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In camera

THE PARLIAMENTARY JOINT SESSIONAL COMMITTEE MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON WEDNESDAY 26 FEBRUARY 2025

RECOMMENDATIONS OF FINAL REPORT OF THE COMMISSION OF INQUIRY

The in camera hearing commenced at 12.00 p.m.

CHAIR - Thank you, Kim, for your appearance today and your submission. As you are aware, this committee is meeting in camera today to take your evidence in camera. That means we cannot refer to it or directly use it in any report we might produce in the future. If there are aspects of it that you think could be made public or evidence that you give later on, we can provide the transcript to you and you can provide an indication of what areas you could make public. That might be helpful to the committee and enable us to use it publicly. Being in camera you can speak freely and everything you say will be covered by parliamentary privilege. It is being transcribed, but the transcription will not be published unless we get your approval for the sections that you are happy to be made public. Is that clear?

Dr BACKHOUSE - Yes.

CHAIR - I will get you to take the statute of declaration, if you wouldn't mind - if you could read that card out and insert your name.

Dr KIM BACKHOUSE WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Thank you so much. If you are happy to use first names, we are really happy to use those. Do you know everyone around the committee table or not?

Dr BACKHOUSE - I have met Cassy before.

Ms O'CONNOR - Hi Kim.

Dr BACKHOUSE - I have not met Miriam before. How are you?

Mrs BESWICK - Nice to meet you.

Mr STREET - Nice to meet you

CHAIR - Nick.

Ms LOVELL - Yes.

CHAIR - Meg - and Cecily Rosol is online.

Ms WEBB - Hi.

Dr BACKHOUSE - Hi Cecily, how are you?

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Ms ROSOL - Hi Kim.

CHAIR - I am sure you know Cecily.

[REDACTED]

CHAIR - Yes. As you know, the purpose of the committee is to have oversight of the government's actions in following up and completing the recommendations of the commission of inquiry report. We are really interested in your insights - as a person working in the service delivery space as to where you see good progress, not so good progress or problems or suggestions that you might have that could be matters that could be asked of a minister or whoever to progress those recommendations more thoroughly or more in a timelier manner.

Dr BACKHOUSE - Sure.

CHAIR - Just for your information, we also had some interaction and meeting with Robert Benjamin, who is the implementation monitor. His job is also to hold the government to account on that report to parliament, to also undertake a full audit of where they are at.

Dr BACKHOUSE - Okay.

Ms O'CONNOR - He was also on the commission of inquiry.

CHAIR - Yes, he's one of the commissioners.

Dr BACKHOUSE - Yes, I gave evidence at that. That was public. So, thank you.

CHAIR - Yes.

Dr BACKHOUSE -

[REDACTED]

I am also an international author on strategic management and this is the leading textbook around the world.

CHAIR - Do you mind reading the title for the purpose of Hansard? That would be helpful.

Dr BACKHOUSE - *Strategic Management: Competitiveness and Globalisation.*

[REDACTED]

At a very macro level the government at the moment does not have a strategic plan in the out-of-home care space. It has not had one for years. From a global, national and local perspective, that is a major breach in governance and I am not sure why this has not been picked up by parliament at any of the budget estimates.

[REDACTED]

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There was work done by [REDACTED] Sonya Enkelmann back in 2018. She put a lot of time into the sector. She did a great report. It ended up on a minister's desk and never moved.

[REDACTED]

So, that's the first thing for me because they've got \$55 million in a budget for out-of-home care; that's not the total Department of Education, Child and Youth services; it's [REDACTED]. I spoke with some senior people within the department this week and they said they feel rudderless.

There's no strategic plan, so how can you marry it into a commission of inquiry strategic plan.

[REDACTED]

So this \$780,000 had gone into an implementation team some time ago and I'm seeing a lovely colourful picture without any strategic objectives and then I spend time looking at the Department of Education, Child and Youth Services' overall strategic plan, [REDACTED], it's one [REDACTED] page with no strategic objectives. I don't see how any of this can kick off if you don't have a proper governance structure with three documents underneath it that are crucial. I think it's been missed. I think there's a lot of staff in the leadership, so one of the recommendations was around the senior leadership within the department and I know they've just appointed two new leaders, Tiffany Black, I think out of New South Wales, and Peter out of New Zealand; let's exclude them for a second.

