

Submission to Joint Sessional Committee

Commission of Inquiry
Recommendations
Scrutiny Committee

14 February 2025



Laurel House
SEXUAL ASSAULT SUPPORT
COUNSELLING • EDUCATION • ADVOCACY • CHANGE



Acknowledgement of Country

Laurel House acknowledges and pay respect to the palawa, who are the Traditional Custodians of the land and waters of lutruwita. We pay respects to Elders past and present. We particularly acknowledge the resistance and resilience of those Aboriginal people who have experienced sexual violence.

Acknowledgement to Victim-Survivors

Laurel House also honour and acknowledge the victim-survivors of child sexual abuse and other forms of sexual violence. We recognise the immense strength it takes to confront and heal from these traumatic experiences. We commit to amplifying your voices, advocating for change, and standing side by side on the path to healing and recovery.

Disclaimer:

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This document was drafted by Kathryn Fordyce, Dr Lucy Mercer-Mapstone, and Kerri Collins.

About Laurel House

Laurel House is a not-for-profit, community-based sexual assault support service based in North and North-West Tasmania. Laurel House provides a range of trauma-informed, evidence based, therapeutic services to victim-survivors of sexual assault, their families and supporters. We also develop and deliver a broad range of programs to adults, young people and children including the provision of therapeutic face-to-face counselling at our centres located at Launceston, Devonport and Burnie and through outreach locations across the North and North-West Tasmania, and 24/7 telephone support and assistance with accessing police and forensic medical processes.

Laurel House partners with the Tasmanian Government in the delivery of the Arch Centres (multidisciplinary centres for victim-survivors of sexual harm) with the Northern Arch Centre opened in 2023 and the North-West Arch Centre currently under development.

Laurel House delivers the PAST (Prevention, Assessment, Support and Treatment) Program for children and young people (aged 17 years and under) who have displayed harmful sexual behaviours in North and North-West Tasmania.

Contracted by Primary Health Tasmania (PHT), Laurel House has partnered with Engender Equality (Engender) and the Sexual Assault Support Service (SASS) to deliver the 'Family, Domestic and Sexual Violence (FDSV) Pilot - Service Integrators Initiative' to June 2026.

Our team also provides community education and other capacity building programs focused on the prevention of sexual harm and on supporting parents, carers and service providers to better respond to disclosures of sexual violence.

Laurel House plays a key role in policy and advocacy work to improve the lives and safety of victim-survivors and the Tasmanian community. This includes our Laurel House Expert Advisory Panel for Youth (LEAPY) which is a program that provides victim-survivors aged 12 to 18 years with an opportunity to advocate and drive change.

To the Joint Sessional Committee,

We would like to express our appreciation for the opportunity to provide input into the implementation of the Commission of Inquiry (CoI) recommendations. We are deeply committed to supporting the safety, rights, and wellbeing of children and young people across Tasmania, and we recognise the critical role that this process plays in creating a safer, more inclusive system that is held accountable to the voices of victim-survivors.

We have provided input selectively – focusing only on the recommendations that are relevant to our scope as a specialised sexual assault support service, or where we have particular insights from our interactions with victim-survivors and other stakeholders. While the committee has specifically requested feedback on Phase 1 recommendations, we have also provided input on a number of Phase 2 recommendations. Given the significant lead-up time required to implement these recommendations effectively within the proposed timeline, we feel it is crucial to address key issues early to ensure an integrated approach that will lead to long-term, sustainable change. It should be noted that our decision not to provide feedback on a particular recommendation is not an endorsement that this recommendation is being implemented effectively or consistent with the intent of the Commission of Inquiry.

We value the opportunity to provide these insights and are committed to collaborating with the committee, victim-survivors, organisations, government, and other stakeholders to ensure that these recommendations are not only implemented but resourced and delivered effectively. The success of this process hinges on timely, coordinated action and significant investment in services that address the needs of all children and young people, especially those who are most at risk.

We anticipate that Laurel House will be called by the Committee to give further evidence, so would welcome any questions or areas the Committee wishes for us to explore in more detail ahead of the hearings.

We look forward to continuing our involvement in this important work.

Sincerely,



Kathryn Fordyce
Chief Executive Officer



Web: www.laurelhouse.org.au

Feedback on Phase 1 implementation of recommendations (in response to the Immediate Change Progress Report)

The table below draws key comments from the Tasmanian Government's Immediate Change Progress Report. We have provided feedback in relation to this progress in the final column which is informed by our contact with children and young people, victim-survivors, their families, community members, organisations, government colleagues and other stakeholders, as well as our direct experiences with Government employees and Parliamentarians. Please note recommendations on which Laurel House does not have feedback at this time have been removed from the below table. As noted above our decision not to provide feedback on a particular recommendation does not constitute an endorsement that this recommendation is being implemented effectively or consistent with the intent of the Commission of Inquiry.

Rec #	Recommendation summary	What the Government reports they have done	Laurel House feedback
6.2	The Office of Safeguarding should focus primarily on safeguarding children in the education context, with a particular focus on prevention, risk identification, policy development and related workforce development.	The Safeguarding in Schools Unit has been established within the Schools and Early Years Portfolio of the Department for Education Children, and Young People. The Unit is focused on safeguarding children and young people in the education context.	<p>The Safeguarding in Schools Unit is comprised of policy officers rather than social workers or psychologists providing expert practice-based advice. Safeguarding officers in schools are teachers who refer cases of risk or harm to social work services, rather than addressing these issues directly.</p> <p>There is currently no workforce development plan to address chronic shortages of allied health professionals, particularly social workers, despite the critical role they play in safeguarding children. This is especially concerning in regions such as the North West, where shortages are acute. We are aware that the Minister for Children and Youth, the Honourable Roger Jaensch MP, is establishing a Children and Youth Workforce Roundtable, and note that the Laurel House CEO has sought to participate in this initiative.</p>

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			<p>Although there has been investment in psychologists and speech and language pathologists, insufficient investment has been made in school social workers. We are not aware of any plans to increase social work support in schools, despite the fact that school social workers are performing the majority of work related to assessing child safety risk. While psychologists could theoretically support children and young people who disclose harm, we are aware that there are other demands on their time and the chronic shortage of social workers continues to limit the capacity of schools to safeguard children effectively.</p>
6.3	<p>DECYP should make its child safeguarding policies publicly available and ensure it establishes a regular review process for these policies.</p>	<p>Child safeguarding policies are publicly available on the Department for Education, Children and Young People's website at www.decyp.tas.gov.au/safe-children/safeguarding-children/</p> <p>The Department has established a regular policy review schedule to ensure policies are up to date and provide best-practice advice to workers,</p>	<p>The wording in the full recommendation 6.3 includes reference to "The Department for Education, Children and Young People should make its child safeguarding policies publicly available, <i>including policies on mandatory reporting, professional conduct, and responses to allegations and concerns about child sexual abuse.</i>"</p> <p>The section emphasised in italics is an area on which Laurel house has received much feedback from community and victim-survivors. The current reporting mechanism providing updates on the progression or responses to allegations and concerns about CSA is appreciated but does not go far enough in terms of transparency or accessibility.</p> <p>It is a constant refrain from our clients and victim-survivors engaged with or interested in the Col that more must be done to ensure they can understand and most importantly trust what is being done in response to such allegations. There is a strong</p>

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		<p>children and young people, and the community.</p>	<p>feeling of distrust in perceived secrecy around these responses and not sufficient response to this critical feedback being given in a number of instances previously.</p> <p>We understand the need to follow privacy requirements etc., however if more information can not be transparently supplied then we recommend this reporting happen with the support of engagement and awareness raising in the form of ongoing dialogue with communities and victim-survivors. This will be critical in rebuilding the trust of victim-survivors and the community in the government and in their ability to take seriously and be accountable to allegations of CSA in a prompt and appropriate manner.</p>
<p>15.1</p>	<p>DOH should develop and communicate a policy framework and implementation plan for reforms to improve responses to child sexual abuse in health services.</p>	<p>The Department of Health's <i>Child Safeguarding Reforms and Recommendations 2024-2029 Policy Framework and Implementation Plan</i> is publicly available on the Department of Health website.</p> <p>The Framework and Implementation Plan outline the background,</p>	<p>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.</p>

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		<p>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.</p>	<p>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.</p> <p>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.</p> <p>We note that this action plan commits the THS to delivering Col Recommendation 12.06 (relating to Forensic Medical Exams, FMEs) within the required due date of June 2026. We have concerns over the capacity for this to happen given the currently dire situation and apparent lack of progress on this issue, particularly in the NW. We go into further detail on this issue in our comments below relating to recommendation 16.6 itself.</p>
15.12	DOH should ensure there are up-to-date policies	Department of Health policies and protocols	Laurel House appreciates the work done to deliver this recommendation. We do have some uncertainty about the extent

