refresher training and ongoing professional development.

Phase 2 - 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Professional Development and Training priority area recommendation in Collaborating for Change.*<sup>56</sup>

### Committee's Assessment

The Committee notes the Government reports progress on this recommendation and has implemented training for all sworn officers and new recruits, which will need to be sustained and delivered on an annual basis. It is intended that specialist training will be added to the suite of training by 2026.

External stakeholders raised concerns the training is not always reflected in practice, pointing to examples of children and young people and their families feeling unsupported, blamed and/or

<sup>55</sup> Commissioner Adams and Minister Ellis, *Transcript of Evidence*, 19 August 2024, pp. 25-26.

<sup>56</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 80.

traumatised by their engagement with uniform police. In addition, external stakeholders sought greater clarity on training for police on responding to disclosures related to high profile people, including the police, former police and their family members.

The Committee holds concerns that there are still unresolved issues about how effectively the training is being operationalised. The Committee notes this will be assessed by the Implementation Monitor in his 2025-26 Annual Report and will take note of his assessment.

### **Government Evidence**

***Mr ELLIS** - ... In 2021, the Tasmania Police Child Sexual Abuse Joint Review Team developed additional and updated training and guidelines for all sworn Tasmania Police members. This includes mandatory training for all sworn members in relation to new policies and procedures including Tasmania Police Initial Notification and Investigation of Child Sexual Abuse Guidelines and the Keeping Children Safe Handbook. This training was completed in March 2022.*

*Further, recruit training has been updated to include contemporary practices relevant to child sexual abuse. These guidelines, policies and procedures, at all levels, will be reviewed in line with the recommendations. I'll pass over to the team from Tasmania Police if they've got anything further they want to provide.*

***Mr HIGGINS** - ... Specialist groups have done a level of training, but there is another level of training that is done, particularly in Queensland that I'm aware of, and in Victoria, which we're exploring about a dedicated - I'll call it a sex crimes course for want of a better term. It won't just cover the children; it'll cover adults as well.*

*That was something within the state. We do a high level of training; but there's a next level of training again that's done in those states that we need to do. It's not something we can just bring down here. It's in Queensland. It's delivered by their specialists that have gone through the training and so forth.*

***CHAIR** - Is this for all sworn officers?*

***Mr HIGGINS** - No, this is just for the specialists. That is something that we hope to achieve and will achieve by 2026, but within the next 12 to 18 months, certainly, to get that level of training. It won't capture everyone, all 38 that we have, in one go because only so many can do it at a time and, from memory, I think it's about 16 people that do it at a time. ....*

*I was ensuring that they had the skills as well and the most up-to-date methods and procedures that we can have in place to serve our victim/survivors far better than we have done in the past. That will be a journey for some as well.*

***CHAIR** - Can I ask whether there's a requirement for an annual update, like an annual CPD (continuing professional development) in this area for all sworn officers?*

***Mr HIGGINS** - Yes, there's mandated training.*

*....*

***CHAIR** - How many have done it then? I'm not sure of the number of sworn officers in total, but you probably know that.*

**Mr HIGGINS** - The number is 1496.

**Mr HIGGINS** - It's around 90 per cent of those and 10 per cent we don't have in the workforce at the moment at work, so there's about 10 per cent of people who haven't done the training.<sup>57</sup>

## Stakeholder Evidence

According to the Laurel House submission:

*Laurel House has recently been involved in the delivery of training to the first cohort of detectives who have been involved in the 2-week Sexual Assault Response and Investigation Training Course. When originally approached to be involved in the design and delivery of this course in late 2023, we were hopeful of playing a more substantive role, however, our role was scaled back to a single presentation, in what seems to be the result of change in the Tasmanian Police involved in the course development. We look forward to exploring opportunities to strengthen Laurel House's involvement and the voices of victim-survivors in the training, including those with intersecting experiences of oppression and marginalisation.*

*We are yet to be informed about the planned training for all police about CSA, grooming, disclosure and responding to victim-survivors. We are keen to be actively involved in this, noting that we are aware of a number of circumstances where uniform police (i.e. not sex crimes police) have responded to disclosures, especially circumstances involving harmful sexual behaviour, child exploitation and image-based abuse. In these instances, children and young people and their families have been left feeling unsupported, blamed and/or traumatised by their engagement with police, and at least in one instance we are aware the media became involved, and an apology was issued by police.*

*Further, we are keen to see greater clarity about how police are trained to respond to disclosures related to high profile people, including the police, former police and their family members.<sup>58</sup>*

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<sup>57</sup> Minister Ellis and Deputy Commissioner Higgins, *Transcript of Evidence*, 19 August 2024, pp. 26-28.

<sup>58</sup> Laurel House, 2025, *Submission #15*, pp. 47-48.

#### **Recommendation 16.4**

1. Tasmania Police should develop and implement quality audit and assurance processes for investigating child sexual abuse offences, including random file sampling.
2. File sampling should:
  - a) capture data on how well police are complying with procedures for investigating child sexual abuse offences, including the requirements set out in the Initial Investigation and Notification of Child Sexual Abuse Guidelines
  - b) assess whether
    - i. contact was made with the person reporting child sexual abuse
    - ii. every effort was made to establish the victim's identity and to assess and investigate the report, where appropriate
    - iii. a thorough examination of intelligence on Tasmania Police databases was conducted
    - iv. cross-agency and interstate requests for information checks were made to determine whether any intelligence held outside Tasmania might assist the investigation
    - v. contact details of the investigating officer were provided to the victim, parent, guardian or other support person
    - vi. a supervisor confirmed whether the above actions were taken
  - c) capture data on the timeliness of investigations
  - d) go beyond technical adherence to requirements and assess the overall quality of police investigative responses and outcomes for victim-survivors, including identifying any opportunities for improvement.

Phase 2 - 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>59</sup>*

#### **Committee's Assessment**

The Committee notes the Government reports progress on this Phase Two Recommendation, with scoping underway for quality and audit processes for investigations of child sexual abuse.

The Committee notes the intention to have external file audit reviews every three years while internal systems will operate continuously, however suggests the first external review occur 12 months after initial implementation of the new quality assurance and audit process.

The Committee suggests the quality assurance model and criteria be made public, and there be public reporting on internal audit exercises.

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<sup>59</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 81.

## Government Evidence

**Mr ELLIS** - In 2024-25, Tasmania Police will commence scoping quality and audit assurance processes for specifically investigating child sexual abuse offences in line with the Commission's recommendations. These processes need to ensure independence and accountability. To fully achieve the required outcome for this recommendation in-depth consultation with our Professional Standards and Family and Sexual Violence command has commenced. In July 2023, file sampling commenced as part of district reporting to the Corporate Management Group. Tasmania Police Professional Standards undertook a separate review of the operational response to family violence reports in January 2023 and the review involved random sampling of an equal number of files from across each geographical command, and that's more complex. These processes provide a good precedent for establishing similar processes for auditing child sexual abuse....

**Ms ADAMS** - .... The Commission of Inquiry were very clear in terms of what we need to assess when we're doing file sampling and in actual fact they've provided criteria that they want us to consider when we review files. So, the approach that we're going to take is to build on the back of the file sampling that we started last year.

In our Professional Standards, we have an area called Management Review. That review team will be responsible for file sampling across our Family and Sexual Violence Commands to ensure that the criteria that is being identified as important by the Commission of Inquiry is actually considered. Then we aim to engage an external provider to then provide a higher level of assurance in terms of our file sampling and for them to come in and do an external review.

We don't believe an external review is the best approach to do that every 12 months. We think that probably on a three-year rolling basis that to bring an external provider in to then check our work to provide recommendations on how we can improve that but that our internal approach will really build a rigour around the benefits of file sampling and the ability to be able to identify at an early stage things that may not be going to plan in terms of how we're managing these files.<sup>60</sup>

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<sup>60</sup> Commissioner Adams, Minister Ellis and Assistant Commissioner Higgins, *Transcript of Evidence*, 19 August 2024, pp. 29-30.

## Recommendation 16.5

Tasmania Police should:

- a) review the adequacy and availability of equipment used to record evidence by video or audio, and ensure this equipment is available in all police facilities where victim statements relating to child sexual abuse are taken
- b) ensure specialist child sexual abuse police officers receive training on the use of recording equipment and refresher training if they have not used the equipment for six months or more.

Phase 2 – 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>61</sup>*

### Committee's Assessment

The Committee notes the Government reports undertaking an audit of recording equipment in police stations, which confirmed adequate equipment in the North and South Arch Centres. Funding has been committed for a soft interview room in the North West, and for recording equipment at the Hobart, Bridgewater, Glenorchy and Launceston Police stations.

The Committee recognises ongoing and refresher training on the use of recording equipment will need to be demonstrated and reported on.

### Government Evidence

*Mr ELLIS - ... Tasmania Police is committed to a review of current recording devices and member training in accordance with the recommendation.*

*An audit has been undertaken across all police districts to determine the adequacy and availability of recording equipment that currently exists at police stations. The audit revealed appropriate facilities at both the southern and the northern Arch centres. As I mentioned before, Tasmania Police through the immediate Commission of Inquiry fund received funding of about \$59,000 for an additional soft interview room in the north-west coast as well. This soft interview room has been upgraded at Devonport Police Station and will be operational when new recording equipment arrives later this year.*

*Further interview facilities funded by the Commission of Inquiry immediate fund in the 2023-24 financial year are undergoing work and awaiting delivery of recording equipment later this year as well at Professional Standards, which is in Hobart; Bridgewater, once the new station is built in 2025; Glenorchy and at Launceston Police stations; and there are dedicated facilities, as I mentioned before, at the Arch centres in the north and the south that have*

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<sup>61</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 81.

specialist interviewing equipment installed. All interviewing members have been trained in its use. ....

**Mr HIGGINS** - .... Perhaps I can add to that it was highlighted, and it was really disturbing to hear, in the Commission of Inquiry a victim/survivor's experience going to Launceston Police Station at the time to make her report, and how going into the sterile corridors, going into an old room with old furniture and the like, and how that didn't help one bit in her being able to move forward with her complaints, getting supports and so forth because of the type of environment.

The investment that we made in our making to the future in these rooms will provide a far greater experience for a person to be able to have some comfort as opposed to walking through the - and I know we've renovated Launceston as well, - but as far as the overall experience. That's just Launceston station, the Arch centres there, but people don't always go to an Arch centre. They may go to a Devonport station where we have upgraded the room. The equipment we're using is Axon equipment. We use that for any body-worn cameras and for our interview machines as well. We're just waiting for equipment to arrive to fit out some of our other areas which we've done the room for. We just need to get the equipment to plug in.

...

**Mrs PETRUSMA** - ... What actually is the soft interview room?

**Mr BLACKWOOD** - They are rooms where you cannot see the camera. It would be like sitting in a room that's someone's lounge room, there could be a couch there or we could move things around, there will be soft toys in there as well, and there are cameras covertly positioned in the room, so it's not in your face, but obviously the people in there are aware that it's being recorded. There are electronic whiteboards there so if someone needs to sketch out what a room looks like, or if a child wants to draw on a wall they can do that as well. It's aimed to be a room where you can sit and have a really comfortable conversation, but is obtaining that evidence as well, so that they're not having to retell their story again and again.

**Ms ADAMS** - I think the really important part about the development of the soft interview rooms was that it was trauma-informed, it was informed by our key stakeholders who had the lived experience. They were able, as the Deputy has described, to ensure that the setup of that room was going to be conducive to someone feeling comfortable and safe.

**Ms LOVELL** - Will those types of facilities be available at every station around the state? If not, how far would be the furthest that someone might need to travel to be able to give their statement in an environment like that?

**Mr HIGGINS** - With the new builds we're having, St Helens ... doesn't have one, it is not conducive to build one in it now, but the new police station will. We will put one in Bridgewater, and Glenorchy. There is an Arch here in Hobart city, and Professional Standards has a room that's fitted now as well. The only area that we experience some challenges in is Queenstown, and it's really finding the best place -

**Mr HIGGINS** - We have been exploring partnerships with the health facilities down there, because our police station is not fit for a room like that. Even with any upgrades, it just

wouldn't be. We are looking at opportunities there to provide that better service for the west coast. At the moment, we will potentially be going back to Burnie.<sup>62</sup>

### Recommendation 16.6

1. The Department of Health should increase the availability of forensic medical examination services for child victim-survivors of sexual abuse to ensure all child victim-survivors can access an examination with minimal delay. To achieve this, the Department should:
  - a) train existing adult sexual assault forensic medical examination services to examine child victim-survivors
  - b) ensure, in areas of Tasmania where no sexual assault forensic medical examination services exist, suitably qualified local health professionals are trained and supported to conduct forensic medical examinations for child sexual abuse.
2. At a minimum, the training should include:
  - a) an external, recognised qualification in forensic medical examinations
  - b) external recognised training in sexual abuse care for children.

Phase 2 - 2026

Government Reported Status: In progress and on track for delivery in Phase 2

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>63</sup>*

### Committee's Assessment

The Committee notes the Government reports this Phase 2 Recommendation is being implemented, with forensic medical examination services and personnel well-developed in the South. There are, however, challenges in ensuring trained staff are available in the North, North West, and rural and regional areas of the state.

Laurel House raised as an area of urgent concern the critically limited access to FMEs in the North West of the state. The Committee notes and urges the Government to consider the additional recommendations relating to FME access provided in the Laurel House submission.

### Government Evidence

**Mrs PETRUSMA** - *The increased availability of forensic medical examinations - this is in progress. Any allegation of sexual abuse is a serious matter that needs prompt, sensitive and coordinated responses from all services involved to minimise further trauma and ensure timely forensic medical examinations are available.*

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<sup>62</sup> Commissioner Adams, Minister Ellis and Assistant Commissioner Higgins, *Transcript of Evidence*, 19 August 2024, pp. 30-32.

<sup>63</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 81.

*All children and young people presenting as victims/survivors of sexual abuse are offered a forensic examination if the alleged abuse occurred in the previous 72 hours and beyond that, if deemed clinically appropriate. The clinical examination care of children suspected of having been sexually assaulted is highly specialised work. It requires specialist training, afterhours on-call work, preparation, medico-legal reports and court appearances. Additional funding has recently been provided for the purchase of new equipment that allows Forensic Science Services Tasmania to increase its evidence storage capacity for sexual assault evidence and other samples.*

*Recent state and national discussions have also identified need to support general community hospital paediatricians to undertake sexual assault examinations for children under the age of 15 years, due to the infrequency, the need for these examinations, the importance of providing a child-centred and trauma-informed approach and the need to be across legislation, regulations and any changes to these.*

*I can indicate that we do have staff that are appropriately trained and registered to conduct forensic medical examinations within each hospital, including at the Royal Hobart Hospital with the paediatric sexual assault service. This includes 11 consultants that can undertake examinations, report writing, and can be expected to be an expert witness when required. The adult sexual assault service, which includes a permanent clinical nurse consultant and a further two registered nurses are undertaking clinical training to undertake forensic examinations. The adult sexual assault service also includes an on call roster with four RNs with the relevant clinical training to undertake forensic examinations -*

**CHAIR** - *Is it all in the south?*

**Mrs PETRUSMA** - *It is so far, but we have more in the north-west and everything else. One RN that possesses a law degree and masters in forensic and one RN that possesses their graduate certificate in forensics, and a medical GP with their graduate certificate in forensics. I can continue reading out the rest if you'd like to know.*

**CHAIR** - *It'd help to know from the other two regions, if you could.*

**Mrs PETRUSMA** - *I'll just finish off the south as well, because they also do help with the statewide service. There are also three appropriately trained and registered special forensic pathologists based at the Royal Hobart Hospital that provide a centralised statewide service managing cases that are transferred by the Department of Justice to the Royal Hobart Hospital from the Launceston General Hospital in the north-west.*

*Also, at the Launceston General Hospital, we have the hospital's Sexual Assault and Family Violence Forensic Service, known as SAFE, which includes six CNCs who have completed the relevant postgraduate training to provide a response to alleged adult sexual assaults, and six general paediatricians that support the team when a paediatric patient presents to SAFE, or general paediatricians are provided with training and responding to alleged paediatric sexual assaults during their advanced training years.*

*In the north-west, we have the hospital's north-west Sexual and Forensic Examination, and Sexual Assault Medical Service, or SAFE and SAMS, which includes one general paediatrician that supports the team when a paediatric patient presents to SAFE and SAMS; and three visiting medical officers that have the appropriate training to support SAFE and SAMS.*

Additionally, within the Tasmanian Health Service, there are several other paediatricians and gynaecologists outside of the sexual assault care teams who are trained in paediatric sexual assault examinations.

**CHAIR** - We don't have any specifically qualified nurses in that in the north-west?

**Mr WEBSTER** - We did, but unfortunately through their resignation, they're not there at the moment. ... in the smaller, particularly in the north-west, we are concerned that the model becomes too reliant on individuals. You can see in Launceston and in Hobart, we have broader teams. We are effectively from this week working with TasPol about a different model for the north-west, and also for the west coast and the two islands. This would see a broader number of staff trained, but not specifically attached to a service, so that you're not reliant on one or two people in these smaller regions. We're working on that. It's early stages. At the moment we're quite concerned about our limitations in the north-west and we're even more concerned about limitations in the remote areas.

**CHAIR** - Like Circular Head? There is a hospital there

**Mr WEBSTER** - Again, it would be an example where it'd be good to actually have staff trained more broadly at Smithton, St Helens, the east coast, west coast, both islands. It's early stages of a discussion between Ms Searle and TasPol about creating a new model...<sup>64</sup>

## Stakeholder Evidence

According to the Laurel House submission:

*Access to FMEs for children and young people are an area of particular urgency – especially in the NW. It should be noted that FMEs generally in Tasmania are under resourced which makes the delivery of best practice support more challenging. For example, children needing FMEs in the North West have been asked to travel to the LGH to have the examination due to the procedure having to be completed by a paediatrician. With limited access to paediatricians generally, and the recent parental leave for the primary paediatrician who has previously delivered this service on the NW, there is now limited access to FMEs for children on the NW Coast.*

*We implore that further action is needed urgently to address the dire state of access to these critical services.*

*In addition to the recommendations laid out in 16.6, we suggest the following also be prioritised.*

- *All Tasmanians have 24/7 access to FME services within one hour of their home location.*
- *All hospitals have forensic examiners on site or on call at all times including those qualified in paediatric FMEs.*
- *Specific focus be given to training nurses given that evidence from elsewhere in Australia and overseas indicates that forensic nurse examiners conduct the majority of FMEs in regional areas.*
- *Roles for forensic examiners be made permanent with ongoing funding and adequate administrative support available.*

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<sup>64</sup> Hon Jacque Petrusma MP and Dale Webster, *Transcript of Evidence*, 22 November 2024, pp. 44-46.

- *Dedicated safe waiting and interview spaces be co-located at every FME site, designed to be sensory friendly, child friendly, and trauma-informed.*
- *Implement a requirement that all (child) victim-survivors presenting at hospitals to be seen within 30 minutes of their arrival (allowing for clinician travel time).*
- *Explore the feasibility of having a dedicated FME site located at the NW Arch (currently under development), following Victorian models of having FME sites located in similar multidisciplinary centres*
- *Increase the NW Regional Hospital to (at a minimum) Level 5 Sexual Assault Services (currently Level 4, ideally Level 6) within the Tasmanian Role Delineation Framework to allow for the provision of paediatric FMEs and afterhours sexual assault medical services.*
- *Explore the capacity to increase the role delineation level of the following health services from Level 3 to minimum Level 4 Sexual Assault Services within the Tasmanian Role Delineation Framework to allow for the provision of FMEs more accessibly in regional areas.<sup>65</sup>*

### **Recommendation 16.7**

Tasmania Police should:

- a) establish a clear, publicly accessible process for reporting and responding to allegations of child sexual abuse against a member of Tasmania Police, including the ability to report to an entity independent of police such as the Integrity Commission
- b) expand the domestic violence review panel to cover child sexual abuse and ensure independence in investigations when a member is alleged to have been involved in child sexual abuse.

Phase 2 - 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>66</sup>*

### **Committee's Assessment**

The Committee notes the Government reports progress on implementation of this Phase 2 recommendation, including the expansion in 2023 of the remit of the Family Violence Involving Police Review Committee to also cover sexual violence and child sexual abuse involving police officers. As mentioned by external stakeholders, it is not clear how the approach of the Review Committee will be modified to address the specific nuances of child sexual abuse.

<sup>65</sup> Laurel House, 2025, *Submission #15*, pp. 48-50.

<sup>66</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 82.

The Committee also notes the Family Violence Involving Police Review Committee had not been evaluated for effectiveness prior to the expansion of remit, although external stakeholders report some reservations about its effectiveness.

It is further noted the Integrity Commission plays an oversight and auditing role of investigations relating to sworn officers. The Committee believes there is an opportunity for improved public reporting of these audits and investigations.

External stakeholders have indicated a need for greater clarity and communication to the public about the process relating to investigations of child sexual abuse allegations against police officers.

## **Government Evidence**

***Mr ELLIS** - This is a really important area, can I say, Chair, and also relates to some of the matters in regards to the Weiss review. Through Tasmania Police and the Tasmanian government more broadly, we take any allegations of child sexual abuse, particularly against police officers, very seriously. In 2022, Tasmania Police established the Family Violence Involving Police Review Committee. I pay tribute to Mrs Petrusma there as well. This provides evidence-based, timely, and transparent advice on any allegations made independently of Tasmania Police.*

*In October 2023, the remit of the review committee was expanded to involve sexual violence involving police. Child sexual abuse allegations involving police officers will be assessed in the same manner through the Review Committee's expanded remit. The terms of reference have been reviewed and updated to reflect this recommendation. The Review Committee is chaired by an independent person, Ms Deborah Bailey, to ensure transparency and independent oversight of all matters involving police. This process means that Tasmania Police has now met the recommendation of the Commission that the review panel be expanded to cover child sexual abuse and ensure independence in investigations.*

*Tasmanian Police will continue to work with the Integrity Commission to provide even greater transparency with investigations by not only notifying of matters involving police, but in providing the investigation file at the conclusion of investigations. ...*

***Ms ADAMS** - ... It is important that if there are any victim/survivors who have been subject to offending by a police officer they come forward. There is no place in Tasmania Police for that type of criminal behaviour and offending. We want victim/survivors to have confidence in our response and the fact that we will listen and take appropriate and affirmative action in relation to any criminal offending.*

*As the Minister says, at the moment we've asked the Integrity Commission to conduct audits of our completed investigations. So not only will we advise the Integrity Commission when there's serious misconduct on the receipt of an investigation, when it's complete we'll also provide the full report to the Integrity Commission for them to audit. That's in addition to most of these files going to the DPP and the Director of Public Prosecutions reviewing those files to make a decision regarding charging, which we ask the DPP to do for us.*

*We are also working to enable the public to be able to report through a public portal, to lodge complaints, which can also be anonymous, and members of the community can also make direct reports to the Integrity Commission anonymously.*

**CHAIR** - *Would you expect, Minister, that the Integrity Commission would report on all matters sent to it by police, as outlined by the Commissioner?*

**Mr ELLIS** - *Do you mean report or investigate?*

**CHAIR** - *Well, investigate, then report. Obviously, they're going to look at it. That's the purpose of sending it to them. But would you expect them to report on all of these?*

**Mr ELLIS** - *The Integrity Commission is independent of government and broadly speaking sits under the Attorney-General. I might ask Tasmania Police to comment on the process when it comes to those sorts of matters.*

**Ms ADAMS** - *I certainly don't want to step on the toes of the Integrity Commission, but they have in the past included audits of Tasmania Police complaints in their annual report. I'm not sure whether this would be within the scope of the annual report.*

**Mrs PETRUSMA** - *At which point is a notification or allegation against a Tasmania Police officer referred to the Integrity Commission? Is it only for serious misconduct, or is there a tipping point for them?*

**Ms ADAMS** - *There's actually two levels for a commissioned officer, which is an inspector and above. It doesn't matter what type of complaint it is, there is an automatic notification to the Integrity Commission. In terms of broad rank-and-file members, it's serious misconduct.*

....

**Ms WHITE** - *It's really helpful for us to understand what the process is that Tasmania Police goes through when there is a complaint against a serving officer. Obviously, this is dealing with the power imbalance that might potentially exist, real or perceived, but I'm curious to know how you might deal with other people of influence where an accusation might be made against them. If they're a statutory officer or a senior public servant or a member of parliament, is there a separate process that they are also dealt with an independent person who assesses that as part of a review, or are they dealt with through a different process?*

**Ms ADAMS** - *If there is any criminal allegation against any public member, Tasmania Police will investigate that. We'll obviously keep those investigations, as with all of our investigations, confidential and work our way through like any other criminal investigation.*

**Ms WHITE** - *I would expect that. Thank you, Commissioner. ... you've set up a new process for dealing with complaints that are raised against serving police officers with an independent person who reviews those complaints - is that correct? Do you have a similar process that might assess a complaint that's raised against somebody else who's equally as powerful or might also have ability to influence? I know that's the concern that's been raised about police officers investigating police officers and that's why you've got the process you've described. I'm curious to know if there's a similar process that might apply to other people in power in Tasmania who might have the perception of ability to influence.*

**Mr ELLIS** - *I'll just say as well, Ms White, that ultimately no-one's above the law in Tasmania and we expect Tasmania Police to operate without fear or favour. Part of the matter that you mentioned around these different processes, particularly because it's police investigating police, and you can also report to statutory offices and others directly through the Integrity Commission. ....*

**Mr BLACKWOOD** - What I'd add to that is in terms of situations like you described not involving a police officer but maybe someone more high profile and influential, it's the work we also do with victim/survivors during that time to build up that trust. That's where the Arch centres have also really added value because it might be that the victim is initially dealing with one of the support services and that referral to police, which is a trusted - what we call a warm handover - referral saying this is a police officer you can trust, go and talk to them. Building that confidence up with the victim is really important. As for really serious allegations, the files will go to the DPP for review, so there's that oversight happening at that level as well.

**Ms ADAMS** - The Integrity Commission also has the ability to audit any of our files.

...

**Ms WEBB** - I'm wondering about this new approach, new model, which I understand the rationale behind, so that police aren't necessarily investigating police when it comes to these matters. Is that an extension of the way we're now dealing with family violence matters as well, police-perpetrated family violence matters? Is it to replicate a similar approach there?

**Ms ADAMS** - Definitely the Review Committee, absolutely.

**Ms WEBB** - How long have we had that approach in place for police-perpetrated family violence matters?

**Ms ADAMS** - It would be at least 18 months before the Commission of Inquiry report was handed down.

**Ms WEBB** - Has that been reviewed -

**Mr ELLIS** - We mentioned it before, Ms Webb - 2022.

**Ms WEBB** - Has that been reviewed for effectiveness and for any improvements at all since it was instituted in the family violence space?

**Ms ADAMS** - It hasn't been subject to a review as at today's date, but there has been a review of the terms of reference to ensure they were expanded to meet the Commission of Inquiry's recommendation, so the remit of the Committee is far broader than it was when it was initially instituted.

**Ms WEBB** - But is the model that we're now expanding into this space that we initially had in place around police-perpetrated family violence regarded as successful and sufficient? Have we assessed that in the original iteration in the family violence space in order to be confident about expanding that same model now into the sexual abuse space?

**Ms ADAMS** - Apart from direct feedback from the independent chair to me and the deputy commissioner, there hasn't been any external review of the effectiveness of the committee.

**Ms WEBB** - Is that something you feel could be committed to, knowing that we are now expanding into another sensitive area, that through some sort of review process that engaged with stakeholders broadly who've been interacting with that system in the family violence space that we can have confidence it's working well and -

**Mr ELLIS** - Ms Webb, I might first say that the fact the commission of inquiry has recommended that we expand this process to include those child sexual abuse matters

clearly demonstrates that their work has shown it's been an effective and an important process. Also Ms Weiss, with her recommendations too, has clearly shown that it's been effective and important. We expect a continuous improvement always when it comes to police professional standards and any matters relating to police, but I think it's quite clear from those independent reviews and bodies that this is a strong process that, largely speaking, is an important part of our integrity architecture. I'll pass over to Tasmania Police if there's anything further to add.

**Ms ADAMS** - I'm more than happy to talk to the chair and take advice from the chair as to when we think it's appropriate to review the effectiveness of the committee. We're certainly committed to continuous improvement, as the minister said, and if that's a part of building a really strong and trusted review committee we're absolutely committed to doing it.

**Mr HIGGINS** - Perhaps if I can add to that. The committee itself, under me, has done an internal review after the first four months, around 18 months it was. I have spoken to the Chair about that, really building on the need to have that victim support area that Regina Weiss has indicated. Because at the moment, we used to have one person who essentially does that and expanding the remit has expanded the scope for that person within there to manage victims internally. That is a by-product and a recommendation from the internal review, which was also supported by the Weiss review, the need to have that victim support area. I don't think it is indicated in there as one of the recommendations.<sup>67</sup>

## Stakeholder Evidence

According to the Laurel House submission:

*As mentioned in 16.3, there is a need to address both internally to police and to communicate externally to the community the process that will be followed where there is an allegation of child sexual abuse (or other reportable conduct) against a police officer, a former police officer or members of their family. We regularly hear from victim-survivors and community members about their concerns related to how these matters will be handled, and despite our significant contact with police, Laurel House remains unclear about how these matters would be investigated in a trauma informed way.*

*We are also yet to be engaged in relation to the expansion of the domestic violence review panel and how it will ensure independence in investigations involving police. Through feedback received from colleagues in family violence services, we are aware of reservations about effective the current domestic violence review panel, and would be keen to understand how such reservations are being addressed, and how the approach of the panel will be modified to address the specific nuances of child sexual abuse.<sup>68</sup>*

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<sup>67</sup> Commissioner Adams, Minister Ellis and Assistant Commissioner Higgins, *Transcript of Evidence*, 19 August 2024, pp. 32-36.

<sup>68</sup> Laurel House, 2025, *Submission #15*, pp. 50-51.

## Prosecutions

### Recommendation 16.8

1. The Office of the Director of Public Prosecutions should provide ongoing professional development to staff on child sexual abuse, including:
  - a) specialist training on trauma-informed practice
  - b) training on issues that children and adult victim-survivors may face in giving evidence and approaches that can be taken to make the process trauma-informed, including the role of witness intermediaries
  - c) training on the laws of evidence and procedure that apply in child sexual abuse cases
  - d) training on the nature, causes and methods of child sexual abuse and grooming, including addressing common myths about child sexual abuse.
2. The Office of the Director of Public Prosecutions should also explore opportunities with Tasmania Legal Aid and the Law Society of Tasmania for joint training on the dynamics of child sexual abuse and trauma-informed practice.

Phase 2 – 2026

Government Reported Status: In progress (Independent Statutory Officer)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Professional Development and Training priority area recommendation in Collaborating for Change.<sup>69</sup>*

### Committee's Assessment

The Committee took limited evidence on this Phase 2 recommendation due to the responsible authority being an Independent Statutory Officer who was not called by the Committee to provide evidence.

In light of concerns raised by external stakeholders, the Committee notes progress on this Phase 2 recommendation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report and will take particular note of that assessment.

### Stakeholder Evidence

According to the Laurel House submission:

*We are keen to understand about the progress on this recommendation as our clients continue to receive correspondence and feedback from the Office of Director of Public Prosecutions (DPP) that suggests a lack of understanding about trauma and the impacts of trauma on the victim-survivors. We also note that the way feedback continues to be given to victim-survivors from the DPP is often felt by the victim-survivors as system abuse and in lacking an awareness of their needs.<sup>70</sup>*

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<sup>69</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 82.

<sup>70</sup> Laurel House, 2025, *Submission #15*, p. 51.

## Offences, evidence and procedure

### Recommendation 16.9

The Tasmanian Government should introduce legislation to amend the following provisions in the *Criminal Code Act 1924*:

- a) section 125A to remove all language referring to ‘maintaining a sexual relationship with a young person’ and replace it with words referring to the ‘persistent sexual abuse of a child or young person’
- b) section 124A (the position of authority offence) to cover indecent acts with or directed at a child or young person under the age of 18 by a person in a position of authority in relation to that child or young person. The offence should
  - i. not apply where the person accused of the offending is under the age of 18 at the time of the offence
  - ii. qualify as an unlawful sexual act for the purposes of the offence of ‘persistent sexual abuse of a child or young person’ under section 125A of the Criminal Code Act 1924

Phase 1 – 2024

Government Reported Status: Completed (DoJ)

Implementation Report (August 2024) extract:

*Reforms to implement this recommendation are contained within the Justice Miscellaneous (Commission of Inquiry) Bill 2024, which was introduced to the Tasmanian Parliament on 18 June 2024.<sup>71</sup>*

### Committee’s Assessment

The Committee notes the passage of the *Justice Miscellaneous (Commission of Inquiry) Act 2024* which received Royal Assent on 2 October 2024.

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<sup>71</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 40-41.

### **Recommendation 16.10**

1. The Tasmanian Government should extend the Witness Intermediary Scheme to include children who are under investigation for, or who have been charged with, sexual offences, and fund it to do so.
2. The Tasmanian Government should consider whether legislation should be enacted requiring police to use witness intermediaries in police interviews of children and young people and adults with communication needs (including defendants), relating to sexual offences.

Phase 2 – 2026

Government Reported Status: In progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a System Regulation and Monitoring priority area recommendation in Collaborating for Change.<sup>72</sup>*

### **Committee's Assessment**

The Committee took limited evidence on this Phase 2 recommendation, and notes implementation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

External stakeholders expressed support for expansion of the Witness Intermediary Scheme for children who are under investigation for, or who have been charged with, sexual offences. The Committee urges the Government to consult with relevant stakeholders to ensure this recommendation can be implemented effectively in rural and remote areas.

### **Stakeholder Evidence**

According to the Laurel House submission:

*Laurel House is supportive of the expansion of the Witness Intermediary Scheme for children who are under investigation for or who have been charged with sexual offences. We have commenced discussions with our Arch partners about creating processes that allow these children to be interviewed at the Arch, while ensuring that the needs of those who have been harmed by their behaviour are prioritised.*

*We look forward to discussing the specific challenges about implementing this recommendation in regional and remote areas where access to Witness Intermediaries is more limited, and in ensuring that both the child who has been harmed and the child under investigation has access to the service and other supports.<sup>73</sup>*

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<sup>72</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 82.

<sup>73</sup> Laurel House, 2025, *Submission #15*, p. 62.

### **Recommendation 16.11**

1. The Tasmanian Government should introduce legislation to amend the *Evidence (Children and Special Witnesses) Act 2001* to simplify the legislation to clarify when special measures are available to adults who are complainants in trials relating to child sexual abuse and allow them to:

- a) have a support person present when they give evidence in court
- b) give their evidence at a special hearing before the trial unless the judge considers that this would be contrary to the interests of justice, regardless of whether the accused consents
- c) be shielded from the view of the accused person by a screen or partition if they choose to give evidence in court.

2. The Tasmanian Government should ensure courts, public defence counsel (such as Tasmania Legal Aid) and the Office of the Director of Public Prosecutions are appropriately funded to carry out this recommendation.

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*Reforms to implement the three specific legislative amendments listed in this recommendation are contained within the Evidence (Children and Special Witnesses) Amendment Bill 2024, which was introduced to the Tasmanian Parliament on 18 June 2024. The Commission also noted wider general issues with the Act regarding simplification and rationalisation, which will be progressed separately.<sup>74</sup>*

### **Committee's Assessment**

The Committee notes that the *Evidence (Children and Special Witnesses) Amendment Bill 2024* received Royal Assent on 2 October 2024.

The Committee notes this recommendation has been implemented via the passage of the *Evidence (Children and Special Witnesses) Amendment Act 2024*. However, ongoing scrutiny will be required to assess whether adequate funding for courts, public defence counsel and the Office of the Director of Public Prosecutions is provided to fully implement this recommendation.

### **Government Evidence**

*Mr BARNETT - ...This is a phase 1 recommendation that was completed with the tabling of the Evidence (Children and Special Witnesses) Amendment Bill 2024, which aims to ensure adult complainants and child sexual abuse matters are supported by best practise mechanisms to enhance their participation in the justice process. The bill further amends the Evidence (Children and Special Witnesses) Act 2001, which is the primary legal source of supports and assistance to vulnerable witnesses that interact with the criminal justice system. The Commission of Inquiry recommended this happen so that adult complainants in child sexual abuse matters could access additional special measures. 'Special measures'*

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<sup>74</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 41-42.

*means protective and supporting mechanisms to limit, to the greatest extent practical, the distress or trauma suffered or likely to be suffered by such witnesses when giving evidence, and to ensure they're treated with dignity, respect and compassion.*

*The Act was introduced to Parliament on 18 June 2024, and was passed by the House of Assembly on 1 August 2024. It is now being considered in the Legislative Council.<sup>75</sup>*

### **Recommendation 16.12**

The Tasmanian Government should:

- a) update the audiovisual equipment available to the Supreme and Magistrates Courts
- b) discuss with the Supreme and Magistrates Courts ongoing training for relevant staff on using audiovisual equipment.

Phase 2 – 2026

Government Reported Status: In progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>76</sup>*

### **Committee's Assessment**

The Committee received limited evidence on this Phase 2 recommendation, however notes progress will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

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<sup>75</sup> Mr Barnett and Ms Bourne, Transcript of Evidence, 19 August 2024, pp. 53-54.

<sup>76</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 82.

### **Recommendation 16.13**

The Tasmanian Government should introduce legislation to extend the principles of section 13B of the *Family Violence Act 2004* to sexual assault matters, including child sexual abuse. This will ensure that where a person is acquitted in the Magistrates Court because the prosecution has informed the Court it will not be offering any evidence in support of the charge, the acquittal does not prevent admitting evidence of relationship, tendency or coincidence evidence in a later related matter.

Phase 2 – 2026

Government Reported Status: Completed (DoJ)

Implementation Report (August 2024) extract:

*Reforms to implement this recommendation are contained within the Justice Miscellaneous (Commission of Inquiry) Bill 2024, which was introduced to the Tasmanian Parliament on 18 June 2024.<sup>77</sup>*

### **Committee's Assessment**

The Committee notes the Government reports implementation of this recommendation with the passage of the *Justice Miscellaneous (Commission of Inquiry) Act 2024* which received Royal Assent on 2 October 2024.