[REDACTED]

That's the first point I want to make. I'm quite happy for anyone to talk to me about that.

[REDACTED]

Ms O'CONNOR - That's what we want. It's what we need.

Ms WEBB - It's perfect.

Dr BACKHOUSE - [REDACTED]

[REDACTED]

CHAIR - Do you want to go to your second point or do you want to take questions on that?

Dr BACKHOUSE - No, I'd love to questions. Go for it.

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Ms WEBB - I'd love to just check with you; I think it's a very pertinent observation; is this something that you have been aware that there has ever been an intention to put in an overarching strategic planning process in place across the out-of-home care system?

Dr BACKHOUSE - I've heard it for eight years.

Ms WEBB - Right, so there's been talk of it, but it's never materialised and -

Dr BACKHOUSE - It's never kicked off and I've always asked for it, always asked for it, how can you run a department?

Ms WEBB - And the process, which resulted in the report from Sonya Enkelmann in 2018, was that specifically to design some form of strategic overarching approach?

Dr BACKHOUSE - Yes.

Ms WEBB - Right, so you fed into that process, a report was produced and then has sat, going nowhere?

Dr BACKHOUSE - Yes.

Ms WEBB - I wanted to be really clear about that. Thank you.

Dr BACKHOUSE - And it caused trauma for some of the carers because of lack of action -

Ms WEBB - A hundred per cent. All the effort put into it.

Dr BACKHOUSE - Yes. So, I don't like to generalise, but I've met half of the cohort face-to-face on a regular basis. So, the general -

CHAIR - The cohort of carers?

Dr BACKHOUSE - Yes. In the state, I make a point of it. I don't do it enough because I'm caught up in other things like this, which are really important at a macro level. So, the general consensus was there was a fair bit of trauma, if I can use that word, in the cohort with a lot of issues and Jacquie Petrusma, at the time, and her team. A lot of people, a lot of stakeholders, were really banging on about, 'We've got to get this done'. Resources from the department were put in to try to move it forward with Sonya. Sonya met hundreds of carers around the state that did day workshops. She was heavily invested into this. She filed that report. She [REDACTED] gave evidence to the commission of inquiry.

Ms LOVELL - Was that report public?

Dr BACKHOUSE - Never made public. It was a good piece of work. I don't have any connection with Sonya, I just know that she was heavily invested and gathered the views of all the stakeholders to move it forward. Just from a governance oversight, how can you run a sector without a strategic plan, without a business plan, without functional plans and with leadership that's being heavily criticised in the commission of inquiry?

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Ms O'CONNOR - A follow-up to that question, and it might be slightly unfair to ask you this, Kim. What might a strategic plan for out-of-home care contain, in terms of its principles? Are you aware of other jurisdictions that have a model for it that's good?

Dr BACKHOUSE - Thank you for the question, I think it's a great question. First of all, I haven't actually done any digging on what the models are. I think that's a really good thing. I believe there needs to be around 12 strategic objectives in that strategic plan. Some of those objectives are the commission of inquiry recommendation with time frames. That, to me, is an absolute no-brainer.

Then you have strategic objectives. It's not picked up anywhere. [REDACTED]

Ms O'CONNOR - [REDACTED]

Dr BACKHOUSE - [REDACTED]

Succession planning of the carers. It's a no-brainer that in two, three years, we're going to lose 60-70 per cent of our carers, because of the age. The average age is 60-plus. They always talk about the retention of carers, but actually, it's retention and acquisition. [REDACTED]
[REDACTED] We need the acquisition of carers.

[REDACTED]
[REDACTED]
Strategically, the recognition of the cost of living. There's been talk about that. One of the objectives is that the carers are actually being able to meet their needs and the needs of the children with the cost-of-living increase. That's another strategic objective.

I believe there needs to be pillars. There needs to be a pillar of wellbeing that cuts across children, young people and carers.

Ms WEBB - Do you also think that it would need to be derived, in its origin, from the act? We'd start with the act and then we'd come to the strategic level and we'd be able to see reflected elements and principles from the act into that strategic level, and into that, then, granular pillars?