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	<p>on mandatory and voluntary reporting obligations that are effectively communicated to staff. DOH should update the Tasmanian Health Service Protocol - Complaint or Concern about Health Professional Conduct and associated documents, including external reporting requirements, guidance on reporting concerns to a superior, and internal contacts for more information.</p>	<p>relating to mandatory and voluntary reporting have been reviewed and updated, including the Complaint or Concern about Health Professional Conduct Protocol. 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.</p>	<p>to 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.</p> <p>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.</p> <p>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.</p>
15.14	<p>DOH should update their Chaperone Policy to require the presence of an extra staff member during examinations or episodes of care where no family member or carer can be present.</p>	<p>The Chaperone Policy (now known as the Support Person Policy) has been updated in line with the Commission's recommendation.</p>	<p>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).</p> <p>The requirement for an AHPRA-registered person to also attend these procedures has created challenges, as not all Laurel House</p>

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			<p>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.</p> <p>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.</p> <p>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.</p>
15.18	DOH should ensure open disclosure processes for patients who experience child sexual abuse in health services and their families and carers, including trauma-informed pathways, facilitating appropriate notifications, and making	The Department of Health 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.	<p>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.</p> <p>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</p>

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	available appropriate supports.		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.
16.19	The courts should be encouraged 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.	This recommendation has been implemented via updated procedural and administrative arrangements.	<p>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.</p> <p>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.</p> <p>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.</p> <p>We were also advised in June 2024 that the MOU, signed by the Department of Justice and SASS, would undergo a review after six</p>

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			<p>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.</p> <p>Summary of feedback provided on the initial MOU draft which was not integrated into the signed MOU:</p> <p>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 <i>specialist therapeutic support in harmful sexual behaviour (HSB)</i>, 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.</p> <p>We also suggested that the MOU better emphasise the voluntary nature of referrals and ensure the voice of the child, as required under the <i>Youth Justice Act</i>, is central to the process.</p> <p>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</p>

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			informed by the child or young person, without being required to share case files or counselling notes.
18.6	<p>The Tasmanian Government should establish a statutory Commission for Children and Young People including three key roles:</p> <ol style="list-style-type: none"> 1. Commissioner for Children and Young People 2. Commissioner for Aboriginal Children and Young People 3. Child Advocate (Deputy Commissioner). <p>Amendments to the <i>Commissioner for Children and Young People Act 2016</i> to add additional functions and powers relating to oversight, monitoring and promoting the rights of children and young people in the youth justice</p>	<p><i>This recommendation is in progress – expected delivery in September 2024.</i></p> <p>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</p>	<p>Laurel House made a submission to the consultation on the draft bill for the CCYP. We summarise our feedback given then below:</p> <ol style="list-style-type: none"> 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. 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.

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	and out of home care systems; administration of the Reportable Conduct Scheme and education, oversight and enforcement of Child and Youth Safe Standards.	the safety and safeguarding of children and young people in Tasmania.	<p>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.</p> <p>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.</p> <p>8. Right to Refuse Communication: All children in detention should have the right to refuse communication with Commission staff.</p> <p>9. Support Person: The Commissioner should be allowed to be accompanied by a support person for children and young people during interviews.</p> <p>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.</p> <p>11. Independent Visitor Scheme: Details about the appropriate recruitment, training, support, and supervision of Independent Visitors should be included in the Act.</p> <p>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.</p>

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			<p>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.</p>
18.7	<p>The Tasmanian Government should ensure the process for appointing future Commissioners and Deputy Commissioners for Children and Young People reflects appropriate merit-based selection processes, with consideration of selection panel members (including a children's selection panel, and Aboriginal representation for the Aboriginal Commissioner), and consultation processes prior to making a recommendation to the</p>	<p>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.</p>	<p>Laurel House would like to highlight, in response to the implementation of this recommendation, the inappropriateness of the reappointment of Ms McLean as the Commissioner in circa Oct/Nov 2023. This reappointment raised concerns about whether this recommendation was upheld, and to what extent the Government intended to honour its commitment to implement all the recommendations of the Commission of Inquiry. The failure to follow an external recruitment process not only undermined public trust but also directly contradicts the government's stated commitment to implementing the Commission's recommendations. We note that following Ms McLean's resignation, there has been the appointment of an Acting Commissioner.</p> <p>We are, however, heartened of late to see the processes conducted for the Independent Regulator and the Independent Monitor have utilised a merit-based selection process that has seen the inclusion of community members and victim-survivors on the selection panel.</p>

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	Governor for appointment.		
18.12	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 factors to be considered when conducting risk assessments in respect of applications for registration, suspension, or cancellation	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.	<p>While only indirectly related to this recommendation, we believe it is crucial to highlight the importance of ensuring that elected officials at all levels of government maintain a current Working with Vulnerable People (WWVP) registration.</p> <p>We have received concerns from communities and victim-survivors, particularly at the council level, where elected officials are permitted, by legislation, to remain in office even after their WWVP registrations have been revoked. These concerns underscore the unacceptable situation of individuals in elected positions who have been assessed as posing a risk to vulnerable communities, including children and young people.</p> <p>We urge a review of the relevant legislation, such as the <i>Local Government Act 1993</i>, with the aim of introducing amendments that would enhance protections for vulnerable communities. As a specific example, an amendment to Division 3A subdivision 3 could specify that once a complaint had been initially assessed as viable (28Y), a Cr should be stood down for the duration of the investigation as is standard practice elsewhere in cases of CSA allegations. Specifically, we advocate for measures ensuring that elected officials do not pose a direct threat to vulnerable individuals, regardless of their personal or political standing. This is especially important considering the Col recommendations, given the direct interactions elected officials have with children and</p>

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			young people through government services, particularly within schools.
19.1	The Tasmanian Government should develop a whole of government child sexual abuse reform strategy for preventing, identifying and responding to child sexual abuse (CSA), including CSA in institutions and harmful sexual behaviours. The strategy should include: considerations of the system Tasmania seeks to achieve, and achievement of outcomes; consultation processes, including for particular cohorts of vulnerable children; guiding principles; funding sources; governance, monitoring, review and evaluation	The Tasmanian Government released <i>Change for Children</i> , Tasmania’s first child sexual abuse reform strategy and action plan on the Keeping Children Safe website on 27 June 2024. Public consultation on <i>Change for Children</i> will be open for three months, until 30 September 2024.	<p>We would first and foremost like to acknowledge the funding received to support our contribution to the strategy process over the last 18 months. We would also like to offer thanks for financial and other support to run our ‘Courageous Conversations’ symposium in Hobart last year, and this year in Launceston.</p> <p>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.</p> <p>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</p>

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	<p>arrangements. The Strategy should be supported by an Action Plan and Communications Plan.</p>		<p>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.</p> <p>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 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.</p> <p>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:</p> <ul style="list-style-type: none"> • specific consultation questions,

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			<ul style="list-style-type: none"> summaries of the relevant information under each question, and additional information within each section relevant to each question. <p>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.</p>
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	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	<p>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.</p> <p>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.</p> <p>While there was considerable engagement with Laurel House subsequent to the 1 July 2024 deadline, it is unclear what has</p>

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	to children and young people or adult victim-survivors of child sexual abuse.	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.	happened in relation to this program of work, with the last communication received by Laurel House in August 2024.
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.	Governance arrangements 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 is the accountable officer for the Child Sexual Abuse Reform Strategy and Action Plan.	<p>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 Col recommendations, and are typically made with the best intentions of achieving positive outcomes.</p> <p>However, we have received feedback from victim-survivors and advocates who have been deeply engaged with the Col that these frequent staff changes have had a detrimental effect on their trust and engagement. For victim-survivors, particularly those who</p>

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			<p>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.</p> <p>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.</p>
20.2	<p>All Heads of Agencies whose agencies provide services to children should develop a professional conduct policy, with appropriate mechanisms to ensure compliance, for employees that explains unacceptable behaviours and defines and prohibits child sexual abuse, grooming and boundary violations, consistent with</p>	<p><i>This recommendation is in progress.</i></p> <p>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.</p>	<p>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.</p> <p>We would appreciate transparency about how the implementation of this recommendation will address those individuals currently stood down due to allegation of CSA.</p> <p>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.</p>