### **Recommendation 16.14**

The Tasmanian Government should, in similar terms to sections 199, 204 and 205 of the *Criminal Procedure Act 2009* (Vic), amend the *Criminal Code Act 1924* (including section 361A) to:

- a) allow pre-trial rulings or orders to be made before the accused person has entered a plea
- b) provide that such pre-trial rulings or orders are binding on a trial judge, even where a different judge made the order, unless the trial judge considers that would not be in the interests of justice
- c) provide that such pre-trial rulings or orders apply at a new trial unless this would be inconsistent with any order or decision made on an appeal or would not be in the interests of justice.

Phase 2 – 2026

Government Reported Status: Completed (DoJ)

Implementation Report (August 2024) extract:

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<sup>77</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 83.

*Reforms to implement this recommendation are contained within the Justice Miscellaneous (Commission of Inquiry) Bill 2024, which was introduced to the Tasmanian Parliament on 18 June 2024.<sup>78</sup>*

### **Committee's Assessment**

The Committee notes the Government reports implementation of this recommendation with the passage of the *Justice Miscellaneous (Commission of Inquiry) Act 2024* which received Royal Assent on 2 October 2024.

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<sup>78</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 83.

## Recommendation 16.15

The Tasmanian Government should introduce legislation to:

- a) require trial judges to explain to juries the difficulties child witnesses often face in giving evidence in court, and the distinctive ways in which they give evidence, in cases where the reliability or credibility of a child witness is likely to be in issue, in similar terms to section 44N of the Jury Directions Act 2015 (Vic)
- b) provide that in jury trials of a person accused of a child sexual abuse offence, if a party so requests, the judge must, unless the judge considers there are good reasons for not doing so, direct the jury that
  - i. children who have been subjected to child sexual abuse respond in a variety of ways and some children who have been abused do not avoid the alleged perpetrator
  - ii. disclosure of abuse may occur over time and not all on one occasion
- c) prohibit, in similar terms to section 294AA of the Criminal Procedure Act 1986 (NSW), a judge in a trial of a person indicted for sexual offences against a child from
  - i. warning a jury against convicting the accused person solely because the only evidence is the evidence of the complainant
  - ii. directing the jury about the danger of conviction in the absence of corroboration
- d) amend the Evidence Act 2001, in similar terms to section 52 of the Jury Directions Act 2015 (Vic), to require a trial judge who considers that delay in complaining is likely to be raised in a trial for a child sexual abuse offence to inform the jury that
  - i. people react differently to sexual abuse and there is no typical, proper or normal response to a sexual offence
  - ii. some people may complain immediately to the first person they see, while others may not complain for some time, and others may never make a complaint
  - iii. it is common for a person to delay making a complaint of sexual abuse, particularly if it occurred when they were a child
  - iv. there may be good reasons why a person may not complain, or may delay complaining about sexual abuse
- e) amend the Evidence Act 2001 to provide that the warnings and directions can be
  - i. given by a judge to the jury at the earliest opportunity, such as before the evidence is called or as soon as practicable after it is presented in the trial
  - ii. repeated by the judge at any time during the trial
  - iii. given by the judge's own motion, or if requested by either party before the trial or at any time during the trial.

Phase 2 – 2026

Government Reported Status: In progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a System Regulation and Monitoring priority area recommendation in Collaborating for Change.<sup>79</sup>*

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<sup>79</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 83.

## Committee's Assessment

The Committee received limited evidence in relation to this Phase 2 recommendation, however notes progress on this recommendation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

### Recommendation 16.16

The Tasmanian Government should:

- a) fund the Supreme Court to support the professional development of judicial officers on the dynamics of child sexual abuse and trauma-informed practice
- b) consider introducing legislation dealing with the responsibility of the Chief Justice to direct the professional development and continuing education and training of judicial officers, in similar terms to section 28A of the Supreme Court Act 1986 (Vic).

Phase 2 – 2026

Government Reported Status: In progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Professional Development and Training priority area recommendation in Collaborating for Change.<sup>80</sup>*

## Committee's Assessment

The Committee notes judicial officers cannot be directed to undertake training by anyone other than the Chief Justice, and implementation of this recommendation will be facilitated by a legislative provision to enable the Chief Justice to direct the professional development of training for judicial officers.

The Committee further notes the Government reports some individual judicial officers have undertaken training on hearing sexual assault cases. Government also reports the Court and individual judicial officers have considered the appropriateness of specific professional development programs in Tasmania which focus on the dynamics of child sexual abuse and the need to be trauma informed.

The Committee strongly notes the value of public reporting by the Courts on any training undertaken by judicial officers in the areas covered in this recommendation, as a measure of transparency and accountability.

## Government Evidence

The Committee asked the Attorney-General about the training of judicial officers:

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<sup>80</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 83.

**Ms WEBB** - Is there a quality assurance process occurring on that training they are sourcing? Noting that you've said given their independence we're letting them source their own, what is the quality assurance there from the state's point of view? ...

**Ms BOURNE** - Without being able to - nor should there be an opportunity for independent judicial officers to be explicitly directed in light of their independence - there is certainly through discussions that we have with registrars and administrators the opportunity for the department to share advice around what has already been provided and what we're aware of that may be best placed for their organisation.

Coming out of recommendation 16.16 is the ongoing consideration of a legislative provision to enable the Chief Justice to direct the professional development of training for judicial officers. That quality assurance, in one sense, is the discussion that the commission's report has enlivened amongst agencies as well as these officers about making sure they source the best training. I think we've mentioned Blue Knot today, Justice Benjamin providing continuing professional development to Tasmanian-based legal practitioners and agency staff and the work that the State Litigators Office is doing for the work in October. There is an awareness of what each entity is doing and advice provided about appropriateness or otherwise, without explicitly being able to instruct a particular office to undertake certain training.

**Ms WEBB** - ... back on 16.16 when we were talking about those judicial officers and training that you've just been describing, that's phase 2, but has it commenced? Can you report back on whether there is any training for judicial officers that has commenced and where that was sourced from?

**Ms BOURNE** - The court and its individual judicial officers already undertake training. They're certainly currently considering the appropriateness of further professional development programs in Tasmania specifically focused on the dynamics of child sexual abuse and the need to be trauma informed. I understand there is a planned conference for March 2025 that the National Judicial College of Australia is convening on managing sexual assault hearings, which is coming to Hobart to be delivered to our judiciary. I also understand that recently there have been some opportunities utilised by judges in Tasmania through a national justice forum on sexual assault, so it certainly is happening. Judges fairly regularly avail themselves of opportunities, particularly through the National Judicial College. This work really continues that discussion, particularly about how we can potentially look to other jurisdictions and their approach about how they formalise this framework.<sup>81</sup>

**Ms WEBB** - Thank you, that makes sense. That suggestion in 16.16, which relates to potential legislation dealing with the responsibility of the Chief Justice being able to direct - whose decision is it as to whether that legislation is progressed? Noting it does sort of impinge into that independent space, how does the decision-making about progressing that work?

...

**Mr PATERSON** - ... the government has committed to implementing that recommendation, which involves considering making that legislative change, and that it changes actively

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<sup>81</sup> Mr Barnett, Ms Bourne and Mr Paterson, *Transcript of Evidence*, 19 August 2024, pp. 91-93.

*under consideration and might proceed in the nearish future. The change gives the Chief Justice the ability to direct training. That aspect of it preserves the independence of the court as an institution.*

**Ms WEBB** - *But there's not an impediment to legislating that the Chief Justice can do that?*

**Mr PATERSON** - *No. There are already explicit provisions in the Magistrates Court similar to this particular recommendation for the Supreme Court.*

**Ms WEBB** - *On the training of judicial officers, do we expect to see that reported on in annual reports, for example, of the courts, so that we can see what's transpired in any given year?*

**Mr PATERSON** - *The Secretary may have a better memory than I do. I think the Magistrates Court would report on training. Perhaps the Supreme Court already reports on training that it's doing at the moment.<sup>82</sup>*

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<sup>82</sup> Mr Barnett, Ms Bourne and Mr Paterson, Transcript of Evidence, 19 August 2024, pp. 91-93.

## After a conviction

### Recommendation 16.17

The Tasmanian Government should ensure preventive programs for adults who are at risk of abusing, or have abused, children are available beyond the custodial setting. These programs should be:

- a) properly funded
- b) align with the practice guidelines issued by the Association for the Treatment and Prevention of Sexual Abusers
- c) include a monitoring and evaluation process.

Phase 2 – 2026

Government Reported Status: In progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>83</sup>*

### Committee's Assessment

The Committee received limited evidence in relation to this Phase 2 recommendation, however notes progress on this recommendation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

The Committee supports the call from stakeholders for investment in workforce development, training and capacity building to ensure this recommendation can be delivered.

### Stakeholder Evidence

Deb Tsorbaris, the Centre for Excellence in Child and Family Welfare, advocated for the Government to prioritise this recommendation:

*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 [Recommendations 6.1, 16.17, 18.1], 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.<sup>84</sup>*

According to the Laurel House submission:

*Laurel House is concerned that there has been no obvious progress on this recommendation, and that for this recommendation to be successful there needs to be investment in workforce development and stakeholder engagement. Given the significant workforce shortages in specialist therapeutic services, investment in*

<sup>83</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 83.

<sup>84</sup> Deb Tsorbaris, Transcript of Evidence, 27 February 2025, p. 18.

*workforce development, training, and capacity-building is essential to ensure these programs can be effectively delivered. Engagement with victim-survivors and victim support services is critical to shaping these programs in ways that prioritise accountability, victim safety, and trauma-informed practice, ensuring that prevention efforts do not inadvertently cause further harm.<sup>85</sup>*

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<sup>85</sup> Laurel House, 2025, *Submission #15*, p. 62.

## The language of consent

### Recommendation 16.18

1. The Tasmanian Government should introduce legislation to amend section 11A of the *Sentencing Act 1997* to provide that, in determining the appropriate sentence for an offender convicted of a child sexual abuse offence, the acquiescence or apparent consent of the victim is not a mitigating circumstance.
2. The Director of Public Prosecutions should amend its *Prosecution Policy and Guidelines* to make it clear that in child sexual abuse matters where consent is not an element of the offence, then the language of consent should not be used by prosecutors.
3. Professional education for judicial officers (Recommendation 16.16) and prosecutors (Recommendation 16.8) should include challenging the myths and misconceptions about consent in relation to child sexual abuse.

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*Reforms to implement this recommendation are contained in the Justice Miscellaneous (Commission of Inquiry) Bill 2024, which introduced to the Tasmanian Parliament on 18 June 2024.<sup>86</sup>*

### Committee's Assessment

The Committee notes the *Justice Miscellaneous (Commission of Inquiry) Bill 2024* received Royal Assent on 2 October 2024.

The Committee notes the Government reports this recommendation as complete with the passage of the *Justice Miscellaneous (Commission of Inquiry) Act 2024*, and the updating of the Director of Public Prosecutions Policy and Guidelines.

The Committee further notes professional education for judicial officers and prosecutors on myths and misconceptions about consent in relation to child sexual abuse, and any resultant change in practice, is yet to be demonstrated and will need to be further assessed.

### Government Evidence

*Mr BARNETT - This is another phase 1 project that has been completed. It's with amendments to the Sentencing Act 1997 before the parliament. The Director of Public Prosecutions Policy and Guidelines have been updated and are publicly available. The recommendation's aim is to improve understanding of and change the language of consent used by the judiciary and legal professionals to avoid reinforced outdated understandings of*

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<sup>86</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 42.

*child sexual abuse. It did so through three parts. Part one required a legislative amendment; parts two and three related to guidelines and professional education for prosecutors and judicial officers. Part one related to the Justice Miscellaneous (Commissions of Inquiry) Bill 2024, which was read the first time in the House of Assembly on 18 June 2024, meeting the Commission's target of 1 July. I can outline more details around the bill, but on 1 August the bill was read a second time in the House of Assembly. It was read into the Legislative Council, I'm advised, on 2 August.<sup>87</sup>*

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<sup>87</sup> Minister Barnett, *Transcript of Evidence*, 19 August 2024, p. 54.

## Responses to children and young people displaying harmful sexual behaviours

### Recommendation 16.19

We encourage the courts to consider using their powers to direct young people engaging in harmful sexual behaviours who are charged with a criminal offence to specialist therapeutic services.

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*This recommendation has been implemented via updated procedural and administrative arrangements.<sup>88</sup>*

### Committee's Assessment

The Committee notes the Government reports implementation of this recommendation as complete with the signing of an MOU between the Department of Justice and the Sexual Assault Support Service which delivers the Prevention, Assessment, Support and Treatment (PAST) program in the South of the state. This MOU creates a pathway for the courts to direct young people into the program.

The Committee further notes Laurel House - the organisation which delivers the PAST program in the other regions of the state - is not a signatory to the MOU and has indicated feedback provided on the draft MOU has not been incorporated or addressed.

Laurel House states it was advised the MOU would be reviewed after six months. The Committee urges the Government to include all key stakeholders in any review process and give consideration to their feedback.

The Committee notes data collection on demand for services and court referrals to relevant services will be required to demonstrate commitment to, and full implementation of, this recommendation.

### Government Evidence

*Mr BARNETT - ... another phase 1 item which has been completed by 1 July 2024, and is funded under existing resources. The sexual abuse of children and young people by other children and young people is known as harmful sexual behaviours. The government accepts and understands that targeted therapeutic intervention for children and young people who are displaying harmful sexual behaviour can reduce or eliminate that harmful behaviour. Research suggests that early intervention can significantly reduce the risk of re-offending. Young people displaying harmful sexual behaviours are dealt with by the courts in the*

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<sup>88</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 42.

*specialist Youth Justice division of the Magistrates Court and in very serious matters by the Supreme Court.*

*Under Tasmanian law, the rehabilitation of children is a primary goal for the court's engagement with children and young people who have been charged with an offence. The Sexual Assault Support Service administers the Prevention, Assessment, Support and Treatment program, or PAST, a specialist therapeutic service targeting children and young people aged 17 and under who display harmful sexual behaviours. The PAST program is delivered by Laurel House in the north and north-west of the state.*

*Prior to 1 July 2024, the courts did not have an established pathway to direct young people displaying harmful sexual behaviours into specialist therapeutic service, so to facilitate the implementation of this recommendation, my department and the PAST program have signed an MOU that creates a pathway for the courts to direct young people into the PAST program.*

*The Department of Premier and Cabinet is leading the development of a whole-of-government reform strategy to identify, prevent and respond to harmful sexual behaviours in response to the Commission's recommendation 19.1. DPAC is also leading the coordination and funding of a therapeutic services system for people who have experienced or displayed harmful sexual behaviours in response to recommendation 21.1. This referral pathway complements that broader piece of work to support young people who are impacted by or displaying harmful sexual behaviours. My Department is working closely with DPAC in the development of service systems to ensure the courts can access and utilise all specialist therapeutic intervention services.*

**Ms LOVELL** - ... have SASS and Laurel House, the organisations you named as running/providing these services, been provided with additional funding to be able to do that and is that ongoing?

...

**Ms BOURNE** - Our understanding is that the services are funded to deliver this program, noting that funding comes from the Department of Premier and Cabinet which is also responsible for doing that broader work during phase 3 to make sure there are sufficient programs and services for young people exhibiting these behaviours. I understand that given the relatively new memorandum of understanding, there is a view to monitor the demand for that service to make sure there are appropriate levels of support to ensure it can be delivered to those young people.<sup>89</sup>

## **Stakeholder Evidence**

According to the Laurel House submission:

*While a Memorandum of Understanding (MOU) was finalised between SASS and the Department of Justice, Laurel House has concerns regarding the process undertaken to meet the 1 July 2024 deadline and the likely effectiveness of the MOU. Key discussions did not occur prior to or following its development.*

*Although Laurel House was initially included in the discussions, our feedback (summarised below) was not incorporated into the finalised MOU, nor were we invited to be a signatory—apparently based on advice from DPAC, despite our direct service contract with DPAC for the delivery of harmful sexual behaviour services.*

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<sup>89</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 54-55.

*In June 2024, we were informed that, while Youth Justice and CAMHS were included in the draft MOU, they were not signatories to the finalised version. We understand that the CAMHS forensic team refrained from signing due to their lack of capacity but were positively engaged in discussions. Additionally, we were informed that the Courts had not been briefed on or provided with a copy of the MOU or any associated guidance material. While we assume this has since occurred, we have not received confirmation.*

*We were also advised in June 2024 that the MOU, signed by the Department of Justice and SASS, would undergo a review after six months and that the Department of Justice hoped Youth Justice and CAMHS would join at a later stage. However, Laurel House has not been included in any subsequent discussions regarding the review process for the MOU.*

*Summary of feedback provided on the initial MOU draft which was not integrated into the signed MOU:*

*We previously provided the feedback that the draft MOU referred to the work of SASS and Laurel House as “support,” while CAMHS was described as “specialist.” We recommended rephrasing to acknowledge SASS and LH as providing specialist therapeutic support in harmful sexual behaviour (HSB), reflecting trauma-specialist expertise. We noted that in our experience that CAMHS rarely engages with HSB cases unless mental health is a factor, and their involvement in the MOU and support for children and young people with HSB lacked clarity regarding their model of care, referral criteria, and prioritisation of referrals from SASS and LH when mental health is the primary concern.*

*We also suggested that the MOU better emphasise the voluntary nature of referrals and ensure the voice of the child, as required under the Youth Justice Act, is central to the process.*

*Finally, we raised concerns about how information was shared with the courts. While this may not have needed to be explicitly addressed in the MOU, we emphasised the importance of SASS and LH retaining the ability to provide reports or summaries informed by the child or young person, without being required to share case files or counselling notes.<sup>90</sup>*

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<sup>90</sup> Laurel House, 2025, *Submission #15*, pp. 11-13

## Monitoring and evaluation

### Recommendation 16.20

1. The Department of Justice should:

- a) prioritise collecting and publishing key data about institutional child sexual abuse, including
  - i. the number of reports of child sexual abuse made to police
  - ii. police, prosecution and court outcomes of reports, and reasons for outcomes, including the reasons why cases did not proceed
  - iii. the time between reporting, charging or a decision not to progress, and prosecution
  - iv. whether the abuse took place in an institutional setting
  - v. basic demographics of victim-survivors and alleged perpetrators (for example, age, gender and Aboriginal status)
  - vi. trends in relation to particular groups, including Aboriginal people
- b) support the Office of the Director of Public Prosecutions to improve its data collection for child sexual abuse cases so it can effectively monitor
  - i. the cases on which police seek advice, that proceed to court and that are discontinued, including the reasons for discontinuance
  - ii. the number, type and success rate of appeals in child sexual abuse matters
- c) cause periodic surveys to be conducted and published with victim-survivors of child sexual abuse on their experience and satisfaction with the criminal justice system, including on whether the victim-survivor
  - i. felt listened to
  - ii. felt believed
  - iii. understood the process
- d) iv. was kept informed of the progress of the case.

2. The Sentencing Advisory Council should periodically review trends in sentencing for child sexual abuse offences in Tasmania and compare them with sentencing outcomes for equivalent offences in other Australian jurisdictions.

Phase 2 – 2026

Status: In progress (DOJ)

Implementation Report extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Information Sharing priority area recommendation in Collaborating for Change.<sup>91</sup>*

### Committee's Assessment

The Committee notes the Government reports some progress in implementing this Phase 2 recommendation, with a request to fund a data analyst position to enable data collection and publication work to progress in a timely manner.

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<sup>91</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 84.

It is further noted the Government has identified data gaps and the need to provide for the sharing of data between some Departments to implement this recommendation.

The Committee considers there is significant work to be done to complete implementation of this recommendation, including periodic surveying of victim-survivors of child sexual abuse on their experience and satisfaction with the criminal justice system and periodic review by the Sentencing Advisory Council of trends in sentencing for child sexual abuse offences in Tasmania.

### **Government Evidence**

*Mr BARNETT - ... Work is underway to implement this recommendation by the Commission of Inquiry's stipulated timeframe of 1 July 2026. Funding of a dedicated data analyst position has been requested to enable data collection and publication work to progress in a timely manner. Some of the key data required to be collected and published is maintained by the Department of Police, Fire and Emergency Management, in particular Tasmania Police as the holder of the originating record.*

*Some other key data points are currently collected by both the Department of Justice, DPP, the Supreme Court, Magistrates Courts and DPFEM, but not necessarily in a format or a reporting category required by the recommendation. Where key data is not currently collected, systems and processes in both my department and DPFEM will be amended to satisfy the recommendation and the extent of these amendments is not currently known. Early investigations into data collection, source systems and required data-sharing requirements have been undertaken and have identified the gaps between what is currently collected and what the commission advises.*

*Key data held by DPFEM will need to be shared with my department in a safe and secure manner and in a format that will allow reports to be compiled and published. A multi-agency working group encompassing my department's office of the Chief Information Officer, the Director of Public Prosecutions, Supreme Court, Magistrates Court, Victims of Support Services, Safe at Home and the Sentencing Advisory Council and Department of Police, Fire and Emergency Management has been established to consult on the best way to achieve these outcomes.<sup>92</sup>*

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<sup>92</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 55-56.

## Chapter 17 – Redress, civil litigation and support

### The National Redress Scheme

#### Recommendation 17.1

1. The Tasmanian Government should ensure victim-survivors of child sexual abuse in Tasmanian Government institutions have access to a redress scheme irrespective of when the abuse occurred, when they were born or whether they have committed a serious offence.
2. To achieve this outcome, the Tasmanian Government should advocate at a national level for:
  - a) the National Redress Scheme to apply to child sexual abuse in institutions experienced on or after 1 July 2018, with no specified closing date for applications
  - b) changes to the National Redress Scheme that will allow access to redress for people sentenced to imprisonment for five years or longer for a state, territory, federal or foreign country offence.
3. If the National Redress Scheme is not extended, the Tasmanian Government should itself establish a redress scheme for victim-survivors of child sexual abuse in Tasmanian Government institutions, with no specified closing date for applications to be made.
4. The design and operation of any Tasmanian redress scheme should:
  - a) ensure delays are minimised and that applications for redress are handled in a sensitive and trauma-informed manner
  - b) incorporate relevant recommendations made in the Second Year Review of the National Redress Scheme
  - c) make it available to people sentenced to imprisonment for five years or longer for a state, territory, federal or foreign country offence
  - d) allow information to be shared to reduce current risk to children wherever possible, and to facilitate disciplinary action and reporting to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme and the Independent Regulator under the Child and Youth Safe Organisations Act 2023 (Recommendation 12.5).

Phase 3 – 2029

Government Reported Status: Partially completed (DOJ)

Implementation Report extract: NA

#### Committee's Assessment

The Committee notes the Government reports some progress in implementing this Phase 3 recommendation, including meeting its commitments currently as a member of the National Redress Scheme and advocating at the Ministers Redress Scheme Governance Board meeting for extending and expanding the Scheme in line with this recommendation.

It is further noted decisions on the expansion or extension of the National Scheme or establishment of a state-based scheme are yet to be made, but will need to be considered and finalised two years prior to the 2028 end date for the Scheme.

## Government Evidence

**Mr BARNETT** - This is the redress recommendation, it is a phase 3 recommendation. That work to implement the recommendation is partially completed, ahead of the timeframe of 1 July 2029. As a state, we joined the National Redress Scheme as a participating institution on 1 November 2018. An offer of redress through the scheme can include a monetary payment, access to counselling and direct personal response such as an apology from the institution concerned.

The Commission noted the overall intention of the scheme is to allow victim/survivors to seek recognition and justice from the institution in which their abuse occurred. It has heard evidence of the mixed experiences of victim/survivors making claims under the scheme and identified some areas for improvement. This included barriers to eligibility, for example only available to victim/survivors who were abused before 1 July 2018 and the scheme expires on 30 June 2028 and barriers related to imprisonment, criminal history and other factors.

For your interest, Chair, I attended the Ministers Redress Scheme Governance Board meeting in Adelaide a few weeks ago alongside my national counterparts. At this meeting, I made representations to other jurisdictions about the merit of the extension and expansion of the National Redress Scheme in line with the Commission's recommendations. At the meeting there was no consensus between jurisdictions on the extension and expansion of the national scheme. Given the timeframes involved, my department's now exploring the available options, including continued advocacy at a national level for an extension to the national scheme, as well as exploring options to establish an ongoing state based redress scheme to follow the closure of the national scheme. There is still more work to do in that regard.

**Ms WHITE** - ... It is quite a big decision to establish a state-based scheme if the consensus cannot be reached at a national level. What is the timeline for you making a decision about whether you will do that?

**Mr BARNETT** - That is a good question and something we are actively considering at the moment in the Department. Obviously, the scheme concludes in June 2028, but there is a timeline two years prior to that when notice has to be provided in terms of the future of the scheme. We have these matters under active consideration and will need to consider those options certainly within the next 12 months. ...

...

**Ms WHITE** - Are you able to provide an update on how many applicants have been from Tasmania to date and as a global sum? I presume it is appropriate to also disclose what the liability has been from the government in providing them redress.

**Mr BARNETT** - ... The advice I have is at 31 July 2024, the number and total value of offers accepted by redress applicants made against the Tasmanian government:

- Total requests received was 1305;
- Requests returned 1267;
- Claims not approved or withdrawn, 149;
- Offers made, 875;

- *Offers accepted, 830; and*
- *Total offers accepted, \$63,915,564.77*
- *The average offer accepted is \$77,099.68*

**Ms WHITE** - *Thank you. Have you noticed there are fewer people making application now because the scheme has been operating for a while? I would expect at the time it opened, there would have been an influx of applications. Perhaps, that's changed over time, ...*

**Mr BARNETT** - *... in my understanding there haven't been further claims in recent times. I've given you the figures at 31 July 2024. ...*

**Ms BOURNE** - *... Interestingly, the redress team within our CARCRU unit has seen an increase in the number of claims made. Unfortunately, I don't have a breakdown in front of me, but I think it's true to say that was not expected, given the time within which we are in the scheme's history and the expectation it will soon cease.*

...

**Ms WHITE** - *... You have two years before the scheme closes to decide what steps the state might then take about choosing to establish the state-based scheme between 2026?*

**Mr BARNETT** - *... There's a review period prior to 2028 for all the jurisdictions to have input to and to consult upon. I think in and around that time will be the appropriate time to decide our way forward in Tasmania. We do want to protect and support the interests of our victim/survivors and those who benefit from this scheme. We take it very seriously and we will certainly be part of that review process.*

*I've already expressed the views of the government at the recent board meeting with other ministers and the federal minister. There's no consensus at this stage in terms of an extension of the federal scheme. ...*

**Ms WHITE** - *What was Tasmania's position with respect to how long you think it should be extended for?*

**Mr BARNETT** - *We don't have a fixed view on that at this stage. We're just looking at the options to ensure the interests of our victim/survivors and those who can benefit from the scheme will not be timed out, as it were, as a result of the scheme concluding at a fixed date. It's been going since 2018 and we are now 2024. We have some time to go, but we take it very seriously. We want to make sure the interests of our vulnerable Tasmanians are best represented.<sup>93</sup>*

## **Stakeholder Evidence**

Tasmania Legal Aid noted the Tasmanian Victim-Survivors of Child Abuse Legal (TasVOCAL) was launched in August 2024 by TLA with funding from Government after the Commission of Inquiry identified the need for better access to justice for people who, as children, experienced abuse in institutional settings.

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<sup>93</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 56-58.

*For most survivors who have been failed by institutions in the past, it takes enormous courage to begin this legal process. We also know that many survivors are fearful of police, lawyers and social workers because these services are often connected to their past traumas.*

*TasVOCAL aims to make the process easier for survivors and help them understand their rights and the legal redress options open to them including obtaining a meaningful apology.*

*Once a person has considered their options, TasVOCAL can accompany them to attend with an appropriate specialist and prepare a brief that prevents the person having to recount their story over and over again.*

*This recommendation has been successfully implemented and TasVOCAL has assisted many people statewide to access redress and compensation processes.*

*The recent change to the National Redress Scheme access requirements recommended by the Commission of Inquiry (recommendation 17.1- 2b) to include people serving prison sentences for 5 years or longer is welcomed by TLA to enable more victim-survivors to access the scheme.<sup>94</sup>*

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<sup>94</sup> Tasmania Legal Aid, 2025, *Submission #4*, p.8.

## Civil litigation

### Recommendation 17.2

1. The Tasmanian Government should ensure all lawyers who act for the Tasmanian Government in civil claims relating to child sexual abuse receive regular professional development on:
  - a) the nature and effects of child sexual abuse, including institutional child sexual abuse, perpetrator tactics and impacts on victim-survivors
  - b) how to consider these effects when victim-survivors are involved in civil litigation processes.
2. The Solicitor-General or the new State Litigation Office should issue and ensure compliance with guidelines relating to:
  - a) trauma-informed management of settlement processes and conferences in child sexual abuse cases
  - b) whether and when legal professional privilege should be claimed by the Tasmanian Government in relation to medical reports or expert evidence, adopting the principle that generally legal professional privilege should be waived
  - c) making apologies before reaching a final settlement.

Phase 2 – 2026

Government Reported Status: In progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Professional Development and Training priority area recommendation in Collaborating for Change.<sup>95</sup>*

### Committee's Assessment

The Committee took limited evidence on this Phase 2 recommendation. However, the Committee notes progress on this recommendation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

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<sup>95</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 84-85.

### Recommendation 17.3

1. The Attorney-General should issue guidelines to clarify the respective roles of the Solicitor-General and the new State Litigation Office, departmental secretaries and other agency heads where Tasmanian government agencies are engaged in the conduct and settlement of civil litigation arising from allegations of child sexual abuse.
2. The Treasurer's Instruction relating to obtaining external legal advice should be amended to:
  - a) make it consistent with the Attorney-General's guidelines on civil litigation arising from allegations of child sexual abuse
  - b) specify the circumstances in which departmental secretaries and other agency heads should be able to seek external legal advice on matters related to child sexual abuse.

Phase 1 – 2024

Government Reported Status: Competed (DOJ)

Implementation Report (August 2024) extract:

*Revised guidelines have been implemented by the Principals of Crown Law. Amendments to the Treasurers Instructions were not required due to the establishment of the State Litigation Office.<sup>96</sup>*

### Committee's Assessment

The Committee notes the Government reports the guidelines have been updated to respond to this recommendation. The Attorney-General advised the Committee that when these guidelines are read in conjunction with the Treasurer's Instructions (FC-17), there is no further need to alter these Instructions as recommended by the Commission of Inquiry.

Further noted is the model litigant policy which applies to the Crown, outlined in model litigant guidelines under the oversight of the State Litigator. The Committee observes compliance with the model litigant policy is not monitored or measured, with no data collected on complaints raised in relation to alleged breaches.

The Committee considers it will be important to assess the extent to which the Government's implementation of this recommendation is effective in practise.

### Government Evidence

*Ms WEBB - There's a number of Commission recommendations that touch on changes to improve responses - to how we deal with these things legally and through court processes. I want to confirm that we have a model litigant policy and that that policy applies to Crown lawyers, the officers of the Solicitor-General, et cetera, and that they need to apply that policy. That is correct, yes?*

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<sup>96</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 43.

**Mr BARNETT** -Yes, is the answer.

**Ms WEBB** - What I am wondering about, then, is how we are monitoring to ensure compliance and that that policy is being upheld. What oversight is there of the application of that model litigant policy?

**Mr BARNETT** - Thanks very much for the question. It is an important policy, the model litigant. We did discuss this at some length during the debate last year on the state litigator legislation. This model and policy apply across those various parts of government that you made reference to. I will see if the acting secretary can add to that answer.

**Ms BOURNE** - There are a number of ways in which the application of model litigant guidelines are monitored. Instructing agencies provide instructions to the state litigation office to undertake the litigation on their behalf. That litigation is overseen by the court, ordinarily, or if it proceeds to mediation before it gets to court. The state litigator and his office are doing a lot of work to make sure that model litigant guidelines are at the forefront of every advice that they provide to instructing agencies.

In terms of there being a formal framework as such, no, but it really sits within the purview of each of the principals of Crown Law to make sure that their guidelines are upheld and followed. I think it is true to say that plaintiffs and their representatives, where they have them, will often ensure or certainly advise if they feel that those model litigant guidelines are not being put into practice in the conduct of each matter.

**Ms WEBB** - What would that process look like? Who would they bring that concern to? How would it be assessed and adjudicated?

...

**Ms BOURNE** - Further to Ms Webb's question, the nature of the culture that the state litigator is developing, in terms of making sure that the practice is trauma-informed and ensuring adherence to those model litigator guidelines and other guidelines around the management of the state civil litigation, means that I think there's often, without speaking for Mr Rapley SC [State Litigator], an approach where plaintiffs' counsel will make it known to him or the relevant legal practitioner if they feel that a mediation or a matter is not being undertaken in that way. I think there is that openness, particularly with these matters, where the state litigation office really does from the outset seek to treat each matter in a trauma-informed way, including engaging with counsel about how that matter is progressed.

**Ms WEBB** - ..., how would we know that that is happening consistently? ... - for example, in this past year, were concerns raised about breaching the model litigant guidelines x number of times in particular matters? What was done as a result? Is there a pattern in concerns that are raised, ...?

...

**Ms BOURNE** - ... the State Litigator, as a prescribed officer, is responsible in many ways for ensuring that matters are handled in a trauma-informed manner. As the Attorney-General has outlined, they are in the process of revising those guidelines, with responsibility to making sure that all legal practitioners within that team do that. I think other counsel, the agencies that provide the instructions, and the courts provide a great deal of oversight in

making sure that the way in which those matters are managed accords with the intent of the Commission's recommendation.

...

**Mr BARNETT** - ... and I note that the state litigator has oversight of these matters and, you know, we treat it very seriously and this training that I've outlined already is - they are currently going through the training. They have another session in October in terms of operating in a trauma-informed way. This started last year. We're working through it this year. The training is underway. The guidelines are rolling out and people are acting in accordance with the guidelines. That's what we hope and that's clearly the objective that we will have plenty of more opportunity to monitor and manage going forward.

**Ms WEBB** - That's where my question went actually - about how we're monitoring because if we're not monitoring in some way, then we can't know how we're going into the future with this. I'm looking for an indication of how we are proactively monitoring this going forward.

**CHAIR** - May be the committee can do it.

**Ms WEBB** - Well, not if we can't actually get information about it. If it's not being collected in some sense, information about concerns raised or frequency of issues raised about potential breaches, all those sorts of things we could contemplate measuring here, then how will we know?

The reason I'm asking is, this is fairly important because the commission identified incredibly poor behaviour in litigation on the part of the state in a distinctly non trauma-informed way. You know, instructions about raising the issue of consent being given by children and all sorts of things that were the furthest from trauma-informed we can imagine. That's why these recommendations are here. I'm still asking how are you going to know?

**Mr BARNETT** - Through you, Chair, I want to acknowledge the concerns that the member is raising. We take it very seriously as a government and that's why across our judicial system this trauma-informed approach is deemed top priority. There is training and education and awareness. It's been led obviously in the civil litigation space by the state litigator who oversees that. I meet with the state litigator on a regular basis.

**CHAIR** - You're now getting repetitive, minister. Yes.

**Mr BARNETT** - Yes, and my point is, it's across the courts, the DPP, across our judicial system and the Department of Justice - we take it seriously. This is being rolled out as we speak. The implementation monitor will be in place in the not-too-distant future and we're more than happy to have ongoing feedback from the public or anywhere else. If there are concerns raised, they should feel free to raise them directly with me or the department.<sup>97</sup>

The Attorney General was asked to comment on Recommendation 17.3, part 2:

**Ms WEBB** - Recommendation 17.3 and part 2 of that, ... I think the update said that that was not regarded now as necessary. ... Did you provide information about that in your overview? ...

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<sup>97</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 59-63.

**Mr BARNETT** - .... In terms of why there were no amendments to the Treasurer's Instructions, the Commission stated in recommendation 17.3, part 2, subsection (a), that the Treasurer's Instructions should be consistent with the draft guidelines and that they should:

*... specify the circumstances in which departmental secretaries and other agency heads should be able to seek external legal advice on matters related to child sexual abuse ...*

*Treasurer's Instructions FC-17 Engagement of Legal Practitioners stipulates in clause 17.8 that:*

*... the accountable authority State Service Agencies must not directly engage external counsel or commercial legal services without the written agreement of Crown law ...*

*This was perceived by the Commission to be a barrier to agencies being able to elect to resolve a matter that incorporated non-legal or financial considerations such as moral or reputational responsibilities or risks. The revised guidelines strike the right balance to ensure agencies can consider flexible responses to civil claims whilst also ensuring that the state receives consistent legal advice. This means that the potential need to seek external legal services as perceived by the Commission is no longer a potential issue, therefore both the guidelines and the Treasurer's Instructions provide for when external legal services can be engaged which is with the consent of Crown Law.*

**Ms WEBB** - So if they're read in conjunction with each other you don't need to update the Treasurer's Instructions as per that recommendation? ...

...

**Mr BARNETT** - Yes, correct.<sup>98</sup>

The Attorney-General confirmed that the guidelines are available on the Solicitor General's website.<sup>99</sup>

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<sup>98</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 59-63.

<sup>99</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, p. 64.

## Apologies

### Recommendation 17.4

The Tasmanian Government should ensure individual victim-survivors of child sexual abuse who request an apology receive one. Proactive steps should also be taken to offer an apology to victim-survivors who make contact in relation to their abuse.

The apology should include:

- a) the opportunity to meet with a senior institutional representative (preferably the Secretary) and receive an acknowledgment of the abuse and its impact
- b) information about the victim-survivor's time in the institution
- c) information about what steps the institution has taken or will take to protect against further sexual abuse of children, if asked.

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*DOJ has implemented a framework for Tasmanian Government Agencies to ensure that individual victim-survivors of child sexual abuse who request an apology receive one that is meaningful, sensitive and trauma-informed. The Justice Miscellaneous (Commission of Inquiry) Bill 2024 also includes amendments promoting key aspects of apologies.<sup>100</sup>*

### Committee's Assessment

The Committee notes the Government reports this recommendation as completed with the *Justice Miscellaneous (Commission of Inquiry) Act 2024* receiving Royal Assent on 2 October 2024, and the development of a written resource on how to deliver trauma-informed apologies to victim-survivors of child sexual abuse.

### Government Evidence

*Mr BARNETT - ... this is from 1 July 2024 and it's been completed ahead of the deadline. ...My department's Child Abuse Royal Commission Response Unit, or CARCRU, has developed a written resource for senior representatives of Tasmanian government institutions on how to deliver trauma-informed apologies to victim/survivors of child sexual abuse and I've endorsed that resource. The resource provides an overview of how victim/survivors who seek an apology but are not engaged in formal redress or civil litigation can receive apologies from Tasmanian institutions, outlines trauma-informed principles and how these can be applied throughout the apology process, and provides guidance on apologising to adults, children and young people. The resource has been informed using evidence from national best practice, consulting people with lived experience of child sexual abuse and feedback from senior representatives with experience in participating in an apology process. It is taken very seriously.<sup>101</sup>*

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<sup>100</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 43-44.