Dr BACKHOUSE - Exactly. We have the act and then it should, by default, go into an overall strategic plan for the department, which is all of one page, if you put it on the screen. That should then flow down to ringfenced funding for the out-of-home care and then ringfenced funding for the commission of inquiry with the overlap. That's what it should look like.

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[REDACTED]

[REDACTED]

[REDACTED]

CHAIR - On this, if we were asking the relevant minister, what would we ask?

Dr BACKHOUSE - How the minister arrived at setting a date for 2029 on a strategic plan when there's currently not one, and how does that align with corporate governance principles globally and nationally and locally. [REDACTED]

CHAIR - Would we also ask who should be consulted in the development of the strategic plan?

Dr BACKHOUSE - That's right.

CHAIR - Anything else we should ask? [REDACTED]

Ms WEBB - Presumably, other things being implemented now would come under it.

CHAIR - Can we just ask what other questions we should ask on this?

Dr BACKHOUSE - You have to be diplomatic, but the hard question is, why isn't there a current strategy? You've been minister now for many years. Why is there a barrier to creating and implementing a strategic plan, and with the resources that have been put there through this process?

CHAIR - The key question is why not till 2029?

Dr BACKHOUSE - Yes, and why have there been barriers to date, given that you cannot run a department without a strategic direction and strategic objectives?

Ms WEBB - Are you concerned about any of the other things being implemented at an earlier timeframe, in tranche 2 for example, that would be best implemented in the presence of, and in relation to, a strategic plan?

Dr BACKHOUSE - Yes, definitely.

CHAIR - Do you want to go through those?

Dr BACKHOUSE - Sure, I just took some notes last night. Can I just answer your question but there's just something - I'm conscious of your time. The second thing which relates to timeframes is I've been asking for a carer registry for 10 years. [REDACTED]
[REDACTED] It's not difficult to do that. There is 'made reference' of an accreditation, but there's no accreditation process in Tasmania, so we don't need to hold that up with an accreditation

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process. Why is that important for us? Our funding doesn't allow for individual advocacy, but I do individual advocacy and have done for 10 years. I've never turned a carer away.

The majority of our caring advocacy at the moment is deregistered carers, but they're not deregistered because there's no registration process. They come to us, they knock on the door, they say, 'Children have been removed, the department actually hasn't advised us of an allegation, breach of procedural fairness, breach of natural justice.' Well, how has this come about? 'Well, there's allegations with the police, but I've spoken to the police and the police have said they've not moved it forward.'

You've got children removed, young people removed, carers that are not aware of their allegations. By all intents and purposes, they receive a letter saying they're deregistered. Like, how?

Ms O'CONNOR - Without a process?

Dr BACKHOUSE - Yes, without a process.

CHAIR - There is no registration process, to be de-registered?

Ms O'CONNOR - When they say 'deregistered', do they mean you've been removed from our understanding of the carers, we won't refer children to you anymore, but without any process?

Dr BACKHOUSE - Yes. There's no process. A process can be created in three hours so I'm not sure how you cannot have this, and we've not even been consulted on it. They've been doing this work internally now for eight years.

Ms O'CONNOR - On the registry?

Dr BACKHOUSE - On the registry. It's not hard, you know why they haven't done it?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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CHAIR - Can I just take you back to the commission of inquiry then?

Dr BACKHOUSE - Yes, sorry.

CHAIR - Not that this is not relevant.

Ms LOVELL - That's their recommendation.

CHAIR - That's right.

Dr BACKHOUSE - I didn't answer Meg's timeframe on that, sorry.

Ms WEBB - It was just about any particular ones you were worried about being implemented in an earlier tranche in the absence of that strategic plan.

CHAIR - Answer that and I'll come back to mine.

Dr BACKHOUSE - Apologies for looking at my phone -

Ms WEBB - The answer is probably all of them because it is a starting point.

CHAIR - They're all a bit linked aren't they really?

Ms WEBB - To do any of them, any of the recommendations that relate to out-of-home care in the absence of a strategic plan for out-of-home care is probably wrong.

Dr BACKHOUSE - Sorry, I was trying to be strategically organised for all of you for today, with this in terms of the timeframe, so just bear with me. The overarching recommendations and timeframes in the out-of-home care sector are very untimely. They need to be, they need to be brought forward. There's considerable resources that have been put into that. I know they've gone through and recruited staff, but they can bring that forward.