Rec #	Recommendation summary	What the Government reports they have done	Laurel House feedback
	<p>the <i>Child and Youth Safe Organisations Act 2023</i>; and expected conduct standards for volunteers, contractors and subcontractors and other relevant adults. The policies should include consideration of professional boundaries and conflict of interest, guidance to identify inappropriate behaviours, reportable conduct, breach of professional standards and reporting, protections available to individuals making complaints or reports, response mechanisms for alleged policy breaches and penalties; with specific prohibitions regarding relationships between young people and people within</p>	<p>This complements work to outline expected conduct standards for contractors, subcontractors and volunteers under recommendation 20.4.</p> <p>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</p>	

Rec #	Recommendation summary	What the Government reports they have done	Laurel House feedback
	<p>positions of authority. The policies should be easily accessible and communicated through a range of mechanisms (including to the public) and form part of training. The Tasmanian Government should ensure a breach of a professional conduct policy is enforceable as a breach of the State Service Code of Conduct.</p>	<p>investigation and a determination as to a breach of the code of conduct and imposition of a sanction such as termination.</p> <p>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.</p>	
20.14	<p>The Tasmanian Government should allocate funding for initiatives aimed at cultural change and awareness raising to promote a shared understanding and</p>	<p>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),</p>	<p>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</p>

Rec #	Recommendation summary	What the Government reports they have done	Laurel House feedback
	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.	engagement of community engagement and change leads, system change training to support Strategy and Action Plan implementation and work to expand components of the Department of Health's OneHealth cultural change project to other agencies across the State Service (see also recommendation 15.3).	to strengthen the campaign and other communications aimed at cultural change within and beyond Government agencies.
22.1	The Tasmanian Government should introduce legislation to establish and fund an independent Child Sexual Abuse Reform Implementation Monitor, with provisions for: <ul style="list-style-type: none"> - the scope of the Implementation Monitor's functions and independent evaluations to be undertaken, 	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.	Laurel House welcomes Robert Benjamin's appointment to this role. As the previous Commissioner during the Col he will have a strong understanding of the Col 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.

Rec #	Recommendation summary	What the Government reports they have done	Laurel House feedback
	<p>including establishing an evaluation framework, baseline data and ongoing data requirements, requirements to conduct periodic evaluations and make findings publicly available</p> <ul style="list-style-type: none"> - the Tasmanian Government to protect the independence of the Independent Monitor - Reporting requirements of the Tasmanian Government to the Implementation Monitor - Key stakeholders for consultation by the Implementation Monitor. 		

Feedback on Phase 2 implementation of recommendations

The table below provides feedback in relation to Laurel House's perceptions in relation to the implementation of Phase 2 Recommendations, noting that the Government has yet to provide any formal update or progress report on the progress of Recommendations from Phase 2 or Phase 3. As with earlier feedback on Phase 1 Recommendations, our feedback in the final column is informed by our contact with children and young people, victim-survivors, their families, community members, organisations, government colleagues and other stakeholders, as well as our direct experiences with Government employees and Parliamentarians. Please note recommendations on which Laurel House does not have feedback at this time have not been included in the below table. As noted above our decision not to provide feedback on a particular recommendation does not constitute an endorsement that this recommendation is being implemented effectively or consistent with the intent of the Commission of Inquiry.

Rec #	Recommendation	Laurel House feedback
6.1	<ol style="list-style-type: none"> 1. The Department for Education, Children and Young People should introduce and fund a mandatory child sexual abuse prevention curriculum as part of the mandatory respectful behaviours curriculum from early learning programs to Year 12, across all types of government schools (including specialist schools). 2. This mandatory prevention curriculum should draw on expert evidence of best practice and successful approaches adopted in other states and territories, including South Australia's mandatory curriculum. 3. The Department should develop a plan for sustained implementation of the mandatory prevention curriculum. The plan should: 	<p>Laurel House delivers school-based programs on healthy relationships, consent, and the law. We also deliver a program designed to address harmful sexual behaviours.</p> <p>However, we have not yet been engaged to collaborate with DECYP on the development of the safeguarding / child sexual abuse prevention curriculum, despite our extensive expertise.</p> <p>Laurel House has the unique capacity to engage with victim-survivors who are children and young people, as well as those who have engaged in harmful sexual behaviours. Incorporating the insights and common themes we hear from these lived experiences would strengthen the curriculum, ensuring it is both informed and impactful.</p> <p>Laurel House's involvement would also bring significant value to the training and support of school staff. With high rates of CSA in the community, it is essential to recognise that many teachers who are predominantly women are disproportionately likely to</p>

Rec #	Recommendation	Laurel House feedback
	<ul style="list-style-type: none"> a. set out the goals and objectives of implementing the mandatory prevention curriculum b. define the roles and responsibilities of key participants c. include criteria for evaluating the curriculum. <p>4. The Department should evaluate the effectiveness of the mandatory prevention curriculum five years after its implementation.</p>	<p>have lived experience of CSA themselves. Training programs developed with our input could better equip teachers to navigate this complex space, both navigating their own trauma while identifying signs of CSA and supporting students in safe, trauma-informed ways.</p> <p>In addition to the standard curriculum, programs like those offered by Laurel House add further value in the prevention of CSA by addressing gaps and providing a broader scope of education and awareness for students and staff. These additional programs help reinforce key safeguarding messages, strengthen protective factors across school communities, and support children and young people to develop a greater understanding of the services available to them beyond their school.</p> <p>Furthermore, it is critical that the curriculum pays specific attention to the needs of marginalised groups who are disproportionately at risk of CSA. Tailoring the curriculum to ensure it is inclusive and reflective of these groups' needs and experiences will significantly enhance its ability to protect all children and young people.</p>
6.5	<p>1. The Department for Education, Children and Young People should adopt and implement a training certification program that is mandatory for all education staff and volunteers. This training should be structured to provide basic and advanced levels of training for different role</p>	<p>Regarding the training offered by DECYP to its employees including teachers, Laurel House has received feedback that the content falls short in several critical areas. Specifically, it has been described as tokenistic, meeting only a minimum standard. One concern raised is the insufficient emphasis on recognising signs of potential CSA perpetrators among colleagues and other adults within the school system, which is crucial for early identification.</p>

Rec #	Recommendation	Laurel House feedback
	<p>holders and targeted most directly at staff and volunteers operating in higher-risk settings.</p> <ol style="list-style-type: none"> 2. Training should cover: <ol style="list-style-type: none"> a. key safeguarding policies of the Department, including appropriate standards of behaviour between adults and students and what to do if child sexual abuse or harmful sexual behaviours are witnessed or disclosed b. relevant legal obligations, including requirements for reporting to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the <i>Child and Youth Safe Organisations Act 2023</i>, and the Teachers Registration Board. 3. Training should be refreshed periodically and delivered at a time and in a format that will maximise engagement. It should be centrally recorded to monitor participation. 4. The Department should work with the Teachers Registration Board to establish the minimum training requirements for teachers (Recommendation 6.15). 	<p>Additionally, the training does not adequately address the barriers children face when attempting to disclose abuse. Feedback also highlighted the need for a stronger focus on the importance of staff fulfilling this role—not merely as a legal obligation but as a vital measure to prevent CSA and its lifelong consequences for victim-survivors. This underscores the need for training that goes beyond compliance to emphasise the profound impact of proactive safeguarding measures.</p> <p>Laurel House was not consulted in the development of this training despite our expertise in this department, neither were (to our knowledge) victim-survivors, although we do recognise that many DECYP employees will be victim-survivors. Such consultations may have prevented some of the feedback outlined above and would be a welcome measure in the future.</p>

Rec #	Recommendation	Laurel House feedback
6.7	<ol style="list-style-type: none"> 1. The Department for Education, Children and Young People should develop guidelines that outline the ongoing supports that should be provided for victim-survivors, families, staff and the school community when there are allegations or incidents of child sexual abuse by staff or harmful sexual behaviours. 2. The guidelines should include policies, procedures, and templates for: <ol style="list-style-type: none"> a. Counselling and support—a counselling and support plan should be developed for victim-survivors and their parents and carers, other children or young people at the school, staff at the school, and the alleged perpetrator and their family. b. Risk assessment—a risk assessment should be conducted to determine whether there is any concern for the ongoing safety of other children and whether there may be other victim-survivors. c. Informing responsibly—the Department should develop specific policies that outline what communications should be made by the Department, and to whom they should be made, at particular stages 	<p>Despite the key role Laurel House plays in response to allegations or incidents of child sexual abuse or harmful sexual abuse, including through our role at the Arch (multidisciplinary) Centres, we remain unclear about how and when the Department of Education, Children and Young People will seek the support of Laurel House or the Arch when there is an allegation against a staff member, student or other member of a school community.</p> <p>To date, we have not been consulted about how the guidelines, policies, procedures and templates could be improved and provide clarity to DECYP staff and other stakeholders including Laurel House.</p> <p>It is our experience that the response varies considerable from region to region, service to service, school to school, employee to employee. We see examples of terrific practice where Laurel House, police and school social workers are engaged early by principals, while other examples where the response is piecemeal and clunky.</p> <p>We continue to hear from victim-survivors that DECYP is not transparent when communicating with victim-survivors and their families when an allegation has been made or a Code of Conduct violation is being investigated.</p> <p>For example, Laurel House was recently involved in the response to a matter of reportable conduct and possible abuse involving multiple children in a rural location where the alleged perpetrator had a close connection to a DECYP employee, and was possibly also a former DECYP employee. The families affected by this</p>