<sup>101</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 63-64.

### Recommendation 17.5

The Tasmanian Government should introduce legislation to amend the *Civil Liability Act 2002* to ensure that an apology in relation to child sexual abuse can be made without amounting to an admission of liability.

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*Reforms to implement this recommendation are contained within the Justice Miscellaneous (Commission of Inquiry) Bill 2024, which was introduced to the Tasmanian Parliament on 18 June 2024.<sup>102</sup>*

#### Committee's Assessment

The Committee notes the Government reports this recommendation as completed with the *Justice Miscellaneous (Commission of Inquiry) Act 2024* receiving Royal Assent on 2 October 2024.

#### Government Evidence

**Mr BARNETT** ...we've tabled the amendments to the *Civil Liability Act 2002* to ensure that an apology in relation to child sexual abuse can be made without amounting to an admission of liability. These amendments are contained in the *Justice Miscellaneous (Commission of Inquiry) Bill 2024*, introduced and first read on 18 June, meeting the Commission's 1 July deadline, so we've met that. ....<sup>103</sup>

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<sup>102</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 44.

## Support for victims of crime

### Recommendation 17.6

The Department of Justice should ensure that:

- a) in relation to claims for financial assistance under the Victims of Crime Assistance Scheme, delays are minimised and applications for compensation are handled in a sensitive and trauma-informed manner
- b) staff in Victims Support Services receive regular professional development on the effects of child sexual abuse and how to respond to victim-survivors in a trauma-informed manner
- c) people being considered for appointment as Criminal Injuries Compensation Commissioners are required to take part in professional development on the effects of child sexual abuse and how to respond to victim-survivors in a trauma-informed manner before their appointment and regularly thereafter.

Phase 2 – 2026

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Professional Development and Training priority area recommendation in Collaborating for Change.<sup>104</sup>*

### Committee's assessment

The Committee notes the Government reports progress in implementing this Phase 2 recommendation. It is noted additional funding for staffing has been allocated to the Victims of Crime Assistance Scheme post-release of the Commission of Inquiry Report.

It is also noted some training on trauma-informed approaches has been undertaken by the Criminal Injuries Compensation Commissioners and victim support services staff, in partial implementation of this recommendation.

### Government Evidence

*Mr BARNETT - ... Work on recommendation 17.6 is underway within the commission's suggested timeframe. Additional funding was allocated to the Department of Justice to manage and mitigate the impacts during the release of the Commission of Inquiry report and in the immediate three months following. This includes an allocation of \$130,650 for the Victims of Crime Assistance Scheme and a further allocation of \$130,000 under the supply appropriation for July to November this year. As a result, my department is implementing recommendation 17.6 through increasing its staffing for the Victims of Crime Assistance Scheme. An additional fixed-term assessment officer for the Victims of Crime Assistance Scheme has been recruited for 12 months to address short-term impacts following the publication of the report on 16 September last year. The additional funding for the Victims*

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<sup>104</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 85.

*of Crime Assistance Scheme is for 12 months, which has enabled an initial partial implementation of the recommendation.*

*All staff in the service have been offered the opportunity to undertake the foundations for building trauma awareness by Blue Knot. Additionally, all but one of the current Criminal Injuries Compensation Commissioners have undertaken the Blue Knot training.*

**CHAIR** - *How many are there?*

**Mr BARNETT** - *We'll confirm that. We have sessional members, I'm advised, so we'll clarify that for you as soon as possible.*

*The training provided staff with a trauma-informed lens to better understand the impacts and outcomes for people who experience complex trauma. The training program utilises current research to provide an understanding of trauma, the impacts of trauma on all aspects of life and subsequently the coping mechanisms formed in response to trauma. Training undertaken by the Criminal Injuries Compensation Commissioners and victim support services staff has enabled an initial partial implementation of that recommendation 17.6.*

*An ongoing funding commitment to fully implement this recommendation will be considered in the development of the 2024-25 Budget. ...*

**Ms WEBB** - *... How are applicants, complainants or people who are coming to these services informed about the approach they should expect to receive?*

**Ms BOURNE** - *Victim support services have been providing these services for some time. In addition to the training the Minister has specifically referred to, staff often undergo regular training in terms of how to respectfully provide counselling services. Obviously, there's professional development associated that our counsellors undertake, but for the other functions that they deliver such as the eligible persons register and the court support team, the manager of VSS has a very comprehensive induction package for staff. As you can see on the website for VSS, it outlines the services they deliver and how they ascribe to best practice to do that. I think the commission's recommendations have highlighted the need for more specific trauma informed training which is being undertaken with both staff and the commissioners. There is certainly a lot of work happening to make sure at that first point of entry of a victim of crime they are able to access a cohesive service that can provide warm referrals when necessary to other services the department offers. We are doing some work on that at the moment to make sure victims do not fall through the gap, so to speak, given the array of the services we provide.....*

...

**Ms BOURNE** - *... There is a charter of rights for victims of crime on the Department of Justice website that outlines the rights victims of crime are entitled to. This also talks about making sure we deal with victims in a sympathetic, constructive and reassuring manner with due regard to the victim's personal situation, rights and dignity. I think that charter of rights is a significant resource that outlines a whole range of matters including how we will manage their personal information, when we will advise them of certain outcomes of various processes, such as bail applications or the status of a perpetrator who may be in custody or otherwise. It really goes into some detail about what the expectation should be and is somewhat of a source of truth for staff and those who access our service about what they should expect.*

Therefore, if they don't receive that level of service the department does have a complaints policy to make sure people feel they can express disappointment or whatever the case may be, in terms of the service they receive.

**Ms WEBB** - Would citizens involved in civil litigation also be provided with a clear understanding and expectation about how they should expect to be dealt with by the state as a model litigant...

**Ms BOURNE** - The Criminal Injuries Compensation Commissioners would be expected to adhere to the model litigant guidelines. Similarly, that would be reinforced by the trauma informed training they have received. There's an expectation all legal practitioners across the state service within our statutory organisations and the like adhere to those guidelines. I believe there is potentially a role for the implementation monitor to evaluate the effectiveness of implementation actions, including those of our statutory officers, that impact on the safety and wellbeing of children.<sup>105</sup>

### Recommendation 17.7

The Tasmanian Government should introduce legislation to amend the *Victims of Crime Assistance Act 1976* to create a right of review on the merits by the Tasmanian Civil and Administrative Tribunal in relation to a decision of the Criminal Injuries Compensation Commissioners:

- a) to refuse financial assistance to a victim-survivor of child sexual abuse
- b) about the amount of financial assistance to which a victim-survivor of child sexual abuse is entitled.

Phase 2 – 2026

Government Reported Status: In Progress (DoJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a System Regulation and Monitoring priority area recommendation in Collaborating for Change.*<sup>106</sup>

### Committee's Assessment

The Committee took limited evidence on this Phase 2 recommendation, however notes implementation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

<sup>105</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 64-67.

<sup>106</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 85.

## Access to information and records

### Recommendation 17.8

1. The Tasmanian Government should review and reform the operation of the *Right to Information Act 2009* and the *Personal Information Protection Act 2004* to ensure victim-survivors of child sexual abuse in institutional contexts can obtain information relating to that abuse. This review should focus on what needs to change to ensure:

- a) people's rights to obtain information are observed in practice
- b) this access is as simple, efficient, transparent and trauma-informed as possible.

2. The review should consider reforms to the *Right to Information Act 2009* and the *Personal Information Protection Act 2004* to:

- a) include an explicit presumption in favour of disclosure in the *Right to Information Act 2009* and *Personal Information Protection Act 2004*
- b) embed the public interest test in specific exemptions in the *Right to Information Act 2009*, tailored to those exemptions
- c) streamline the interface between the *Right to Information Act 2009* and *Personal Information Protection Act 2004* to overcome what has, by default, become a two-step process to obtain personal information
- d) require that a personal information custodian under the *Personal Information Protection Act 2004* 'must provide' rather than 'may provide' personal information upon request from an individual who is the subject of that information, subject to any appropriate exemptions to that requirement
- e) include a 'reasonableness' test in the *Right to Information Act 2009* as part of the assessment of whether to withhold personal information relating to a person or third party other than the person making the request for information
- f) strengthen and streamline internal and external review processes in the *Right to Information Act 2009* and *Personal Information Protection Act 2004*, with a focus on options to enforce decisions of the Ombudsman and to apply for review by the Tasmanian Civil and Administrative Tribunal
- g) provide an automatic fee waiver for right to information applications relating to child sexual abuse made under the *Right to Information Act 2009* by victim-survivors or a person acting on their behalf.

3. The Tasmanian Government should consider centralising management of access to information processes in a specialist unit or department, supported by access to information liaison officers located in government departments and agencies.

4. The Tasmanian Government should provide funding to government departments, agencies and the Ombudsman, as the case may be, to:

- a) ensure access to information requests are processed within statutory timeframes
- b) speed up external review of right to information decisions
- c) provide trauma-informed training to the Tasmanian State Service in relation to victim-survivor access to information (Recommendation 19.2).

Phase 2 – 2026

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Information Sharing priority area recommendation in Collaborating for Change.<sup>107</sup>*

### **Committee’s Assessment**

The Committee notes the Government reports implementation of this Phase 2 recommendation will be informed by review and reform processes underway, including the delayed RTI Uplift project in DPAC, the TLRI review of privacy laws in Tasmania, and the RTI Act review to be conducted as part of the JLN agreement with the Liberal State Government post the 2024 election.

External stakeholders raised concerns that Machinery of Government changes have resulted in barriers to accessing documentation and records. Particularly noted was the disappearance of the RTI disclosure log from the previous Department of Health and Human Services and the deletion of the email inbox of a senior leader in the Department of Communities.

It was also asserted in relation to Machinery of Government changes that archiving processes have resulted in barriers to accessing documentation or records, and a formal archiving process aligned with the *Archives Act 1983* may not have been used.

Given the track record of the Government in relation to transparency failures, the Committee is concerned about the impact of any lack of commitment or potential delay to these important reforms.

The Committee notes implementation of this recommendation will be assessed and reported on in the Implementation Monitor’s 2025-26 annual report. The Committee will take particular note of that assessment.

### **Government Evidence**

*Mr BARNETT - ... The government's been progressing the work aligned with this recommendation. This work is occurring in the context of a significant range of recent and anticipated reviews.*

*The government has processes underway: DPAC led RTI Uplift Project, the recent Tasmanian Law Reform Institute privacy review, the Integrity Commission's research paper and the anticipated JLN [Jacqui Lambie Network] Review. This government is committed to reform and ensuring that government and our institutions are open and transparent. We are committed to working with all the proposed recommendations to ensure reform is delivered in a consistent, harmonious and best practice approach. I can provide an update on each of those if the Committee is interested, or the acting secretary can...*

...

*Ms WEBB – ..., the recommendation has particular things from the Right to Information Act and the Personal Information Protection Act that have been suggested to be looked at, but there are those broader issues raised in the community through those other processes and*

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<sup>107</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 85.

through the TLRI Privacy Review. Are we going to then do a broad look at each of those acts eventually under this recommendation than just what is prescribed here by the commission?

....

**Ms BOURNE** - .... As the Attorney-General has noted, there are a number of pieces of work that relate to this particular recommendation.

Notably, the Jacqui Lambie Network agreement requires that RTI review to be completed by 9 April 2025. It is anticipated that review will make additional recommendations for reform.

What the department is doing at this stage is reviewing the current legislative frameworks against the recommendation of the Commission. Taking into account the outcomes of reviews and sort of trying to foreshadow anticipated reviews and looking at how to best harmonise the existing legislative frameworks that exist as well, noting again as the Attorney-General had mentioned, the RTI Uplift Project being led by the Department of Premier and Cabinet.

The TLRI's Privacy Review, which the final paper was released in May of this year, which makes a number of recommendations about changing the Tasmanian privacy framework and looking at the Commonwealth model, which we're in the process of reconciling.

Another piece of work we're considering is the Integrity Commission's recent research paper.

...

**Ms WEBB** - ... given those other pieces of work that aren't commission related specifically, but cross into this, are we bringing them in?

...

**Mr BARNETT** - Yes. If I can address that question and indicate as the acting secretary's indicated, we've got them in, as you might indicate, some sort of compartment, and, yes, we will be taking a holistic approach as a government. You have the TLRI privacy review, you've got the Integrity Commission research paper, you have JLN RTI review process which is due to report in April next year. We're not sitting around twiddling thumbs. We are doing a lot of work on this. DPAC is working on the RTI uplift factor process, so I'm awaiting the advice of my department on the privacy review on the Integrity Commission research paper. When I have that advice, we will be acting as quickly as we possibly can, whether it be a legislative reform measure or other initiatives to address those concerns, challenges and opportunities.

**CHAIR** - Is it fair to say we won't see legislative reform until after the review requested by the Jacqui Lambie Network to be done? Because why would you bring in a piece of legislation that may need to be informed by that?

**Mr BARNETT** - In terms of RTI, we'll certainly be guided by that JLN agreement, which is April next year. With respect to anything that we can do flowing out of the privacy review or the Integrity Commission's research paper, there's no reason we have to wait. We can act on that and we certainly will, depending on the advice and feedback from the Department.<sup>108</sup>

## Stakeholder Evidence

Jack Davenport's submission raised concerns on RTI processes and barriers to accessing documentation after Machinery of Government changes:

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<sup>108</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 69-71.

*The Right to Information (RTI) process requires some significant improvement, and the COI recommendation is a positive indicator of actions to take. I have found there to be a casual disregard for RTI processes, switching between a laissez faire attitude to outright obstruction.*

*It is plain that the Right to Information Act 2009 allows for some easy 'get out' methods for the government in choosing when to abide by or ignore its responsibilities.*

*S.10 Electronic Information is worded in such a way as to essentially allow for a sweeping ability to deny information that would otherwise be available. I would highlight that it is not unusual for certain databases to be governed by third-party organisations, who often do not integrate or coordinate for their respective programs/applications. The wording of the legislation would grant a legitimate excuse to avoid releasing information in the event of any complication arising from this situation. However, given the act of accessing third-party services is a deliberate choice on the part of the government, it is easy to see how this leads to a situation of convenience.*

*Government responses to RTI queries have been highly questionable. I discovered in 2024 that RTI releases for both DECYP and Department of Health (DOH) had gone missing from their respective RTI webpages. These missing documents seemed to be RTI releases occurring under DOC and DHHS.*

*For DECYP, RTI documents relating to children and youth released prior to 2023-24 appear to be missing (last checked 31st January 2025).*

*DECYP did not give a clear explanation of why the data was removed and furthermore not easily able to be restored. They were able to restore a document that I had used as an example of the missing documentation, erroneously believing that this document was the one I was seeking.*

*On further query about the other documents, DECYP advised that 'This issue is being actively discussed and investigated. Once sourced we will consider the publication of those documents in the future.'*

*For DOH, RTI documents relating to children and youth services under DHHS were not available at all. Their disclosure log only lists document releases from 2020-21 (so after the department changes).*

*When I enquired about accessing the documents, I was told the following:*

*'We have made contact with the relevant area for this information and unfortunately it has been archived. The advice being they are unable to extract the data.' (15th October 2024)*

*'From the advice I have been provided the prior disclosure logs have been archived, therefore the data cannot be extracted, more so along the lines of systems and software upgrades.' (15th October 2024)*

*'IT have advised that the electronically archived website is not in an easily accessible format.' (19th November 2024)*

*I contacted the Ombudsman on 17th October 2024...*

*It does not appear in either case of DOH or DECYP that a formal archiving process was used, such as that under the Archives Act, otherwise I imagine that would have been the immediate response. Both appear to have separately archived the electronic documents through an internal process.*

*It is not clear to me what would make the DECYP documentation 'not easily able to be restored' while simultaneously being able to release one of the documents in question. In addition, the RTI releases from the former Department of Education are still present, indicating that there was a decision made to keep those documents available. The loss of the children and youth documents appears to be an active decision, and it is not clear what the nature of actively discussing and investigating the issue looks like in this scenario.*

*The DOH response is a little less opaque, but it is not clear to me how data could be archived in such a way that it is no longer 'in an easily accessible format'. The documents were available as recently as when the department changeover occurred, which was within the last 10 years. Technology can shift and change, but it is not plausible to me that documents available less than a decade ago are now unable to be accessed.*

*I note that the Ombudsman has indicated the limitations pertain to the electronic documents themselves, not the content, and outlined that it would be possible to request them. However, the problem with this is that I was not looking for a specific document; I was reviewing the disclosure log to see what documents had been released in the areas of child protection/safety. Without having a list of released documents available it would be difficult to know what to ask for, and it is not exactly the point of concern.*

*I cite this example because it illustrates the complications that may occur with streamlining any process, and ensuring that there are reasonable steps to provide information. The instinctive attitude of both departments was to remove the previously released documentation, and furthermore did not appear to exercise any such formal process for doing so. So both attitude and application were slanted towards restriction and control of information. The implication that technology is impeding the retrieval of these documents is baffling and not convincing.*

*In order for improvements to occur, the government must be able to demonstrate good faith in its actions.*

*One step would be to clarify the interpretation of certain legal terms such as what constitutes 'normal computer hardware' or what specific issues would 'substantially and unreasonably divert the resources of the department'.*

*Furthermore, departments should clearly outline the timescale of available disclosure logs, but also the process for accessing previously released documents or interrogating what documents were released and when. Other departments, such as Natural Resources and Environment, have maintained prior logs from previous departmental incarnations. I see no reason why the same can't be done here.<sup>109</sup>*

Alysha Rose also noted deletion or barriers to accessing email inboxes and documentation associated with disbanded departments was problematic and should be audited:

*Since Communities was abolished and merged with DECYP I have myself, been given the absolute run-around with an RTI request....*

*I have also been told that individuals who left any more than 2 years prior, in the most senior of roles in Child Safety, have their inbox's deleted.*

*None of the above sits well with me, and to abolish a department about to undergo major scrutiny in the middle of a Coi is a bad look any day of the week. But the fact that there appears to be ongoing missing or corrupted files as a result (or claims of the same regarding deleted or destroyed documents) is deeply concerning.*

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<sup>109</sup> Jack Davenport, 2025, *Submission #16*, pp. 36-38.

*I would recommend an audit is urgently required given the Freeze orders that are in place pertaining to AYDC and OOH records specifically.<sup>110</sup>*

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<sup>110</sup> Alysha Rose, 2025, *Submission #19*, p. 152.

## Chapter 18 – Overseeing child safe organisations

### Community-wide prevention strategies

#### Recommendation 18.1

The Tasmanian Government should continue to advocate for Tasmania to receive the full benefit of Australian Government prevention strategies, including under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*.

Phase 3 - 2029

Government Reported Status: Phase 3 (DPAC)

Implementation Report (August 2024) extract: N/A

#### Committee's Assessment

The Committee notes that while this is a Phase 3 recommendation, advocacy for Tasmania in relation to the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030* should be an ongoing priority.

#### Government Evidence

*Mr ROCKLIFF - ... Now, the Tasmanian government is a signatory to the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030, and is a member of the relevant national governance committees for strategy. Various agencies are involved in the national governance mechanisms for the national strategy. This includes representatives from the Department of Children, Education and Young People, the Department of Justice and the Department of Police, Fire and Emergency Management. The Department of Premier and Cabinet, through the Keeping Children Safe reform lead, regularly liaises with the National Centre for Action on Child Sexual Abuse and the National Office for Child Safety. The draft child sexual abuse reform strategy and action plan Change for Children includes mapping of related strategies, action plans, frameworks, policies and reports.*

*The next steps, Chair, will be that Department of Premier and Cabinet will continue to advocate for Tasmania through building strong relationships with the national centre and the national office, and DPAC will continue to advocate for Tasmania at relevant interjurisdictional forums including National Cabinet, my responsibility, and the Council for the Australian Federation, of which premiers and chief ministers sit on.<sup>111</sup>*

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<sup>111</sup> Mr Rockliff, *Transcript of Evidence*, 29 August 2024, pp. 38-39.

## Creating child safe organisations

### Recommendation 18.2

All organisations engaging in child-related activities should voluntarily comply with the National Principles for Child Safe Organisations (as reflected in Tasmania’s Child and Youth Safe Standards) to the greatest extent possible, regardless of whether they are legislatively bound to do so or when their legislative obligations commence.

Phase 1 – 2024

Government Reported Status: Completed

Note: The responsibility for this recommendation is an Independent Statutory Officer

Implementation Report (August 2024) extract:

*The Office of the Independent Regulator (OIR) regulates and enforces compliance under the Child and Youth Safe Organisations Act 2023. A key part of the OIR’s functions focus on education and capability building within sectors that deliver services to children and young people. Under the Act, these organisations are required to implement the Child and Youth Safe Framework which includes the Child and Youth Safe Standards and the Reportable Conduct Scheme. However, in all engagements the OIR actively encourages all organisations whether required to or not, to implement the Child and Youth Safe Standards.*<sup>112</sup>

### Committee’s Assessment

The Committee notes from the Implementation Report that the Government reports this recommendation as completed.

The Committee notes the appointment of Louise Coe as the Independent Regulator of the Child and Youth Safe Organisations Framework on 19 December 2023.

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<sup>112</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 44-45.

### **Recommendation 18.3**

The Tasmanian Government should ensure the Ombudsman is prescribed as an entity for the purposes of disclosure of information under section 40 of the *Child and Youth Safe Organisations Act 2023*.

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*Regulations to enable the Ombudsman to share information with the Independent Regulator for the purposes of the Child and Youth Safe Organisations Act 2023 commenced on 1 January 2024.<sup>113</sup>*

#### **Committee’s Assessment:**

The Committee notes the Government report this recommendation as completed. The regulations to enable the Ombudsman to share information with the Independent Regulator for the purposes of the *Child and Youth Safe Organisations Act 2023* commenced on 1 January 2025.

#### **Government Evidence**

***Mr BARNETT** - That recommendation was completed when the regulations to enable the Ombudsman to share information with the Independent Regulator for the purposes of the Child and Youth Safe Organisations Act 2023 commenced on 1 January. The commission of inquiry recommended the Ombudsman be prescribed as an entity for the purposes of disclosure of information under Section 40 of that act. In addition to prescribing the Ombudsman as an entity for the purposes of information sharing under Section 40 of that act, the Health Complaints Commissioner and the Custodial Inspector are also prescribed to further facilitate information sharing under the act. It is critical that the Ombudsman, Health Complaints Commissioner and Custodial Inspector have the ability to legally share information with the Office of the Independent Regulator.<sup>114</sup>*

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<sup>113</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 45.

<sup>114</sup> Mr Barnett, *Transcript of Evidence*, 19 August 2024, p. 68.

## Child and Youth Safe Organisations Act 2023

### Recommendation 18.4

The Tasmanian Government, in implementing the *Child and Youth Safe Organisations Act 2023*, should ensure:

- a) the functions of the Independent Regulator and Deputy Independent Regulator under the Act are embedded within the new Commission for Children and Young People (Recommendation 18.6)
- b) the Commission is sufficiently resourced to enable it to effectively perform these regulatory functions
- c) the Commission has access to government data systems such as those held by Tasmania Police, Child Safety Services and the Registrar of the Registration to Work with Vulnerable People Scheme to enable systematic and proactive monitoring and that those agencies have access to the Commission's data, where appropriate.

Phase 1 - 2024

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*See recommendation 18.6 below.*<sup>115</sup>

### Committee's Assessment

The Committee notes while this was a Phase 1 recommendation, it relates to the intended new Commission for Children and Young People, which is yet to be established. The *Commission for Children and Young People Act 2024* received Royal Assent on 23 December 2025 and will come into effect from July 2026.

### Government Evidence

**Mr ROCKLIFF** - ... *The Commission for Children and Young People Bill 2024 will give effect to part A of this recommendation, embedding the functions of the independent regulator and the deputy independent regulator within the new commission, as an example, and I can go to recommendation 18.6 for further information.*

**CHAIR** - *Recommendation 18.5 relates to this too. Is there anything further on the child safe organisations act? That's the review requirement.*

**Mr ROCKLIFF** - *The Department of Justice led the implementation of the Child and Youth Safe Organisations Framework and administers the Child and Youth Safe Organisations Act 2023. As part of its administration of the act, the Department of Justice is developing a monitoring and evaluation plan for the framework which will inform the three-year review. Mapping is underway to determine key elements of the monitoring and evaluation project, and the act specifies that the three-year review must be commenced by 1 July 2026 and be completed within 12 months. The Department of Premier and Cabinet will ensure that the terms of reference for the independent review reflect the specific considerations identified*

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<sup>115</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 45.

*by the commission, including resourcing, collaboration, impact and the need for any further legislative change, as well as being informed by the Department of Justice's work on the monitoring and evaluation plan.*<sup>116</sup>

### **Recommendation 18.5**

The Tasmanian Government should ensure its independent three-year review of the *Child and Youth Safe Organisations Act 2023* has a particular focus on:

- a) whether the Independent Regulator is sufficiently resourced and empowered to perform its functions effectively, and new or additional resourcing, functions and powers are necessary to support compliance
- b) how effectively the Independent Regulator is working with other agencies, including the Ombudsman or other oversight bodies, Registrar of the Registration to Work with Vulnerable People Scheme, Tasmania Police, professional regulatory bodies and other peak bodies, to support compliance, share information and manage active risks to children and young people
- c) how organisations captured by the Child and Youth Safe Standards and the Reportable Conduct Scheme have experienced the new regulatory requirements, and in particular whether they have felt sufficiently supported to comply
- d) analysing data emerging from the operation of the schemes, particularly as they relate to complaints and notifications and trends within and across sectors
- e) whether the Universal Principle requiring organisations to uphold cultural safety is achieving its intended objective, and whether it should become an additional Child and Youth Safe Standard, mirroring the approach in Victoria
- f) whether any further legislative changes are required to ensure appropriate information sharing between the Independent Regulator and other agencies.

Phase 3 – 2029

Government Reported Status: Phase 3 (DOJ)

Implementation Report (August 2024) extract: NA

#### **Committee's Assessment**

The Committee notes this is a Phase 3 recommendation, and an independent review of the *Child and Youth Safe Organisations Act 2023* is legislated to occur three years after the Act commenced on 1 July 2023.

#### **Government Evidence**

*Mr BARNETT - ... That was due for completion 1 July 2029, phase three. The commission spoke positively about the Tasmanian Government's introduction of the Child and Youth Safe Organisations Act. The act implements key recommendations of the Royal Commission into*

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<sup>116</sup> Mr Rockliff and Ms Morgan-Wicks, *Transcript of Evidence*, 29 August 2024, pp. 39-41.

*the Institutional Responses to Child Sexual Abuse by legislating three interconnected elements:*

- *The child safe standards, including universal principle for Aboriginal cultural safety;*
- *A reportable conduct scheme; and*
- *The independent monitoring and oversight of the application of the standards and the reportable conduct scheme in the form of an independent regulator.*

*The act also includes a provision for a review of the legislation three years after the commencement of the act, and I know the review is important for this Committee as well. As a new act, this review will be critical to making amendments to the act and the framework overall. The commission recommended specific consideration as part of that review, including resourcing, collaboration, impact and the need for any further legislative change.*

*Several elements of recommendation 18.5 will be addressed as part of the monitoring and evaluation plan for the framework and my department is engaged with an independent consultant, First Person Consulting to evaluate the effectiveness and impact of the Child and Youth Safe Organisation Framework in Tasmania within its first three years of operation.<sup>117</sup>*

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<sup>117</sup> Mr Barnett, *Transcript of Evidence*, 19 August 2024, pp. 68-69.

## Oversight and safeguards supporting a child safe system

### Recommendation 18.6

1. The Tasmanian Government should establish a statutory Commission for Children and Young People, which includes the following roles, each appointed for a term of five years:

- a) a Commissioner for Children and Young People
- b) a Commissioner for Aboriginal Children and Young People
- c) a Child Advocate (Deputy Commissioner).

2. The Commission for Children and Young People should, in addition to the functions of the current Commissioner for Children and Young People under the *Commissioner for Children and Young People Act 2016*, have the following functions:

- a) educating relevant entities on the Child and Youth Safe Standards and overseeing and enforcing compliance with those standards as Independent Regulator under the Child and Youth Safe Organisations Act 2023
- b) administering the Reportable Conduct Scheme as Independent Regulator under the Child and Youth Safe Organisations Act 2023
- c) administering the independent community visitor scheme for children in out of home care, youth detention and other residential youth justice facilities (Recommendations 9.34 and 12.36)
- d) advocating for individual children in out of home care, youth detention and other residential youth justice facilities
- e) monitoring the operation of the out of home care and youth justice systems and the provision of out of home care and youth justice services to children (Recommendations 9.38 and 12.38)
- f) conducting inquiries into the out of home care and youth justice systems and the services provided to individual children in those systems, including own motion inquiries (Recommendations 9.38 and 12.38)
- g) making recommendations to government for out of home care and youth justice system improvements
- h) promoting the participation of children in out of home care and youth justice in decision making that affects their lives
- i) upholding and promoting the rights of children in the out of home care and youth justice systems.

3. The Commission for Children and Young People should have all necessary powers to perform its functions.

Phase 1 - 2024

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*Work is underway on the legislative and administrative arrangements to establish the new Commission. A Bill to give effect to this recommendation is planned for introduction to the*

*Tasmanian Parliament in September 2024. In the meantime, the statutory roles of the Commissioner for Children and Young People and the Independent Regulator (see recommendation 18.6) are in place and are actively working to advocate for and ensure the safety and safeguarding of children and young people in Tasmania.* <sup>118</sup>

### **Committee's Assessment**

The Committee notes this recommendation could not be delivered by the Phase 1 deadline of July 2024 as additional time was required to undertake consultation on the enabling legislation, particularly with the Tasmanian Aboriginal community, children and young people, and people with lived experience of sexual abuse.

At the time of taking evidence, the enabling legislation was expected to be debated in Parliament in 2025, and then a period of time would be required to administratively establish the new Commission for Children and Young People and to recruit the required roles.

External stakeholders provided submissions on the draft Bill raising matters for consideration. It is not clear the extent to which these were taken into account in the final Bill.

### **Government Evidence**

***Mr ROCKLIFF** - ... In response to the recommendation, the Tasmanian government is establishing a commission for children and young people. The new commission will be a key part of the foundation of our new oversight system to improve the safety of children in Tasmania, acting as a strong and fearless advocate for children's rights, and monitoring child-safe practices in organisations. As recommended, the commission will include a Commissioner for Children and Young People, a commissioner for Aboriginal children and young people, and a child advocate. The independent regulator and the deputy regulator of the child and youth safe organisations framework will also be embedded in the new commission.*

*As suggested in the commission of inquiry's report, the independent regulator role will ultimately be undertaken by the Commissioner for Children and Young People following a transition period. There are more than 15 commission of inquiry recommendations that relate directly to the establishment or operation of the new commission and its role, function, and powers. It is complex in terms of the suite of recommendations requiring significant reform to our existing systems and processes. We need to take the time to get this right, as you would well appreciate, to ensure the best possible outcomes for the children of Tasmania.*

*DPAC has worked in cabinet, collaborating with the Department of Justice, the Department of Education, Children and Young People, the independent regulator, and the acting Commissioner for Children and Young People to co-design the new commission and develop the enabling legislation. The independent regulator, the acting commissioner, the former commissioner, and representatives of Aboriginal communities have all urged the government to postpone the introduction of legislation to allow for genuine consultation and engagement.*

***CHAIR** - Do you have a new time line for this? I am assuming you have acceded to that request.*

***Mr ROCKLIFF** - Yes, thank you for that, Chair, and I will come to that matter. A key message from the commission of inquiry was that we need to listen to the voices of children and those*

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<sup>118</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 46-47.

with lived experience. We will, therefore, be running four current engagement processes around the bill. That includes engagement with children and young people; working with the commissioner for children and young people and other stakeholders; engagement with Aboriginal communities, working with the TAC, TRACA, and other stakeholders; engagement with people with lived experience of sexual abuse; and, general consultation with the community, including members of parliament. It is expected that a consultation draft of the commission for children and young people bill 2024 will be released to parliament in September, marking the start of a 12-week public consultation period. The final bill will be introduced into parliament in the first session of 2025, as I believe I have already said.

...

**Ms WHITE** - Can I just clarify that, Chair, was it tabling or releasing publicly?

**Mr HEALEY** - It is being made available to parliament. We're not tabling it formally into parliament for debate, just making it available to demonstrate the progress in understanding how the commission may work and the sorts of issues you raised before. Using that as a really solid foundation to engage with stakeholders, not just on the specific provisions of the bill, but also their hopes and aspirations in terms of how a commission or a commissioner for Aboriginal children or a child advocate would work to keep children safe in Tasmania.

...

**Ms LOVELL MP** - Given the process that's underway and that this was a phase 1 recommendation, which was supposed to be implemented this year, when do you anticipate, or aim to have the commission established and up and running, given what needs to happen between now and then?

**Mr ROCKLIFF** - Thank you for the question. Bill going through parliament, assuming and expecting the first session of parliament in 2025 and the parliamentary processes will take its course and from then proclamation and implementation.

**Ms LOVELL MP** - What time line are - is it going to be delayed by 12 months? Are we looking at July? When are you aiming to have the commission actually established and up and running?

**Mr ROCKLIFF** - Thank you. I understand the question because the interest in getting this established as soon as possible and the very thorough scrutiny that will be applied through the parliament and in the Legislative Council itself, but as soon as possible after that process.

**Ms LOVELL MP** - Just going then to this obviously crosses over with 18.7, the process for appointing future commissioners and deputy commissioners for children and young people. Given that you're going to be appointing a new Commissioner for Children and Young People in mid October, what will the length of that appointment be if we don't know when the commission will be established? Because that appointment can only be until the establishment of the commission.

**Mr ROCKLIFF** - Yes, I understand that and the finer details of the recruitment processes for the principal Commissioner for Children and Young People and indeed the child advocate, deputy commissioner and the commissioner for Aboriginal children and young people are being considered as part of the legislative development process, which as we say is currently underway. Noting that not all roles will necessarily commence at once.<sup>119</sup>

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<sup>119</sup> Mr Rockliff and Mr Healey, *Transcript of Evidence*, 29 August 2024, pp. 41-45.

## Stakeholder Evidence

The Interim Commissioner for Children and Young People, Isabelle Crompton, in her submission, made the following comment in relation to Recommendation 18.6:

*... in December of last year, I provided a submission in response to the Tasmanian Government's public consultation on its draft Commission for Children and Young People Bill 2024 which is relevant to implementation of recommendation 18.6 (and several related recommendations). As my submission makes clear, there is a need for thorough and thoughtful design and planning to ensure that the new Commission for Children and Young People realises the intent of the Commission of Inquiry's recommendations and promotes the rights, interests and needs of children and young people in Tasmania. I continue to advocate for deliberative design and decision-making in the further development of the Bill.*

*I will shortly publish a report highlighting what I heard from almost 700 children and young people about their views and ideas for their new Commission. I would welcome the opportunity to provide the Committee with a copy of this report, once published, to assist in further deepening the connection between the implementation of the recommendations of the Commission of Inquiry and the hopes, aspirations and experiences of young Tasmanians.<sup>120</sup>*

The Submission – Consultation Draft Submission for the Children and Young People Bill 2024 is available at the following link:

<https://childcomm.tas.gov.au/resource/commission-for-children-and-young-people-bill-2024/>

The Interim Commissioner for Children and Young People expressed concern regarding the commitment to establish the commission by 1 July 2024:

*One of the things that perhaps created some challenges, and that I've been concerned by, is that, I think because the original commitment was to establish the commission by 1 July last year, which was a very noble ambition, but it really seemed somewhat impractical in terms of how long we know it takes to develop legislation and create the systems changes that are needed to establish what is going to be a whole new agency. As a consequence, I think some of that really deliberative process work you normally see when new legislation is being developed didn't happen, for example, discussion papers or options papers. Also to explore exactly the sorts of questions the Chair just asked about how things fit within this new commission: How do the functions fit together? What should the functions be?<sup>121</sup>*

In relation to the role of the new Commissioner as a regulator and advocate, and whether that presents a potential conflict:

**Ms CROMPTON** - *It's the model that Victoria has adopted. The Commissioner for Children and Young People in Victoria is also the regulator.*

**CHAIR** - *Does that work well?*

**Ms CROMPTON** - *Liana Buchanan gave evidence to the commission of inquiry, as did a senior member of her team. It's quite clear from the commission's commentary that that approach was considered to be robust.*

*There's something really strong about having a commission for children and young people that not only regulates in the interests of upholding the rights of children and young people*

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<sup>120</sup> Commissioner for Children and Young People, 2025, *Submission #12*, p. 1.

<sup>121</sup> Isabelle Crompton, *Transcript of Evidence*, 28 March 2025, p. 48.

*within organisational settings, but is also able to advocate for policy reform, shifts and changes.*

*It's been described to me when I've been exploring precisely that question as a little akin to having different tools in your toolbox. Different issues might arise at times and they might appropriately be dealt with within the context of a regulatory framework. They may not sit particularly comfortably in that framework. It may be more of an advocacy piece or an inquiry piece at a systems level as opposed to looking at those quite specific matters that the regulator looks at within a child-safe context.*

*The commission, of course, will be about safety, but as we've heard from children and young people, the commission needs to retain a really broad focus on children's rights generally, safety being one of those rights. I know 54 Reasons have spoken about that rights-based approach, being that each right under the Convention on the Rights of the Child are mutually supportive and they're indivisible.*

*I think the broader frame is a rights-based, children-at-the-centre frame with different statutory functions falling out underneath that. The bill is alert to the idea that there could potentially be a conflict at times and I think it includes a provision that speaks about what to do if that occurs. What it also does is it places the advocacy role for individual children and young people on statutory offices, being the Child Advocate and the commissioner for Aboriginal children and young people. The commissioner won't have that function.*

...

**CHAIR** - *The commissioner will have oversight of all of these various functions, but not necessarily delivering those functions - you'll have other bodies that are regulated separately.*

**Ms CROMPTON** - *There would be some functions that would belong to the commission, and the different Statutory Officers could use those functions collectively or individually. But then there'll be some very specific functions, particularly advocacy for individual children, where that conflict arguably could be more live, and would be limited to the Statutory Officers who are not the regulator.*

...