Ms O'CONNOR - Sorry, just for clarity here, who's they?

Dr BACKHOUSE - The department.

Ms O'CONNOR - DECYP?

Dr BACKHOUSE - Yes, DECYP, sorry.

Ms WEBB - Because they've pushed them all into the later tranches of things, haven't they, pretty much? The too-hard basket.

Dr BACKHOUSE - They have and to be really candid, there's some of the recommendations for July 2026 and I really don't know how they're going to have that developed or implemented when I was going through it.

CHAIR - Having an overarching strategic plan with strategic objectives would assist that though, wouldn't it?

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Dr BACKHOUSE - Definitely, they were talking about having key performance indicators in a position description for some of the secretaries, like for Health, but how can you put key performance indicators into their PD when you don't actually have a strategic plan? Because it should be strategic plans, strategic objectives and KPIs for the leaders.

I think, without having written it down - and I should have, Meg - it's just too far forward into stage two and three with the relevant things, strategic plan, carer register, carer accreditation, child advocate, the whole works, and then some of the things I've put into 2026 like a model of care, they've been talking about a model of care on my watch for 10 years as well. How can you all of a sudden pluck a model of care out without peppering it with a cohort of psychologists, psychiatrists, allied health professionals, department representations, carers, et cetera, in a year?

CHAIR - But arguably the strategic plan would need to the inform model of care, wouldn't it?

Dr BACKHOUSE - Yes, exactly.

CHAIR - Yes, so it all comes back to that.

Ms ROSOL - Thanks, Ruth. Hi, Kim. I just wanted to ask some questions around training because you've talked about recommendation 9.18 having trauma-informed therapeutic care. Are you able to talk about what you know of the training that carers receive from the department when they're going through their application process? What training is provided there? What does FKAT provide in terms of training and the funding you receive for any training that you provide, please?

Dr BACKHOUSE - Sure. I'll just do a demarcation. The department itself, from my understanding, has not been doing any training in trauma-informed care for some years and there's an expectation that the trauma training with the NGOs is funded into their package. FKAT's funding is around \$280,000 and we're responsible for support, advocacy, training, 24/7 phone calls, [REDACTED]

Julian Watchorn, who is a consultant to us on a regular basis, has a PhD in trauma. He [REDACTED] does the trauma-informed training. We run that three times a year and have done for about eight years, which any of the carers in the state can tap into. I've asked Nick Valentine, who's been doing some trauma-informed training with the department and the legal fraternity, to come and do some training at our state conference in September.

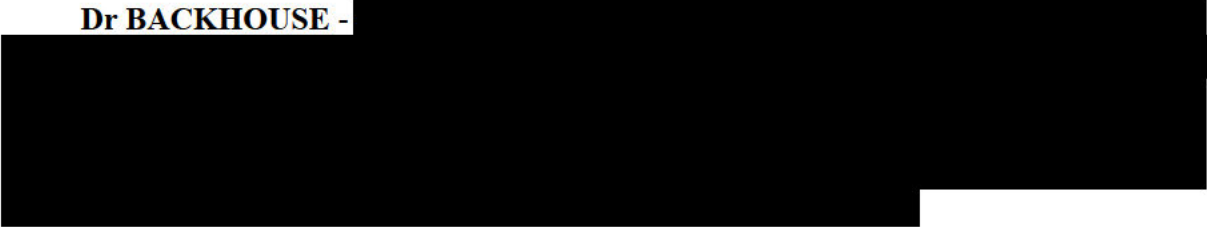
[REDACTED]

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Because we've actually been doing quality. There's no issue about the training we deliver and I've been banging on about having more money so we can do more training for our carers. Does that answer your question?

Ms ROSOL - What you're saying is there's no formal training through the department. You've been doing it, you're not well funded for it and there's a risk that you won't be funded going forward if they're going to another potential provider.

Dr BACKHOUSE -



I don't know what to say because there's no overarching plan above it to support anything.

CHAIR - I will go back to the commission of inquiry process. You said you're engaged with that. You would know Robert Benjamin, who's now the implementation monitor. He's had discussions with the committee; he's meeting with key stakeholders and just about everybody who could possibly have anything to contribute in this space. In that role, have you had any meetings with him as yet?

Dr BACKHOUSE - No, he hasn't reached out.