Rec #	Recommendation	Laurel House feedback
	<p>of a child sexual abuse matter. These policies should take account of all legal obligations and the importance of informing victim-survivors, parents and the community. Communication may be needed with children and young people, staff, School Association Committees, parents, previous students and other schools.</p> <p>3. Any policy outlining the communications that should be made by the Department should extend to matters where conduct does not amount to a criminal offence or where police do not proceed with charges but the matter is investigated as a possible breach of the State Service Code of Conduct, a professional conduct policy or reportable conduct under the Reportable Conduct Scheme.</p> <p>4. Guidelines should also be developed for Child Safety Services, out of home care and youth justice contexts.</p>	<p>incident were reportedly not well supported by DECYP, and there was a lack of coordination between the services involved including police and Laurel House. As Laurel House navigated our involvement in this matter, it became increasingly apparent that more work is needed to develop and implement an integrated response that includes DECYP, police, specialist sexual violence services and other key stakeholders to support an effective whole of community response that meets the needs of those directly affected and the broader community.</p> <p>We also note the need for a similar integrated response to occur where there has been harm caused by a child or young person who has used harmful sexual behaviours. We continue to hear about situations where the community becomes aware of an incident or where a victim-survivor inevitably leaves a school community due to shortcomings in the school response.</p>
6.8	<p>The Department for Education, Children and Young People should work with the Catholic and independent school sectors to adopt a statewide approach to responding to child sexual abuse in schools.</p>	<p>Laurel House is concerned about the potential disparity in how child sexual abuse is addressed across different school sectors, particularly in the Catholic sector following on from problematic comments from the head of Catholic Education Tasmania saying sexual consent education as outlined in the national curriculum</p>

Rec #	Recommendation	Laurel House feedback
		<p>contains amoral information. Such precedent creates an inconsistent and unequal level of safeguarding for children and young people.</p> <p>One of our key concerns is ensuring that all students, regardless of the school sector they belong to, have equal access to critical education on healthy relationships, consent, and the support systems needed to respond effectively to abuse. Without a statewide, inclusive approach, there is a risk that students in non-government schools may not receive the same level of education on these essential topics, leaving them vulnerable to harm and without the tools to identify and report abuse. Further, without a consistent approach, the staff in the Catholic and independent school sectors are less likely to have the skills and knowledge they need to challenge misconceptions and unhelpful stereotypes, and to navigate the barriers to disclosure and reporting, which have historically plagued some institutions</p> <p>Additionally, it is crucial to ensure that students in non-government schools from marginalised communities such as disabled, neurodivergent, and LGBTQIA+ students, are not left without such essential education based on standards of morality, given these groups are already at higher risk of CSA. The lack of consistent and comprehensive safeguarding measures across sectors puts these students at an even greater disadvantage, leaving them vulnerable to harm without the education and support they need.</p>

Rec #	Recommendation	Laurel House feedback
		<p>We are eager to understand how this work is progressing and what steps are being taken to ensure that children and young people in non-government schools, especially those from at-risk or marginalised communities, are receiving the same level of support, education, and safeguarding measures as their peers in government schools.</p>
6.9	<p>The Department for Education, Children and Young People should develop detailed education-specific policies, protocols and guidelines for preventing, identifying and responding to harmful sexual behaviours in schools. The development of these policies, protocols and guidelines should be:</p> <ul style="list-style-type: none"> a. led and informed by the Harmful Sexual Behaviours Support Unit (Recommendation 9.28) b. informed by the Tasmanian Government's statewide framework and plan to address harmful sexual behaviours (Recommendation 21.8) 	<p>We are interested to understand the qualifications and expertise of those responsible for leading this work, and to understand how meaningful engagement with organisations such as ours, which have significant experience in delivering HSB programs and supporting schools in this space, will occur.</p> <p>It is unclear whether those leading this specific implementation process possess the specialised expertise required to design policies and protocols that address the complexities of HSB. HSB requires a nuanced understanding of trauma-informed approaches, therapeutic practices, and preventative frameworks tailored to the educational context, which our work at Laurel House directly informs. It is unfortunate that our expertise, alongside the insights we could provide from working directly with children and young people exhibiting HSB, has not yet been sought in the development of these critical resources.</p> <p>Furthermore, while alignment with the statewide framework and plan to address HSB (Recommendation 21.8) is noted, the absence of engagement with frontline organisations such as Laurel House raises questions about how effectively this alignment will be operationalised. Engaging with community-based organisations</p>

Rec #	Recommendation	Laurel House feedback
		<p>that deliver HSB interventions would ensure the inclusion of evidence-based practices and the lived experiences of those impacted by HSB in the development process.</p> <p>We urge the Department to consider broadening its consultation process to include specialist organisations like Laurel House. This collaboration would not only strengthen the policies, protocols, and guidelines being developed but would also ensure they are robust, practical, and grounded in expertise that reflects the realities of schools and the broader community.</p>
9.3	<p>1. The Department for Education, Children and Young People should develop new funding agreements with non-government out of home care providers that set quality and accountability requirements, including:</p> <ul style="list-style-type: none"> a. compliance with the National Standards for Out-of-Home Care b. compliance with the Child and Youth Safe Standards c. provision of trauma-informed, therapeutic models of care (Recommendation 9.18) d. adoption of preventive measures for harmful sexual behaviours and child sexual exploitation e. only using carers who are registered on the Carer Register (Recommendation 9.20) 	<p>Laurel House would like to highlight significant challenges faced by Out-of-Home Care (OOHC) providers in meeting the requirements outlined in this recommendation, particularly due to insufficient funding. We have received feedback from OOHC providers expressing concerns that current funding levels do not allow them to access critical training, such as the recommended Power to Kids program, for their staff. This gap directly impacts their ability to implement preventive measures for child sexual abuse (CSA), harmful sexual behaviours (HSB), and child sexual exploitation (CSE), as well as their capacity to provide trauma-informed care.</p> <p>It is our recommendation that funding be attached to ensure that the MacKillop Foundation (providers of the Power to Kids program) or similar programs can be provided on a regular and ongoing basis, so that it is embedded in the culture of these organisations and ensuring that all new staff are able to receive the training as part of onboarding, in a timely fashion.</p>

Rec #	Recommendation	Laurel House feedback
	<ul style="list-style-type: none"> f. governance and organisational structures to support monitoring and responding to child sexual abuse including grooming, harmful sexual behaviours and child sexual exploitation g. sharing relevant information about carers and children in their care h. quarterly reporting to the Department on these requirements i. periodic reporting of data against the outcomes framework (Recommendation 9.9). <p>2. All funding agreements between the Department and non-government out of home care providers should require the Department to give providers:</p> <ul style="list-style-type: none"> a. relevant information about carers and children in their care b. information about the provider's performance against the data outcomes framework and compliance with standards. <p>3. The Department should monitor and audit non-government out of home care providers' compliance with contracts.</p>	<p>Additionally, we have observed a consistent need for support and coaching among organisations to help them meet their obligations under the Child and Youth Safe Organisation Framework (CYSOF) and the Reportable Conduct Scheme. Laurel House has often stepped in to provide this guidance, and on occasion, we have had to notify the Advice and Referral Line or Child Safety, and the Office of the Independent Regulator (OIR) when we felt an organisation was unlikely to comply with their obligations. These situations underscore the critical need for ongoing investment in education, training, and resources to build the capacity of organisations to meet safety and accountability standards.</p> <p>We believe this recommendation presents an opportunity for the Government to take urgent and decisive action to ensure the safety of children and young people in OOHC settings. Adequate funding and resourcing must be prioritised to enable organisations to access necessary training and implement best practices effectively. Furthermore, investment in community education programs, such as those delivered by Laurel House and similar organisations, would provide the capacity to deliver targeted training and proactive support to OOHC providers. This would not only help organisations comply with their obligations but also ensure they are equipped to create safe environments for vulnerable children and young people.</p> <p>Ultimately, ensuring the safety and wellbeing of children in OOHC settings requires both robust systems and a commitment to</p>