**CHAIR** - *As long as it is well-resourced and has enough people to do the different roles and not have to wear two hats at once.*

**Ms CROMPTON** - *That's an end point. Obviously, we have a regulator who has been appointed, and so there would need to be a transitional period before we would get to the point where the new commissioner, who would be head of agency equivalent, would ultimately also be the regulator.<sup>122</sup>*

According to the Laurel House submission:

*Laurel House made a submission to the consultation on the draft bill for the CCYP. We summarise our feedback given then below:*

*1. Consultation and Engagement: The draft legislation lacks requirements for broad consultation with children, young people, and those with relevant lived experiences beyond the Consultative Council. We suggest including a more diverse range of voices to inform CCYP activities.*

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<sup>122</sup> Isabelle Crompton, *Transcript of Evidence*, 28 March 2025, pp. 48-50.

2. *Language Use: The term "detainee" is considered dehumanising. Alternative terms like "facility resident" or "children or young people residing in a detention facility" are recommended.*
3. *Scope of the Commission: The current remit of the Commission is too narrow, focusing only on youth detention and residential youth justice facilities. It should extend to all facilities where children and young people are in care.*
4. *Policy Development: Diverse perspectives of children and young people should be included in policy development.*
5. *Transparency: There should be clear mechanisms for transparency in the publication of reports coming out of the CCYP.*
6. *Consent: Clarification is needed on whose consent is prioritised when there is a disagreement between children and their guardians. Consent should be clearly defined and sought in a child-appropriate manner.*
7. *Qualifications and Metrics: The qualifications of the Child Advocate should be specified, including training in recognizing and responding to child sexual abuse and harmful sexual behaviours.*
8. *Right to Refuse Communication: All children in detention should have the right to refuse communication with Commission staff.*
9. *Support Person: The Commissioner should be allowed to be accompanied by a support person for children and young people during interviews.*
10. *Annual Plans and Reports: Children and young people, Advisory and Consultative Councils should have input into drafting annual plans and reports, ensuring their perspectives are included.*
11. *Independent Visitor Scheme: Details about the appropriate recruitment, training, support, and supervision of Independent Visitors should be included in the Act.*
12. *Advisory Groups and Committees: More detailed specifications are needed for the functions, powers, and reporting of Advisory Groups and Committees to ensure they have real impact and accountability.*
13. *Diversity and Inclusion: More thorough definition and thought should be given to how diversity of identities and lived experiences are included in all aspects of the Commission itself, its consultative processes, and the children and young people it services.*<sup>123</sup>

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<sup>123</sup> Laurel House, 2025, *Submission #15*, pp. 13-15.

### **Recommendation 18.7**

The Tasmanian Government should ensure the process for appointing future Commissioners and Deputy Commissioners for Children and Young People adopts the following:

- a) future Commissioners and Deputy Commissioners be appointed following an externally advertised merit-based selection process to ensure they have relevant professional qualifications and substantive experience in matters affecting vulnerable children
- b) the recruitment process for these roles include a non-partisan adult selection panel with at least one member external to the Tasmanian State Service, and a separate children's selection panel
- c) the adult and children's selection panels for the role of Commissioner for Aboriginal Children and Young People have a majority of Aboriginal members
- d) before making a recommendation to the Governor for an appointment to the Commission for Children and Young People, the Minister be required to consult with the leader of any political party with at least two members in Parliament.

Phase 1 - 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*The newly appointed Head of the State Service has committed to ensuring that all future Commissioners will be appointed via a full and open merit-based process.<sup>124</sup>*

#### **Committee's Assessment:**

The Committee notes the Government has committed to this recommendation being implemented in the enabling legislation for the new Commission for Children and Young People.

#### **Government Evidence**

***Mr ROCKLIFF** ... work is underway on the legislative and administrative arrangements to establish the new commission and its statutory roles. And as we've said before, provisions will be included in the commission for children and young people bill 2024 that specify the process that must be undertaken when appointing commissioners or deputy commissioners, consistent with the commission of inquiry recommendation -*

*...*

***Ms WEBB** - ... The recommendation, as you read out in full, Premier, has detailed requirements about who's to be involved and what processes are to be involved in the recruitment of the future commissioner under the new model.*

*In the update though in 18.7 it does say - and you stated this - that the head of State Service is committed to ensuring future commissioners will be appointed via a full and open merit-based process.*

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<sup>124</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 47.

*Now, a full and open merit-based process while laudable is one thing, but what's laid out here in 18.7 is well above that. I'm just really getting absolute confirmation we are following every aspect of the recommendation here for the recruitment of the commissioner under the new model - not the interim appointment, but under the new model that full recommendation will be given effect to.*

**Mr ROCKLIFF** - *The answer to your question is yes and that will be included in the bill.*<sup>125</sup>

### **Recommendation 18.8**

The Tasmanian Government should ensure the Commission for Children and Young People is separately and directly funded, rather than through the Department for Education, Children and Young People. Any funding arrangements or conditions should be structured to ensure the Commission has power to control its budget and staffing.

Phase 2 - 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.*<sup>126</sup>

### **Committee's Assessment**

The Committee notes the Government has committed to this recommendation being implemented in the enabling legislation for the new Commission for Children and Young People.

### **Government Evidence**

**Mr ROCKLIFF** - ...

*There are provisions in the draft commission for children and young people bill 2024 establishing the commission as an agency for the purposes of the Financial Management Act 2016. The draft bill also includes consequential amendments to the State Service Act 2000, establishing the commission as a state agency under the act. In doing so, the commission's head of agency will have the ability to appoint staff directly, and funding to support the establishment and ongoing operations of the commission is being considered through the 2024-25 State Budget process.*

**CHAIR** - *So I would have presumed, then, the people heading up this commission would be able to be called into Budget Estimates separately without the minister present?*

...

**Mr ROCKLIFF** - *Yes, and we've got committees that are established so people can present and seek an answer to questions that you have, like we're doing today.*<sup>127</sup>

<sup>125</sup> Mr Rockliff and Mr Healey, *Transcript of Evidence*, 29 August 2024, pp. 45-47.

<sup>126</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 86.

<sup>127</sup> Mr Rockliff, *Transcript of Evidence*, 29 August 2024, p. 47.

## Recommendation 18.9

A joint standing committee of the Tasmanian Parliament should oversee the performance and proper execution of functions of the Commission for Children and Young People.

Phase 2 - 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>128</sup>*

### Committee's Assessment

The Committee notes the Government has committed to this recommendation being implemented in the enabling legislation for the new Commission for Children and Young People.

### Government Evidence

*Mr ROCKLIFF - ... Work is underway to understand the most appropriate way to establish the joint standing committee, noting it is ultimately the decision of parliament how committees of this nature are established, and it is possible to establish the committee in legislation, similar to the Joint Standing Committee on Integrity in the Integrity Commission Act 2009.*

*The Department of Premier and Cabinet, and indeed the Department of Justice, have discussed including provisions to establish the committee in the draft bill, with the intention to consult with parliamentary staff and parliamentarians as part of the engagement process. Our drafting is underway to include provisions to establish a joint standing committee in the draft bill to establish the commission for children and young people. Engagement with parliament staff and members of parliament will occur once the draft bill is released for consultation.<sup>129</sup>*

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<sup>128</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 86.

<sup>129</sup> Mr Rockliff, *Transcript of Evidence*, 29 August 2024, pp. 47-48.

## Other oversight and regulatory bodies

### Recommendation 18.10

1. The Integrity Commission and Ombudsman should develop a publicly available policy for complaints related to child sexual abuse which explains the circumstances in which complaints may be referred back to the agency that is the subject of the complaint for investigation.
2. The Integrity Commission and Ombudsman should consult the complainant on the intended approach to handling the complaint, including referring the complaint back to the relevant agency.

Phase 1 – 2024

Government Reported Status: Completed

Note: Recommendation is assigned to independent statutory offices, the Integrity Commission and Ombudsman

Implementation Report (August 2024) extract:

*The Integrity Commission and Ombudsman have progressed development of new complaints policies. The Integrity Commission's complaints policy is available on its website.<sup>130</sup>*

### Committee's Assessment

The Committee took limited evidence on this Phase 1 recommendation which is assigned to independent statutory offices, the Integrity Commission and Ombudsman, and notes the Government reports this recommendation as completed.

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<sup>130</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 48.

## Recommendation 18.11

The Tasmanian Government should implement Recommendation 11 of the Independent Reviewer's 2016 Report *Independent Review of the Integrity Commission Act 2009*, which would oblige public authorities to notify the Integrity Commission of any allegations of serious misconduct.

Phase 2 – 2026

Government Reported Status: In progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a System Regulation and Monitoring priority area recommendation in Collaborating for Change.*<sup>131</sup>

### Committee's Assessment

The Committee notes the Government reported progress on implementing this recommendation ahead of the Phase 2 timeframe. However, despite statements from the Attorney General this piece of work would be progressed as a matter of priority by the end of 2024, enabling legislation was not tabled in that year.

### Government Evidence

*Mr BARNETT - This is relating to phase 2, Integrity Commission. The implementation of this recommendation is progressing ahead of the timeframe put forward by the commission, with draft legislation planned for tabling by the end of the year. This reform sits in the context of a large body of reform work in respect to the Cox review recommendations, the recommendations of the Weiss review and the anticipated review as part of the Premier's agreement with JLN.*

*Recommendation 11 of the Cox review was that the Integrity Commission Act be amended to require mandatory notification by public authorities of serious misconduct and misconduct by designated public officers to the commission in a timely manner. I've asked my department to progress this reform as a matter of priority before the end of 2024. I'm considering the inclusion of this reform into existing legislative projects, one of those miscellaneous bills as opposed to a standard standalone bill. It's expected that any resourcing requirements for this change could be met within existing budgets. Many organisations, those with particular risk factors for abuse occurring, are already legislatively compelled under the reportable conduct scheme to proactively notify the Office of the Independent Regulator of any reportable complaints. The Commission also recommended that this scheme should be administered by the new Commission for Children and Young People once it is established. It's important to note that the Commission's commentary leading into the making of this recommendation states:*

*The Reportable Conduct Scheme will not capture all departments and organisations, which may leave a role for the Integrity Commission in overseeing the management of allegations of child sexual abuse in some situations. The Integrity Commission told us that currently, public authorities are not required to notify the Integrity Commission when they are responding to an allegation of misconduct (including serious misconduct). This means it*

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<sup>131</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 86.

*'may not be aware of matters involving child sexual abuse'. Recommendation 11 of the Independent Five Year Review of the Integrity Commission Act 2009 requires public authorities to notify the Integrity Commission of any allegations of serious misconduct.*

*That is why we are progressing this recommendation.*

**CHAIR** - *So, there's no draft legislation out for public comment yet on that?*

**Mr BARNETT** - *No.*

**CHAIR** - *You said you wanted to have it before the end of the year.*

**Mr BARNETT** - *Yes. It's a piece of work, but it's not a major piece of work. I might let the acting secretary speak to that matter.*

...

**Ms BOURNE** - *As the Attorney-General has said, it is, for lack of a better term, a discreet piece of work that at this stage we think can be accommodated within a standalone bill. I note that it's separate to the broader potential reform of the Integrity Commission Act contemplated by the JLN Review and the like. Making sure once we do that initial work that there's no complicating factors in terms of interaction with the establishment of the new Commission and other integrity related reforms, we're confident that we should be able to progress a bill for tabling this year.<sup>132</sup>*

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<sup>132</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 74-75.

### **Recommendation 18.12**

1. The Tasmanian Government should introduce legislation or regulations to provide statutory guidance to the Registrar of the Registration to Work with Vulnerable People Scheme on the factors to be considered when conducting risk assessments in respect of applications for registration, suspension or cancellation pursuant to the *Registration to Work with Vulnerable People Act 2013*.
2. The statutory guidance should provide that (among other things):
  - a) the assessment of unacceptable risk is a predictive exercise that is not necessarily capable of empirical proof nor subject to a particular standard of proof such as ‘the balance of probabilities’
  - b) the assessment of unacceptable risk of harm to a child or children requires determination of two separate questions, without conflation, namely
    - i. whether or not an allegation or allegations of previous harm to vulnerable people are proven on the balance of probabilities, and
    - ii. whether or not an unacceptable risk of harm is demonstrated regardless of whether there is a finding, on the balance of probabilities, that previous harm occurred
  - c) the Registrar is not limited in the factors they can consider in assessing unacceptable risk, including information that suggests a person’s tendency to cause harm, as the ultimate determination of unacceptable risk is a predictive exercise
  - d) when the Registrar is considering suspending a person’s registration, the focus on the prospective risk that a person may pose to children should have a lower evidentiary threshold, noting further assessment will likely occur prior to a decision to cancel registration or otherwise
  - e) once the Registrar makes a determination that a person poses an unacceptable risk to a child or young person, irrespective of other factors (such as employment or mental health), that person’s registration must be refused, suspended or cancelled (as the case may be).

Phase 1 – 2024

Government Reported Status: Completed (DOJ)

Implementation Report (August 2024) extract:

*Reforms to implement this recommendation are contained within the Justice Miscellaneous (Commission of Inquiry) Bill 2024, which was introduced to the Tasmanian Parliament on 18 June 2024.<sup>133</sup>*

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<sup>133</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 48.

## Committee's Assessment

The Committee notes this recommendation as completed, with the *Justice Miscellaneous (Commission of Inquiry) Act 2024* receiving Royal Assent on 2 October 2024.

## Government Evidence

*Mr BARNETT - ... The work's underway. This is a phase one project to realise recommendation 18.12's vision of an enhanced registration to Working with Vulnerable People framework. The key legislative milestone was met by the tabling of the Justice Miscellaneous (Commission of Inquiry) Bill on 18 June, meeting the 1 July deadline. The legislation and act reforms improve the risk assessment process used by the registrar of the Working with Vulnerable People scheme to make decisions under the Registration to Work with Vulnerable People Act. The House of Representatives - House of Assembly, I suspect - passed the bill on 1 August. The bill had its first reading on 2 August in your House. The changes will provide more guidance to the registrar on whether a person poses an unacceptable risk of harm to children in line with the commission of inquiry recommendation 18.12. The reforms captured by the bill are complemented by other work underway, with a consumer building and occupational services where the registrar presently sits.*

*Consumer Building and Occupation Services (CBOS) work is aimed at expanding the registration scheme to protect more Tasmanians. It conducted a consultation on the initial proposals in late 2023. Work has begun to explore options to use the registration scheme to regulate workers in sectors where clients may experience enhanced vulnerability, such as aged care and disability services, and where they are provided outside the National Disability Insurance Scheme. CBOS are in discussions with the Australian Government to ensure that worker screening requirements at the state and federal level are suitably aligned. The department is also currently working on a project to remove two exemptions from registration which currently exists in the regulations. Work to enact this recommendation has been funded as part of the department's whole of government legislative program to implement the commission recommendations. Additionally, actions to implement this recommendation will be funded within existing resources, as well as engaging in negotiations at the federal level and commencing policy work for future reforms.<sup>134</sup>*

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<sup>134</sup> Mr Barnett, *Transcript of Evidence*, 19 August 2024, p. 75 – 76.

### Recommendation 18.13

1. The Tasmanian Government should introduce legislation to amend the *Registration to Work with Vulnerable People Act 2013* and related statutory instruments to replace the Administrative Appeals Division of the Magistrates Court with the Tasmanian Civil and Administrative Tribunal as the forum for administrative reviews of decisions under the Act.
2. The Tasmanian Government should:
  - a) introduce legislation or regulations to require the Tasmanian Civil and Administrative Tribunal to support Tribunal members who hear administrative reviews of decisions under the *Registration to Work with Vulnerable People Act 2013* to have the knowledge, skills, experience and aptitude to deal with each matter, including in relation to child sexual abuse, neglect and family violence
  - b) provide sufficient funding to the Tribunal to support members to gain this knowledge, skills, experience and aptitude.

Phase 1 – 2024

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*A Bill to give effect to this recommendation is planned for introduction to the Tasmanian Parliament in September 2024.*<sup>135</sup>

### Committee's Assessment

The Committee notes this recommendation is completed, with the *Tasmanian Civil and Administrative Tribunal (Additional Jurisdictions) Act 2024* receiving Royal Assent on 16 May 2025.

It is further noted the Government claims this expansion of TASCAT jurisdiction can be achieved within current budgetary allocation.

### Government Evidence

*Mr BARNETT - ... This is a phase one recommendation, administrative appeals from decisions made under the Registration to Work with Vulnerable People Act 2013, works to implement this recommendation are in progress, a draft bill currently open for public consultation until 21 August this year.*

*... This recommendation is being progressed through the draft Tasmanian Civil and Administrative Tribunal (TASCAT) additional jurisdictions bill. This will ensure that as soon as these matters are transferred to TASCAT, only TASCAT members with appropriate professional expertise such as child sex abuse, neglect or family violence will be allowed to determine them.*

*The bill confers jurisdiction on TASCAT for a range of administrative appeals. They're currently allied to the Magistrates Court and in a few discrete cases to the Supreme Court, including the review of decisions made under the Registration to Work with Vulnerable People Act. Our government's implementation of this recommendation is in progress, with*

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<sup>135</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 49.

*the draft bill currently open for public consultation. We're expecting to table that in or around September.*

*The bill introduces several changes to the operational streams of TASCAT, including the creation of a new Community, Children and Families stream within its protective division. This stream will handle matters requiring specialised expertise in particularly sensitive areas. Reviews of decisions made under the Registration to Work with Vulnerable People Act will be assigned to this new stream. The draft bill ensures TASCAT only allocates members with the necessary professional expertise for these matters and these changes will ensure registration decisions can be challenged in a forum which provides trauma informed support to victim/survivors of child sexual abuse.*

**CHAIR** - *Attorney-General, on that, are there any people who currently sit on the various tribunals who would have the requisite knowledge, skills, and experience or are we looking at having a not-insignificant number of new people appointed and necessarily trained?*

...

**Ms BOURNE** - *... TASCAT currently has a range of members with various skill sets, particularly guardianship, mental health, and the like. Without speaking for the president, I believe they're looking very closely at the current skills mix of existing sessional members, as well as full-time members. Each time there's a process for new sessional members, the panels now take into account anticipated new jurisdictions of the Tribunal. I suggest that there may be some existing expertise, but there is an opportunity to make sure that the expertise explicitly required for this work is appropriately sourced to add to the existing skills mix of sessional members.*

**CHAIR** - *And there's funding that's attached to that as well to assist that?*

**Ms BOURNE** - *TASCAT is funded through appropriation for both permanent full-time members and sessional members. They appropriately manage the funding to adapt to the number of sessional members they need for any particular listings. So, already funded for sessional members and, I suspect, this will add to the pool of sessional members they can utilise to undertake the work across all jurisdictions.*

**CHAIR** - *That shouldn't be an additional cost - or they'll have to manage it within their budget effectively.*

**Ms BOURNE** - *There shouldn't be additional costs. TASCAT is already funded to support tribunal members in terms of training and the payment of sessional fees. It's something that we'll continue to discuss with the president, however, particularly as new jurisdictions continue to be added to the jurisdiction.*

...

**Ms WHITE** - *Can I ask how many reviews the Magistrates Court has undertaken of working with vulnerable people cards? Someone who's had theirs suspended and they want to review it? I presume it's where they've taken them and it'll soon be transferred to TASCAT.*

...

**Mr VAATSTRA** - *... We have had 16 previously resolved appeals in relation to registration matters.*

**Ms WHITE** - *Over what period of time?*

**Mr VAATSTRA** - *That's across the full scope of the scheme's existence.*

...

**CHAIR** - *Are there any live ones at the moment?*

**Mr VAATSTRA** - *Currently, there are four live matters.*

**Ms WHITE** - *Will they need to be transferred to the new process under TASCAT or would they be grandfathered through the Magistrates Court?*

...

**Mr PATERSON** - *I think we intend to transition them, but we will look at that in the current bill...*<sup>136</sup>

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<sup>136</sup> Mr Barnett, Ms Bourne and Mr Vaastra, *Transcript of Evidence*, 19 August 2024, pp. 76-81.

### **Recommendation 18.14**

1. The Commission for Children and Young People, the Registrar of the Registration to Work with Vulnerable People Scheme, the Integrity Commission and the Ombudsman should work jointly to develop a user-friendly guide for the general public, which describes:

- a) how each of these agencies can assist with complaints and concerns about how organisations respond to child sexual abuse
- b) the process these agencies will adopt in responding to reports, complaints and concerns, including what outcomes these agencies are empowered to achieve
- c) how information provided by a person lodging a report, complaint or concern will be shared and managed
- d) that agencies are committed to a ‘no wrong door’ approach to complaints, so people are reassured that all reports, complaints and concerns will receive a response from an agency
- e) pathways for raising concerns about the way any of these agencies respond to reports, complaints or concerns.

2. A child and youth-friendly version of the guide should also be developed and should be publicised and distributed widely in schools, out of home care, youth justice and health settings.

3. Both guides should be available on each of the agencies’ websites and form part of their child safety community education and engagement activities.

4. While the Commission for Children and Young People should be promoted as the key agency for receiving reports, complaints or concerns relating to conduct towards children, people should be able to raise reports, complaints or concerns with any of these agencies and these agencies should ensure the matter is appropriately referred (the ‘no wrong door’ approach).

Phase 1 – 2024

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*A working group of representatives from the Offices of the Independent Regulator, Integrity Commission, Ombudsman, Registration to Work with Vulnerable People and the Commissioner for Children and Young People (CCYP) is working jointly to produce a guidebook to implement this recommendation. The guidebook will be user-friendly, suitable for children and young people, and made publicly available. DOJ provides secretarial support to the working group, chaired by the CCYP.<sup>137</sup>*

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<sup>137</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 49-50.

## Committee's Assessment

The Committee notes the Government reports a working group of relevant statutory entities has been set up to deliver this recommendation, with secretariat support from the Department of Justice. However, the guide specified by the recommendation was not produced within the Phase 1 time frame. Further consultation with children and young people to inform the development of the resource was being undertaken.

## Government Evidence

**Mr BARNETT** - ... Tasmania's key oversight bodies for children and young people are now working together to produce a guidebook to implement this recommendation. The working group, consisting of the officers of the Independent Regulator, the Integrity Commission, the Ombudsman, Registration to Work with Vulnerable People and the Commissioner for Children and Young People, was established in February of this year. The working group is led by the chair, Acting Commissioner for Children and Young People, Ms Isabelle Crompton and the deputy chair, Independent Regulator Ms Louise Coe.

My department provides the working group with secretarial support to ensure it is able to achieve its goals in completing this recommendation. I am advised that members are currently collating key information about their respective functions for the guidebook, which will serve as a single-source user-friendly guidebook for the general public to describe their roles and responsibilities to help members of the public and the children and young people to understand how they can raise concerns with their agencies and what to expect when they do.

I am advised that each independent statutory entity is bringing its subject matter, expertise and resources to the project, incorporating the Commissioner for Children and Young People, with extensive experience in working with children and young people and the Independent Regulator's expertise in engaging institutions and the child service-related sector more generally.

I am also advised that on 27 June 2024, the former commissioner for Children and Young People wrote to the Head of the State Service and the Secretary of my department to inform them that meeting the 1 July time frame for the recommendation was not achievable given the scope and importance of this project for children and young people.

I acknowledge the former commissioner for Children and Young People's emphasis on the need for the guidebook to be created in a truly child-centred and meaningful way. It is also important that the resource is developed in a manner that enables it to be updated as this government progresses important reforms to establish a new Commission for Children and Young People. I have also agreed that my department will fund this important work and it is actively monitoring progress to ensure there are no resourcing barriers to implementation.

...

**Mr BARNETT** - ... The working group is currently exploring options on engaging with children and young people to ensure the resource is helpful and accessible. I have every confidence the Commissioner for Children and Young People and the Office of the Independent Regulator will ensure that this work is completed sensitively and with the needs of young people at the forefront of the design.

I am also advised that the working group is considering accessibility options and how the resource can be available to all individuals in our community and the chair of the group provides regular updates to the Secretary of my department and the Secretary of the Premier's Department. I welcome this communication and collaboration as it provides

*government with the best opportunity to support the progress of this work. I will see if the acting secretary has anything further to say on the time line.*

...

**Ms BOURNE** - *There isn't an explicit time frame at this point in time, given that the working group is currently exploring options on how best to engage with children and young people around the resource and will really be guided by the acting commissioner for Children and Young People and the Independent Regulator about making sure that that work progresses in a timely way, but also in a way that is sensitive to the needs of seeking feedback on that resource. I am confident that everyone is working towards developing that as quickly as is possible, noting the commission's recommendation and the importance of the work.<sup>138</sup>*

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<sup>138</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 82-83.

### **Recommendation 18.15**

The Commission for Children and Young People, the Integrity Commission, the Ombudsman and the Registrar of the Registration to Work with Vulnerable People Scheme should develop a formal memorandum of understanding relating to the management and oversight of reports, complaints and concerns relating to child sexual abuse and information sharing. The memorandum of understanding should:

- a) define the roles, responsibilities, functions and limitations of each agency and describe where these overlap or intersect
- b) require consultation prior to the initiation of systemic reviews or inquiries where the subject of that inquiry relates to areas of common interest or intersecting functions
- c) provide for permissive and enabling information-sharing practices that prioritise the safety and welfare of children for individual matters and ensure each party receives from others de-identified trend data necessary to perform its functions.

Phase 2 – 2026

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Information Sharing priority area recommendation in Collaborating for Change.<sup>139</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this Phase 2 recommendation as in progress.

### **Government Evidence**

*Mr BARNETT - ... We certainly remain committed to supporting the state's independent statutory officers and regulators to complete this recommendation within the time frame by 1 July 2026. The recommendation calls for the development of a memorandum of understanding with Tasmanian oversight bodies relating to the management and oversight of reports, complaints and concerns relating to child sex abuse. The MOU will support strengthened information-sharing practices between the oversight bodies to prioritise the safety and welfare of children for individual matters. Whilst this recommendation will assist all oversight bodies in the management of these important matters, it's important that Tasmanians understand that our oversight sector already manages these matters to ensure that the most appropriate entity is progressing any relevant complaint or investigation. This recommendation will ensure that the processes in collaboration between entities is formalised and enduring. I certainly want to affirm to our oversight bodies that they have this government's full support in progressing this work.*

*I have instructed my department to write to the chair and deputy chair of the independent statutory officer working group that is progressing recommendation 18.14, which calls for the development of a user-friendly guidebook ... to provide detail to the public on how concerns of child sexual abuse can be raised with Tasmanian oversight bodies. It's my view that this working group should consider the use of its existing governance and collaboration*

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<sup>139</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 87.

structure to progress this important reform. My department will advise the working group's leadership of its commitment to extend its assistance for the progression of this project.

...

**Ms WEBB** - ... Given that there's been a delay in delivering 18.14, and I understand the rationale provided for that, but with this one I'm particularly interested in the children who are currently in state care, so in out-of-home care and in youth detention primarily. The intent of these two recommendations is to make sure there are no gaps in terms of a young person or a child reaching out for help through one of these agencies and that they appropriately share and refer, whatever they need to do. Given that we're delaying these sort of information-provision things, how are we making sure that right now children in out-of-home care and youth detention aren't falling through gaps - like they had been previously?

**Mr BARNETT** - ... We do take this very seriously and we're progressing as soon as possible, consistent with the advice of the independent regulatory bodies and independent oversight bodies I've made reference to, who I know are taking it seriously as well. Recommendation 18.15 is about formalising the MOU. They already have relationships with each other. My understanding is they already consult and liaise with each other. Having said that, I will pass to the acting secretary to add to that answer.

**Ms BOURNE** - Reiterating what the Attorney-General has said, this work seeks to formalise what happens already, noting that there is absolutely room for improvement based on what the commission has found. It's our understanding that the Commissioner for Children and Young People and the Child Advocate already share a lot of that information to make sure, based on the information that they have, that children and young people are safe, based on the information we're aware of in the work that's happened in this state around the MOU and the resource.<sup>140</sup>

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<sup>140</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 83-85.

## Chapter 19 – A coordinated approach

### Developing a child sexual abuse reform strategy

#### Recommendation 19.1

1. The Tasmanian Government should develop a whole of government child sexual abuse reform strategy for preventing, identifying and responding to child sexual abuse, including child sexual abuse in institutions and harmful sexual behaviours.

The strategy should:

- a) describe the system that Tasmania seeks to achieve, including the component parts of that system, how Tasmanians will know it is working, and the role of key initiatives, reforms and recommendations in achieving the intended outcomes
- b) be separate from, but complement, the Government's Family and Sexual Violence Action Plan
- c) be informed by the voices of children and young people and adult victim-survivors of child sexual abuse (Recommendation 19.5)
- d) include agreed definitions of child sexual abuse, institutional child sexual abuse and harmful sexual behaviours
- e) set out guiding principles and objectives to inform preventing, identifying and responding to child sexual abuse
- f) identify the agencies, including statutory bodies and non-government organisations, involved in preventing, identifying and responding to child sexual abuse
- g) set out processes through which government agencies, statutory bodies and non-government organisations can consult on child sexual abuse reform
- h) set out considerations relevant to particular cohorts of children and young people, including Aboriginal children, children with disability, children with mental illness, children who identify as LGBTQIA+ and children from culturally and linguistically diverse communities
- i) outline the sources of funding for key initiatives and reforms set out in the strategy
- j) outline the governance, monitoring, review and evaluation arrangements for child sexual abuse reform, including that the Secretary of the Department of Premier and Cabinet, as Chair of the Secretaries Board, is responsible for endorsing, overseeing, coordinating and reporting on the strategy and action plan (Recommendation 19.3).

2. The Tasmanian Government should develop an action plan for the implementation of the child sexual abuse reform strategy. The action plan should:

- a) prioritise all recommendations and reforms for implementation over the short, medium and long term and include expected timeframes for implementing each recommendation
- b) identify the role holders and agencies that have responsibility for implementation of each recommendation and reform
- c) describe the actions to be taken to implement the recommendations and reforms, including any milestones, sequencing and dependencies
- d) identify the status of each recommendation and reform (that is, complete, under way or not commenced) and whether it is progressing on time
- e) be endorsed and overseen by the governance structure identified in the strategy.

3. The child sexual abuse reform strategy and action plan should be:

- a) tabled in each House of Parliament
- b) published on a dedicated website

- c) supported by a communication plan that seeks to inform and provide visibility of reform work to stakeholders and the community
- d) periodically reviewed and updated by the Secretaries Board through the Department of Premier and Cabinet.

Phase 1 - 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*The Tasmanian Government released Change for Children, Tasmania's first child sexual abuse reform strategy and action plan on the Keeping Children Safe website on 27 June 2024. Public consultation on Change for Children will be open for three months, until 30 September 2024.<sup>141</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed with the release of the draft Change for Children, Tasmania's first child sexual abuse reform strategy and action plan in June 2024, for consultation through to 30 September 2024. The Committee does not regard this as the completion of the recommendation.

The Committee further notes comments from external stakeholders on the need for the Tasmanian Government to develop a more trauma informed approach to consulting with victim-survivors (including children and young people who are victim-survivors), to ensure the process is meaningful and adds to, rather than repeats, previous consultations.

The Committee supports the call from 54 Reasons for there to be a clearer commitment in the Strategy to the Tasmanian Government upholding all rights of children as enshrined in the UN Convention on the Rights of the Child, and using all levers available to Government to do so.

### **Government Evidence**

**Mr ROCKLIFF** - ... *The actions taken, Chair, to date in developing a child sexual abuse reform strategy and through the Appropriation (Supplementary Appropriation for 2023-24) Bill, \$2.5 million dollars in funding was allocated in 2023-24 to implement recommendation 19.1 to develop a child sexual abuse strategy and action plan.*

*On 27 June 2024, the draft Change for Children - Tasmania's 10-year strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse, was released for a period of three months of public feedback to 30 September. The draft strategy and first two-year action plan, Collaborating for Change, which I've mentioned, outlines a vision and the guiding principles for a child safe system which are underpinned by the Child and Youth Safe standards. Change for Children outlines a 10-year plan to achieve change for children. This goes beyond the six-year program of work detailed in the commission's report, commission of inquiry report. Of course, our government is open to feedback on the strategy and action plan, including from the Joint Select Committee or its members, and a final strategy and action plan will be released during National Children's Week in October this year.*

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<sup>141</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 50-51.

**Ms WEBB** - .... So the consultation period ends on 30 September and then you're expecting to complete and finalise and make public by National Children's Week, which is late-ish October. So the period between closing the consultation and having the opportunity to take into account everything that's heard and learnt through the consultation is a period of maybe not quite three weeks. So I'm just concerned about whether that indicates that proper consideration is being given to what is heard through consultation.

**Mr ROCKLIFF** - Yes and I appreciate the reason for the question and it's a very good one and what is important is that the Strategy and Action Plan are informed by the voices of children and young people - as I'm sure you would appreciate - and indeed victim/survivors. I can advise that the draft Strategy and Action Plan has been informed by targeted consultation with more than 400 contributors, including victim/survivors and their supporters, children and young people, researchers and subject matter experts and key sector partners. A number of companion documents which informed the development of the draft have been released alongside Change for Children, of course, which we mentioned, and are publicly available on the Keeping Children Safe website...

...

**Mr ROCKLIFF** - ... we are receiving submissions now and are working through those submissions as they come in.

**Ms WEBB** - I'm still concerned on that because the reality is you'll receive a raft of submissions close to the final date - 30 September - and then presumably you'll have probably a two-week period to turn around and then still have a week or so to format everything up and finally print it and things like that. So two weeks doesn't sound like a very long time to review and analyse the feedback provided in good faith.

So if I was putting in a submission and submitting it prior to the deadline - just the end of September, what would I expect from the department in terms of analysing and genuinely considering my feedback, given it's such a short time frame? ...

...

**Mr ROCKLIFF** - ... It's been a very collaborative consultation period to date and that will continue through the time period that you speak of, Ms Webb. Kath, would you like to add any value to the answer?

**Ms MORGAN-WICKS** - We're not waiting until the end of September but noting that people may put in one right on the last day and we are going to review every single submission that we receive on the strategy. We are nearly in a co-production way working with members of the community. We are actively working with SASS and Laurel House and not waiting until the end of September to try to get their feedback and submissions that they're receiving. We have a session with the team and the community sector organisations plan to work together on reviewing the feedback and incorporating that into the strategy.

The Premier has outlined our hope that we could have it ready in time for National Children's Week. If we receive a large number of submissions right in that last week that require further work and active consideration, I'll provide that advice to the Premier about the time that will be required to incorporate that into the strategy. I think what the Premier has alluded to in many of the answers today is about trying to get this right and trying to make sure that we are including all the voices of community in this. This is a long-term change. We're not attempting to rush it but at the same time we're here in scrutiny to answer questions about

why we have not done something on a particular date or not. We're trying to balance that to make sure we are getting the voices of the community included.

**Ms WEBB** - I appreciate that. I think people will be reassured to hear some of those comments. Thank you for that. Can I ask why the draft that's currently out for consultation doesn't have clear measurable targets or timeframes or data points to evaluate progress? It's interesting to me. Do we expect to be able to robustly monitor and evaluate this framework going forward in a clear and independent way if we don't have those clear measurable targets, timeframes and data points that are part of it?

...

**Ms HURWORTH** - First, the feedback about not having clear accountability measures is one we've already been given through the consultation. I want to be clear that we're already looking at that. We've been given a whole range of feedback that we're considering. The independent monitor will have a very important role in the process of monitoring the strategy and action plan and the independent monitor will develop an evaluation and monitoring framework about the strategy and action plan. We're aware of working across what that important regulatory oversight function will do and what we need to have in the strategy and action plan.

**Ms MORGAN-WICKS** - I note that many of the items are phased, falling within phase two and phase three and require significant development. As they are each developed, we will be able to then set outcomes and measures and provide that also through to the independent monitor. I cannot sit right at the beginning and say this is the way in which the 191 recommendations can be evaluated, for example, in five-years' time as we are designing and developing many of the responses to the recommendations.<sup>142</sup>

## Stakeholder Evidence

The Interim Commissioner for Children and Young People, in her submission, provided the following update:

*On a related point, during 2024, this Office established the Voices for Tasmanian Youth Consultative Council (VTY) to provide a mechanism through which children and young people could inform the development of the Tasmanian Government's draft Change for Children Strategy (recommendation 19.1). The VTY members have been supported by this Office to devise a range of outputs including a report titled Speaking Out for a Safer Tomorrow: Our Messages for Change and subsequent companion piece, Messages for Change: Our Perspective on Change for Children. The most recent publication of the VTY is a checklist for more effective communication with children and young people, titled Communicate with us, not at us!. For further information about the VTY's work, I encourage members to visit: <https://childcomm.tas.gov.au/young-people/the-voices-for-tasmanian-youth/><sup>143</sup>*

Save the Children (54 reasons) welcomes the draft Change for Children Strategy and Action Plan:

*We particularly support the Strategy's commitment "to build and strengthen a system that upholds children's rights, and values the expertise of victim-survivors" and its recognition that: "A truly child-centred system has children and children's rights at its heart, and the expertise of victim-survivors is engaged and respected across all parts of the system." We also welcome the Strategy's explicit focus on accountability.*

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<sup>142</sup> Mr Rockliff, Ms Morgan-Wicks and Ms Hurworth, *Transcript of Evidence*, 29 August 2024, pp. 48-51.

<sup>143</sup> Commissioner for Children and Young People Tasmania, 2025, *Submission #12*, p. 2.

To achieve the Strategy's objectives relating to children's rights and accountability, we suggest the draft Strategy could be strengthened as follows:

**(a) Be clearer that the Strategy commits the Tasmanian Government to upholding all rights of children as enshrined in the CRC, and using all levers available to government to do so.**

The draft Strategy refers to children's rights in a number of places. This is important and welcome.

For example, the draft Strategy states that the National Principles for Child Safe Organisations, as legislated in Tasmania's Child and Youth Safe Standards, give effect to the rights of children by translating them into organisational standards and practices, and guide the Strategy and Action Plan itself. We agree this is essential. Full implementation of the Child and Youth Safe Standards across all Tasmanian Government agencies and community organisation partners is a foundational part of upholding children's rights in Tasmania.

However, implementing the Child and Youth Safe Standards should not be misinterpreted as being the only dimension of the Tasmanian Government's obligation to uphold children's rights. Government has a broader responsibility - and accountability - that:

- Includes addressing and establishing the underlying conditions and drivers, root causes, and structures that determine whether children's rights are upheld (rather than being limited to a focus on the point of potential or actual harm), and
- Encompasses all dimensions of children's rights - sometimes articulated as including children's rights to protection from harm, participation in decisions affecting them, and provision of services and supports (rather than being limited, as the draft Strategy at times appears to assume, to children's right to safety).