Ms O'CONNOR - If you reached out to him, he'd be happy to meet.

CHAIR - Yes. To come back to your submission, I know you've asked for it to be confidential to the committee, I'm just wondering if you can give some considerations to whether there are parts of it that could be public because, if that were the case, we could then seek your permission to provide that to him, to assist him as well.

Dr BACKHOUSE - That's alright, I was rereading it last night and there was a majority of it that could be released. I just need to go through it with a highlighter pen if that's OK and deliver it to Jenny.

CHAIR - That's alright.

Ms O'CONNOR - Or even a black pen, just for the bits you don't want in.

Ms WEBB - A highlighter's better because we could see what's being taken out.

Ms O'CONNOR - Oh, I'm just -

CHAIR - Yes, if you could do that, that would be great. Would you then be happy for the committee to forward that onto him?

Dr BACKHOUSE - Yes.

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CHAIR - That'd be great, yes, and if there's anything additional you wanted to add to the submission after talking to us -

Ms LOVELL - Because we can use it in our report, if it's public. We can't use it while it's confidential, but if it's bits we can use -

[REDACTED]

[REDACTED]

Dr BACKHOUSE - No, not at all.

Ms O'CONNOR - That's about leadership from the minister or lack thereof. So, their powers are limited in the agency because the minister hasn't given direction.

Dr BACKHOUSE - I totally agree with you.

Ms O'CONNOR - They're trapped.

Dr BACKHOUSE - It's a language. It's a course. Unfortunately, a lot of people try to do it on the side of their desk and it's not an unusual thing.

CHAIR - That's right. If I can finish where I was going with the commission of inquiry itself and the recommendations that have flown out of it, our job is to oversee the government's response to that. If we've got the minister in front of us, we'll ask about the strategic plan and those matters; are there others you would draw our attention to that we particularly need to focus on, from your perspective?

Dr BACKHOUSE - Sure. Sorry, there are no page numbers. I regret that, apologies. I think towards the middle of the document, there's one called key gaps and possible areas for feedback. So, I've done a few bullet points there. I'll just talk while you find it if that's okay, because I'm conscious of your time. I've put the carer register in there. There's no mention of complaints process for fostering kinship carers.

[REDACTED]

It is something that I have been very passionate about, that everyone in a Westminster system is afforded procedural fairness and natural justice on an allegation. Now when these allegations come to the fruition, children and young people are removed. [REDACTED]

[REDACTED] We used to have - I do not have the stats now - if

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used to be the state with the highest number of multiple placements in the country and from that has huge risks of youth suicide. [REDACTED]

There are obviously recommendations around workforce strategy, but it is totally absent on the retaining and recruiting of carers. Again, I would not be having this for 2027-28 or 2029, I would be setting up a consultative group now. It is not difficult to have roundtables with the stakeholders in the state. They are very well-intentioned.

CHAIR - There is no barrier to the departments, as I understand it, for delivering earlier.

Dr BACKHOUSE - Good.

CHAIR - Except that they have not, as yet.

Dr BACKHOUSE - [REDACTED] the first thing that needs to happen is every child and young person has a care plan. Well, they do not. You are told time and time again [REDACTED] They do not. I think a question that needs to be asked is how many have a plan?

The second thing is how many times are they reviewed? Because there are a lot of undiagnosed mental health issues within the cohort. You might have children who are presenting with a sensory disorder, but carers who have no idea that sensory disorder is even an issue.

Autism is huge. The list is long. If you do not have a care plan, you do not have behavioural support, you are not having a review [REDACTED]

Third-party guardian supports are not mentioned. That is not my area of expertise, by the way, because that seems to be changing. Going back to Cassy's comment before, that should be in the strategic plan.

I have been given heroes in this space for years. Such and such are coming in. Last year I [REDACTED] I would say 35 carers at the moment should be made guardians straight away. That would probably save [REDACTED] dollars in funding to the department. So, why are there barriers? It is the bureaucracy, it is the only thing holding it back. Unfortunately, carers have left because guardianship's not come through.

Ms O'CONNOR - How is that working? Sorry to interrupt, but given that it would be so sensible in some circumstances and in the best interests of the child, how could it be that that is not working?