Rec #	Recommendation	Laurel House feedback
	<p>4. The Tasmanian Government should resource non-government out of home care providers appropriately.</p>	<p>adequately resourcing those responsible for implementing these systems. We urge DECYP and the Government more broadly to consider these gaps as a matter of priority and to engage with expert organisations like Laurel House and The McKillop Foundation to deliver meaningful support and training across the sector.</p>
9.16	<ol style="list-style-type: none"> 1. The Department for Education, Children and Young People should: <ol style="list-style-type: none"> a. ensure all children in care, including those on guardianship orders until age 18, have a case manager b. set a maximum case load for Child Safety Officers. 2. The Department should report quarterly to the Quality and Risk Committee on the: <ol style="list-style-type: none"> a. number of children without an individual case manager b. average case load for Child Safety Officers c. average frequency of case manager visits children received, and the longest and shortest time periods between visits d. the number of children with a care team and Aboriginal representatives on the care team (where appropriate) e. average frequency of care team meetings 	<p>Regarding the implementation of this recommendation, it is our experience that many of the children and young people we support in the NW don't have a Child Safety case worker, denying them access to critical support.</p> <p>We acknowledge that targeted initiatives to address these workforce shortages including providing incentives to improve workforce attraction and retention (e.g. market allowances) are being implemented. Further, we fear that a reliance on deprofessionalising qualifications of Child Safety Officers will affect the quality of service, and we believe considerable work is needed on the culture within Child Safety if there is truly to be improvements in workforce attraction and retention.</p> <p>We note that Laurel House expressed concerns with Minister Jaensch about the impact of these measures on the broader child and family services system including on non-government organisations like Laurel House, calling for a more comprehensive approach to workforce development across the whole system. We need to address this crisis with a whole of community, collective, cross agency, and cross sector response that spans the full professional pipeline to bring local people into local jobs. We have</p>

Rec #	Recommendation	Laurel House feedback
	<p>f. percentage of children with a current care plan.</p> <p>3. The Department should ensure these figures are published quarterly on its website.</p>	<p>provided more detail on such approaches to workforce planning elsewhere in this document as well as in our 2025-26 Budget Priorities Statement. We also note that the Tasmanian Family and Sexual Violence Alliance has sought funding in its 2025-26 Budget Priorities Statement to develop a Tasmanian FSV Sector 10-Year Workforce Development Strategy.</p> <p>Finally, we question the government's decision to outsource ARL services to non-qualified staff. This raises concerns about the quality and consistency of responses provided to victim-survivors, and we urge the government to reconsider how these services are staffed to ensure they meet the required standards of care and expertise.</p>
9.24	<p>1. The Tasmanian Government should increase funding for specialist trauma therapy services for children in care to ensure their needs are met.</p> <p>2. The Tasmanian Government should ensure the Child and Adolescent Mental Health Service's new specialist mental health service for children in out of home care is resourced to meet demand.</p>	<p>We note that the Commission of Inquiry report references the work of the Australian Childhood Foundation, the Child and Adolescent Mental Health Service and private psychologists and psychiatrists in relation to this recommendation. As a specialist sexual violence service that provides specialist trauma counselling for child sexual abuse and with projects focused on disability, we believe there is a need to undertake a more comprehensive mapping of how referrals are made for children in out of home care and in AYDC who have experienced CSA, and how our services work alongside other specialist trauma and mental health services. To date we have had no discussions with government about Laurel House's perspective or role.</p>
9.25	<p>The Department for Education, Children and Young People should improve placement stability and</p>	<p>We are aware of a number of relatively circumstances where carers have not been provided with sufficient information about a</p>

Rec #	Recommendation	Laurel House feedback
	<p>reduce the risk of sexual abuse of children in care by:</p> <ul style="list-style-type: none"> a. considering the views of the child or children about their out of home care placement b. using placement matching guidelines to aid placement decisions and support planning c. placing siblings together or maintaining sibling connection where safe to do so d. ensuring carers are aware of any history of abuse in relation to the child and the child's specific needs relevant to this e. introducing an intensive salaried or professional foster care model to allow children with challenging behaviours to remain in family-based care f. funding all placements (including kinship, foster, respite and residential care) to fully meet all the child's assessed needs to the extent these are not covered by other schemes (such as the National Disability Insurance Scheme and public health or education services). 	<p>child is care's the history of abuse and their specific needs in relation to this. This has been particularly troubling where details related to sibling sexual abuse has not been shared with foster carers in circumstances where siblings continue to have contact with each other.</p> <p>We also continue to on occasions experience challenges with getting information from Child Safety about the child's history of abuse where the child has been referred to Laurel House.</p>
9.26	The Department for Education, Children and Young People should ensure:	We are concerned that reforms in this area are not moving quickly enough to protect the most vulnerable of children, and that the

Rec #	Recommendation	Laurel House feedback
	<ul style="list-style-type: none"> a. each child is involved in developing their care plan b. each child’s care plan is informed by the holistic assessment (Recommendation 9.23) and the interests and aspirations of the child c. care plans include strategies to address identified risks of child sexual abuse, including the risk of harmful sexual behaviours and child sexual exploitation d. the care team reviews any risk assessments and management plans for child sexual abuse at least every six months, or more frequently if incidents occur or circumstances change such as when a new child joins the household. 	<p>advice of specialists who know children, their families and understand the dynamics of child sexual abuse are not being listened to.</p> <p>We note a recent situation where despite advice from school social worker and other service providers, including Laurel House, a child who was in care was returned to a family member where there was a risk of harm, and subsequently an allegation of abuse about that family member was received and investigated. It seemed in this instance that there was insufficient care planning and a failure in assessing risk which ultimately led to the young person from being subjected to further abuse.</p>
9.28	<ul style="list-style-type: none"> 1. The Department for Education, Children and Young People should establish a Harmful Sexual Behaviours Support Unit to support best practice responses to harmful sexual behaviours across the Department, including in schools, Child Safety Services, out of home care and youth detention. The unit should: <ul style="list-style-type: none"> a. provide advice, guidance, and support across the Department b. develop context-specific policies for all settings informed by the Tasmanian 	<p>Laurel House acknowledges the importance of establishing a Harmful Sexual Behaviours (HSB) Support Unit as outlined in the recommendation. We believe this initiative has the potential to drive significant improvements in the prevention, identification, and response to harmful sexual behaviours across critical sectors such as education, child safety, out of home care (OOHC), and youth detention. However, we wish to raise several considerations to ensure its success and effectiveness.</p> <p>Firstly, while we recognise the intent to create a unit informed by best practice, we are concerned that Laurel House, despite our</p>

Rec #	Recommendation	Laurel House feedback
	<p>Government's statewide framework and plan to address harmful sexual behaviours (Recommendation 21.8)</p> <p>c. work closely with the Quality and Risk Committee (Recommendation 9.5) to ensure systemic risks, practice issues and opportunities for improvement are identified.</p> <p>2. The Tasmanian Government should allocate additional funding to support responses to harmful sexual behaviours in out of home care and youth justice.</p> <p>3. The Harmful Sexual Behaviours Support Unit should develop detailed out of home care-specific policies, protocols and practice guidance to support best practice responses to harmful sexual behaviours in out of home care.</p> <p>4. The Department should ensure the advanced professional development for departmental staff in understanding and responding to harmful sexual behaviours (Recommendation 9.11) includes tailored professional development for both Child Safety Officers and carers, and is available to staff in relevant roles in schools and youth justice.</p> <p>5. The Department should ensure staff working in the Harmful Sexual Behaviours Support Unit are suitably experienced or undertake additional</p>	<p>expertise and extensive experience in delivering HSB programs, has not been sufficiently consulted or included in the planning or development of these efforts. As an organisation working directly with children, young people, and families affected by harmful sexual behaviours, our insights could contribute significantly to shaping the policies, protocols, and guidance this unit will develop. We strongly advocate for our inclusion in these processes to ensure they are informed by lived experiences and grounded in evidence-based therapeutic practices.</p> <p>We also emphasise the need for staff within the Harmful Sexual Behaviours Support Unit to possess specific qualifications and expertise. This should include advanced training in trauma-informed practices, therapeutic responses to HSB, and a deep understanding of the systemic and individual factors (e.g. a comprehensive knowledge of autism and ADHD) that can contribute to these behaviours. Staff should also demonstrate experience in working collaboratively with organisations like ours, ensuring alignment between policy development and on-the-ground practice.</p> <p>As previously mentioned, we have received feedback from OOHC providers highlighting the lack of funding to access critical programs such as Power to Kids. These programs, which address heightened risks of harmful sexual behaviours in OOHC settings, are essential for equipping carers and staff with the tools they need to prevent and respond to these behaviours effectively. Without adequate funding, organizations are unable to implement</p>