We recommend that the Change for Children Strategy be explicit about the Government's broader responsibility to ensure children's rights are upheld across all aspects of their lives, as outlined above. This comprehensive rights-based approach should be reflected in arrangements for oversight and implementation of the priorities and actions in the Strategy and Action Plan.

**(b) Ensure that relevant systems are fully rights respecting and comply with international human rights standards and requirements.**

The Strategy and Action Plan is an opportunity for the Government to be clear in setting out its intent to respect, protect and fulfil human rights, and to set out a comprehensive roadmap for action that is directly guided by human rights principles. For example, our Putting children first report outlines what a rights-based roadmap for youth justice would include.

**(c) Further strengthen the emphasis on enabling children and young people to be heard and taken seriously within organisations and institutions.**

Meaningful investment in enabling children's participation in decisions that affect them is a foundational requirement for achieving the aims of Change for Children and genuinely implementing the recommendations of the Final Report.

This should include a focus on ensuring that organisations and institutions prioritise establishing the systems and processes, and building the culture and capabilities, to enable children and young people to be heard and taken seriously in all relevant contexts.

Importantly, children and young people's right to participate includes both:

- a right to raise concerns and provide feedback about matters directly relating to their own individual safety and wellbeing, through accessible, appropriate and safe channels, and
- a right to participate meaningfully in broader organisational decision-making at all levels, including the most senior and whole-of-organisation levels.

**(d) Increase the emphasis on improving the collection, sharing and use of data.**

*Effective use of data is an essential enabler for the Strategy's success. A particular focus should be improving how data is used to identify children at most risk early on and target effective services for them and their families. Another focus should be improving the use of children's own views and feedback - however they share this - as a source of data, in its own right and in combination with other types of data.*

**(e) Commit to ensuring that the legislation, resourcing and other arrangements for the new Commission for Children and Young People complies with the Paris Principles.**

*The Paris Principles, as authoritatively elaborated by its supporting General Observations, establish minimum standards that human rights institutions should meet. They provide the best available guide for design of the new Commission, particularly in the context of the draft Strategy's appropriate emphasis on human rights and accountability.<sup>144</sup>*

According to the Laurel House submission:

*We appreciate the efforts that went into substantially redrafting this strategy following initial feedback in mid-2024. The consultation period on the redrafted strategy was, however, woefully short – running from mid-December to mid-January, a time when most organisations are closed or have minimal staffing. This severely limited our capacity to provide meaningful feedback and prevented us from being able to consult with victim-survivors as part of this process. We further note that the period over Christmas can be a particularly challenging time for victim-survivors especially victim-survivors of intra-familial child sexual abuse and as such any consultation related to victim-survivors should be avoided over this period.*

*We believe that the Tasmanian Government needs to develop a more robust approach to consulting with victim-survivors (including children and young people who are victim-survivors) including via organisations like Laurel House. We note that in order to support effective engagement with victim-survivors (including children and young people), Laurel House would need to be clear on the purpose of the consultation, what the Government seek to learn that is both new and not able to be gleaned from all the previous evidence and experiences shared (including via the Commission of Inquiry, other reviews and other consultation reports informed by victim-survivors including those produced by Laurel House and other organisations for the Change for Children strategy), specific questions of interest, a clear value add for victim-survivors in sharing their experiences (again), and with the provision of simple and accessible resources to support the consultation.*

*We would also recommend that in future documentation that supports the consultation period should be framed along the lines of 'here's what we heard from you (via past inquiries/reports), here's how that informed the legislation, did we hear you right/what else*

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<sup>144</sup> Save the Children and 54 Reasons, 2025, *Submission #14*, pp. 3-5.

*might you add?’ which would demonstrate that all efforts had been taken to review and draw from the evidence and experiences people have already shared.*

*From an organisational perspective, Laurel House would like to see that future consultation be supported by specific consultation questions that would allow us to focus our efforts in reviewing often complex documents and ensuring that the feedback we give is both useful to Government and a meaningful use of our resources. We suggest that consultation documents provide:*

- specific consultation questions,*
- summaries of the relevant information under each question, and*
- additional information within each section relevant to each question.*

*We understand that considerable legislative reform is needed over the coming years in response to CoI recommendations and other reviews. We are keen to see a planned consultation/engagement approach is regarding likely future consultation on those future drafts. Clarity on how consultations will be targeted, specific, trauma-informed and in line with best practice engagement standards for victim-survivors, so as not to risk alienating, retraumatising, or pushing them to consultation fatigue would be welcome. This piece of work would ideally happen by or in partnership with specialist services with appropriate funding. <sup>145</sup>*

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<sup>145</sup> Laurel House, 2025, *Submission #15*, pp. 17-19.

## Trauma Informed government services

### Recommendation 19.2

The Tasmanian Government should develop a whole of government approach to professional development on responding to trauma within government and government funded services, as well as statutory bodies, that provide services to children and young people or adult victim-survivors of child sexual abuse.

Phase 1 – 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*The State Service Management Office established a design team with representation from five lead agencies to work with them and its external partner on the development of a draft Trauma Informed Skills and Knowledge Framework. Preliminary consultation has occurred with key stakeholders to develop the draft Framework, with broader consultation from 1 July 2024 to ensure that the professional development response to trauma meets the needs of all stakeholders in delivery of services.<sup>146</sup>*

### Committee's Assessment

The Committee notes that while the Government reports this recommendation as completed, it was only the design and a draft of a Trauma-informed Knowledge and Skills Framework that was completed in Phase 1.

Considerable work remains to fully implement this recommendation and deliver the cultural change necessary to ensure all Government agencies and statutory authorities have trauma informed practices in place.

### Government Evidence (written)

*The Tasmanian Government recognises the importance of ensuring that staff in government agencies and government funded services that provide services to children and young people, or adult victim-survivors of child sexual abuse can provide those services in a trauma-informed way.*

*The design and draft of a Trauma-informed Knowledge and Skills Framework was completed in Phase One.*

*Preliminary consultation has occurred with key stakeholders to develop the draft Framework, with over 80 contributions from agencies, government and non-government services, as well as regulatory bodies. Key community organisations were also included along with the Tasmanian Aboriginal community.*

*Further refinement of the draft Framework is in progress, together with the development of key supporting documents, such as a language guide and an Outcomes Measurement Framework.*

*Next steps*

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<sup>146</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 51-52.

- *The draft Framework and supporting documents will be available for broader consultation commencing in September to ensure that the professional development response to trauma meets the needs of all stakeholders in delivery of services.*
- *The delivery of this recommendation and related professional development recommendations for Phase 2 and 3 with the continued collaboration between the COI Reform Unit and the State Service Management Office will drive these significant cultural improvement programs and the associated professional development services.<sup>147</sup>*

## **Stakeholder Evidence**

The Laurel House submission noted:

*As a government funded service that provide services to children and young people or adult victim-survivors of child sexual abuse, we have not received any professional development about responding to trauma.*

*Our engagement with this recommendation thus far has been through State Service Management Office (SSMO) run focus group sessions run in May 2024 facilitated by The MacKillop Initiative to feed into the design of the Framework.*

*While there was considerable engagement with Laurel House subsequent to the 1 July 2024 deadline, it is unclear what has happened in relation to this program of work, with the last communication received by Laurel House in August 2024.<sup>148</sup>*

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<sup>147</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, p. 2.

<sup>148</sup> Laurel House, 2025, *Submission #15*, pp. 19-20.

## Establishing a strong governance structure for child safety

### Recommendation 19.3

The Secretary of the Department of Premier and Cabinet, as Chair of the Secretaries Board, should be responsible for endorsing, overseeing, coordinating and reporting on the child sexual abuse reform strategy and action plan.

Phase 1 – 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*Governance arrangements have been established to ensure a coordinated approach to the implementation of the Commission's recommendations. The Secretary of DPAC is the accountable officer for the Child Sexual Abuse Reform Strategy and Action Plan.<sup>149</sup>*

### Committee's Assessment

The Committee notes governance arrangements have been put in place to give effect to this recommendation.

The Committee urges the Government to consider the concerns raised by external stakeholders about the potential detrimental impact on victim-survivors of staffing restructures and changes within the Keeping Children Safe team.

### Government Evidence (written)

*The Secretary of Department of Premier and Cabinet, as Chair of the Secretaries Board will be responsible for endorsing, overseeing and reporting on the child sexual abuse reform strategy and action plan.*

*This Phase One recommendation, due for delivery by 1 July 2024, has been met.*

*All relevant secretaries, as members of the Secretaries Board will be responsible for actioning particular reforms under the child sexual abuse reform strategy and action plan within their portfolio responsibilities.*

*The Secretary of the Department of Premier and Cabinet chairs the Secretaries Board, which has supported development of the draft Change for Children Strategy and Action Plan. The Secretaries Board will be responsible for the endorsement, oversight, coordination, and reporting on the final version.*

#### Next Steps

- *Governance and accountability mechanisms will be reviewed on a regular basis to ensure that the appropriate structures are in place to keep children safe and oversee reform.<sup>150</sup>*

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<sup>149</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 52.

<sup>150</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 2-3.

## Stakeholder Evidence

The Laurel House submission raised concern regarding the impact of staff changes within the Keeping Children Safe team:

*We would like to raise a consideration regarding the process of implementing this recommendation, which directly impacts victim-survivors. Recent changes in the Secretary position have led to restructures and staffing changes within the Keeping Children Safe team, and similar shifts have occurred with changes in government and the redevelopment of the strategy. We understand that such changes are often a necessary part of systems transformation, especially in the scale of implementing the CoI recommendations, and are typically made with the best intentions of achieving positive outcomes.*

*However, we have received feedback from victim-survivors and advocates who have been deeply engaged with the CoI that these frequent staff changes have had a detrimental effect on their trust and engagement. For victim-survivors, particularly those who have experienced institutional abuse and betrayal in the past, trust is extremely difficult to rebuild with government staff. When staff members move on from roles, that trust is lost, potentially reinforcing feelings of disappointment and betrayal linked to past trauma.*

*Given these concerns, we encourage a more thoughtful and considered approach to engagement with victim-survivors as key stakeholders. These individuals, who have been through so much, deserve a stable and supportive environment to foster trust, continuity, and meaningful engagement as the implementation of the CoI recommendations progresses.<sup>151</sup>*

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<sup>151</sup> Laurel House, 2025, *Submission #15*, pp. 20-21.

### **Recommendation 19.4**

1. The Premier should, through their performance agreements, ensure Heads of Agencies are responsible for reforms under the child sexual abuse reform strategy and action plan within their portfolio responsibilities.
2. Heads of Agencies should ensure relevant State Service executives are also responsible for implementing the strategy and action plan.
3. The statements of duties for relevant departmental staff should refer to their responsibilities in relation to the strategy and action plan.

Phase 1 – 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*Heads of Agencies' Performance Agreements were amended to include specific reference to child and young person wellbeing as part of the Government's interim response to the Commission of Inquiry.<sup>152</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed, but requiring ongoing implementation action.

It is not yet clear that performance agreements for Heads of Agencies and State Service Executives or statements of duties for relevant departmental staff specify responsibility for the child sexual abuse reform strategy and action plan. The Committee anticipates an updated assessment of this will be made by the Implementation Monitor in the 2025-26 Annual Report.

### **Government Evidence (written)**

*This recommendation was met in Phase One but will require ongoing implementation action.*

*Heads of Agencies' Performance Agreements were amended to include specific reference to child and young person wellbeing as part of the Government's interim response to the Commission of Inquiry*

*Governance arrangements for Child and Youth Safety and Wellbeing have been established to ensure a coordinated approach to the implementation of the Commission's recommendations.*

*The Secretary of the Department of Premier and Cabinet chairs the Child and Youth Safety and Wellbeing Subcommittee of Secretaries Board, which has supported development of the Child Sexual Abuse Reform Strategy and Action Plan and will endorse, oversee, coordinate and report on the final version.*

*Next steps*

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<sup>152</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 52.

- *Statements of duties will be updated and reviewed on an ongoing basis to include references to relevant child and youth wellbeing requirements.*<sup>153</sup>

### **Recommendation 19.5**

1. The Tasmanian Government should ensure, in setting out the governance structure for the child sexual abuse reform strategy and action plan, that children and young people and adult victim-survivors of child sexual abuse are part of this governance structure through:

- a) the Premier's Youth Advisory Council
- b) the establishment of an advisory group comprising adult victim-survivors of child sexual abuse, including child sexual abuse in institutions, of different ages, backgrounds, cultures, gender identities and geographical locations and parents of child victim-survivors.

2. The Department of Premier and Cabinet should report on the activities of these advisory groups in its annual report.

3. These advisory groups should:

- a) be guided by clear terms of reference that have been developed in consultation with the advisory groups
- b) have a clear purpose and objectives in terms of how they can contribute across the whole of government
- c) receive secretarial support and be adequately funded and resourced
- d) ensure trauma-informed processes apply in their interactions
- e) support and enable members' attendance by covering the costs of travel and expenses, and providing honorariums where appropriate.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Child and Community Voice priority area recommendation in Collaborating for Change.*<sup>154</sup>

### **Committee's Assessment**

The Committee notes the Government reports this Phase 2 recommendation as in progress. Further implementation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report and the Committee will take particular note of that assessment.

<sup>153</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 3.

<sup>154</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 87.

## **Government Evidence (written)**

*The draft Change for Children Strategy and Action Plan outlines how children and young people, and victim-survivors of child sexual abuse, will be part of the governance structure to deliver this major reform program.*

*This is a Phase Two recommendation, due for delivery by 1 July 2026, and is in progress.*

### **Victim-Survivor Advisory Group**

*The establishment of the Victim-Survivor Advisory Group is well underway. The Keeping Children Safe Reform Unit in the Department of Premier and Cabinet has undertaken a trauma-informed selection process to identify Tasmanians who can represent the views of victim-survivors in this important forum.*

*Specialist staff have been recruited to the Keeping Children Safe Reform Unit to develop the framework and establish the Group. Consultation with lived experience experts and other similar groups was undertaken to develop a fair, trauma informed selection process. An expert lived-experience consultant has also been engaged to ensure that the recruitment and establishment of the group remains trauma-informed.*

*Time was taken to ensure that the recruitment process was developed to reflect best practice and trauma informed principles. Applicants were advised of progress throughout the process. Fifty-five applications were received for the group in late January 2024.*

*Conversations with applicants commenced in June 2024 and were completed by 1 August 2024. Some applicants withdrew from the process, therefore 39 of the 55 applicants were interviewed by specialist staff from Department of Premier and Cabinet with the assistance of senior clinicians from Laurel House and the Sexual Assault Support Service.*

### **Children and Young People - Voices for Tasmanian Youth**

*The Commissioner for Children and Young People established the Voices for Tasmanian Youth in early 2024. The draft Change for Children Strategy and Action Plan includes high-level detail on how the Voices for Tasmanian Youth will form part of the governance structure for the child sexual abuse reform program in Tasmania.*

*Voices for Tasmanian Youth contributed to the draft Change for Children Strategy and Action Plan with their report, 'Speaking Out for a Safer Tomorrow: Our Messages for Change'. They have also made a number of submissions as part of the consultation process on the draft Change for Children Strategy and Action Plan.*

### **Next steps**

- *The final version of the Strategy and Action Plan will reflect any changes made following feedback on governance and engagement arrangements for victim-survivors, children and young people, received through the consultation process which closes on 30 September 2024.*
- *It is expected that the Keeping Children Safe Reform Unit will be able to advise applicants for the Victim-Survivor Advisory Group of the outcome of the selection process before the end of September 2024.*
- *The Keeping Children Safe Reform Unit is working with the Acting Commissioner for Children and Young People to ensure Voices for Tasmanian Youth can continue to inform the full implementation of the Reform Strategy and Action Plan.*

- *The Department of Premier and Cabinet will report on the activities of these advisory groups in its annual report.*
- *A total of \$5.6 million has been allocated from 2024 to 2028 for support for victim-survivors, including the Victim Survivor Advisory Group.*
- *Funding of \$3.2 million from 2024 to 2028 has been allocated to support child and community engagement.<sup>155</sup>*

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<sup>155</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 3-4.

## Improving information sharing and cross-agency coordination for child safety

### Recommendation 19.6

The Tasmanian Government should introduce legislation to amend the *Registration to Work with Vulnerable People Act 2013* to clarify that, in addition to the duty to report in certain circumstances, any person can notify reportable behaviour to the Registrar of the Registration to Work with Vulnerable People Scheme.

Phase 2 – 2026

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a System Regulation and Monitoring priority area recommendation in Collaborating for Change.*<sup>156</sup>

### Committee's Assessment

The Committee notes the Government reports this Phase 2 recommendation as in progress, with the Department looking at the best way to enact and implement the recommendation from a policy, legislative and practical aspect.

The Registrar of the Registration to Work with Vulnerable People Scheme reports that currently, the Scheme does receive information directly from the public, however, it will be clarified through this recommended change. Associated with this is a project to improve the Scheme's IT capability in order to better establish connection points with Tasmania Police and other agencies and reporting bodies with obligations to report to them.

### Government Evidence

**Mr BARNETT** - *I'm happy to confirm that the Department's working on the best way to enact and implement recommendation 19.6 which would provide greater clarity around how members of the public can report concerning behaviour to the Registrar of the Registration to Work with Vulnerable People scheme. The Act requires reporting bodies, including Tasmania Police, Tasmanian government agencies and relevant registration and licencing organisations, to report reportable behaviour that poses a risk of harm to vulnerable people to the Registrar. The recommendation provides that any person, not just the reporting bodies currently specified in the Act, should be able to notify the Registrar directly of reportable behaviour. While members of the public can report certain behaviour already, the existing formal pathways for such reports go through police, child safety services or other bodies who in turn report to the Registrar. The recommendation will enable a formal pathway for reports to also be made to the Registrar directly by any person, including members of the public.*

....

**Ms BOURNE** - *... the Department, as you have noted, is presently exploring the best way from a policy, legislative and practical aspect to enact and implement the recommendation,*

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<sup>156</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 87-88.

including how it can be done in a way that best fits within current reporting obligations and investigations by reporting bodies that the Registrar relies on, and from a practical perspective, the systems that we require to deliver an enhanced public interface and the like with the existing scheme. I think it's an opportunity to continue to develop that integrated and secure reporting mechanism in relation to this recommendation.<sup>157</sup>

...

**Ms WHITE** - Can you explain to me the process now: if somebody made a complaint or raised concern about behaviour of an individual and reported it to the police, and it related to their behaviour as it might impact on a young person - is there an automatic notification then provided to the registrar? If the registrar is in receipt of something like that, what action is taken? ...

...

**Mr VAATSTRA** - We have an automatic notification process with Taspol. Our systems talk together. When there is an identified risk to a vulnerable person, their system will tell our system that is present. Then we will request further information from Tasmania Police on what that information is. Following the receipt of that initial information, then we would determine where else might we go to seek further information that might inform a risk assessment. That is when our information requests go out back to Tasmania Police. If there is any employing agency relevant, we might go to them. If there is a relevant volunteer organisation we might ask them, we might ask the individual themselves. We start gathering information at that point to inform our assessment.

**Ms WHITE** - With this change where you can make a report directly to the registrar, how would that information then be shared with Tasmanian Police if it was necessary to do that?

**Mr VAATSTRA** - This is an important point because we do receive information directly from the public at the moment. People can notify the registrar, although that is something that's going to be clarified through this recommended change.

We would basically go back to police and do the same process we do. If we received information, we would go and ask police what do you know about this matter and our other information and reporting bodies about what they are aware of. Our standard process around information gathering would kick in at that point.

**Ms WHITE** - The response earlier was that the process was automatic between police and the registrar, but it sounds like it is a bit more manual going back the other way. Are there improvements that need to be made there for the technology to work better?

**Mr VAATSTRA** - Yes. There is an automatic process for us to receive information and then there is a process of manual requests that go on after that. We do have a project to improve our IT technology. As part of that, we are looking at how can we better establish connection points with Tasmania Police, other agencies and reporting bodies who have obligations to report to us. That is more support technology-wise for making that a seamless process.

**Ms WHITE** - Is that funded Attorney-General?

**Mr BARNETT** - Good question.

**Ms BOURNE** - Please Tim, correct me if I am wrong, but it is an existing project currently funded within the agency that is on foot.<sup>158</sup>

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<sup>157</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, p. 53.

<sup>158</sup> Mr Waastra, Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 86-87.

## Recommendation 19.7

The Tasmanian Government should review confidentiality and secrecy provisions in Tasmanian legislation, including the *Personal Information Protection Act 2004*, to identify any specific legislative barriers that hinder the sharing of information necessary to protect the safety and wellbeing of children and young people and remove these barriers.

Phase 3 – 2029

Government Reported Status: In progress (DOJ)

Implementation Report (August 2024) extract: NA

### Committee's Assessment

The Committee notes the Government reports work has commenced on this Phase 3 recommendation. Further noted are the number of recommendations related to legislative reform of the PIP Act that are being implemented in different phases, on different timelines.

The Committee urges the Government to ensure this work is consolidated and, wherever possible, brought forward.

### Government Evidence

**Mr BARNETT** - ... *We're progressing work that's aligned with the recommendation. Any reforms that can be made prior to 2029 will be made.*

*A core response to overcoming any real or perceived barriers to information sharing occurred as a result of the enactment of the Child and Youth Safe Organisations Act 2023 last year. The act requires significant information sharing between regulatory and employment entities and removes many information sharing barriers for the purposes of the act, being the promotion of and monitoring of the safety and wellbeing of children. With this important reform in mind the Office of Independent Regulator, which oversees the Children and Youth Safe Organisations Framework, continues its work in the community and government education to ensure that practice and approach shift for these issues and that the culture of our institutions moves to one of openness and transparency, particularly when it comes to the safety of our children. The commission of inquiry has made several recommendations in its final report to improve information sharing and cross-agency coordination for child safety.*

*There are legislative barriers I can refer to. There are cultural barriers and next steps, but we certainly commit to that recommendation...*

...

**Ms WEBB** - *Presumably it's being done in conjunction with the other things being looked at around the PIP Act (Personal Information Protection Act 2004).*

**Ms BOURNE** - *That's correct, Ms Webb, similar to previous information provided to the committee, the department continues to work with DPAC and other agencies to make sure that the various project streams and reviews come together and that there's no duplication. I think it goes without saying that the examination of the PIP Act will be fundamental to this work, so we can formally identify those legislative barriers that exist and work through how we address those, both culturally and legislatively, and noting the TLRI's recent privacy law review is very helpful in that regard. Similarly, I think the RTI review, as previously*

mentioned, the outcome of the Woolcott review as well, will, I'm sure, provide very relevant information to inform the department's work on trying to address this recommendation.

**Ms WEBB** - Can I ask about things lining up here then, because when we go back and look at, say, recommendation 17.8, which also involves reviewing and reforming operation of the Right to Information Act and the PIP Act for various purposes, I won't read the whole thing out. That's a phase 2, delivered by 2026 measure. The one we've just read is a phase 3, delivered by 2029. They both involve looking at the PIP Act. This goes back to the question I asked earlier about how - are we doing this in a comprehensive way? Bringing together not just, hopefully in a comprehensive way, the recommendations from the commission that relate to, say, the PIP Act, but also those external processes and reviews as well? They're looking beyond the matters in the commission. It doesn't look like we're doing it comprehensively and cohesively if they're looking at the same act but are due at different times. There's also uncertainty about the external processes playing out. Can you give us some more understanding about how you're making sure that there's a comprehensive, cohesive approach here?

...

**Ms BOURNE** - The phase 3 recommendation 19.7 is related, as you've highlighted, but goes beyond the RTI Act and the PIP Act. I think the department's advice to date is that there are probably more than 200 pieces of legislation that in some way restrict the sharing of information across agencies, law enforcement and the like - from vehicle registrations to adoption records. Each of those has been implemented for a potentially different policy reason. So, there's a great deal of work to unpick those with the ultimate aim of removing unnecessary barriers where it's necessary to keep children and young people safe.

On the point around making sure that we're all in alignment and there's no duplication of effort. The whole-of-government legislative program, which the Attorney-General has referenced, to look at the 54 legislative recommendations coming out of the commission meets monthly and has essentially a work plan that we're working to, but provides the opportunity for all agencies to come around the table and talk about where particular pieces of work are at but also what work might not be picked up by the legislative agenda but may impact on a particular project. That's one of the ways we're trying to make sure there is oversight of all the different pieces of work that do in some ways overlap.

**Ms WEBB** - Could I clarify then, because it made sense to me what you just said there about 19.7 - It does say 'including the PIP Act', but you've just said that to achieve this recommendation there's a vast number of acts that would need to be looked at. Would it be fair to assume, though, that the PIP Act elements of delivering on this recommendation will be done in conjunction with the other work being done on the PIP Act, say under recommendation 17.8? The thing I'm trying to get at is that we're not tweaking a little this year and coming back and tweaking a little next year, but we're being comprehensive and cohesive about those key pieces of legislation.

...

**Mr PATERSON** - ... Very briefly, that is a good point and is part of our plan to address the PIP-related restrictions in the phase 2 work and if we can more generally bring that phase 3 recommendation forward in time we'll do that as the government's responses, as previously said.<sup>159</sup>

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<sup>159</sup> Mr Barnett and Ms Bourne, *Transcript of Evidence*, 19 August 2024, pp. 88-91.

### **Recommendation 19.8**

1. The Department of Premier and Cabinet should lead the development of child safety information sharing, coordination and response guidelines to support government and government funded agencies and statutory bodies to respond to child safety issues. The guidelines should:

- a) set out the principles which guide information sharing, cross-agency coordination and the roles of different services and entities in responding to child safety issues, and require that staff are trained on these issues
- b) identify a process for nominating a lead agency for cross-agency responses to individual child safety issues and set out the lead agency's role and responsibilities
- c) identify a process for setting out the roles and responsibilities of collaborating agencies in responding to child safety issues
- d) explain child safety information-sharing obligations and responsibilities and how staff can fulfil them
- e) set out an escalation and dispute resolution process to resolve disagreements that may arise across agencies
- f) identify resources and professional development opportunities for staff in relation to responding to child safety issues
- g) be subject to periodic review to ensure they remain up to date and accurately reflect best practice cross-agency information sharing and coordination arrangements.

2. The Tasmanian Government should fund the culture change work required to achieve good information-sharing practices.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Information Sharing priority area recommendation in Collaborating for Change.<sup>160</sup>*

#### **Committee's Assessment**

The Committee notes the Government reports this Phase 2 recommendation as in progress and will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

#### **Government Evidence (written)**

*The Department of Premier and Cabinet will lead the development of child safety information sharing, the coordination and development of guidelines to support government and government funded agencies, and statutory bodies to respond to child safety issues.*

*This is a Phase Two recommendation, due for delivery by 1 July 2026, and is in progress.*

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<sup>160</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 88.

*In the draft Change for Children Strategy and Action Plan, Information Sharing is one of the thirteen priority areas connecting the Commission of Inquiry recommendations into whole-of-government programs of work. The objective of this work is to remove barriers and to encourage the sharing of information between institutions to assist in reducing risks to children and young people.*

*The Departments of Premier and Cabinet and Justice have commenced the analysis of existing legislation to inform any legislative amendments required to enable information to be shared across agencies.*

*A project officer has been appointed within the Department of Premier and Cabinet, whose duties include further scoping of this project, and progressing work to lead the development of guidelines.*

#### *Next steps*

- *Central to these changes in information sharing processes, structures, and practices will be a focus on the needs of children, young people, and survivors, emphasising their protection and providing trauma-informed support.*
- *A draft project plan will be developed for cross-agency consideration through the Child and Youth Safety and Wellbeing governance structure.<sup>161</sup>*

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<sup>161</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 5.

## Chapter 20 – State Service disciplinary processes

### The State Service Code of Conduct

#### Recommendation 20.1

1. The Tasmanian Government should, by introducing legislation or through other means, ensure that the State Service Code of Conduct includes the following binding obligations:
  - a) if a state servant's conduct creates an unacceptable risk to the safety and wellbeing of children or young people accessing government and government funded services, the State Service disciplinary framework should apply, and termination, suspension or sanction should be available (including being able to terminate employment based on a loss of confidence)
  - b) in relation to child sexual abuse and related conduct, the requirement that state servants must comply with all applicable Australian law is determined on the basis of a balance of probabilities test and does not require a breach of the law to be determined by a court
  - c) where a state servant has contact with a child or young person through their work, and an allegation is made of child sexual abuse or related conduct in relation to that child, this contact is sufficient to establish the conduct occurred 'in the course of employment' or, in the case of section 9(14), has a nexus to employment regardless of whether the conduct complained of occurred outside the workplace or outside working hours.
2. The Tasmanian Government should develop policy documents or guidance on the interpretation of the State Service Code of Conduct explaining (among other things):
  - a) how the required connection between a state servant's employment and a child and young person should be interpreted in matters that involve child sexual abuse or related conduct
  - b) explain that all provisions of the Code of Conduct should be interpreted to prioritise the protection of children.

Phase 3 – 2029

Government Reported Status: Due for delivery by 2029 (DPAC)

Implementation Report extract: N/A

#### Committee's Assessment

The Committee notes this is a Phase 3 recommendation. Assessment of progress of implementation will be undertaken by the Implementation Monitor and documented in future annual reports.

#### Government Evidence (written)

*The Tasmanian Government is committed to taking the necessary steps to ensure our State Service Code of Conduct is appropriate and adapted to responding to risks of child sexual abuse.*

*Recommendation 20.1 outlines a range of obligations in relation to an employee's conduct that should be introduced through legislation or other means.*

*This is a Phase Three recommendation, due for delivery by 1 July 2029.*

*The Tasmanian Government released revised Employment Direction 5 – Procedures for the Investigation and determination of whether an employee has breached the Code of Conduct (revised ED5), effective from 29 August 2024. Through the release of the revised ED5, it was a priority to ensure a new clause was included to ensure it is clear that 'The safety of children is to be a primary consideration when managing allegations and determinations of breaches of the Code involving children.'*

*Next steps*

- *Implementing the remaining elements of this recommendation will be considered through further building on the guidance, training and capability building in relation to the management of Code of Conduct matters across Agencies.<sup>162</sup>*

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<sup>162</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 5-6.

## **Recommendation 20.2**

1. All Heads of Agencies whose agencies provide services to children should develop a professional conduct policy for the agency's employees that:

- a) explains what behaviours are unacceptable, including concerning conduct, misconduct or criminal conduct
- b) defines and prohibits child sexual abuse, grooming and boundary violations, in language consistent with the Child and Youth Safe Organisations Act 2023.

2. The professional conduct policy should:

- a) acknowledge the challenge of maintaining professional boundaries in small communities and provide clear identification of, instructions about and examples of how to manage conflicts of interest and professional boundaries in small communities
- b) provide guidance on identifying behaviours indicative of child sexual abuse, grooming and boundary violations relevant to the particular organisation
- c) outline behaviours that must be reported to authorities, including what behaviours should be reported to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme and the Independent Regulator under the Child and Youth Safe Organisations Act 2023, or other relevant agencies
- d) provide that not following reasonable directions is a breach of professional standards
- e) provide that a failure to report a breach or suspected breach of the policy may be taken to be a breach of the policy
- f) outline the protections available to individuals who make complaints or reports in good faith
- g) provide and clearly outline response mechanisms for alleged breaches of the policy
- h) specify the penalties for a breach, including that a breach of the policy may be taken to be a breach of the State Service Code of Conduct without needing to assess whether a separate provision of the Code has been breached, and may result in disciplinary action
- i) cross-reference any other policies, procedures and guidelines that support, inform or otherwise relate to the professional conduct policy, for example, complaints handling or child protection policies or other codes of conduct relevant to particular professions.

3. The professional conduct policies should be:

- a) easily accessible to everyone in the agency and communicated by a range of mechanisms
- b) explained to and acknowledged and signed by all employees
- c) accompanied by a mandatory initial training session and regular refresher training, including as part of professional development training
- d) communicated to children and young people and their families through a range of mechanisms, including publication on the agency's public-facing website.

4. The professional conduct policies should include a specific prohibition on romantic or sexual relationships between an employee and a young person where that employee has been in a position of authority, care or protection with the young person for two years after the young person turns 18 or the employee's position of authority, care or protection has ended,

whichever is later. This requirement should operate in addition to any other professional and ethical obligations.

5. Heads of Agencies should ensure the professional conduct policy spells out expected standards of behaviour for volunteers, contractors and sub-contractors, and other adults where relevant to the specific organisation and use appropriate mechanisms to ensure their compliance with the policy.

6. The Tasmanian Government should introduce legislation, or other binding mechanisms, to ensure:

- a) a breach of a departmental professional conduct policy may be taken to be a breach of the State Service Code of Conduct, without needing to assess whether a separate provision of the Code has been breached
- b) such a breach does not have to be accompanied by a lawful and reasonable direction for there to be a breach of the Code of Conduct.

Phase 1 – 2024

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*The State Service Management Office established a cross-agency working group and is working closely with all agencies that deliver services to children and young people to develop and implement professional conduct policies in line with this recommendation.*

*This complements work to outline expected conduct standards for contractors, subcontractors and volunteers under recommendation 20.4.*

*Agency policies have been developed for implementation and/or consultation. Any behaviour connected to employment relating to a child or vulnerable person for allegations of child sex abuse, grooming or a boundary violation if substantiated is a breach of the code of conduct. If allegations are made an employee is immediately suspended and a discipline process is commenced in accordance with Employment Direction No. 5 including an investigation and a determination as to a breach of the code of conduct and imposition of a sanction such as termination.*

*The State Service Management Office will consider whether amendments to the State Service Act are also required to strengthen any parts of the code of conduct following a review being undertaken of all current children related matters.<sup>163</sup>*

### **Committee's Assessment**

The Committee notes implementation of this Phase 1 recommendation has extended into Phase 2, with Parts 1 to 5 of the recommendation in progress, and options for progressing Part 6 being considered.

As the policies referred to in this recommendation play an important role in providing immediate and accountable protections for children and young people, the Committee urges the Government to prioritise implementation.

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<sup>163</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 54.

Assessment of progress on this recommendation will be made by the Implementation Monitor in the 2025-26 annual report, and the Committee will take particular note of that assessment.

### **Government Evidence (written)**

*This recommendation contains six components, with parts 1 to 5 focusing on the content, implementation and operation of professional conduct policies. Part 6 of the recommendation focuses on strengthening the enforceability of professional conduct policies.*

*This recommendation was due for delivery by 1 July 2024 but remains in progress. Parts 1 to 5 are well progressed. Agencies have developed policies and are progressing with consultation and publication. Led by the SSMO, a whole-of-government working group is supporting implementation of the policies, with particular focus on the ensuring that our workforce has the necessary understanding, skills and confidence to uphold the policies.*

*Regarding part 6, it was noted in the Government's initial response that the SSMO commenced work to examine and seek advice on the current applicability of Standing Orders in accordance with the State Service Act 2000 and the ability to incorporate departmental professional conduct policies once established as Standing Orders.*

*Following the examination of the use of Standing Orders and advice received, it became difficult to continue to explore this due to challenges in linking Standing Orders to professional conduct policies.*

#### *Next steps*

*As part of delivery for Phase Two, the focus will be on the implementation of the remaining components of the recommendation. In relation to parts 1 to 5, this includes:*

- Consideration of the most appropriate approach to child safety training across the Tasmanian State Service to provide the workforce with the necessary capabilities.*
- Acknowledging that implementation of these policies will impact individuals in different ways. The working group is ensuring that the implementation of these policies is appropriately empathetic, compassionate and trauma informed.*

*In relation to part 6, the SSMO is investigating options for legislative reform, giving particular consideration to the State Service Act 2000. It is anticipated that the SSMO will make recommendations to enable legislative reform by the end of 2024.<sup>164</sup>*

### **Stakeholder Evidence**

The Laurel House submission stated:

*We urge the implementation of this recommendation to be of the highest priority given the critical role that these policies play in providing immediate and accountable protections for children and young people.*

*We would appreciate transparency about how the implementation of this recommendation will address those individuals currently stood down due to allegation of CSA.*

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<sup>164</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 6.

*We also encourage the consideration of how similar policies could be applied to elected roles to address concerns raised in response to recommendation 18.12 above.<sup>165</sup>*

### **Recommendation 20.3**

The Tasmanian Government should introduce legislation to ensure that where a finding is made that a State Service employee has committed reportable conduct under the Reportable Conduct Scheme, this also constitutes a breach of the State Service Code of Conduct under section 9 of the *State Service Act 2000*.

Phase 1 – 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*The State Service Management Office has investigated options for giving effect to this recommendation. Subject to advice, this recommendation will be achieved via amendments to Employment Direction No. 5 so that the investigation for a Code of Conduct is the same as an investigation under the Reportable Conduct Scheme. Proposed changes have been drafted.<sup>166</sup>*

### **Committee's Assessment**

The Committee notes the Government reports this recommendation has been implemented via amendments to Employment Direction No. 5 rather than through legislation. This was tabled at a Committee hearing on 29 August 2024.<sup>167</sup>

The Committee is concerned that the amended Employment Direction No. 5 may not fulfill this recommendation and will need further assessment.

### **Government Evidence (written)**

*The recommendation relates to the introduction of legislation to ensure that where reportable conduct has been found, this also constitutes a Breach of the Code of Conduct.*

*The revised ED5 includes a new clause, to ensure that an investigation under ED5 that relates to reportable conduct may be combined with or constitute an investigation under the Child and Youth Safe Organisations Act. This clarifies there is no need to carry out duplicate investigations.*

*Further Guidance is provided to note that in the same way as the ED5 matter would progress (in accordance with the State Service Code of Conduct) any reportable conduct in relation to the employee would relate to conduct in the course of employment or connected to employment.*

*Next Steps*

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<sup>165</sup> Laurel House, 2025, *Submission #15*, p. 21.

<sup>166</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 55.

<sup>167</sup> [https://www.parliament.tas.gov.au/\\_\\_data/assets/pdf\\_file/0028/84844/240829-Premier-1.pdf](https://www.parliament.tas.gov.au/__data/assets/pdf_file/0028/84844/240829-Premier-1.pdf)

- *While this recommendation was completed in Phase One, any further changes the employment framework including to legislation, will be considered following the finalisation of the Independent Review into the actions taken in response to the information and concerns raised by the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse (the Woolcott Review).<sup>168</sup>*

### **Recommendation 20.4**

The Tasmanian Government should introduce legislation to ensure the provisions in the professional conduct policies apply to contractors, sub-contractors, volunteers and other adults who have contact with children.