Dr BACKHOUSE - No strategic plan, Cassy. No operational plan and they do not put resources into it. I am sorry. It is appalling. [REDACTED]

[REDACTED]

Ms LOVELL - On the guardianship, as you know, we've had experience with this. The flipside of that is that once you become guardian, you lose a lot of support. I know you've noted that in your submission that you lose a lot of the support that foster carers get from the department.

Ms O'CONNOR - The limited support they get.

Ms LOVELL - Exactly, that's already limited. There's even less support for guardians.

Dr BACKHOUSE - The strategic plan should have that third-party guardianship should have wrap-around support. The children and young people who are on special care packages for example, why would that stop? That's a no-brainer for me. That needs to be continued support and nowhere is there the discussion in any of this about that stretched target to youth being in homes to 21. I have so many carers now that are not in a state of impecuniosity, but they're in a state where they really are making sacrifices to have children and young people in their care and all these promises being given to me. I asked last year, 'Can you just give a voucher for a couple of hundred dollars for electricity?' That's a big win for the government to do that. No.

Ms WEBB - You mentioned the funding agreement for FKAT comes up next year, 2026. Has there been discussion of providing additional funding beyond your normal operational funding, but additional funding to assist in the implementation of commission of inquiry recommendations, recognising that foster carers, your organisation, may well be needed to facilitate consultation with the carers, may need to spend a lot of time and energy providing submissions and input and that sort of thing against all these recommendations that relate to this area? Departments are having additional money allocated to implement things. In some other cases there's NGOs being provided with additional money to help facilitate input and progress on implementation. Has that conversation ever been had with FKAT?

Dr BACKHOUSE - There's two parts to that question, so thank you for that question. The first part is we've been given money for a handbook that we've employed a consultant to do, but in terms of all the rest of it, no. I went to the government over a year ago and said the overarching recommendation is for carers to be - and I don't like this word, but it is the only one I can think of right now - 'divested' to NGOs. FKAT should be this organisation that does the wraparound support for the carers who are finding it hard to do the transition.

We have a clinical psychologist that's also has a PhD in trauma. No funding. I don't understand that. It's huge. Then I asked somebody in a leadership position the other day, when is it likely that the NGOs will be informed that there will be a process of 'divesting' departmental carers and he said, 'There's none, there's no plan.' [REDACTED]
[REDACTED] There's no plan yet in place on this recommendation.'

Ms WEBB - How unsettling for all the carers.

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Dr BACKHOUSE - I try not to have those conversations at an individual level because there's a lot of angst. I've set up a state conference in September where I've asked a few people that I think can play an important role to come and talk about this because I feel there was false hope given last time and some carers now have said, 'Look, we just can't go through it again.'

Ms O'CONNOR - Kim, when was the last time you sat down with the minister?

Dr BACKHOUSE - I haven't seen the minister for three years. I put in an urgent call last week to say, 'I'm not happy, I want to talk to you about this. I've done a submission. You need to understand that I am very displeased with what's going on,' and was told by the adviser this morning that he's gone offline and she cannot commit to when I can see him as a key stakeholder. That was what the quote was. 'He's offline. I cannot give you a date of when you can go into his diary.'

CHAIR - He's gone offline.

Ms O'CONNOR - Extraordinary.

[REDACTED]

[REDACTED]

Ms O'CONNOR - I suggest you call again next week and then the week after that and the week after that and the week after that until you get your meeting because as a key stakeholder there's no justification at all for the minister not meeting with you. None.

Dr BACKHOUSE - Yep, I did try that to the point of exhaustion and then just stopped and thought, 'Well, there's a lot going on. I wonder how long it will take.' When Tim moved out of the portfolio and then there was new a minister's adviser appointed, I wasn't actually even given the courtesy of who that was nor a consultation around changes. There's been no consultation with any of his advisers for at least two and a half years.

CHAIR - On that rather alarming statement, Kim, we are just about out of time and we really do appreciate your submission and your appearance today. We'll probably write to you to confirm that we'd like to be able to have you identify areas that you're happy to have made public in both the submission and also the transcript once it becomes available. Clearly, we don't want people's names published and that sort of thing in that, but it'd be really helpful if you could do that. Is there anything you really wanted to say that you wished you had of and haven't, to finish up?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THE WITNESS WITHDREW.

The in camera hearing adjourned at 12.48 p.m.