Rec #	Recommendation	Laurel House feedback
	<p>professional development to advance their knowledge in responding to harmful sexual behaviours.</p> <p>6. The Department should ensure Power to Kids or another program or approach with comparable components is implemented in government funded residential care homes as a supplementary strategy to address the heightened risk of harmful sexual behaviours (including child sexual exploitation and dating violence) in out of home care.</p>	<p>these evidence-based strategies, leaving significant gaps in the protection and support available to children and young people. We urge the government to allocate sufficient resources to ensure programs like Power to Kids, or equivalent approaches, are accessible to all organizations in need, especially those in OOHC and youth justice settings.</p> <p>Finally, we wish to underscore the urgent need for targeted professional development and training for all staff working in relevant roles, including Child Safety Officers, carers, and school staff. Tailored training that addresses the complexities of HSB, particularly in OOHC and youth detention contexts, must be prioritized. Laurel House also highlights the importance of addressing the needs of marginalised groups, such as LGBTQIA+ or disabled and neurodivergent children and young people, who are disproportionately at risk of child sexual abuse and harmful sexual behaviours in these settings</p> <p>We remain committed to supporting the development of robust, trauma-informed, and evidence-based responses to HSB and look forward to further opportunities to collaborate on this important work.</p>
12.1	The Tasmanian Government should close Ashley Youth Detention Centre as soon as possible.	Laurel House urges the setting of a clear and urgent timeline for the closure of AYDC. In the meantime, we highlight the critical nature of allowing us access to AYDC to provide education, training and support to staff and residents as outlined in relation to recommendations 12.21 and 12.3.

Rec #	Recommendation	Laurel House feedback
12.7	<p>The Tasmanian Government should:</p> <ol style="list-style-type: none"> a. develop measures to monitor and evaluate progress towards cultural change in youth detention and include these in the Outcomes Framework under the Youth Justice Blueprint and associated action plans b. include monitoring and evaluation of progress towards cultural change in youth detention in the Youth Justice Reform Governance Framework c. urgently begin data collection and monitoring of progress towards cultural change d. ensure there is an ongoing governance structure to oversee and monitor the functioning of the youth justice system, including the performance and culture of youth detention, beyond the implementation of the youth justice reforms e. fund the Department for Education, Children and Young People to immediately appoint a culture change manager at Ashley Youth Detention Centre reporting to the Centre Manager and whose role is to work with and support the Centre Manager to <ol style="list-style-type: none"> i. drive cultural change in youth detention 	<p>Laurel House has repeatedly sought to provide training and support to staff and residents at AYDC. Over the last 3 years, we have provided training to new staff on one occasion and to residents on another single separate occasion, both times in conjunction with SiSTas (Tasmanian Aboriginal Legal Service's family and sexual violence program). We have expressed our ability and willingness to visit fortnightly to build relationships with the children and young people and staff, and in doing so contribute to the culture change expressed in this recommendation. Despite these multiple approaches, we are yet to have received the go ahead from AYDC for visits to commence.</p> <p>Embedding Laurel House staff within AYDC would be an advantageous step in creating the cultural change necessary to keep children safe. The presence of Laurel House as an external, trauma-informed service reinforces a child-safe environment by ensuring that young people have access to confidential, specialist support and that disclosures of harm—whether past or present—are taken seriously and responded to appropriately.</p> <p>Regular engagement from our staff would normalise conversations about safety, consent, and respectful relationships, which are essential in challenging harmful attitudes and behaviours that contribute to abuse. It also acts as an accountability measure, demonstrating to staff and leadership that independent oversight and support are integral to ensuring children's wellbeing.</p>

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	<ul style="list-style-type: none"> ii. create a child safe organisation iii. establish a positive, collaborative and supportive working environment f. maintain the culture change manager position or function beyond the closure of Ashley Youth Detention Centre for as long as monitoring indicates there is a need for it. 	<p>Beyond direct support to young people, Laurel House could play a key role in training and educating AYDC, equipping them with the skills and awareness to identify risks, respond appropriately to disclosures, and foster a culture where safety and dignity are prioritised.</p> <p>Our staff being at AYDC would send a clear message that children’s safety is non-negotiable, contributing to the systemic change necessary to create an environment where harm is prevented, and victim-survivors feel believed and supported. In contrary, the continued roadblocks to the presence of Laurel House on site, signals a continued failure to prioritise child safety, transparency, and of the cultural change necessary to protect vulnerable young people from harm.</p>
12.8	<p>The Department for Education, Children and Young People should, in consultation with the new Commission for Children and Young People (Recommendation 18.6), develop an empowerment and participation strategy for children and young people in detention, having regard to best practice principles for children’s participation in organisations. The strategy should include:</p> <ul style="list-style-type: none"> a. the establishment of a permanent advisory group that <ul style="list-style-type: none"> i. includes children, young people and young adults up to the age of 25 years with previous experience of youth 	<p>We strongly advocate for Laurel House to be consulted in the development of this strategy, but this has not sufficiently been the case thus far in other initiatives under the Col recommendations. This strategy is critical to the include of LE in the implementation of the recommendations and this inclusion must start from the infancy of this process rather than at later stages.</p> <p>Our expertise in working with children and young people with lived experience of child sexual abuse (CSA) uniquely positions us to inform the design of mechanisms that prioritise trauma-informed, safe, and meaningful engagement.</p> <p>Additionally, Laurel House could act as a conduit for the Department to consult directly with children and young people on the development of this strategy. Our established trust and</p>

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	<p>detention in Tasmania, including Aboriginal people and people with disability</p> <ul style="list-style-type: none"> ii. has clear terms of reference developed in consultation with young people with experience of detention iii. enables its members to participate in a safe and meaningful way and express their views on measures to empower children and young people in detention (including the role and purpose of the Resident Advisory Group) and achieve cultural change in detention iv. meets regularly and is chaired by a person independent of the Department and attended by a senior departmental leader v. is adequately funded and resourced <p>b. a review of the Ashley Youth Detention Centre Resident Advisory Group to ensure it conforms with best practice principles for children’s participation and provides a safe forum for children and young people in detention to express their views, including on</p>	<p>rapport with young people who have experienced CSA enable us to facilitate their involvement in a way that ensures their voices are respected and their contributions are constructive.</p> <p>We also urge that members of the advisory group, particularly those with lived experiences of youth detention and intersecting vulnerabilities, such as CSA, be provided access to therapeutic supports. These supports should be delivered by specialist organisations, such as Laurel House, to ensure that participation does not inadvertently retraumatise members and that their well-being is prioritised throughout their involvement.</p> <p>While the establishment of an advisory group is a positive step, it is vital that the strategy extends beyond this format to avoid restricting engagement to a single forum. Advisory groups, while valuable, are not always inclusive or accessible for all children and young people, especially those with diverse needs and lived experiences. To ensure comprehensive engagement, the strategy should consider additional forums such as:</p> <ul style="list-style-type: none"> • One-on-one consultations with children and young people, guided by trauma-informed practitioners, to provide safe spaces for those who may not feel comfortable speaking in a group setting. • Creative expression workshops (e.g., art, storytelling, or digital media) that allow young people to share their experiences and perspectives in non-verbal and empowering ways.