Phase 1 – 2024

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*The State Service Management Office has established a cross-agency working group and is working with relevant agencies to ensure contractors, sub-contractors and other agents who provide services to Government comply with professional conduct policies (outlined in recommendations 20.2) in the delivery of services. Agencies who have contact with children have policies developed for implementation and/or consultation.*

*Further legislative reform will form part of delivery for Phase 2.<sup>169</sup>*

### **Committee's Assessment**

The Committee notes implementation of this Phase 1 recommendation has extended into Phase 2. Assessment of progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*Recommendation 20.4 is designed to ensure that the provisions of professional conduct policies also apply to contractors, sub-contractors, volunteers, and other relevant adults who have contact with children.*

*The application of these policies to existing contractors and sub-contractors is subject to the provisions of individual contracts.*

*This recommendation was due for delivery in Phase One but remains in progress. Due primarily to both the number and variation in existing contracts, the contract environment in the Tasmanian State Service is complex and ensuring appropriate application of professional conduct policies is equally complex and time-consuming.*

*SSMO is seeking further advice on the most effective way to continue the implementation of this recommendation.*

<sup>168</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 6-7.

<sup>169</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 55-56.

### *Next Steps*

- *SSMO continues to work with relevant stakeholders to progress the implementation of this recommendation, including approach to both current and future contractual arrangements.<sup>170</sup>*

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<sup>170</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 7.

## Employment directions

### Recommendation 20.5

1. The State Service should develop guidance material for conducting preliminary assessments to ensure:
  - a) they are conducted quickly (within three to five business days after an allegation is received)
  - b) the reasons for any delay are documented, a new timeframe set, and the reasons for the delay and the new timeframe are communicated to the parties if applicable in the circumstances
  - c) they are confined to a basic gathering of information and do not require evidence of wrongdoing
  - d) they do not assess whether the alleged conduct occurred in the course of the employee's State Service employment.
2. Victim-survivors and child witnesses should not normally be interviewed at the preliminary assessment stage to avoid them being interviewed more than once or being interviewed by a person without special skills. If it is necessary to interview a child or young person at this stage, then this should be done in line with clause 7.3 of Employment Direction No. 5—Breach of Code of Conduct. Any such interview should be conducted by individuals who have been trained in child development, child sexual abuse (including taking a Whole Story approach), and trauma-related behaviours.
3. Any engagement with a child or young person during the preliminary assessment stage should be child-centred and trauma-informed.
4. The Child-Related Incident Management Directorate should conduct preliminary assessments in child sexual abuse or related conduct matters.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>171</sup>*

### Committee's Assessment

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### Government Evidence (written)

*This recommendation focusses on the development of guidance material being developed for Agencies specific to the investigation process.*

*This is a Phase Two recommendation, due for delivery by 1 July 2026, and is in progress.*

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<sup>171</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 88.

*The recently established Shared Capability and Centralised Investigations (SCCI) Unit will be building capability across the Tasmanian State Service in relation to investigative practices, in particular, child centred and trauma informed practices.*

*Regina Weiss has been engaged to provide expert practical and strategic advice to the SCCI Unit, which includes expert knowledge and experience to support investigations that involve children and victim-survivors.*

*The revised ED5 will support the culture and capability uplift in agencies and clarity around important accountability processes in the Tasmanian State Service.*

*Next steps*

- *The work of the SCCI Unit will include development of guidance for preliminary assessments and the approach to be taken with interviews for victim-survivors and child witnesses.<sup>172</sup>*

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<sup>172</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 7-8.

## Recommendation 20.6

The Tasmanian Government should amend Employment Direction No. 4— Suspension to:

- a) specify that in matters involving complaints or concerns about child sexual abuse or related conduct of an employee, they may be suspended immediately
- b) clarify, to avoid any doubt, that suspension can occur before the start of any disciplinary processes, including preliminary assessments
- c) exclude, in matters involving complaints or concerns of child sexual abuse or related conduct, the requirement that the Head of Agency must have a reasonable belief that it is in the public interest to suspend the employee
- d) include the safety of children and young people among the matters a Head of Agency must take into account when deciding whether to suspend an employee.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Complaints priority area recommendation in Collaborating for Change.<sup>173</sup>*

### Committee's Assessment

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### Government Evidence (written)

*This is a Phase Two recommendation due for delivery by 1 July 2026 and is in progress. Initial work on the review of ED4 has commenced.*

#### *Next Steps*

- *Noting that review of ED4 has commenced, delivery of this recommendation is anticipated in early 2025, ahead of the recommended Phase Two timeframe.<sup>174</sup>*

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<sup>173</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 89.

<sup>174</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 8.

## Recommendation 20.7

The Tasmanian Government should ensure investigations into misconduct in relation to child sexual abuse or related conduct by State Service employees of the Department for Education, Children and Young People and the Department of Health under Employment Direction No. 5—Breach of Code of Conduct are conducted by the Child-Related Incident Management Directorate.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Incident Management priority area recommendation in Collaborating for Change.<sup>175</sup>*

### Committee's Assessment

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### Government Evidence (written)

*This is a Phase Two recommendation, due for delivery by 1 July 2026, and is in progress.*

*As per the update provided by the Premier during the hearing in relation to recommendation 6.6 (Establish a Child Related Incident Management Directorate), the Department of Premier and Cabinet has appointed a project officer whose duties include initial scoping of the Child Related Incident Management Directorate, in close collaboration with the Department for Education, Children and Young People and Department of Health.*

*In line with the recommendation, the Tasmanian Government will ensure investigations into misconduct in relation to child sexual abuse or related conduct by Tasmanian State*

*Service employees of the Department for Education, Children and Young People and the Department of Health under ED5 are conducted by the Child-Related Incident Management Directorate.*

*Next Steps*

- *Over the next 12 months, the project officer will develop a project plan and work with agencies to scope the requirements of the Child-Related Incident Management Directorate, including how it will work with existing incident management structures.<sup>176</sup>*

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<sup>175</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 89.

<sup>176</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 8.

### **Recommendation 20.8**

The Tasmanian Government should amend Employment Direction No. 5—Breach of Code of Conduct, as it relates to child sexual abuse or related conduct, to:

- a) ensure people making a complaint and children or young people who have been abused have the right to
  - i. reply to any factual matters put forward by the alleged abuser
  - ii. know the outcome of an investigation
  - iii. seek a review of decisions in an appropriate forum
- b) clarify timeframes for carrying out investigations, set out the process for seeking an extension of time for an investigation and the considerations involved, and require the granting of, and reasons for, an extension of time be communicated to the parties affected
- c) provide that all matters of concern relevant to an employee’s conduct with a child or young person pertaining to child sexual abuse or related conduct be treated as potential serious misconduct
- d) note the importance, in circumstances where it is appropriate to summarily dismiss an employee for misconduct, of conducting an investigation to identify children who have been harmed and any systemic problems that need to be addressed
- e) ensure investigations are conducted by people who have been trained in child development, child sexual abuse (including taking a Whole Story approach) and trauma-related behaviours.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Complaints priority area recommendation in Collaborating for Change.<sup>177</sup>*

### **Committee’s Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*This recommendation relates to amendments to ED5 to clarify complaints and investigative processes for child sexual abuse and related conduct.*

*This is a Phase Two recommendation due for delivery by 1 July 2026, and is in progress.*

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<sup>177</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 89.

*Some of the initial actions taken have already delivered some of the elements of the recommendation, this includes:*

*The revised ED5 includes a new clause to make it clear that the safety and protection of children is paramount in the consideration of all matters.*

*The guidance developed on the changes to ED5 clarifies that where a matter relates to child sexual abuse or related conduct, this would clearly be a potential serious breach of the Code of Conduct and could not be dealt with in any other way, other than as a potential breach of the Code.*

*As part of the government panel of investigators, an investigator is to be given a maximum of 12 weeks to complete their investigation. Regular updates are to be provided and where any delays identified, an explanation of the delay and an extension of time is to be sought.*

*It was a requirement that investigators on the panel have undertaken trauma informed training and that details on an investigator's relevant skills or training are recorded so that investigations can be conducted by people with appropriate training, depending on the nature of the investigation.*

*Trauma informed training has been made mandatory for those involved in ED5 processes and continues to be rolled out across the Service, this training includes the importance of communicating timeframes and any delays to all parties.*

*Next steps*

- *The remaining elements of the recommendation will continue to be progressed for delivery by 1 July 2026.<sup>178</sup>*

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<sup>178</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 9.

## Recommendation 20.9

The Tasmanian Government should maintain a central cross-government register of misconduct concerning complaints and concerns about child sexual abuse and related conduct. This register should contain records of substantiated and unsubstantiated matters, including those that did not proceed to investigation.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as an Information Sharing priority area recommendation in Collaborating for Change.<sup>179</sup>*

### Committee's Assessment

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### Government Evidence (written)

*This is a Phase Two recommendation due for delivery by 1 July 2026, and is in progress.*

*A register has been developed in relation to State Service Code of Conduct Breaches "resulting in" or that "would have resulted in Termination".*

*This includes where a breach of the Code of Conduct is found in relation to child sexual abuse and related conduct.*

*This Register records details where a breach of the Code has occurred that resulted in termination, or where an employee may resign, where a sanction of termination would have applied.*

#### Next Steps

- *The broader scope of this recommendation will continue to be advanced in Phase Two including any legislative reform needed to achieve this.<sup>180</sup>*

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<sup>179</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 90.

<sup>180</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 9-10.

## **Recommendation 20.10**

1. The Tasmanian Government should take measures to ensure that misconduct investigations under Employment Direction No. 5—Breach of Code of Conduct in relation to complaints and concerns of child sexual abuse are able to take into account prior substantiated, untested and unsubstantiated complaints, allegations and disciplinary action, in addition to the immediately alleged misconduct.

2. The Tasmanian Government should take measures to ensure that prior allegations (including unsubstantiated allegations) should be considered at various stages of the disciplinary process, including in determining:

- a) the process to be used to deal with new allegations
- b) whether the conduct occurred on the balance of probabilities, with previous substantiated allegations being given more weight than unsubstantiated allegations
- c) if misconduct has occurred
- d) the sanction to be applied.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Complaints priority area recommendation in Collaborating for Change.<sup>181</sup>*

### **Committee’s Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*This is a Phase Two recommendation, due for delivery by 1 July 2026, and is in progress.*

*Delivering this recommendation in full is dependent on employment related recommendations being completed as first steps in the implementation.*

*Next Steps*

- *Further guidance material will be developed to build capability across Agencies regarding how and when prior allegations, including untested and unsubstantiated allegations of child sexual abuse or related conduct, can be considered at various stages of the disciplinary process.<sup>182</sup>*

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<sup>181</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 90.

<sup>182</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, p. 10.

### **Recommendation 20.11**

1. The Head of the State Service should monitor and publicly report annually on the management of misconduct matters related to child sexual abuse or related conduct.
2. Heads of Agencies should report quarterly to the Head of the State Service on all misconduct matters related to child sexual abuse or related conduct, substantiated and unsubstantiated.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>183</sup>*

### **Committee's Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*This recommendation is due for delivery in Phase Two, by 1 July 2026.*

*The recommendation calls for annual reporting on the management of misconduct matters related to child sexual abuse or related conduct. Since December 2023, the Tasmanian Government has published monthly updates of the assessments and actions by relevant Heads of Agencies of all current and former State Service employees referred to in the Commission of Inquiry report including alleged perpetrators.*

*This disclosure report contains three sections that provides assessment and actions for firstly, all current and former employees named in the report (who are not alleged perpetrators), secondly, all current and former employees that are alleged perpetrators and finally all current and former Tasmanian Police Officers in relation to matters referred to in the Commission's report.*

*This report provides information regarding the total number of employee matters arising from the COI report under consideration by Heads of Agencies, the breakdown of former and current State Service employees, the progress of those assessments and whether actions under the State Service Act 2000 have commenced or been determined.*

*This information is further broken down into separate agencies and work areas. This report will be updated monthly until all actions are complete.*

*Next Steps*

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<sup>183</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 91.

- *To ensure transparency, the Heads of the State Service have been tasked to review all available information to identify any opportunities to build on the existing routine disclosures relating to child sexual abuse matters.*<sup>184</sup>

### **Recommendation 20.12**

The Tasmanian Government should introduce legislation to amend Employment Direction No. 6—Inability to provide for:

- a) a simplified process that applies to matters where the employee no longer has an essential employment requirement (for example, no registration under the Registration to Work with Vulnerable People Act 2013)
- b) powers to immediately terminate a person’s employment if the employee no longer meets an employment requirement for working with children or young people
- c) any interview with a child or young person in line with Employment Direction No. 6—Inability to be subject to the same considerations as should apply under clause 7.3 of Employment Direction No. 5—Breach of Code of Conduct (Recommendation 20.8).

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a System Regulation and Monitoring priority area recommendation in Collaborating for Change.*<sup>185</sup>

### **Committee’s Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*The focus of this recommendation is amendments to both legislation and Employment Direction 6 – Inability (ED6) related to whether an employee is able to efficiently and effectively perform their duties.*

*This is a Phase Two recommendation due for delivery by 1 July 2026 and is in progress. The amendments are to:*

- *introduce a simplified process that applies to matters where the employee no longer has an essential employment requirement (for example, no registration under the Registration to Work with Vulnerable People Act 2013)*

<sup>184</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 10-11.

<sup>185</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 91.

- *introduce powers to immediately terminate a person’s employment if the employee no longer meets an employment requirement for working with children or young people, and*
- *ensure that any interview with a child or young person be subject to the same considerations as apply in ED5.*

#### *Next Steps*

- *Initial work has commenced on the review of ED6.*
- *Any further changes [to] the employment framework including to legislation, will be considered following the finalisation of the Woolcott Review.<sup>186</sup>*

### **Recommendation 20.13**

1. The Head of the State Service should issue guidance on State Service disciplinary processes that contains key principles and procedures to be followed. This guidance should include information on:

- a) the steps involved in the process of dealing with disciplinary matters
- b) maintaining confidentiality
- c) setting timeframes for investigations and communicating timeframes to the parties
- d) preliminary assessments
- e) employee suspensions, in particular where matters are alleged to involve child sexual abuse
- f) considerations when interviewing children
- g) an employee’s inability to perform a role due to the loss of employment requirements
- h) the rights of an employee and any complainant.

2. This guidance should be developed in line with relevant child safety considerations, relevant recommendations of this Commission of Inquiry and the Integrity Commission’s *Guide to Managing Misconduct in the Tasmanian Public Sector*.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>187</sup>*

### **Committee’s Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

<sup>186</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, p. 11.

<sup>187</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 91.

## **Government Evidence (written)**

*This is a Phase Two recommendation, due for delivery by 1 July 2026 and is in progress.*

*In line with the recommendation, guidance is being developed in line with relevant child safety considerations, including the recommendations of the Commission of Inquiry and the Integrity Commission's Guide to Managing Misconduct in the Tasmanian Public Sector.*

*In light of the revised ED5, a What's Changed Guide has been produced in relation to the key changes made to the ED and what that means in practice.*

*The newly-established SCCI Unit will build capability across the State Service in relation to investigative practices, particularly child-centred and trauma-informed practices. This will include guidance relating to preliminary assessments.*

*As part of the government panel of investigators, an investigator is to be given a maximum of 12 weeks to complete their investigation. Regular updates are to be provided and where any delays identified, an explanation of the delay and an extension of time is to be sought.*

*Work has also commenced on the review of ED4 relating to the suspension of employees, with or without pay, and will particularly consider where matters are alleged to involve child sexual abuse.*

*In addition, work has commenced on the review of ED6 which will particularly consider where the employee no longer has essential employment requirements.*

*Next steps*

- *The changes and Guide are a first step, and we will continue to build upon this change. There will be an ongoing process of building capability across State Service Agencies in how ED5 processes are managed and to support the cultural change we are committed to seeing across the State Service.<sup>188</sup>*

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<sup>188</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 11-12.

## Cultural change

### Recommendation 20.14

The Tasmanian Government should allocate funding for initiatives aimed at cultural change and awareness raising to promote a shared understanding and application of disciplinary processes across the State Service in a manner that ensures the safety and wellbeing of children at risk of child sexual abuse or related conduct.

Phase 1 – 2024

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*Funding has been allocated to a broad range of cultural change activities including the development of a trauma-informed knowledge and skills framework (see recommendation 19.2), engagement of community engagement and change leads, system change training to support Strategy and Action Plan implementation and work to expand components of the DOH's One Health cultural change project to other agencies across the State Service (see also recommendation 15.3).<sup>189</sup>*

### Committee's Assessment

The Committee notes the Government reports this Phase 1 recommendation as completed, although evidence provided indicates the cultural change program has only been funded and is being implemented in the Department of Health.

Funding for cultural change and awareness raising will be required over a longer time period and the effectiveness of cultural change efforts will need to be measured and reported on in an ongoing way.

### Government evidence (written)

*This is a Phase One recommendation due for delivery by 1 July 2024 and has been met.*

*In 2023-24, \$4.5 million was allocated through a Supplementary Appropriation for whole-of-government State Service Leadership and Cultural Improvement program.*

*This umbrella funding incorporated a broad range of culture initiatives across agencies including the development of a trauma-informed knowledge and skills framework (recommendation 19.2), establishment of community engagement and change leads and system change training to support the Strategy and Action Plan implementation.*

*\$2.5 million of this funding was provided to the Department of Health to progress and expand components of their cultural change program, One Health (recommendation 15.3). Other agencies will utilise the outcomes of Health's program to inform their cultural change work, building accountability for child safety and conduct at all levels of the State Service.*

*A cross agency Child Safe Cultures Priority Area was established to inform the development of the Change for Children Strategy and Action Plan, and it is through this priority area that we will be leveraging the investment in One Health across all Government agencies.*

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<sup>189</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 56.

*A shared capability building, and centralised investigations unit has been established in SSMO to undertake the most serious cases likely to lead to termination and to develop guidance and consistent practice across the TSS as another important part of cultural change.*

#### *Next steps*

- *Child Safe Cultures is a priority area in the Change for Children Strategy with a key focus on changing the way that individuals and organisations perceive children and ensure that children are not discriminate against and that they are listen to and their rights upheld.*
- *The cross-agency Child Safe Cultures Priority Area will:*
- *Transition into a community of practice to build on existing initiatives happening across agencies.*
- *Map culture activities across all agencies to leverage expertise and best practice models.*
- *Partner with Community Sector Engagement and Change Leads to work in partnership with government agencies to build child safe cultures within the community service sector, and broader community.*
- *Work in trauma informed partnerships with children and young people and victim survivors to engage on their terms.<sup>190</sup>*

#### **Stakeholder Evidence**

The Laurel House submission stated:

*If the ‘Tell Someone Campaign’ fall under the remit of the recommendations, Laurel House would like to highlight that we have appreciated the more recent positive engagement with the DPAC Communications team, including their leadership, in engaging Laurel House in that campaign. While we have some concerns regarding the origins of this campaign and the level of prior engagement of specialist services, we are heartened by the increased collaboration and look forward to further opportunities to strengthen the campaign and other communications aimed at cultural change within and beyond Government agencies.<sup>191</sup>*

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<sup>190</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, p. 12-13.

<sup>191</sup> Laurel House, 2025, *Submission #15*, pp. 23-24.

## Role of the Tasmanian Industrial Commission

### Recommendation 20.15

The Government should fund the Tasmanian Industrial Commission to enable its members to attend training on child sexual abuse either locally or through any relevant interstate program or training, such as the programs offered by the Judicial College of Victoria.

Phase 2 – 2026

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Professional Development and Training priority area recommendation in Collaborating for Change.<sup>192</sup>*

### Committee's Assessment

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation, including a commitment to provide additional resourcing for training of Tasmanian Industrial Commission members. Assessment of progress of this recommendation will be undertaken by the Implementation Monitor and documented in future annual reports.

### Government Evidence

**Mr BARNETT** - ... The Department of Justice will arrange such training options for the TIC members. The commission suggested a time frame of completion: by 1 July 2026. Funding for recommendation 20.15 will be considered as part of the 2024-25 Budget process. The Department of Justice will explore appropriate training options for the TIC members to raise awareness about the nature and impact of trauma and child sex abuse, its prevalence and how to apply trauma-informed principles in judicial decision-making settings...

**Ms BOURNE** - We're currently exploring options, as the Attorney-General has said, around appropriate training for TIC members, as has been undertaken in relation to some of our other statutory officers. I know that some training has been provided by the Honourable Robert Benjamin when he visited the state previously, but we're making sure that it's made available for TIC members as well.

**Ms WEBB** - You touched on it, I think, but I just want to clarify. We've got recommendations relating to training on these matters to be delivered to various judicial officers in different settings and now the Industrial Commission. Are we ensuring that that training is being delivered in an aligned, cohesive way so that it's essentially the same training they're receiving relevant to their context? ...

**Ms BOURNE** - It's a very good question. The benefit of the role of the agency, whilst noting the independence of the statutory officers, is to provide assistance in trying to ensure that the training is as like for like as possible, noting the differences that exist between the statutory officers. For example, there's a recommendation around professional development of judicial officers, and the Supreme Court currently has a number of professional development opportunities, often run through the National Judicial College. There are opportunities for that to be offered to other statutory officers. Similarly, there is work

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<sup>192</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 91.

*occurring between the office of the DPP and the Law Society to make sure that trauma-informed training provided to legal practitioners is as consistent as possible. I think we're doing pretty well in making sure that the most appropriate training is being made available to independent statutory officers to inform the decisions they make about what best suits their particular setting.*<sup>193</sup>

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<sup>193</sup> Mr Barnett, Ms Bourne and Mr Paterson, *Transcript of Evidence*, 19 August 2024, pp. 91-93.

## Chapter 21 – Therapeutic services

### Improving the therapeutic service system

#### Recommendation 21.1

1. The Department of Premier and Cabinet should lead, coordinate and fund a therapeutic service system for child and adult victim-survivors of child sexual abuse and children who have experienced or displayed harmful sexual behaviours.
2. The Department should ensure the therapeutic service system:
  - a) addresses service gaps and provides coordination of services, appropriate coverage and equitable access to quality services
  - b) is easily understood and accessible to the public, state servants and other mainstream service providers.
3. The Department, in leading this work, should consult with:
  - a) any relevant government departments, including the Department for Education, Children and Young People, the Department of Health and Tasmania Police
  - b) sexual assault and abuse counselling services
  - c) the Premier’s Youth Advisory Council and the adult victim-survivors of child sexual abuse advisory group (Recommendation 19.5)
  - d) the peak body for the sexual assault service system (Recommendation 21.3).
4. The Tasmanian Government should ensure funding agreements with nongovernment specialist services include appropriate governance requirements, sexual abuse service standards, service evaluation and child safe accreditation.

Phase 3 – 2029

Government Reported Status: In progress (DPAC)

Implementation Report extract: N/A

#### Committee’s Assessment

The Committee notes the Government reports progress on the implementation of this Phase 3 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

#### Government Evidence (written)

*This is a Phase Three recommendation of due for delivery by 1 July 2029, and is in progress.*

*In 2023-24, the Tasmanian Government provided additional funding of \$1.2 million over 12 months to the Sexual Assault Support Service (SASS) and Laurel House to support the increased demand following the release of the Commission of Inquiry Final Report.*

*Additionally, in December of the same financial year, the Tasmanian Government also provided funding of \$1 million to SASS and Laurel House to support therapeutic services for harmful sexual behaviours, including expanding the Prevention, Assessment, Support,*

*Treatment (PAST) program and increase services to children and young people in Ashley Youth Detention Centre.*

*On 1 July 2024, the Tasmanian Government released the draft Change for Children Strategy and Action Plan which highlights priority areas of ‘Therapeutic Approach to Harmful Sexual Behaviours’, ‘Child Safe Cultures’, and ‘Child and Community Voice’. Across these priority areas, the Government has committed to actions to centre the experiences of victim survivors and children to strengthen the service system.*

*Through the development of Change for Children Strategy and Action Plan the Tasmanian Government held workshops with representatives from different groups and heard from victim survivors, their families and supporters through a partnership with SASS and Laurel House. The Tasmanian Government will continue to listen to children, young people and victim survivors so that services can meet their needs.*

*The Tasmanian government is establishing a number of formal channels for consultation and engagement, including the Victim-Survivor Advisory Council, work with Community Sector Engagement and Change Leads and consultation with people from culturally and linguistically diverse communities through collaboration with the Multicultural Council of Tasmania.*

#### *Next Steps*

- *The Tasmanian Government will continue to work with key stakeholders to understand service needs and accessibility.*
- *The Tasmanian Government is developing a consultation approach with an outcome of mapping the current service system and current gaps.*
- *A review of existing consultation conducted with cohorts for Change for Children will also inform this analysis.*
- *\$5.25 million has been allocated from 2024 to 2028 for action in relation to harmful sexual behaviours.<sup>194</sup>*

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<sup>194</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 13-14.

## Recommendation 21.2

1. The Tasmanian Government should conduct an independent process and outcomes evaluation for the pilot multidisciplinary Arch centres and any future centres after three years of operation to inform the Government of any systems improvements that could be made to the centres and whether they have resulted in improvements in client outcomes. The evaluation should incorporate:

- a) an evaluation and data outcomes framework established during the first year that includes required baseline and outcomes data for clients receiving services through the Arch centres, and considers how Arch centre outcomes can be compared with the outcomes of cases that have not received an Arch centre response
- b) the collection of data in line with the data outcomes framework in the first year
- c) the storing and retention of data in a format that can be provided to the independent evaluators.

2. The evaluation and data outcomes framework should include outcome measures for adult and child victim-survivors of child sexual abuse and children who have experienced or displayed harmful sexual behaviours.

3. The Tasmanian Government should ensure multidisciplinary centres are not the sole response to the therapeutic needs of adult and child victim-survivors of child sexual abuse.

Phase 2 - 2026

Government Reported Status: In progress (DPFEM)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>195</sup>*

### Committee's Assessment

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation, including a review of the pilot completed in June 2025.<sup>196</sup> The Committee notes the review found the Arch model, delivering services in one safe space, is improving the experience of victim-survivors and staff supporting them, but made recommendations about how Arch can continue to improve.

The Committee further notes the review raised concerns about inconsistent and inequitable funding arrangements for non-government partners of Arch. Any failure to provide secure long-term funding is a risk to the success of the model.

### Government Evidence

*Mr ELLIS - ... The independent evaluation will occur in three phases up to 30 June 2025: an initial review to assess the progress of Arch activities, outputs and short-term outcomes; a*

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<sup>195</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 92.

<sup>196</sup> [https://arch.tas.gov.au/wp-content/uploads/2026/03/Arch-Final-Evaluation-Report\\_FINAL.pdf](https://arch.tas.gov.au/wp-content/uploads/2026/03/Arch-Final-Evaluation-Report_FINAL.pdf)

*mid-term evaluation focusing on service update and progress of short, medium and long-term outcomes; and a final evaluation of medium and long-term outcomes and impact, with recommendations for continuing the program. The independent evaluation will assess the effectiveness of Arch against key evaluation factors and indicators. It commenced in March 2024 and in terms of time frame, the evaluation team received ethics clearance to commence data collection in June 2024 and data collection for the initial review commenced in July 2024.<sup>197</sup>*

[NB: Refer also to Recommendation 16.1.]

### **Stakeholder Evidence**

The Laurel House submission stated:

*The Tasmanian Government is currently transitioning the Arch centres from the pilot program to the permanent phase after the announcement of permanent funding during the election and at the 2024-25 budget. However, the non-government specialist partners (Laurel House and SASS) have not been allocated ongoing secure funding within their budgets, while the funding for Government partners seems to be secured.*

*At Arch, multi-disciplinary services and organisations work together to provide coordinated and collaborative, trauma-informed and victim-centred support. Laurel House provides a core part of these specialist therapeutic and support services in the North (and will do the same when the North West Centre opens). The current funding arrangements are grossly insufficient and does not cover the staffing requirements of the service agreement, backfill, oversight and management. Further since opening, demand for specialist sexual violence support in the Arch, both directly with clients and in the form of secondary consultations and operational support to other partners and the program team has necessitated considerable additional staffing of counsellors, senior counsellors and senior management.*

*With our current core services already stretched thin, the need to extend our services consistently into the Arch Centres puts significant pressure on our already strained workforce and reduces our capacity to meet increasing demands and address our therapeutic services waitlist as per Recommendation 21.4.*

*We urge this to be amended to provide sufficient permanent funding to address these gaps.*  
...

*The Laurel House team has been actively involved in the current evaluation of the Arch Centres. We note that the current evaluation methodology and resourcing does not allow for comparison with the services offered to victim-survivors outside the multidisciplinary centre. Further, the current evaluation and data outcomes framework does not include children who have displayed harmful sexual behaviours. We note that work is underway to refine the evaluation strategy in line with this recommendation, but Laurel House has some reservations about whether sufficient resources will be available to undertake the evaluation in line with the intent of the Commissioners, especially given the varying data management needs of the partner organisations.<sup>198</sup>*

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<sup>197</sup> Minister Ellis, *Transcript of Evidence*, 19 August 2024, p. 17.

<sup>198</sup> Laurel House, 2025, *Submission #15*, pp. 52-54.

### **Recommendation 21.3**

1. The Tasmanian Government should establish a peak body for the sexual assault service system, including therapeutic interventions for children who have engaged in harmful sexual behaviours, to:

- a) ensure the needs of adult and child victim-survivors of child sexual abuse and children who have experienced or displayed harmful sexual behaviours are met by the sexual assault service system
- b) represent sexual assault service providers in a coordinated way
- c) share evidence and experience
- c) develop or identify practice standards for sexual assault services and interventions for child sexual abuse and harmful sexual behaviours
- d) coordinate service delivery for victim-survivors
- e) advocate for improvements in the sexual assault service system.

2. This peak body for the sexual assault service system should be distinct from, but work in cooperation with, a family violence peak body.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Harmful Sexual Behaviour priority area recommendation in Collaborating for Change.<sup>199</sup>*

#### **Committee's Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

#### **Government Evidence (written)**

*The Tasmanian Government will establish a peak body for the sexual assault service system, including therapeutic interventions for children who have engaged in harmful sexual behaviours.*

*This is a Phase Two recommendation due for delivery by 1 July 2026, and is in progress.*

*The Commission has recommended that the Tasmanian Government work with the community services sector to create a more active and supported peak body to enhance the sexual assault service system. This body is to ensure consistent and coordinated services. This peak body will play a crucial role in coordination and can develop or adopt standards of practice to maintain consistent quality.*

*Work is already underway. The Tasmanian Government provided funding to the Tasmanian Council of Social Service in 2022, to investigate the establishment of a Family and Sexual*

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<sup>199</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 92.

*Violence Peak Body. Currently this project is still under investigation, with a broadened scope to consider a separate sexual violence peak body.*

*Next steps*

- *In December 2024, the investigation of a Family and Sexual Violence Peak will complete its initial project.*
- *In February 2025, the Family and Sexual Violence Alliance will provide its final report and recommendations to the Tasmanian Government.*
- *After this period and taking into considerations the outcomes of the Family and Sexual Violence Peak investigation project, the Tasmanian Government will consider next steps for the establishment of the sexual violence peak.*
- *\$2.6 million has been allocated from 2024 to 2026 for SASS and Laurel House to continue funding for increased core therapeutic services provided in 2023-24.<sup>200</sup>*

## **Stakeholder Evidence**

The Laurel House submission stated:

*Laurel House would like to emphasise that the success of such a peak body hinges on its appropriate resourcing. We recommend that the Tasmanian Family and Sexual Violence Alliance be adequately funded to scope and implement this work effectively, especially given the complex intersections of family violence (FV), sexual violence (SV), child sexual abuse (CSA), and harmful sexual behaviours (HSB).*

*It is crucial that the peak body or peak bodies is/are sufficiently funded to address both the needs of victim-survivors of FV, SV and CSA, and children who have experienced or engaged in HSB, as well as to provide advice in relation to men's behaviour change and child sexual abuse perpetrator programs. There is concern that if this is underfunded, it will not be possible to meet the comprehensive needs of these diverse groups, and to provide meaningful advice to government and support to the sector/s.*

*This requires significant investment to bring together the full range of providers and experts, ensuring that all areas of service delivery, support, and advocacy are robustly addressed. Without sufficient funding and resources, the peak body risks being ineffective in fulfilling its critical role.<sup>201</sup>*

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<sup>200</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 14.

<sup>201</sup> Laurel House, 2025, *Submission #15*, pp. 54-55.

### **Recommendation 21.4**

1. The Tasmanian Government should increase the funding for free or low-cost sexual assault counselling services to:

- a) reduce waiting times to no longer than four weeks for victim-survivors, regardless of where they live in Tasmania
- b) enable fortnightly access to sexual assault counselling in Ashley Youth Detention Centre
- c) assist peer support groups.

2. The Department of Premier and Cabinet should adopt strategies to increase the number of professionals with skills to provide therapeutic responses to abuse related trauma to address the challenge in attracting and retaining sufficient suitably qualified staff to fill vacancies and meet the need for therapeutic responses to child sexual abuse.

Phase 2 – 2026

Government reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Child and Community Voice priority area recommendation in Collaborating for Change.<sup>202</sup>*

### **Committee’s Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation, however provided no formal commitment to sustained increased funding for free or low-cost sexual assault counselling services.

Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*The Tasmanian Government is committed to increasing funding for free or low-cost sexual assault counselling services.*

*This is a Phase Two recommendation, due for delivery by 1 July 2026 and is in progress.*

*The Department of Premier and Cabinet will work on adopting strategies to increase the number of professionals with skills to provide therapeutic responses to abuse related trauma to address the challenge in attracting and retaining sufficient suitably qualified staff to fill vacancies and meet the needs for therapeutic responses to child sexual abuse.*

*In 2023-24, the Tasmanian Government provided additional funding of \$1.2 million to SASS and Laurel House to support increased demand following the release of the Commission of Inquiry Final Report. In December 2023-24, the Tasmanian Government also provided additional funding of \$1 million to SASS and Laurel House to support therapeutic services*

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<sup>202</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 92.

*for harmful sexual behaviours, including expanding the PAST Program and an increase in services to children and young people in Ashley Youth Detention Centre.*

*On 1 July 2024, the Tasmanian Government released the draft child sexual abuse Strategy and Action Plan, Change for Children, which highlights priority areas of 'Therapeutic Approach to Harmful Sexual Behaviours', 'Child Safe Cultures', and 'Child and Community Voice'. Across these priority areas, the Government has committed to actions to centre the experiences of victim survivors and children to strengthen the service system.*

*Next steps*

- A consultation approach will be developed, to map the service system and current gaps. A review of existing consultation conducted with groups for Change for Children Strategy and Action Plan will also inform this analysis.*
- Developing strategies to increase the number of suitably qualified professionals in the sector is dependent on identifying the issues and barriers contributing towards recruitment and retention challenges.*
- Once the issues and barriers are identified in partnership with the community services sector and Government agencies, work will be done on potential strategies to increase the number of suitably qualified professionals to offer therapeutic support for abuse related trauma.*
- As noted above, \$2.6 million has been allocated from 2024 to 2026 for SASS and Laurel House to continue funding for increased core therapeutic services provided in 2023-24.<sup>203</sup>*

## **Stakeholder Evidence**

The Laurel House submission stated:

*Laurel House welcomes the recommendation to increase funding for sexual assault counselling services and we recognise the recent investment of \$1.77m for the 2024-2025 financial year. We note, however, the challenges related to a one-off financial injection especially in our ability to recruit and train staff when we have no certainty beyond 30 June 2025.*

*We urge the government to take a broader view of the issue and ensure funding is allocated to areas that are facing immediate and critical need while also prioritising longer term initiatives to address these issues in sustainable ways. While the development of a taskforce to address workforce shortages is a step in the right direction, the government has not yet fully recognised the crisis at hand. Services are currently stretched thin, with providers often forced to 'rob Peter to pay Paul' in order to meet demand, especially in areas such as the North West, Circular Head, and the West Coast. This is putting immense strain on an already under-resourced system and the impacts are being felt by victim-survivors.*

*Laurel House needs certainty now of increased funding for financial year 2025 – 2026 (equivalent at least to the uplift received in 2024-25) if we are to make feasible the reduction of waitlists to 4 weeks by June 2026. It is critical that we have this surety in funding so we are able to attract and retain sufficiently qualified staff to meet the need for therapeutic services.*

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<sup>203</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, p. 15.

*Laurel House is working to develop an expanded range of services including peer support programs and therapeutic and psychoeducation groups that will help to reduce demand on one-on-one counselling. We are working closely with victim-survivors and peer support organisations to develop these programs.*

*It is crucial, however, that waitlists are not the sole driver for increased funding. A more holistic approach must be adopted that recognises the importance of group therapeutic supports, peer support, and community-based education. These services play a vital role in both supporting those affected by sexual violence and in prevention efforts. Continued and expanded funding is needed for community and school-based prevention programs, extending to pre-primary safety education for children and parents, maternity sexual harm education, and support for the elderly cohort affected by sexual harm, including the specific needs of aged care residents with a history of sexual trauma.*

*In addition to the broader funding needs, it is critical that sufficient resources are allocated to organisations like Laurel House to develop and deliver tailored initiatives for diverse and intersectional cohorts. Marginalised groups, such as those with disabilities, LGBTQIA+ individuals, and those from culturally and linguistically diverse backgrounds, face unique barriers and risks when it comes to accessing support for sexual violence. Without specific, targeted programs, these cohorts may continue to fall through the cracks of a one-size-fits-all approach.*

*When it comes to workforce, we highlight the need for localised professional development opportunities. Access to industry specialists should be funded, particularly in Northern Tasmania, where training opportunities are limited. This will help to build the capacity of the workforce and ensure that professionals are equipped with the necessary skills to respond to sexual violence appropriately.*

*Looking ahead, a long-term workforce development strategy is needed to address the shortage of qualified professionals and ensure sustainable solutions. One key consideration is to focus on creating pathways for local people to enter the workforce, particularly in rural and remote areas. This would not only address workforce shortages but also build a workforce with strong community connections and knowledge, which is essential for effective engagement with local victim-survivors. By investing in local training and employment opportunities, we can strengthen the capacity of services and ensure that those working with victim-survivors are invested in and familiar with the specific challenges faced by their communities.<sup>204</sup>*

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<sup>204</sup> Laurel House, 2025, *Submission #15*, pp. 55-58.

## Recommendation 21.5

The Tasmanian Government should increase the capacity of the Victims of Crime Service by:

- a) increasing the number of counsellors available in each of the Victims of Crime Service offices to at least three in southern Tasmania, two in northern Tasmania and two in the North West
- b) promoting the availability of the Victims of Crime Service counselling service to victim-survivors of sexual assault.

Phase 2 – 2026

Government Reported Status: In Progress (DOJ)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a single agency recommendation in Collaborating for Change.<sup>205</sup>*

### Committee's Assessment

The Committee acknowledges the Government reports work is underway to implement this Phase 2 recommendation and funding for victims of crime services have been increased.

Full implementation of the recommendation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment, including whether adequate funding has been allocated to fulfil this recommendation and any resulting increased demand.

### Government evidence

*Mr BARNETT - .... We're committed to supporting victims of crime. We've already expanded the Victims of Crime Service well ahead of the July 2026 deadline. The expansion of the service supports victim/survivors, in particular survivors of child sexual abuse. Additional funding was allocated to my department to manage and mitigate the impacts of the release of the commission report, and to provide crucial support to victim/survivors who were impacted by the important work of the commission of inquiry. This included the allocation of \$321,850 for the Victims Support Services counselling and support services. As a result, an additional counsellor commenced with the Victims of Crime Service in Hobart on 23 October last year. ... Further, a part-time counsellor based in Launceston has increased their hours from two days to five days a week, which commenced on 16 October 2023.*

*In addition to this funding, the Victims of Crime Service received fixed-term funding from DPAC of \$160,000 per annum until 2026-27, under Tasmania's third Family and Sexual Violence action plan 2022-27. As a result of this funding, the Victims of Crime Service has been able to recruit a number of part-time fixed-term counsellors across the state. The counsellors have expertise in the provision of trauma-informed support. Ongoing funding will assist to expand the number of counsellors in the Victims of Crime Service across the state. The funding to increase counsellors and the Victims of Crime Service has enabled work to progress the implementation of recommendation 21.5A in 2023-24, well ahead of schedule. The Victims of Crime Service is implementing a communication engagement plan*

<sup>205</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 93.

*that encourages and facilitates early engagement of clients and informs victim/survivors about support services delivered by the department and other service providers. It's important work and provides direct support to victim/survivors in all regions of Tasmania. I'm happy to pass to the acting secretary if you'd like, Chair, to outline the next steps with this particular counselling service.*

**Ms BOURNE** - *Through you, Attorney-General, the Victims Support Services has been actively promoting the increased capacity of the counselling service to victim/survivors of sexual abuse by further collaborating in addition to what they already do with Tasmania Police, Tasmania Legal Aid and importantly the Arch centres.*

*Picking up on some of the discussion the committee had earlier today, the Victims of Crime Service engages with victim/survivors at a time appropriate to their needs, given the team's experience in coordinating services for victims of crime - again, to make sure that service is providing in a consistent way. Following on again to some further comments earlier, the team is also looking at how best to monitor, given the very much welcome increase in resources and counsellors, ensuring that the growth of the service best meets the needs of victims of crime.*

**Ms WHITE** - *... Are you able to elaborate on the number of occasions the Victims of Crime Service is utilised? It sounds like there is an upward trend.*

...

**Ms BOURNE** - *... The figures I have show the number of client contacts by the Victims of Crime Service. For the period 1 July 2020 to 30 June 2021, there were 1955 client contacts, including 347 new clients within that period.*

...

**Ms BOURNE** - *For comparative purposes for the period 1 July 2023 to 30 June 2024, there were 2848 client contacts with 408 new client contacts in that period.*

...

**Ms WEBB** - *... With this recommendation about increasing the counselling services through Victims of Crime Service - which is a really good thing to do - I'm very supportive of that, the thing I'm very aware of though is when you promote actively and again part of this is about promoting availability of the service and if you can't then meet the demand that flows from that, then you can leave people in quite a vulnerable position because you've suggested there is a service and support available. Then if there aren't the resources there to provide it to them, they're left in limbo. Will this increase described here meet need?*

**...Ms BOURNE** - *... Certainly, the increasing counselling resources is something that the department's monitoring and evaluating the best use of those resources to make sure that we meet that need.*

*At this stage I'm not hearing anything in terms of being unable to meet that need, noting that the need is high, something that the department will certainly monitor, noting the broader work that's happening and being led by the Department of Premier and Cabinet and the additional funding that's been provided to a range of services, including community-based organisations to ensure that victims of crime, victims of child sexual abuse have access to those services. It's something we'll keep an eye on. It's an area that is often very high demand and with the welcomed extra resources, it's about making sure that the way that we're utilising them is getting the most out of the time that they can spend with victims of crime.*

**Ms WEBB** - I'm going to be particularly interested to keep monitoring this because of that very dynamic that you described where, if there's a government-delivered service and there's unmet need there and then that unmet need flows out to community-based services, community sector services and they become overwhelmed and they haven't been funded additionally to an extent to meet the need, then that's where the pressure is going to be felt, not in the government-delivered service. I believe it's a potentially problematic dynamic.

...

**Ms WEBB** - Have those community sector organisations in this same space provided advice to you on whether this increase will meet demand from their perspective?

**Mr BARNETT** - ... we have provided funding support additional to our already existing relationship with both those organisations. We do value them greatly, Laurel House and SASS, and they do a wonderful job. I'm sure others around this table would agree with that, but we had provided further funding support. I'll ask the acting secretary to outline accordingly.

**Ms BOURNE** - Thank you, Attorney-General. I'm advised that since the commission of inquiry ended on 31 August 2023, the government's provided additional funding to services and community groups such as SASS and Laurel House, Relationships Australia, a range of other organisations including the Multicultural Council, Council of the Ageing, Migrant Resource Centre, Working It Out, Tasmanian Aboriginal Centre, Tasmanian Aboriginal Legal Service and 13 organisations in that category. I understand that the head of the State Service has been asked to consider ongoing support options, both in terms of services that are currently funded but, very importantly, the extension of direct supports that were provided to victim survivors who took part in the commission.<sup>206</sup>

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<sup>206</sup> Mr Barnett, *Transcript of Evidence*, 19 August 2024, pp. 97-98.

## **Recommendation 21.6**

1. The Tasmanian Government should ensure that the needs of particular groups of victim-survivors are met by the therapeutic service system and related contracting of services, including the needs of:

- a) children who are victim-survivors or have displayed harmful sexual behaviours (Recommendation 21.8)
- b) victim-survivors with disability or mental illness
- c) victim-survivors who identify as LGBTQIA+
- d) male victim-survivors
- e) victim-survivors who are from culturally and linguistically diverse backgrounds.

2. The Tasmanian Government should consult on the therapeutic service system with relevant stakeholder groups, including the Interim Disability Commissioner, community groups and representative bodies.

Phase 2 – 2026

Government Reported Status: In progress (DPAC)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Workforce priority area recommendation in Collaborating for Change.<sup>207</sup>*

### **Committee’s Assessment**

The Committee notes the Government reports progress on the implementation of this Phase 2 recommendation. Assessment of that progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*This is a Phase Two recommendation due for delivery by 1 July 2026, and is in progress.*

*The Tasmanian Government is committed to ensuring that all victim-survivors can access appropriate supports. The Tasmanian Government will consult on the therapeutic service system with relevant stakeholder groups, including the Interim Disability Commissioner, community groups and representative bodies.*

*Through the development of Change for Children Strategy and Action Plan, the Tasmanian Government held workshops with representatives from various groups. Additionally, the Tasmanian Government heard from victim survivors, their families and supporters through a partnership with Sexual Assault Support Service and Laurel House.*

#### *Next Steps*

- *The Tasmanian Government is developing a consultation approach with an outcome of mapping the current service system and current gaps. This is the*

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<sup>207</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 93.

*same process that is being used to inform the response to recommendation 21.1, which seeks to ensure a coordinated, accessible service system for child and adult victim- survivors of harmful sexual behaviours.*

- *Work will be done in partnership with the community sector, and in particular specialist services, following the initial consultation and analysis, on proposed approaches to meet the requirements of individuals either through:*
  - *New/adapted models of care and therapeutic governance models from existing specialist sexual violence services*
  - *Budget considerations and/or partnerships for new and/or expanded services, and/or*
  - *Budget considerations and/or partnerships for capacity building.*
- *As noted above, \$2.6 million has been allocated from 2024 to 2026 for SASS and Laurel House to continue funding for increased core therapeutic services provided in 2023-24.<sup>208</sup>*

## **Stakeholder Evidence**

The Laurel House submission stated:

*It is essential that any funding and initiatives aimed at responding to child sexual abuse (CSA) and harmful sexual behaviours (HSB) include a specific focus on the diverse and intersectional needs of marginalised groups. Each group faces unique barriers and challenges that require tailored responses to ensure that services are inclusive, accessible, and effective. We acknowledge recent one-off CoI uplift funding from the Rockliff Government that provides us with resourcing to address the needs of these priority groups. However, as noted above, we are chronically underfunded, and the one-off funding makes it difficult to plan for how we do this specialised work with marginalised groups in a manner that will meet their needs. We need this funding to be integrated into core budgets to allow us to do this in an embedded and long-term manner rather than in the limiting form of one-off project-based funding.*

*We are committed to including peer support work as an effective and empowering approach for marginalised groups, and recognise that peer work offers a unique avenue for connection, understanding, and healing. Peer-led initiatives are crucial for victim-survivors who may face additional barriers to accessing services, such as those listed in this recommendation. Lived experience advocacy provides not only a model of hope and resilience but also a means of navigating complex systems of care, as peers can offer practical advice and emotional support from a place of shared understanding. This model fosters trust and reduces stigma, creating a safe space for individuals who might otherwise feel excluded or unsupported by traditional services.*

*It would be our intention to broaden our services to also include specific responses to a wider range of lived experiences and marginalised identities who experience barriers to service access.<sup>209</sup>*

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<sup>208</sup> Response from Premier, Update on the Progress of Premier’s recommendations from 19.1 to 22.1, dated 13 September 2024, p. 16.

<sup>209</sup> Laurel House, 2025, *Submission #15*, pp. 58-59.

### **Recommendation 21.7**

The Tasmanian Government should improve healing services for Aboriginal victim-survivors and their families and communities by:

- a) fully resourcing and supporting recognised Aboriginal organisations across the state to design, develop and deliver Aboriginal-led healing approaches targeted to victim-survivors of child sexual abuse
- b) ensuring Aboriginal representation on the boards of management or in the executive structures of sexual assault services.

Phase 3 – 2029

Government Reported Status: In progress (DPAC)

Implementation Report extract: N/A

### **Committee's Assessment**

The Committee took limited evidence on this Phase 3 recommendation, however notes the Government reports progress on implementation, including additional funding provided in each region of the state to services related to addressing sexual violence. Assessment of progress will be undertaken by the Implementation Monitor and documented in future annual reports.

### **Government Evidence (written)**

*This is a Phase Three recommendation, due for delivery by 1 July 2029, and is in progress.*

*Funding has been provided to a number of Aboriginal organisations for services related to addressing sexual violence. This includes:*

*\$395,465 to the Karadi Aboriginal Corporation to provide additional workers to support victim survivors and those affected by sexual violence across the North and North West of Tasmania which includes access to specialist community based services which empower, and support individuals and families affected by sexual violence (funding provided from the Federal Government for 500 Community Sector and Frontline Workers initiative)*

*\$50,000 each to the Karadi Aboriginal Corporation and the Tasmanian Aboriginal Centre to assist with responding to service needs as a consequence of the Commission of Inquiry Report.*

*\$266,425 to the Southeast Tasmanian Aboriginal Corporation to build their capacity in family support and prevention of family violence services; and*

*\$300,000 to the Karadi Aboriginal Corporation to build the capacity to deliver health and community services which includes improving the health of Tasmanian Aboriginal people and their families through improved access to health services, health promotion and improving the capacity of Karadi to apply for funding for other community and health services (funding provided from the State Government Closing the Gap Building Capacity Fund).*

*Next steps*

- *Engagement with key stakeholder organisations to commence the progress of co- designing an Aboriginal-led healing service model is expected to commence this year.*<sup>210</sup>

## Stakeholder Evidence

TasCOSS commented on the need for funding to Aboriginal led services:

*Aboriginal and Torres Strait Islander people are best placed to respond to the needs of their children, young people and communities in culturally safe and supportive ways that promote healing and prevent further harm.*

*'While governments have acknowledged the successes of Aboriginal and Torres Strait Islander-controlled service delivery, transfer of power and shared decision-making to First Nations-led services is slow, ad hoc and fails to address the changes necessary to genuinely transform the system and its outcomes.'*

*Aboriginal and Torres Strait Islander children continue to be overrepresented in both the youth justice and out of home care systems (identified as areas of risk for children and young people). Recent reports have outlined best practice in supporting Aboriginal communities across the country in responding to and preventing the sexual abuse of First Nations' children. They highlight the importance of developing culturally and trauma-informed responses, working alongside Aboriginal communities and community-controlled organisations, as well as the need for greater awareness in all services of how to respond to disclosures in ways that are culturally safe.*<sup>211</sup>

The Centre for Excellence in Child and Family Welfare's submission supports partnerships with Aboriginal community-controlled organisations (ACCOs) to improve outcomes for Aboriginal children and young people and prevent harms caused by child sexual abuse.<sup>212</sup>

Making explicit mention of Recommendations 9.15, 9.7, 9.14, 12.27, 16.2 and 21.7, the Centre supports the full implementation of the Aboriginal and Torres Strait Islander Child Placement Principle:

*We urge the Tasmanian Government to implement these recommendations fully so that Tasmania's Aboriginal communities have the resources and autonomy to provide culturally safe, community-led services for Aboriginal children and families.*<sup>213</sup>

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<sup>210</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 16-17.

<sup>211</sup> TasCOSS, 2025, *Submission #8*, p. 11.

<sup>212</sup> The Centre for Excellence in Child and Family Welfare, 2025, *Submission #5*, pp. 8-9.

<sup>213</sup> The Centre for Excellence in Child and Family Welfare, 2025, *Submission #5*, p. 8.

## Strengthening services for children who have displayed harmful sexual behaviours

### Recommendation 21.8

1. The Tasmanian Government, in collaboration with key stakeholders, should develop a statewide framework and plan for preventing, identifying and responding to harmful sexual behaviours. The framework should:

- a) agree on a common definition and understanding of harmful sexual behaviours, including adopting a recognised, contemporary continuum of sexual behaviours from 'developmentally expected' to 'harmful'
- b) use an evidence-informed framework for understanding, preventing, identifying and responding to harmful sexual behaviours
- c) clarify the roles and responsibilities of the various agencies and departments involved in preventing and responding to the full continuum of harmful sexual behaviours, including programs delivered by non-government providers
- d) meet the needs of particular groups of children (Recommendation 21.6)
- e) include structures to support ongoing engagement with emerging evidence regarding harmful sexual behaviours
- f) include an evaluation framework.

2. The Tasmanian Government should ensure the therapeutic service system for children who have displayed harmful sexual behaviours:

- a) provides sufficient therapeutic services that can be accessed in a timely manner
- b) ensures timely access to therapeutic services for all children who need them, regardless of their age, identity or location in the state (including in youth detention)
- c) ensures specialist interventions for children with disability
- d) ensures all providers of therapeutic interventions for harmful sexual behaviours have Aboriginal representation in their governance structure.

3. The Tasmanian Government should provide ongoing and increased funding for specialist therapeutic interventions for harmful sexual behaviours that:

- a) ensures children who have displayed abusive or violent harmful sexual behaviours and their families need not wait more than two weeks for support when therapeutic treatment is required
- b) provides an advisory service for child-facing organisations, such as independent schools, childcare, disability and at-risk youth services and Tasmania Police (this service is not intended for the Department for Education, Children and Young People, which will have access to an internal Harmful Sexual Behaviours Support Unit (Recommendation 9.28))
- c) contributes to the statewide plan for preventing harmful sexual behaviours and its agencies' responses to children who have displayed such behaviours.

Phase 3 – 2029

Government Reported Status: In progress (DPAC)

Implementation Report extract: N/A

### **Committee's Assessment**

The Committee took limited evidence on this Phase 3 recommendation, however notes the Government reports it as in progress including the establishment of a cross-agency group to inform the Framework, and engaging with national and state counterparts on the development and implementation of similar frameworks. Assessment of progress will be undertaken by the Implementation Monitor and documented in future annual reports.

External stakeholders highlighted that effective prevention, intervention and response to harmful sexual behaviours requires an integrated approach that places harmful sexual behaviours within the continuum of child sexual harm. Further, that implementation of this recommendation will require long-term planning and investment in workforce development, including in the community sector Harmful Sexual Behaviour services.

### **Government Evidence (written)**

*This is a Phase Three recommendation, due for delivery by 1 July 2029, and is in progress.*

*The Tasmanian Government will lead a coordinated response to harmful sexual behaviours, increasing the availability [and] accessibility of therapeutic services for affected children. A framework is being developed to prevent, identify and respond to harmful sexual behaviours.*

*To inform the Framework a cross-agency group has been established. The Tasmanian Government has also engaged with national and state counterparts on the development and implementation of similar frameworks.*

#### *Next Steps*

*The state-wide harmful sexual behaviours framework will support a coordinated, consistent and appropriate statewide response to children and young people who have displayed harmful sexual behaviours, and children who have been impacted by harmful sexual behaviours.*

*Next steps include:*

- *develop a framework, based on the shared definition, outlining a therapeutic service system for harmful sexual behaviours;*
- *clarify roles and responsibilities of Government agencies and community services involved in preventing, identifying and responding to the full continuum of harmful sexual behaviours, including new roles recommended by the Commission of Inquiry;*
- *increase therapeutic services for those who have displayed harmful sexual behaviours and children who have been impacted by harmful sexual behaviours.*

*As noted above, \$5.25 million has been allocated from 2024 to 2028 for action in relation to harmful sexual behaviours.<sup>214</sup>*

## **Stakeholder Evidence**

The SASS submission supports the policy focus on harmful sexual behavior:

*While we support the policy focus on harmful sexual behaviours, it is essential to understand a child's engagement with harmful sexual behaviours within a broader context of child sexual harm. Many children who engage with harmful sexual behaviours have experienced trauma, with key drivers being family violence, heightened exposure to pornography, child sexual abuse and other forms of maltreatment. As such, effective prevention, intervention and response to harmful sexual behaviours requires an integrated approach that places harmful sexual behaviours within the continuum of child sexual harm (including child sexual abuse and exploitation).*

*While responding to harmful sexual behaviours is an area of speciality, policy action to strengthen community and workforce capacity to prevent, identify, and respond to harmful sexual behaviours must occur alongside broader efforts to prevent and address all forms of child sexual harm. This requires an intersectional approach that promotes policy and practice responses to harmful sexual behaviours that are evidence-based, trauma-informed, and embedded within a comprehensive framework that addresses the full spectrum of child sexual harm. We have therefore previously recommended that the implementation of the harmful sexual behaviours recommendations be guided by an integrated framework (Recommendation 21.8) that supports cohesive, well-coordinated, and specialised responses to the continuum of child sexual harm.<sup>215</sup>*

[N.B. Refer to evidence under Recommendation 9.28]

According to the Laurel House submission:

*In relation to Recommendation 21.8, which is a Phase 3 recommendation, we echo our earlier comments about the need to invest now in workforce development and in providing funding clarity for Laurel House and other community services. The Tasmanian Government must act now to ensure a sustainable workforce for Harmful Sexual Behaviour (HSB) services, as reducing waitlists to two weeks requires long-term planning, not short-term funding injections. Without certainty of funding beyond June 2025, it will be impossible to recruit, train, and retain staff, particularly in NW Tasmania where shortages are most severe. Immediate investment in local workforce development, specialist training, and pathways for community-based professionals is essential to meet demand and prevent further strain on an already overstretched system.<sup>216</sup>*

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<sup>214</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 17-18.

<sup>215</sup> Sexual Assault Support Service Inc (SASS), *Submission #10*, pp. 10-11.

<sup>216</sup> Laurel House, 2025, *Submission #15*, p. 60.

### **Recommendation 21.9**

The Tasmanian Government should introduce legislation to amend the *Children, Young Persons and Their Families Act 1997* and the *Youth Justice Act 1997* to:

- a) give the Magistrates Court explicit power to order that a child who has displayed harmful sexual behaviours (and their family) engage in a therapeutic intervention for harmful sexual behaviours
- b) ensure the Magistrates Court has the power to divert from the criminal justice system a child who has been charged with a criminal offence and who has engaged in harmful sexual behaviours, by adjourning the criminal proceeding to enable the child to engage in a therapeutic intervention and discharging the child where the intervention has been completed successfully.

Phase 3 – 2029

Government Reported Status: Phase 3 (DECYP)

Implementation Report extract: N/A

#### **Committee’s Assessment**

The Committee took limited evidence on this Phase 3 recommendation. Assessment of progress will be undertaken by the Implementation Monitor and documented in future annual reports.

#### **Government Evidence**

*The Government has committed to providing the Magistrates Court explicit power to order that a child who has displayed harmful sexual behaviours engage in therapeutic intervention, and adjourn criminal proceedings to enable the child to engage in such intervention.*

*This will ensure children can get the support they need to stop engaging in harmful sexual behaviour. It will also protect other children and young people from harmful sexual behaviour.*

- *In November 2023, the Premier committed a further \$1 million to the Sexual Assault Support Service (SASS) to support the expansion of services across SASS and Laurel House. This funding commitment was for the period 1 March 2024 to 31 December 2024.*
- *The funding commitment included harmful sexual behaviour training and response for Ashley Youth Detention Centre.*
- *DECYP has liaised with DPAC regarding the expanded services provided by SASS and Laurel House.*
- *Implementation of Recommendation 21.9 will require legislative amendments to the Youth Justice Act 1997 and the Children, Young Persons and Their Families Act 1997 to confer powers on the Magistrate Court to enable a child to engage with therapeutic intervention for harmful sexual behaviours.*

- *Scoping work is now well underway for a comprehensive review of the Youth Justice Act and the Children, Young Persons and Their Families Act to achieve the relevant Commission of Inquiry recommendations.*
- *The scope of these reviews includes giving effect to the recommendations of the Commission of Inquiry as well as delivering a contemporary, child-centred, trauma-informed approach for children and young persons involved in youth justice or in out of home care.*
- *DECYP is committed to working with the Youth Justice Taskforce and the Department of Justice to implement all relevant legislative amendments recommended by the Commission of Inquiry.*

*Implementation of this recommendation will be complete by 1 July 2029.<sup>217</sup>*

### **Recommendation 21.10**

Tasmania Police and the Department for Education, Children and Young People should update the *Keeping Children Safe Handbook* to reflect the Tasmanian Government's statewide framework and plan for addressing harmful sexual behaviours, including by:

- a) modifying the language used when discussing children who have displayed harmful sexual behaviours to align with the definitions developed through the National Office of Child Safety
- b) clarifying the roles and responsibilities of the two agencies in responding to incidents involving harmful sexual behaviours, including the conditions under which each agency will lead the response
- c) clarifying the involvement of specialist therapeutic services in responses to incidents.

Phase 2 – 2026

Government Reported Status: In progress (DECYP)

Implementation Report (August 2024) extract:

*In progress and on track for delivery in Phase 2 – currently recorded as a Harmful Sexual Behaviour priority area recommendation in Collaborating for Change.<sup>218</sup>*

### **Committee's Assessment**

The Committee took limited evidence on this Phase 2 recommendation, however notes implementation will be assessed and reported on in the Implementation Monitor's 2025-26 annual report. The Committee will take particular note of that assessment.

### **Government Evidence**

*Updating the Keeping Children Safe Handbook (the Handbook) to reflect the Tasmanian Government's statewide framework and plan for addressing harmful sexual behaviours will*

<sup>217</sup> Correspondence from Hon Roger Jaensch MP to Hon Ruth Forrest MLC, Chair dated 13 September 2024

<sup>218</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, p. 93.

*contribute to ensuring a coordinated approach to preventing, identifying and responding to harmful sexual behaviours across government agencies.*

*This will mean the occurrence and impacts of harmful sexual behaviours towards children and young people in Tasmanian government schools and institutions will be decreased.*

- *DECYP is working with Tasmania Police to update the Handbook given that it was originally published in 2021, before the new Department was established.*
- *The Handbook sets out roles and responsibilities of departmental staff and Tasmania Police in responding to the safety and wellbeing of children, including information sharing arrangements and processes for joint responses.*
- *The progression of recommendations relating to harmful sexual behaviours and sexual exploitation will be significant pieces of work, and the Handbook will be updated as this work is delivered.*
- *Once the work on recommendations relating to harmful sexual behaviours (recommendation 9.28) and sexual exploitation (recommendation 9.29) is completed, the Handbook will be further reviewed and updated. This work will need to be planned and sequenced.*

*Implementation of this recommendation will be complete by 1 July 2026.<sup>219</sup>*

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<sup>219</sup> Correspondence from Hon Roger Jaensch MP to Hon Ruth Forrest MLC, Chair dated 13 September 2024

## Chapter 22 - Monitoring reforms

### Recommendation 22.1

1. The Tasmanian Government should introduce legislation to establish and fund an independent Child Sexual Abuse Reform Implementation Monitor to:
  - a) monitor and report to Parliament annually on the implementation of
    - i. the recommendations of this Commission of Inquiry
    - ii. any recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse that were accepted by the Tasmanian Government and have not been implemented
    - iii. the recommendations of the Independent Inquiry into the Tasmanian Department of Education's Responses to Child Sexual Abuse
  - b) undertake independent evaluations of the effectiveness of the measures and actions taken in response to the recommendations identified above, especially the impact on the safety and wellbeing of children in government and government funded institutions and victim-survivors of child sexual abuse in institutional contexts.
2. Independent evaluations should enable assessment of change over time and involve:
  - a) identifying an evaluation framework and baseline data requirements within the first year of the appointment of the Implementation Monitor
  - b) commencing collection of data identified in the evaluation framework as soon as possible after the evaluation framework has been developed
  - c) assessing the change against the evaluation framework at five- and ten-year intervals following the tabling of this report
  - d) making independent evaluations publicly available.
3. The Tasmanian Government should protect the independence of the Implementation Monitor by:
  - a) appointing the Implementation Monitor for a fixed term that cannot be prematurely terminated except in extraordinary circumstances
  - b) maintaining the role of the Implementation Monitor until implementation of the recommendations identified above is substantively complete
  - c) separately and directly funding the Implementation Monitor, rather than through a line agency.
4. The Tasmanian Government, through the Secretaries Board, should be required to report to:
  - c) the Implementation Monitor as requested and in the form required by the Implementation Monitor
  - d) the public on its implementation and reform activity through the Department of Premier and Cabinet's annual report.
5. The Implementation Monitor should consult as required with:
  - e) the Premier's Youth Advisory Council
  - f) the adult victim-survivors of child sexual abuse advisory group (Recommendation 19.5)
  - g) the peak body for the sexual assault service system (Recommendation 21.3)
  - h) the institution-specific advisory groups established within Tasmanian government agencies (Recommendations 9.6, 12.8 and 15.7).

Government Reported Status: Completed (DPAC)

Implementation Report (August 2024) extract:

*The Tasmanian Parliament passed the Child Safety Reform Implementation Monitor Bill 2024 on 20 June 2024. The position of independent Child Sexual Abuse Reform Monitor will be advertised after the Bill receives Royal Assent.* <sup>220</sup>

### **Committee's Assessment**

The Committee notes the Government reports this recommendation as completed with the *Child Safety Reform Implementation Monitor Act 2024* receiving Royal Assent on 5 July 2024.

The Committee notes the appointment of the Hon. Robert Benjamin AM SC as the Child Safety Reform Implementation Monitor on 2 December 2024.

### **Government Evidence (written)**

*The Implementation Monitor will provide independent oversight and assessment to the recommendations of the Commission of Inquiry are implemented and that they are having the intended effect of making our children and young people safe.*

*This Phase One recommendation, due for delivery by 1 July 2024, has been met.*

*The role of the Monitor will be to establish an evaluation framework to monitor and provide written reports to the Tasmanian Parliament on the implementation of recommendations of:*

- *the Commission of Inquiry;*
- *the Independent Inquiry into the Tasmanian Department of Education's Responses to Child Sexual Abuse;*
- *Health's Child Safe Governance Review;*
- *Weiss Independent Review into former police officer Paul Reynolds and*
- *recommendations of the Royal Commission into Child Sexual Abuse that were accepted but not implemented.*

*The framework will include key indicators to be used by the Monitor in evaluations and assessments, Agency requirements for reporting to the Monitor, and Agency data collection and publication requirements.*

*The Monitor is required to report annually to Parliament. This reporting will include independent evaluation of how effective the measures and actions taken have been, especially around safety of children and young people in government and government funded institutions.*

*Next steps*

- *An open merit-based recruitment process is currently underway for the role of the Implementation Monitor. Applications closed on 3 August 2024.*

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<sup>220</sup> Keeping Children Safe, Implementation Report, prepared for the Joint Sessional Committee on the Commission of Inquiry Recommendations, August 2024, pp. 56-57.

- *A selection panel has been convened, which comprises people from similar oversight bodies, Government, the community and someone with lived experience.*
- *The selection of the right person to fulfill the position of the Monitor is a significant and important step forward in achieving reform for child safety in institutional settings.*
- *The establishment of this new statutory role is one part of a program of reforms to strengthen the protective framework to safeguard our children and young people now and into the future.*
- *In their first year, the Monitor's priority will be to establish an evaluation framework to monitor and provide written reports to the Tasmanian Parliament on monitored recommendations. The framework is to include:*
  - *Key indicators*
  - *Reporting requirements of Agencies*
  - *Data collection and publication requirements of Agencies*
  - *Intervals for evaluation and assessments.*
  - *Funding of \$5.24 million has been provided from 2024 to 2028 to fund the establishment and operations of the Monitor.<sup>221</sup>*

## **Stakeholder Evidence**

The Laurel House submission supports the appointment of Hon Robert Benjamin AM SC:

*Laurel House welcomes Robert Benjamin's appointment to this role. As the previous Commissioner during the CoI he will have a strong understanding of the CoI recommendations including the intent of them. Though our engagement with victim-survivors and other stakeholders, it is clear he is well respected by victim-survivors and others. We look forward to ongoing engagement with the Monitor regarding contributions Laurel House can make to the scope of activities under this role.<sup>222</sup>*

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<sup>221</sup> Response from Premier, Update on the Progress of Premier's recommendations from 19.1 to 22.1, dated 13 September 2024, pp. 18-19.

<sup>222</sup> Laurel House, 2025, *Submission #15*, p. 24.

## **OTHER MATTERS INCIDENTAL THERETO**

## Meaningful engagement with stakeholders

External stakeholders consistently called for more meaningful engagement from government in the ongoing processes to implement recommendations from the COI.<sup>223</sup>

Kathryn Fordyce, CEO Laurel House called for a commitment to meaningful engagement, transparency and resourcing to deliver reform on this scale:

*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.*<sup>224</sup>

Ms Fordyce further relayed a message from victim-survivors about a lack of trust in government:

*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.*<sup>225</sup>

The critical importance of embedding survivor engagement in all aspects of the implementation was presented in evidence. Specifically, it was emphasised that “*Consultation must be structured, ongoing and meaningful – not an afterthought, not reactive, not tokenistic.*”<sup>226</sup>

Ms Fordyce called for the development of principles or clear guidelines on how consultation will be conducted on legislative reform and the development of strategies, policies, practices and programs.<sup>227</sup>

Similarly, TasCOSS called for greater and more meaningful consultation with community and community organisations:

*We've also recommended changes to support greater and more meaningful engagement from communities and community organisations in commission of inquiry related reform. We believe there is a demonstrated need for changes to existing consultation processes to ensure Tasmanians are supported to understand and contribute to policy and legislative change. We also believe there is a need for dedicated and publicly available resources, with detailed information about current and upcoming reforms.*<sup>228</sup>

TasCOSS further identified the need for changes to public consultation to ensure meaningful participation from the community:

*TasCOSS has heard from a number of community organisations across the state about current barriers to engaging in Government consultation processes, and we have previously highlighted the following issues:*

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<sup>223</sup> For example - Deb Tsorbaris, *Transcript of Evidence*, 27 February 2025, p. 29.

<sup>224</sup> Kathryn Fordyce, *Transcript of Evidence*, 27 February 2025, p. 2.

<sup>225</sup> Kathryn Fordyce, *Transcript of Evidence*, 27 February 2025, p. 2.

<sup>226</sup> Kathryn Fordyce, *Transcript of Evidence*, 27 February 2025, p. 3.

<sup>227</sup> Kathryn Fordyce, *Transcript of Evidence*, 27 February 2025, p. 6.

<sup>228</sup> Adrienne Piccone, TasCOSS, *Transcript of Evidence*, 28 February 2025, p. 2.

- *A need to recognise and reduce the work involved for community organisations – this could be achieved through increasing the time allowed for feedback (noting that many consultations on legislative amendments require responses within 2-3 weeks), and providing more information generally to community members and organisations in relation to timeframes for proposed consultation so that organisations can plan for effective engagement;*
- *Consultation must be broad, inclusive and accessible – we have recommended offering multiple modalities for providing feedback (such as surveys, in person sessions and written submissions), and ensuring all materials provided are accessible and accompanied by fact sheets; and*
- *Ensuring information about consultation is provided in a transparent and timely way – many organisations highlighted the need for Government to ‘close the loop’ in relation to participation and feedback, noting that very limited information is often provided post-consultation on how feedback was assessed/evaluated.<sup>229</sup>*

TasCOSS outlined the ideas it had presented to government on improvements to consultation practices:

***Ms TAIT** - ... Having a centralised place where people can access information about what consultations are happening and how the consultation is occurring would be really beneficial. Having standardised processes for consultations - for example, different departments tend to have different timeframes allowed for public submissions, different modalities that are available. Some departments allow for online surveys or in-person participation, whereas other departments require a written submission, often within very tight timeframes, on quite complex legislative reform that many of our community members are simply not able to dedicate the time or resources to really understand or meaningfully engage with.*

*We've also asked for a longer timeframes and child-friendly participation models, as well as the development of a participation and consultation strategy. We developed our own TasCOSS consultation strategy as part of the initial work that we did developing project principles, and we've also provided that to the government, the Keeping Children Safe reform team, as an example of what we would say is best practice.*

*Finally, something that we hear a lot from organisations, particularly those who are working with vulnerable populations, is that it's very difficult for people who freely give of their time and share quite vulnerable information to then not have much of an idea about how information is used or weighed and evaluated in determining how the government is prioritising or implementing reforms. We would really urge the government to consider ways to meaningfully close that feedback loop with communities, whether that's a consultation analysis document that could be prepared and publicly available in relation to all community consultations, perhaps with targeted feedback sessions for populations who might be particularly vulnerable, for example a consultation on family violence would require targeted strategies to engage meaningfully with victim/survivors.<sup>230</sup>*

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<sup>229</sup> TasCOSS, 2025, *Submission #8*, pp. 14-15.

<sup>230</sup> Meg Tait, TasCOSS, *Transcript of Evidence*, 28 February 2025, pp. 4-5.

## Transparency

A major concern voiced by external stakeholders was a lack of transparency and clear accountability mechanisms for the Government's responses to child sexual abuse.

For example, Laurel House reported frustration from victim-survivors on the lack of accessible information about how allegations of child sexual abuse are being addressed and indicated the current reporting mechanisms don't go far enough to rebuild trust.<sup>231</sup>

Alina Thomas, speaking on behalf of the Tasmanian Family and Sexual Violence Alliance, spoke about the impact of a lack of transparency:

**Ms THOMAS** – ...*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.*<sup>232</sup>

Emily Shepherd, Branch Secretary of the ANMF, pointed to the difficulty in understanding the progress that has been made in relation to the Commission of Inquiry:

**Ms SHEPHERD** - ...*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.*<sup>233</sup>

TasCOSS recommended the Tasmanian Government deliver greater transparency through the development of a centralised portal for consultation and implementation information:

*We have also recommended the development of a centralised website or portal where community members and organisations could access up-to-date information about reforms, including current and upcoming consultation (across all departments responsible for the implementation of COI recommendations). The website could also include links to relevant research being used by the Government in developing policy, which could further support community awareness and understanding of issues relating to child safety and wellbeing. This website could act as a means of providing accessible information in relation to Government timeframes and processes and is likely to have a broader reach across different areas of the community than the current consultation model. We have previously recommended consideration of websites from other jurisdictions:*

*the ACT Government Open Government website, which is designed to promote transparency and civic engagement and includes a range of resources, such as Government reports, Cabinet decisions and links to engagement programs for members of the public; and the South Australian YourSay website, which is an online platform for public engagement on specific issues and lists current consultation projects with links for the public to access information*

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<sup>231</sup> Kathryn Fordyce, *Transcript of Evidence*, 27 February 2025, p. 3.

<sup>232</sup> Alina Thomas, TFSVA, *Transcript of Evidence*, 27 February 2025, p. 43.

<sup>233</sup> Emily Shepherd, ANMF, *Transcript of Evidence*, 27 February 2025, p. 31.

*about proposed reforms (including documents such as issues papers, key dates and timeframes for the project, and frequently asked questions).*<sup>234</sup>

Kathrine Morgan Wicks, Secretary of DPAC, provided evidence on the priority given to transparency, particularly on reporting data on suspensions and ED5 processes:

*Since becoming head of the State Service, I've prioritised transparency. We now publish routine disclosures monthly. with the latest report published yesterday on 30 April. .... This monthly report includes suspensions relating to allegations of child sexual abuse and related conduct, and ED5 processes arising from assessments by heads of agency in the commission's report. A key focus for me has been on long standing suspensions, particularly matters open over 365 days.*<sup>235</sup>

## **Prioritising Prevention and Early Intervention**

External stakeholders consistently emphasized the need to prioritise prevention and early intervention in promoting and protecting child safety and wellbeing.