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	<p>measures to achieve cultural change in detention, without fear of reprisal</p> <p>c. a consultation forum for children and young people in any youth detention facility that replaces Ashley Youth Detention Centre</p> <p>d. mechanisms to ensure children and young people in detention are aware of their rights</p> <p>e. regular monitoring and evaluation of the effectiveness of the empowerment and participation strategy.</p>	<ul style="list-style-type: none"> • Peer-led engagement sessions, where young people with similar experiences facilitate discussions, helping participants feel understood and validated. • Anonymous surveys or feedback tools, ensuring input can be collected from those who may not wish to participate in formal meetings or groups. • Culturally safe spaces specifically designed to meet the unique needs of Aboriginal children and young people and others from marginalized or disproportionately affected groups. <p>Engaging organisations like Laurel House in the evaluation process will further strengthen the initiative's impact.</p> <p>We look forward to opportunities to collaborate on this strategy and to contributing our expertise both as advisors and facilitators for meaningful consultation with children and young people, ensuring their empowerment and participation are both impactful and transformative.</p>
12.21	<p>The Tasmanian Government should ensure children and young people in detention (including on remand):</p> <p>a. receive a mental and physical health assessment on admission to the detention facility, and when needed while in detention</p> <p>b. have access to 24/7 medical care</p>	<p>As noted above, Laurel House has attempted on numerous occasions to provide education, training and support to staff and residents as AYDC and, although meeting twice, numerous emails and calls to discussing and implement (begin) the ongoing support we could provide, AYDC will not collaborate or respond.</p> <p>We are also unclear if AYDC residents are able to call the Laurel House 24-hour crisis line or if residents are informed during their initial assessment or follow up care about the availability of Laurel</p>

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	<p>c. have a say in their mental and physical health care.</p>	<p>House counsellors, including to visit them for counselling or support on site at AYDC. We have not received a single referral for counselling support for a resident of AYDC from staff at AYDC since the conclusion of the CoI, despite repeated reminders to AYDC management.</p>
12.30	<ol style="list-style-type: none"> 1. The Harmful Sexual Behaviours Support Unit (Recommendation 9.28) should develop detailed youth justice-specific policies, protocols and practice guidelines to support best practice responses to harmful sexual behaviours in youth detention and other residential youth justice facilities. 2. All incidents of harmful sexual behaviours in youth detention or other residential youth justice facilities should be reported to: <ol style="list-style-type: none"> a. the Harmful Sexual Behaviours Support Unit to enable data on harmful sexual behaviours in youth detention and other residential youth justice facilities to be included in the Department for Education, Children and Young People’s monitoring and oversight of harmful sexual behaviours through the new Quality and Risk Committee (Recommendation 9.5) 	<p>Laurel House encourages that these policies should take an intersectional approach to understanding harmful sexual behaviours (HSB), considering the higher rates of incarceration for marginalised children and young people (CYP), such as those from Aboriginal, neurodivergent, and lower SES backgrounds. It is crucial that the policies address the unique vulnerabilities of these groups in youth detention settings. Laurel House should be consulted and involved in the development of these policies given are deep expertise in working in the space of HSB but this has not been the case thus far.</p> <p>Regarding the reporting of incidents, we advocate for transparent data sharing with organisations like ours, which are equipped to provide support and have valuable expertise in addressing harmful sexual behaviours. Ensuring that this data is made available would enable us to better understand trends, advocate for targeted interventions, and improve community-wide responses to the issue.</p> <p>Additionally, when considering the implementation of programs like Power to Kids, we urge that these programs be appropriately funded and widely accessible to the youth justice system. These</p>

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	<p>b. the Commission for Children and Young People (Recommendation 18.6).</p> <p>3. The Department should explore the potential to implement Power to Kids (or another program or approach with comparable components) in youth detention and other residential youth justice facilities as a supplementary strategy to address the heightened risk of harmful sexual behaviours in those settings and take a proactive approach to prevention.</p> <p>4. The Tasmanian Government should ensure measures are in place to facilitate timely access to specialist therapeutic interventions for children in youth detention displaying or harmed by harmful sexual behaviours. Where treatment is likely to extend beyond their custodial sentence this should be provided by a clinician external to the detention centre who can continue the treatment after the child is released from detention.</p>	<p>programs should draw on best practices from existing HSB programs.</p> <p>As stated above, the part of this recommendation that indicates that “The Tasmanian Government should ensure measures are in place to facilitate timely access to specialist therapeutic interventions for children in youth detention displaying or harmed by harmful sexual behaviours” has, in our experience, consistently not been possible. Laurel House has attempted on numerous occasions to provide such therapeutic support to residents at AYDC and, communications to discuss the ongoing support we could provide, AYDC will not collaborate or respond.</p> <p>We are deeply concerned about the impacts that depriving these vulnerable children and young people the support they need will have on their immediate and long-term wellbeing. Should we eventually gain access to providing these services – and this must be an urgent priority, we anticipate that where therapeutic services are required beyond custodial sentences, that warm handovers should be given to services like ours to ensure a continuity of support.</p>
15.10	<p>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</p>	<p>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</p>

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	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.	culturally diverse backgrounds and those who are disabled or neurodivergent.
15.19	<p>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.</p> <p><i>Please note: the recommendation includes a number of points that should be included in a response plan that have not been included here.</i></p>	<p>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.</p>
16.3	<p>Tasmania Police should review its professional development on child sexual abuse to ensure:</p> <ul style="list-style-type: none"> a. all police are trained in <ul style="list-style-type: none"> 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 	<p>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.</p>

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	<ul style="list-style-type: none"> b. child sexual abuse specialist detectives are trained in <ul style="list-style-type: none"> 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. 	<p>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.</p> <p>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.</p>
16.6	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 	<p>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.</p>

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	<p>examination services exist, suitably qualified local health professionals are trained and supported to conduct forensic medical examinations for child sexual abuse.</p> <p>2. At a minimum, the training should include:</p> <ol style="list-style-type: none"> a. an external, recognised qualification in forensic medical examinations b. external recognised training in sexual abuse care for children. 	<p>We implore that further action is needed urgently to address the dire state of access to these critical services.</p> <p>In addition to the recommendations laid out in 16.6, we suggest the following also be prioritised.</p> <ul style="list-style-type: none"> • 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. • 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

Rec #	Recommendation	Laurel House feedback
		<ul style="list-style-type: none"> • 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.
16.7	<p>Tasmania Police should:</p> <ol style="list-style-type: none"> 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 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. 	<p>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.</p> <p>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</p>

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		reservations are being addressed, and how the approach of the panel will be modified to address the specific nuances of child sexual abuse.
16.58	<ol style="list-style-type: none"> 1. The Office of the Director of Public Prosecutions should provide ongoing professional development to staff on child sexual abuse, including: <ol style="list-style-type: none"> 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. 	<p>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.</p>

Rec #	Recommendation	Laurel House feedback
16.10	<ol style="list-style-type: none"> 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. 	<p>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.</p> <p>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.</p>
16.17	<p>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:</p> <ol style="list-style-type: none"> 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. 	<p>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 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.</p>
21.2	<ol style="list-style-type: none"> 1. The Tasmanian Government should conduct an independent process and outcomes evaluation 	<p>The Tasmanian Government is currently transitioning the Arch centres from the pilot program to the permanent phase after the</p>

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	<p>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:</p> <ol style="list-style-type: none"> 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. <p>2. The evaluation and data outcomes framework should include outcome measures for adult and child victim-survivors of child sexual abuse and</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>We urge this to be amended to provide sufficient permanent funding to address these gaps. For more detailed information, please see Laurel House’s 2025-26 Budget Priority Statement.</p>

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	<p>children who have experienced or displayed harmful sexual behaviours.</p> <p>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.</p>	<p>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.</p>
21.3	<p>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:</p> <ul style="list-style-type: none"> 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 	<p>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).</p> <p>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</p>

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	<ul style="list-style-type: none"> c. share evidence and experience d. develop or identify practice standards for sexual assault services and interventions for child sexual abuse and harmful sexual behaviours e. coordinate service delivery for victim-survivors f. advocate for improvements in the sexual assault service system. <p>2. This peak body for the sexual assault service system should be distinct from, but work in cooperation with, a family violence peak body.</p>	<p>comprehensive needs of these diverse groups, and to provide meaningful advice to government and support to the sector/s.</p> <p>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.</p>
21.4	<p>1. The Tasmanian Government should increase the funding for free or low-cost sexual assault counselling services to:</p> <ul style="list-style-type: none"> 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. <p>2. The Department of Premier and Cabinet should adopt strategies to increase the number of</p>	<p>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.</p> <p>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</p>

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	<p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>

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		<p>the elderly cohort affected by sexual harm, including the specific needs of aged care residents with a history of sexual trauma.</p> <p>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.</p> <p>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.</p> <p>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</p>

Rec #	Recommendation	Laurel House feedback
		<p>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.</p> <p>For more detailed information, please see Laurel House's 2025-26 Budget Priority Statement, and the Tasmanian Family and Sexual Violence Alliance 2025-2026 Budget Priority Statement.</p>
21.6	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 	<p>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 Col 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.</p> <p>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</p>

Rec #	Recommendation	Laurel House feedback
	<p>Disability Commissioner, community groups and representative bodies.</p>	<p>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.</p> <p>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.</p>

Further Comments

While not related to a specific recommendation, we would like to raise concerns regarding somewhat recent changes to policies around visiting services in schools, which have had a significant impact on organisations like Working It Out and Laurel House. While we understand the intention behind these changes, we have encountered challenges in navigating these new procedures. We frequently find ourselves in difficult conversations with schools—often with the support of school social workers—about the necessity of Laurel House visiting a child at school to provide essential therapeutic support. This has highlighted the need for a review of the policy, in consultation with community organizations that provide school-based services. It is crucial to ensure that these policies do not inadvertently create barriers to children accessing the services they need. We recommend a review that addresses the potential negative impacts and works toward improvements that uphold children’s rights and ensure their needs are met. Specifically, policies should be designed to prevent the biases of individual school leaders from obstructing access to vital services, ensuring that children can receive the support they require in a timely and appropriate manner.