For example, the TasCOSS submission promoted the adoption of a public health approach:

*We have highlighted the importance of a public health approach, recognising child sexual abuse as a preventable issue which can be addressed by focusing on the underlying factors contributing to sexual abuse (both those who experience and perpetrate abuse), as well as the importance of recognising and promoting the rights and dignity of children and young people.*

*TasCOSS acknowledges some prevention-related recommendations are in the process of being implemented – for example, Recommendation 19.1 (the child sexual abuse strategy and action plan), which at the time of writing is in final draft stage and has involved several stages of public and targeted consultation. We also acknowledge the additional work undertaken by the Government in progressing the implementation of this recommendation.*<sup>236</sup>

The Tasmanian Family and Sexual Violence Alliance submission echoed the call for a public health framework for addressing CSA to reduce the risk, extent and impact of all child sexual abuse and related harms in Tasmania:

*A public health framework will help ensure that:*

- *a full spectrum of action is being taken to address CSA*
- *actions are integrated across CSA prevention, early intervention, response, and recovery/healing*
- *addressing CSA is positioned as a whole-of-community responsibility, including government services, community services, the private sector and the general public*
- *there is a consistent and enduring framework, which can flexibly adapt as actions within the framework change over time (including to meet emerging threats to children).*

*A simple description of such a framework is provided in Table 1 below:*

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<sup>234</sup> TasCOSS, 2025, *Submission #8*, p. 15.

<sup>235</sup> Kathrine Morgan-Wicks, *Transcript of Evidence*, 1 May 2025, p. 2.

<sup>236</sup> TasCOSS, 2025, *Submission #8*, pp. 7-8.

TABLE 1: Basic example of a public health framework to address CSA in Tasmania	
CSA ACTION AREA	DESCRIPTION OF ACTION AREA
<b>A: PRIMARY PREVENTION</b>	CSA is prevented through changes to attitudes, norms, knowledge and structures that underpin violence against children in Tasmania.
<b>B: EARLY INTERVENTION</b>	Risk factors for child sexual abuse are reduced in all Tasmanian settings, including families and local communities.
<b>C: RESPONSE</b>	Responses to child sexual abuse are integrated, trauma and violence-informed, culturally safe, prioritise victim-survivor's safety and needs, hold perpetrators to account and stop child sexual abuse.
<b>D: RECOVERY AND HEALING</b>	Victims of child sexual abuse receive support to help them heal and recover.
<b>E: SYSTEM ENABLERS</b>	A, B, C and D are coordinated, appropriately resourced over the long-term, informed by people with lived experience and expertise, supported by laws and policy, and delivered by a competent workforce.
<b>F: DATA AND EVALUATION</b>	Tasmania analyses data on child sexual abuse in all settings; adopts achievable data-driven targets; continuously improves its performance; and transparently reports progress to communities.

The TFSVA notes that 'Change for Children': Tasmania's 10 year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse (substantially re-drafted in late 2024) has adopted a public health approach, and it is recommended that the Committee consider ways that implementation of the COI recommendations can transition to an enduring public health framework as well.<sup>237</sup>

The Centre for Excellence in Child and Family Welfare stressed the importance of a renewed focus on prevention and early intervention to achieve the Commission of Inquiry's objectives:

*The Commission of Inquiry already has a strong focus on prevention, and we believe that prioritising these recommendations – particularly those related 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.*

*Prioritising prevention strategies will likely be more impactful and cost-effective in the long-term and will communicate to Tasmanian communities that the Government is seriously committed to reducing the harm that led to the Commission of Inquiry in the first instance.<sup>238</sup>*

The Centre's submission commended the Government on having made significant progress on recommendation 6.2, which involves DECYP focusing on safeguarding children in the education context, with a particular focus on prevention, risk identification, policy development, and related workforce development. The Centre further suggested the Government prioritise other key recommendations focused on prevention, including recommendations 6.1, 16.17, 18.1, 12.11, 9.15, and 12.27.<sup>239</sup>

Mission Australia expressed concern that policy responses to childhood sexual abuse in Tasmanian institutional settings are heavily focused on post-harm measures rather than early intervention and prevention:

*Early intervention looks after children when they need it and prevents children and families becoming caught in harmful cycles that exacerbate (sic) their trauma. Programs targeted to*

<sup>237</sup> Tasmanian Family and Sexual Violence Alliance (TFSVA), 2025, *Submission #3*, p. 12.

<sup>238</sup> The Centre for Excellence in Child and Family Welfare, 2025, *Submission #5*, p. 5.

<sup>239</sup> The Centre for Excellence in Child and Family Welfare, 2025, *Submission #5*, pp. 5-6.

*children, young people and their families at increased risk of involvement in justice or out of home care settings should be prioritised, supported by policy reform that allows for early identification of the at-risk cohort and cross-agency intervention where needed. ...*

*Recent Australian research has confirmed that early intervention programs are very effective at preventing later involvement in youth justice. Longitudinal analysis of data from the Pathways to Prevention Project showed that, among children who participated in an enriched preschool program coupled with a family support program, none went on to be involved in serious youth crime. Participation in the enriched preschool program alone reduced youth offending by 56%.*

*Early intervention and prevention measures not only avoid negative outcomes for individuals and families, but also achieve significant economic outcomes for governments and society.<sup>240</sup>*

The positive cost-benefit outcomes of early intervention were also noted in the Mission Australia submission:

*Funding invested in early intervention and prevention saves people from needing a range of expensive crisis services including out-of-home care, emergency department, and justice interventions. Funding for early intervention and prevention is also likely to achieve a high return on investment. An analysis of Federal Government-funded family and relationship services found that benefits outweighed costs for all services, calculating a benefit-cost ratio of 8.67. In other words, for every \$1 spent, there were \$8.67 worth of benefits including long-term benefits to age-appropriate development and improved wellbeing.*

*Both children's wellbeing and economic resources could be saved by preventing escalation into the tertiary system. Early intervention and prevention services, such as IFSS - which focuses on working with parents to support children's wellbeing - make a critical contribution to the welfare of Tasmanian children and need further resourcing to meet demand.<sup>241</sup>*

The Centre for Excellence in Child and Family Welfare stressed the importance of investing in specific prevention and early intervention activities to achieve the Commission of Inquiry's objectives of community cultural change:

*Developing and implementing age-appropriate child sexual abuse education; creating child-centred policies and practices; providing professional development opportunities and organisational culture change initiatives; 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 cultural shift we desperately need.*

*The 2023 Australian Child Maltreatment Study (ACMS) reminds us of the need for change, highlighting that many Australians experience multiple forms of abuse, and those who do are more likely to have mental health issues and engage in harmful behaviours as adults, increasing the risk of self-harm and suicide.*

*We acknowledge that family support services play a key role in the successful implementation of the Commission of Inquiry's reform agenda. We are also calling on the Tasmanian Government to invest in early intervention and family support services across the state, ranging from universal services to intensive support for families already involved in statutory systems. These services not only ease pressure on the child safety system and help prevent*

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<sup>240</sup> Mission Australian, 2025, *Submission #6*, pp. 2-3.

<sup>241</sup> Mission Australian, 2025, *Submission #6*, pp. 2-3.Sub 6, p. 3.

*children and young people from being exposed to harm in institutional settings but also provide critical early support to families to prevent harm to children at home.<sup>242</sup>*

The Centre for Excellence in Child and Family Welfare also highlighted opportunities to focus on prevention in the youth justice system:

*In line with the prevention-focus of the Commission of Inquiry, and as the Youth Justice Model of Care Plan recognises, we ask the Government to provide earlier access to diversionary services which will help prevent or reduce interaction with the justice system – something that is currently only offered once a child has been charged with an offence. These diversionary programs, in conjunction with evidence-based models that have proven to work such as MST and FFT, are lifechanging for children in contact with the justice system.*

*Tasmania has a relatively low number of children and young people in youth detention. With the right investment in family services, particularly in proven diversionary programs, Tasmania has the opportunity to lead the nation in keeping children out of the justice system and connected with their families and carers.<sup>243</sup>*

The Sexual Assault Support Service (SASS) submission called for the Tasmanian Government to take a renewed focus on prevention:

*Child sexual abuse is preventable and is best addressed through a whole-of-community, public health approach to target the underlying drivers of child sexual abuse, alongside intersecting forms of maltreatment and inequality that escalate risks to children. Prevention efforts should be evidence-informed and rights-based to ensure that the needs and interests of children and young people are centred in policy and legislative reform, in practice, and in the community.*

*Throughout our participation in the Implementation Project, we have consistently emphasised the importance of prevention and early intervention in safeguarding children and young people from harm. This position is particularly significant given that the scope of the Commission of Inquiry focused on child sexual abuse perpetrated within and enabled by government institutions. While the findings were deeply distressing and demanded immediate change (particularly given the heightened vulnerability of children in contact with institutions), we note that child sexual abuse is predominantly perpetrated within the community, outside of institutional contexts. As such the internal focus on government reform, while necessary, risks narrowing broader prevention efforts across Tasmania. ....*

*We also acknowledge the Government's work to progress the implementation of some prevention related recommendations, this includes Recommendation 19.15 to develop a Tasmanian strategy and action plan to prevent, identify and respond to child sexual abuse. The Change for Children strategy has been developed through broad public and targeted stakeholder consultations and at the time of writing, is in a final draft stage. A critical theme that emerged during the consultation period, was the need for public policy to be underpinned by a robust, evidence-based, prevention framework to address the broader socio-cultural contexts that enable child sexual abuse to occur within our communities. This is consistent with research which highlights the importance of a coordinated policy approach to prevention.<sup>244</sup>*

The Tasmanian Family Sexual Violence Alliance (TFSVA), in its submission, identified 25 evidence-based initiatives to provide a starting point for addressing CSA in Tasmania, noting that these

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<sup>242</sup> The Centre for Excellence in Child and Family Welfare, 2025, *Submission #5*, p. 6.

<sup>243</sup> The Centre for Excellence in Child and Family Welfare, 2025, *Submission #5*, p. 7.

<sup>244</sup> Sexual Assault Support Service (SASS) Inc., 2025, *Submission #10*, pp. 3-4.

initiatives are purposefully selected to avoid duplicating COI recommendations which largely focus on actions by government agencies.

The 25 initiatives are presented as follows:

<b>TABLE 2: 25 evidence-based proposals to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania<sup>245</sup></b>		
<b>Proposed initiative</b>	<b>Strategy Area</b>	<b>Possible provider model</b>
1. Enable ongoing community conversations about prevention of, and intervention in CSA, tailored to each of Tasmania's regions and distinct communities.	Primary prevention	Multiple providers (one for each region)
2. Statewide social marketing campaigns on prevention and intervention in CSA in Tasmania.	Primary prevention	Single provider (with contracted public campaign specialist)
3. Implement a statewide program of parent/caregiver CSA education (e.g. healthy sexual development of children, challenging gendered drivers of violence through parenting/caregiver role). See for example: <a href="#">'Baby Makes 3'</a> .	Primary prevention	Multiple providers, in partnership with child and family centres, early childhood providers including playgroups and Aboriginal child care providers
4. Implement a statewide program to facilitate Family/Friend/Neighbourhood approaches to prevention of, and intervention in CSA (effective bystander approaches, preventing intrafamilial abuse), in non-organisational settings	Primary prevention; early intervention	Multiple providers (one for each region), in partnership with local community organisations
5. Tailored settings-based FSV and CSA prevention and intervention education for <i>small</i> organisations (local sports clubs, Women's/Men's Sheds, LandCare groups etc).	Primary prevention early intervention	Multiple providers (one for each region)
6. Expert external delivery of relationships and sex education/affirmative consent/critical Literacy of media and technology - including pornography and image-based abuse - to all young people in Tasmania across school and non-school learning environments.	Primary prevention	Multiple providers using common framework and tools (state schools can choose preferred provider)
7. Empowering victim-survivors of Intimate Partner Violence to prevent and intervene in CSA occurring to their own children from an abusive ex-partner.	Primary prevention early intervention	Specialist FSV providers
8. Invest in outreach to families in rural and remote Tasmanian communities to prevent and intervene in CSA, including via a 'social determinants of health' approach.	Primary prevention early Intervention	Specialist FSV providers working with rural/remote communities in partnership with public health providers

<sup>245</sup> Tasmanian Family and Sexual Violence Alliance (TFSVA), 2025, *Submission #3*, p. 13-15.

9. A suite of high school and college programs to enable young people to undertake prevention and intervention themselves (e.g. young men as allies in schools and colleges; women and gender diverse people's empowerment programs; preventing image-based abuse and associated dangerous behaviours).	Primary prevention; early intervention	Specialist FSV providers, supporting ongoing school-based initiatives; see also the Australian Government's 'Rapid Review' <i>Unlocking the Prevention Potential: (2024)</i>
10. Proactively engage and work with young Tasmanians at risk of perpetrating CSA - including children and youth with harmful sexual behaviours - to promote prosocial, respectful relationships and healthy intimacy.	Early intervention; response	Existing HSB providers, youth services and specialist FSV providers
11. Adapt existing, evidence-based child sexual abuse perpetrator programs to the Tasmanian context, to stop perpetration by men who are thinking about CSA.	Early intervention; response	Local specialists upskilled by services such as <i>Stop It Now</i> and using tools such as <i>ReThink Chat Bot</i> .
12. Increase perpetrator accountability for CSA, and the availability of programs and services to address perpetrator behaviours.	Response	Multiple providers
13. Support and increase the capacity of health workers undertaking medical and forensic child sexual assault and child physical abuse and neglect examinations.	Response	Specialist FSV, justice and health sector partnership
14. Improve criminal justice responses to CSA that is a crime.	Response	Government working with community legal services and FSV providers
15. Provide high quality CSA recovery and healing services to high-risk groups across the life course – children, women, Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, CALD, people with disability.	Recovery and healing	Existing FSV providers
16. Increase the number of practitioners across Tasmania's FSV specialist services specialising in holistic, trauma-informed support for people who experience CSA (most of whom initially present due to FSV, and then disclose CSA).	Recovery and healing	Existing FSV providers
17. Collaborations between specialist FSV services and Alcohol and Other Drug (AOD) services to support CSA victim-survivors who want help with AoD issues.	Recovery and healing	Existing FSV providers and existing AOD providers
18. Develop and implement a long-term Tasmanian FSV (including CSA) Workforce Development plan	System enabler	Existing FSV providers
19. Invest in pre-natal, maternal, early childhood and child health workforce training to support parents/caregivers prevent CSA.	System enabler	Existing FSV providers in partnership with health and early childhood sectors

20. Compulsory child sexual abuse primary prevention training across service organisations.	System enabler	Existing FSV providers
21. Support victim survivors of CSA to contribute to improved models of prevention, intervention, response and recovery/healing.	System enabler	Existing FSV providers in partnership with lived experience groups
22. Improve understanding of and responses to children and young people who display harmful sexual behaviours across a range of sectors and communities.	System enabler; data, research and evidence	External contractor managed by FSVA
23. Build greater knowledge and understanding of the key drivers and contexts of CSA in Tasmanian Aboriginal communities, and appropriate prevention, intervention, response to perpetration and recovery/healing initiatives.	System enabler; data, research and evidence	ACCO provider
24. Invest in long-term, Tasmanian-specific data collection and research on the incidence, prevalence, settings and risk indicators of CSA in Tasmania.	Data, research and evidence	FSVA, relevant government agencies and research Institutions
25. Invest in consistent and robust monitoring and evaluation of CSA prevention, intervention, response and recovery/healing programs in Tasmania.	Data, research and evidence	FSVA, relevant government agencies and research institutions

### Structural Policy Reforms on Underlying Drivers of Child Sexual Abuse

The Sexual Assault Support Service (SASS) submission highlighted the need for consistent, coordinated, whole of government policy approaches to address the intersecting drivers and risks associated with child sexual abuse. This includes a whole of government policy framework to inform the development of public policy, and a more coordinated approach to consultation:

*...we note that child sexual abuse cannot be addressed in isolation to issues which may elevate risks of harm. This position is reinforced by the Final Report of the Australian Institute of Family Studies, which states the following about the prevention of child sexual abuse:*

*Child maltreatment prevention can only be effective when the broader social policy contexts around childhood that intersect with the protection of children and prevention of harm are acknowledged and included in a prevention agenda, such as:*

- *public health services, including mental health, disability, maternal and child health services, etc.;*
- *housing and homelessness services, including refugee resettlement;*
- *education;*
- *domestic violence, juvenile sex offenders, crime prevention and justice system responses;*
- *drug and alcohol and other adult-focused services;*
- *Indigenous health and social services;*
- *child care and early childhood services;*
- *employment and income security; and*

- family law and family relationships services...

*As such, we have previously recommended that the Tasmanian Government develop or adapt a whole of government, policy framework to ensure that all policy and legislative reform that affects children and families, is informed by and meets key indicators required to prevent child sexual abuse and promote child rights, wellbeing and safety. The 'Child Rights Impact Assessment Tool' is one example and has been recommended for use [by] the National Children's Commissioner and supported by TasCOSS to assist policy makers to systematically assess the impact of reforms on children's rights and wellbeing, and to monitor the impacts of policy decisions upon children and families. Incorporating a tool like this into policy design would support government and non-government stakeholders to understand potential conflicts across the reform agenda and would promote a more consistent, coordinated approach to policy development across government.<sup>246</sup>*

TasCOSS believes there is a clear need for legislative and policy reform which goes beyond the recommendations of the COI to achieve the stated objectives of the Implementation Project:

*Several recommendations are drafted in a way that acknowledge the need to address broader issues than institutional abuse, and further (and ongoing) reform will be needed in order to effectively address the underlying objectives outlined by the COI in its final report (such as reducing the numbers of children in out-of-home care and youth detention). We therefore recommend consideration of the following:*

*Reforms addressing the underlying drivers of children's involvement in systems such as out-of-home care and youth detention*

- *This includes consideration of factors identified in recent research as increasing the risk of involvement in the criminal legal system and the need for wide-ranging reform to address the 'social determinants of justice';*
- *It also includes reforms aimed at addressing ongoing structural disadvantage experienced by certain communities - for example, reforms aimed at addressing the disproportionate rates of First Nations people and people with disability in the criminal legal system<sup>247</sup>*

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<sup>246</sup> Sexual Assault Support Service (SASS) Inc. 2025, Submission #10, pp. 5-6.

<sup>247</sup> TasCOSS, 2025, Submission #8, p. 18.

## Sequencing

A number of external stakeholders suggested it would be beneficial to review the sequencing of some recommendations which are interdependent and/or contingent.

One example is the shift of OOHC services to the NGO sector (Recommendation 9.2) in phase 2, before the development of a strategic plan for OOHC (Recommendation 9.8) and a workforce strategy (Recommendation 9.10) which are in phase 3.

TasCOSS was asked whether it had suggested changes to the sequencing of recommendations, for example, those relating to the Out of Home Care sector:

**Ms TAIT** - *Yes, it's a concern for us. I think those exact examples you used were also used in written submissions that we have made to the Keeping Children Safe unit at DPAC. I think we're not alone in making those recommendations. My understanding is that the government would like to adhere to the timeframes that it has set out in its response to the Commission of Inquiry. What we have asked for consistently is for that to be a more iterative process and for there to be community input into how those changes can be made meaningfully rather than adhering to a simple timeline. At the moment, I don't think we can say that there has been genuine consideration of the concerns that have been raised by community organisations in relation to the time frames. It could be that there is a very good reason for that, which is difficult to know...*<sup>248</sup>

Youth justice was another area in which the need to reconsider the sequencing of recommendations was raised, with Kristen Wylie, CEO, Tasmania Legal Aid, sharing her view:

**Ms WYLIE** - *... We've been very openly concerned about the delay in increasing the age of criminal responsibility, because I just can't see the numbers shifting without that change being made.*

**Ms WEBB** - *I am interested in your thoughts on the sequencing of the recommendations as well - what's in phase 2, what's in phase 3. Clearly, the Youth Justice Act 1997 update is in phase 2, but things like the bail support program matters, the raising the age, don't come in until phase 3. What would your suggestion be, in terms of sequencing of those recommendations which have a natural connection to each other? Is it that you'd like to see them progressed together as a set?*

**Ms WYLIE** - *I honestly think that anything that's diversionary should be occurring first, because the idea is - I appreciate that Ashley has to close and that there's been an urgent recommendation for that to occur, but unless we're diverting children away -*

**Ms WEBB** - *The pipeline is still there.*

**Ms WYLIE** - *That's right.*

**Ms WEBB** - *Diversion - so you mean, like, the bail support program needs to come much earlier than phase 3, and we need to be putting more focus on diversion before we get to the more structural things to do with Ashley closing. What about the connection to updating the act? To what extent do we have to have a legislative basis for these things, to create an imperative for them to happen?*

**Ms WYLIE** - *I believe it's essential. The act needs to be amended, in my view, urgently. It doesn't have a therapeutic focus at all. When we look at the way bail operates... it shouldn't really just reflect adult bail principles yet, with a few exceptions, it essentially does, and the*

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<sup>248</sup> Meg Tait, TasCOSS, *Transcript of Evidence*, 28 February 2025, pp. 9-10.

*way it is working isn't therapeutic. Unless we change the bail provisions, completely refresh the Youth Justice Act 1997, I don't think we're going to see that cultural shift we need to see to genuinely therapeutic youth justice options.<sup>249</sup>*

## **Funding for Community Organisations and Relationship with Government**

The TasCOSS submission raised concerns regarding under-funding and under-valuing of Tasmanian community organisations:

*Tasmanian community organisations are largely responsible for providing the support that allows Tasmanian children (as well as their families and communities) to thrive. Ensuring these organisations are able to continue providing high-quality, effective services is therefore a crucial part of ensuring the success of the Implementation Project. There are also several recommendations which will require extensive collaboration and partnership with community organisations and stakeholders.*

*Despite the crucial role played by community organisations in relation to child safety and wellbeing, Tasmanian community organisations continue to be underfunded and undervalued. This has an impact on both the organisations (and the Tasmanians working within them), as well as the communities who rely on these organisations for essential services and care.*

*We have heard from community organisations across the state about key issues impacting their work – these include challenges relating to increased demand and complexity (as a response to increased community need in a time of economic precarity, as well as increased monitoring and compliance obligations arising from the implementation of schemes such as CYSOF), supporting good practice (including opportunities for cross-sector collaboration), and how to safeguard the sustainability of organisations (noting the pressure of ongoing funding uncertainty as well as difficulties relating to workforce, including attracting and retaining skilled workers).*

*Additionally, we have heard that some community organisations have responded to increased compliance requirements and penalties for non-compliance, without proportional resourcing and tailored support, by withdrawing essential services for children due to concerns about their ability to effectively manage risks within the context of the reforms. This does not reflect an absence of willingness or existing child safe capability within organisations, but rather speaks to the practical implications of resourcing constraints. Rather than strengthening service capacity to safeguard children, the implementation of the reforms seems to have, in some cases, created additional service gaps and heightened risks for children and families.<sup>250</sup>*

The Centre for Excellence in Child and Family Welfare called for more trust and transparency between government and organisations working with children and families:

*... community organisations across Tasmania are under increasing pressure—facing rising demand and complexity, growing compliance and monitoring obligations, and ongoing workforce shortages. Addressing these challenges requires consistent and regular engagement across the sector.*

*To support the successful implementation of the Commission of Inquiry recommendations, we ask the Government to provide regular updates on progress and establish more*

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<sup>249</sup> Kristen Wylie, TLA, *Transcript of Evidence*, 28 March 2025, p. 5.

<sup>250</sup> TasCOSS, 2025, *Submission #8*, p. 13.

*opportunities for meaningful engagement with the Centre, as the sector's peak body, as well as with our member organisations working with children and families.*

*Given the scale of change across the child and family system, it is crucial that organisations working with children and families receive timely information about contracts and commissioning. This will help them prepare for changes in service provision and retain the skilled workforce needed to implement reforms. Transparent and trusted relationships will allow organisations to plan for the long term, strengthen workforce stability, and enable services to focus on what they do best—delivering life-changing services to Tasmania's children and families.<sup>251</sup>*

The Tasmanian Family and Sexual Violence Alliance submission notes that the Tasmanian FSV sector plays a critical role in addressing CSA in Tasmania, however at present the sector is unable to meet demand for FSV services and there appears to be an underfunding of services:

*Tasmanian specialist FSV services feel a strong and enduring responsibility to do more to prevent CSA; to hold perpetrators to account; and support victim-survivors to recover and heal.*

*At the same time, the specialist FSV sector is currently dealing with the fact that Tasmania has alarming rates of historical violence against women and girls, ...*

*The specialist FSV sector is also attempting to manage the consequences from Tasmania experiencing the largest proportional increase in reported sexual assault victims of any jurisdiction in Australia from 2018-2022 ... .TFSVA Members report they unable to meet demand for FSV services in Tasmania. Tasmania has the lowest per capital [sic] funding for family and sexual violence across different Australian jurisdictions.*

...

*Not surprisingly, TFSVA members universally report they are unable to meet demand for FSV services in Tasmania. In addition, TFSVA members have observed anecdotally for many years that they have fewer resources than their interstate colleagues.*

*Accordingly, the TFSVA has undertaken a very brief analysis, for this submission, on per capita funding for family and sexual violence across different Australian jurisdictions. The results, while preliminary and requiring further validation, are disturbing.*

*On face value, based on what is reported in the 2024-25 Budget statements of five state/territory jurisdictions, Tasmania has by far the lowest per capita funding for FSV services. This preliminary comparative analysis is set out in Table 5 below:<sup>252</sup>*

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<sup>251</sup> Centre for Excellence in Child and Family Welfare, 2025, Submission #5, pp. 9-10.

<sup>252</sup> Tasmanian Family and Sexual Violence Alliance, 2025, Submission #3, p. 16.

TABLE 5: State/Territory Government Specified Funding for Domestic, Family and Sexual Violence, 2024-25 Budgets*			
State/Territory Budget	Budget Amount	2024 Population	Funding per capita
Tasmania 2024-25 Budget**	\$14,828,750	571,200	\$25.96
Western Australia 2024-25 Budget**	\$127,060,000	2,965,159	\$42.85
ACT 2024-25 Budget**	\$23,693,000	474,132	\$49.97
Queensland 2024-25 Budget***	\$323,284,000	5,460,477	\$59.20
Victoria 2024-25 Budget***	\$778,100,000	6,816,241	\$114.15

\* Total specific DFSV funding not readily identified in brief analysis of NSW; SA and NT 2024-25 Budgets  
\*\* Averaged across 2024-25 forward estimates; \*\*\* 2024-25 amount only  
Sources:  
• Tasmanian Government, 2024-25 Budget, Government Services, Budget Paper No.2, Volume 1 (page 273)  
• State of Western Australia, 2024-25 Budget Statements, Budget Paper No. 2 Volume 2, (page 509)  
• Australian Capital Territory, Budget 2024-25, Budget Statements G, Community Services Directorate, (page 15) and Budget Outlook 2024-25 (page 335)  
• State of Queensland (Queensland Treasury) - 2024-25 Queensland Budget, Service Delivery Statements, Department of Justice and Attorney General (page 9)  
• State of Victoria, 2024-25 Victorian Budget, Service Delivery, Budget Paper No.3, (page 116)

Mission Australia called for a reform of commissioning processes, including introducing longer term grant funding that reflects the true cost of service delivery and to ensure community service organisations are adequately funded to meet demand for services:

***Provide grants that reflect the real cost of service delivery***

*Adequate funding must include the true cost of delivering quality services, including direct and indirect costs.*

*Government funders typically and rightly require service providers to meet core governance contractual requirements such as finance, auditing, essential HR functions, legal, IT security, WHS, risk management, procurement and property, compliance. On top of this, government funders are increasingly including a range of other important quality and compliance requirements into contracts, such as increased regulatory and accreditation compliance and Quality Assurance systems, redundancies and service closure costs, employment of staff members with living/lived experience, technology costs, costs specifically associated with increased cybersecurity risks, and costs associated with sub-contracting arrangements.*

*We acknowledge the importance of these requirements, but they must be resourced as genuine components of delivering a quality service. They all come at a significant cumulative cost to service providers. However, funders' program budgets limit what can be included as a direct cost of delivering the service, and almost always exclude the costs of meeting these new or increased requirements. Program budgets have remained stable over the years, while the contractual requirements have increased.*

*Mission Australia's experiences are supported by findings in the Social Ventures Australia and Centre for Social Impact report Paying What it Takes. This report found that the average indirect costs of not for profits organisations (NFPs) across the human services sector was 33% of total costs, with significant variation between 26% and 47%. This contrasts with funding agreements which often only include indirect costs of between 10% and 20% of overall costs.*

***Provide long-term grant agreements and better grant extension arrangements***

*Standard contract durations or extension durations of any less than three years are very difficult to manage, with implications for workforce stability and retention, longer-term planning and investment by service providers, and the ability to achieve outcomes in the*

*provision of services to individuals and communities with complex needs. Funders also incur costs and administrative burden associated with continual tendering or extension processes.*

*Repeated short-term contract extensions are an even greater challenge than initial short-term contracts. This is a common experience across the community sector, often due to delays in procurement processes or review/evaluation processes that extend past a contractual end date, and is extremely detrimental to service and workforce stability. It is now common to see programs primarily operating on short-term extensions after the base contract has expired.*

*We recommend contract durations of at least seven years for most programs and 10 years for place-based programs in communities with persistent and entrenched disadvantage.*

*Ideally, between six and eight months should be given to negotiate grant variations and extensions. That would allow approximately two months to put a plan in place and between four and six months to execute it.<sup>253</sup>*

Mission Australia recommended that the Tasmanian Government:

- *Fund the full cost of service delivery, including infrastructure, management and administration costs, and appropriate indexation.*
- *Actively involve community service organisations in determining the full cost of service delivery to ensure arrangements are realistic, transparent and reflect evidence.*
- *Schedule opportunities prior to the beginning and during the life of contracts for government and community service organisations to assess appropriate resource allocation, including changing costs over time.*
- *Increase the use of long-term contracts when commissioning and recommissioning services, to at least seven years for most programs and 10 years for place-based programs in communities with persistent and entrenched disadvantage.*
- *Provide a minimum of two years for any extensions and issue official notice as soon as possible for contract renewals or retenders – at least six months before the end of the contract.<sup>254</sup>*

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<sup>253</sup> Mission Australia, 2025, *Submission #6*, pp. 7-8.

<sup>254</sup> Mission Australia, 2025, *Submission #6*, p. 2.

## Australia's International Human Rights obligations

Carolyn Frohmader, human rights consultant, expressed concern the recommendations of the Final Report of the COI do not incorporate Tasmania's obligations under the international human rights treaties to which it is a party:

*Critically, any training and/or professional development of any personnel (whether staff or volunteers) involved in the care of children (in the context of the CoI) should as a minimum, be required to complete an accredited mandatory training certification program on Australia's international human rights obligations as they pertain to children, specifically the UN Convention on the Rights of the Child.*

*In relation to children in detention (such as those in Ashley Youth Detention Centre (AYDC)), the juvenile justice system, and children in out-of-home care, it should be made a mandatory requirement that any and all personnel (not just front line workers) complete an accredited mandatory training certification program not only on the CRC, but also any such training should incorporate:*

- *CRC General comment No. 13 (2011) 'The right of the child to freedom from all forms of violence';*
- *CRC General Comment No. 12 (2009) 'The right of the child to be heard'*
- *the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT),*
- *the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT);*
- *the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)*
- *the United Nations Standard Minimum Rules for the Administration of Juvenile Justice ('The Beijing Rules').*

*It is concerning that the Tasmanian Government's Progress Reports in relation to implementation of the CoI recommendations, do not appear to include any information as to whether and/or how these international human rights treaties and standards to which Tasmania is a party, are being incorporated in the practical implementation of the recommendations.*

*It must be stated that operationalising these international human rights treaties and standards is not an optional exercise for the Tasmanian Government. As Australia is a party to these international human rights standards, it is incumbent on the Tasmanian Government (in the context of implementation of the CoI recommendations) to understand its obligations are due diligence and the obligation to prevent violence or violations of human rights, the obligation to protect child victims and witnesses from human rights violations, the obligation to investigate and to punish those responsible, and the obligation to provide access to redress human rights violations.<sup>255</sup>*

Save the Children (54 Reasons) also made the case for more explicit commitment to upholding the rights of children, for example, in the draft Change for Children Strategy and Action Plan:

*We particularly support the Strategy's commitment "to build and strengthen a system that upholds children's rights, and values the expertise of victim-survivors" and its recognition that: "A truly child-centred system has children and children's rights at its heart, and the*

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<sup>255</sup> Carolyn Frohmader, 2025, *Submission #18*, p. 3.

*expertise of victim-survivors is engaged and respected across all parts of the system." We also welcome the Strategy's explicit focus on accountability.*

*To achieve the Strategy's objectives relating to children's rights and accountability, we suggest the draft Strategy could be strengthened as follows:*

***(f) Be clearer that the Strategy commits the Tasmanian Government to upholding all rights of children as enshrined in the CRC, and using all levers available to government to do so.***

...

***(g) Ensure that relevant systems are fully rights respecting and comply with international human rights standards and requirements.***<sup>256</sup>

The TasCOSS submission also highlighted the need to underpin the implementation and reform efforts with a rights-based focus, and recommended:

*The introduction of a Tasmanian Human Rights Act, fully embedding the rights of children under the Convention on the Rights of the Child, to protect and promote the safety and wellbeing of Tasmanian children. Examples from other jurisdictions show how human rights instruments have protected children in situations of vulnerability, and have also supported awareness of human rights and a shift in public attitudes and beliefs (as well as strengthening accountability).*<sup>257</sup>

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<sup>256</sup> Save the Children and 54 Reasons, 2025, *Submission #14*, pp. 3-5.

<sup>257</sup> TasCOSS, 2025, *Submission #8*, p.15.

## **Appendix A – Meeting Attendance Record**

	FORREST (Chair)	LOVELL	VINCENT	WEBB (Deputy Chair)	O'CONNOR	PENTLAND	PETRUSMA	ROSOL	WHITE	HADDAD	STREET	BESWICK
51 <sup>ST</sup> PARLIAMENT												
19/6/2024 (9:15-9:38am)	✓	✓	✓	✓		✓	✓	✓	✓			
25/7/2024 (2:03-2:28pm)	✓	✓	✓	✓		✓	✓	✓	✓			
19/8/2024 (8:45 – 4:22pm)	✓	✓	✓	✓		✓	✓	✓	✓ From 9:11am			
29/8/2024 (8:32 – 5:54pm)	✓	✓	✓ From 8:37 am	✓		✓	✓	✓	✓ From 8:59 am			
2/9/2024 (9:00 – 5:35pm)	✓	✓	✓	✓		X	✓	✓	✓			
9/9/2024 (12:00- 12:38pm)	✓	✓	✓	✓		✓	✓	✓	X			
20/9/2024 (4:04 – 4:08 pm)	✓	X	✓	✓		✓	✓	X	✓			
22/10/2024 (1:10- 2:30pm)	✓	✓	X	✓		X	✓	✓	✓ Until 2:10pm			
12/11/2024 (4:30-5:23pm)	✓	✓		✓	✓	✓		✓	X			
14/11/2024 (9:00-1:53pm)	✓	✓ From 9:04 am		✓	✓	✓		✓	✓			
22/11/2024 (9:00-12:00pm)	✓	✓		✓	✓			X	✓		✓	✓
9/12/2024 (9:00-9:55am)	✓	✓		✓	X			✓	X		✓	✓
11/12/2024 (9:00-9:15am)	✓	✓		✓	✓			✓	X		✓	✓
14/2/2025 (8:30-9:22am)	✓	✓		✓	✓			✓			✓	✓
18/2/2025 (5:15-5:53pm)	✓	✓		✓	✓			X			✓	✓
26/2/2025 (8:58-12:55pm)	✓	✓		✓	✓			✓			✓	✓

27/2/2025 (9:00-1:55pm)	✓	✓		✓	✓ From 9:17am			✓			✓	✓
28/2/2025 (8:57-10:11am)	✓	✓		✓	✓			✓			✓	✓
27/3/2025 (3:30-5:14pm)	✓	✓		✓	✓	✓		X		✓	✓	
28/3/2025 (9:00-1:45pm)	✓	✓		✓	✓	X		X		✓ From 11:30- 12:42 pm	✓	
28/4/2025 (1:03-2:40pm)	✓	✓		✓	✓	✓		✓		✓	✓	
1/5/2025 (8:56-11:27 am)	✓	✓		✓	✓	✓ (from 9:00am)		✓		✓	✓	
13/5/2025 (9:02-4:12 pm)	✓	✓		✓	✓	✓ (from 9:08am until 4:00pm)		✓		✓ (from 9:09am)	✓ (from 9:40am)	
14/5/2025 (9:00-4:00pm)	✓	✓		✓	✓	✓		✓		✓	✓	

	LOVELL	WEBB (Chair)	O'CONNOR	GREENE	JAENSCH	ROSOL (Deputy Chair)	VERMEY
52 <sup>ND</sup> PARLIAMENT							
6/10/2025 (12:05 – 1:08 pm)	✓	✓	✓	✓	✓ Until 12:37 pm	✓	
15/10/2025 (1:00 – 2:01pm)	✓	✓	✓	✓	✗ Leave of absence	✓	
29/10/2025 (10:30-10:59m)	✓	✓	✗	✓	✗ Leave of absence	✓	
3/11/2025 (12:00-2:08pm)	✓	✓	✓	✓	✗ Leave of absence	✓	
8/12/2025 (9:45-1:44 pm)	✓	✓	✓ Until 1:13 pm	✓		✓	✓ Until 10:49 am
4/2/2026 (9:30-4:00 pm)	✓	✓	✓	✓		✓	✗ Leave of absence
5/2/2026 (9:26 – 3:30 pm)	✓	✓	✓	✓		✓	✗
12/2/2026 (9:30 – 3:30 pm)	✓	✓	✓	✓		✓	✗ Leave of absence
13/2/2026 (9:32 – 12:34 pm)	✓ Until 12:02 pm	✓	✓	✓		✓	✗ Leave of absence
25/2/2026 (9:30-4:03 pm)	✓	✓	✓	✓		✓	✓
26/2/2026 (9:00-1:00 pm)	✓	✓	✓	✓ From 9:28 am		✓	✓
31/3/2026 (11:00 – 3:05 pm)	✓	✓	✓	✗		✓	✓
10/4/2026 (8:50 – 9:07 am)	✓	✓	✓ From 8:58 am	✓		✓	✓
21/4/2026 (9:30 – 3:06 pm)	✓	✓	✓	✓		✓	✗
22/4/2026 (10:00 – 3:08 pm)	✓	✓	✓	✓		✓	✗
28/4/2026 (9:30 – 4:07 pm)	✓	✓	✓	✓		✓	✗

29/4/2026 (9:30 – 1:37 pm)	✓	✓	✓	✓		✓	X
12/5/2026 (9:15 – 12:21 pm)	✓	✓	✓	✓		✓	✓
13/5/2026 (9:30 – 10:37 am)	✓	✓	✓	✓		✓	✓
15/5/2016 (12:00 - 12:11 pm)	✓	✓	✓	✓		✓	X