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.

We again reiterate that the Tasmanian Family and Sexual Violence Alliance has sought funding from the 2025–2026 Tasmanian Budget for a Tasmanian FSV Sector 10-Year Workforce Development Strategy that will directly address Tasmania’s commitments via the Australian Women and Women’s Safety Ministerial Council, and directly respond to the Rapid Review of Prevention Approaches (2024) and multiple recommendations of the Col. One of the three priority areas for action agreed by Australian and State/Territory Ministers on 22 November 2024 is to “...build the specialist FDSV workforce and to expand workforce capability of other services and sectors”.

Finally, we are hopeful that the Sessional Committee will provide feedback to the Government about the need to provide more detailed feedback to the community about their progress on the implementation of the Commission of Inquiry Recommendations. We note that to date very limited detail has been provided via the [Immediate Change: Recommendation to be implemented by 1 July \(Phase 1\) report](#),

and the further progress issued for the [status period 1 July 2024 to 31 October 2024](#) did not provide any useful information. We note that the dashboard provided on the Keeping Children Safe does not provide sufficient information to help victim-survivors and the community to understand the extent to which the Recommendations have been implemented, nor the effectiveness of their implementation. We have been told by Government that improvements are forthcoming, and we are hopeful that they these improvements will meet the expectations of the community, especially victim-survivors.

Submission ends



Laurel House

SEXUAL ASSAULT SUPPORT

COUNSELLING • EDUCATION • ADVOCACY • CHANGE

Budget Priorities Statement

2025-26 State Budget Community Consultation

22 December 2024



Laurel House
SEXUAL ASSAULT SUPPORT
COUNSELLING • EDUCATION • ADVOCACY • CHANGE



Acknowledgement of Country

Laurel House acknowledges and pay respect to the palawa, who are the Traditional Custodians of the land and waters of lutruwita. We pay respects to Elders past and present. We particularly acknowledge the resistance and resilience of those Aboriginal people who have experienced sexual violence.

Acknowledgement to Victim-Survivors

Laurel House also honour and acknowledge the victim-survivors of child sexual abuse and other forms of sexual violence. We recognise the immense strength it takes to confront and heal from these traumatic experiences. We commit to amplifying your voices, advocating for change, and standing side by side on the path to healing and recovery.

Disclaimer:

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About Laurel House

Laurel House is a not-for-profit, community-based sexual assault support service based in North and North-West Tasmania. Laurel House provides a range of trauma-informed, evidence based, therapeutic services to victim-survivors of sexual assault, their families and supporters. We also develop and deliver a broad range of programs to adults, young people and children including the provision of therapeutic face-to-face counselling at our centres located at Launceston, Devonport and Burnie and through outreach locations across the North and North-West Tasmania, and 24/7 telephone support and assistance with accessing police and forensic medical processes.

Laurel House partners with the Tasmanian Government in the delivery of the Arch Centres (multidisciplinary centres for victim-survivors of sexual harm) with the Northern Arch Centre opened in 2023 and the North-West Arch Centre currently under development.

Laurel House delivers the PAST (Prevention, Assessment, Support and Treatment) Program for children and young people (aged 17 years and under) who have displayed harmful sexual behaviours in North and North-West Tasmania.

Our team also provides community education and other capacity building programs focused on the prevention of sexual harm and on supporting parents, carers and service providers to better respond to disclosures of sexual violence.

Laurel House plays a key role in policy and advocacy work to improve the lives and safety of victim-survivors and the Tasmanian community. This includes our Laurel House Expert Advisory Panel for Youth (LEAPY) which is a program that provides victim-survivors aged 12 to 18 years with an opportunity to advocate and drive change, and our Policy and Advocacy Committee comprised of a diverse group of experts from practice, research, policy and lived experience.

Contact:

Kathryn Fordyce

Chief Executive Officer

Web: www.laurelhouse.org.au

Executive Summary

Laurel House welcomes the opportunity to provide a written submission to the 2025-26 (FY26) State Budget Community Consultation.

Laurel House is committed to playing a leading role in supporting the Tasmanian Government's response to:

- the findings of the Commission of Inquiry into Tasmanian Government Responses to Institutional Child Sexual Abuse ("the Commission of Inquiry")
- the development and implementation of Change for Children - Tasmania's 10-year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse ("Change for Children") and its associated action plans,
- the implementation of Survivors at the Centre - Tasmania's Third Action Plan for Family and Sexual Violence 2022-2027 ("Survivors at the Centre"),
- the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 ("the CSA National Strategy"), and
- the National Plan to Eliminate Violence Against Women and Children 2022-2032 ("the National Plan").

To assist in Tasmania's responses to the above, we seek commitments in five areas - Therapeutic and Support Services, Arch Multidisciplinary Centres, Harmful Sexual Behaviour Services, Primary Prevention Education, and Forensic Medical Examinations.

We have recommended longer-term investment in Laurel House services through five-year funding to provide greater financial stability, enable long-term planning, and ensure sustainability. This extended funding would allow us to focus on building meaningful relationships, improving services, without the constant pressure of annual funding uplifts and short-term funding agreements.

Longer funding cycles also reduce administrative burdens, allowing more resources to be directed towards our core work—supporting victim-survivors of sexual violence. Additionally, it helps address specific challenges in relation to our workforce shortage by making jobs more attractive, enabling us to invest in recruiting the right people, training and retaining skilled staff, and building a committed workforce, ultimately leading to better service and community impact.

1 Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings Final Report

2 Change for Children Draft Strategy and Action Plan

3 Survivors at the Centre Family and Sexual Violence Action Plan 2022-2027

4 National Strategy to Prevent and Respond to Child Sexual Abuse

5 National Plan to End Violence against Women and Children 2022-2032 (dss.gov.au)

ONE: Therapeutic and Support Services

- \$24.43 million for FY26 to FY30 for the delivery of therapeutic supports to victim-survivors of child sexual abuse and other forms of sexual violence North and North West Tasmania. This includes \$150,000 for FY26 to undertake a scoping project that models various scenarios and predicts future demand and funding needs.

TWO: Arch Multidisciplinary Centres

- \$6.08 million for FY26 to FY30 to provide therapeutic and support services in the Arch North and North West to fund staff requirements of the current service agreement, and match the higher staffing we provide to meet the increasing demands for services since the opening of the Northern Arch and that which we anticipate in the Western Arch when it opens in FY26.

THREE: Harmful Sexual Behaviour Program

- \$7.83 million for FY26 to FY30 to continue and strengthen the delivery of programs to prevent and respond to problematic and harmful sexual behaviours in North and North West Tasmania. Additional investment will strengthen the delivery of primary prevention, early intervention and therapeutic supports for children and young people who have engaged in harmful sexual behaviours across North and North West Tasmania, and to provide support and education for the parents/caregivers, schools, teachers and others.

FOUR: Primary Prevention Education

- \$6.08 million for FY2026 to FY30 to increase the reach of education programs including Laurel House's consent and respectful relationships programs, and All Come out to Play. These programs play a key role in primary prevention efforts, educating schools, communities, and organisations in North and NW Tasmania.

FIVE: Forensic Medical Examinations

- \$200,000 for a pilot project in FY26 to systematically explore and make recommendations for how forensic medical examination access can be equitable, accessible, and consistent across the state in all metropolitan, regional, rural, and remote areas to address the current dire shortfall.

ONE: Therapeutic and Support Services

We seek a commitment to convert the additional funding provided in FY25 by the Tasmanian Government and other funding provided by the Federal Government in FY23-FY26 to core funding for Laurel House for the delivery of therapeutic supports to victim-survivors of child sexual abuse and other forms of sexual violence North and North West Tasmania. We also request \$150,000 for FY26 to undertake a scoping project that models various scenarios and predicts future demand and funding needs. **Requested – \$24.43 million for FY26 to FY30.**

Over recent years, victim-survivors, their families, supporters and others affected by sexual harm have benefited from the additional uplift in service capacity due to the Tasmanian Government investment in Laurel House. In FY24, Laurel House received \$600,000 and \$1.77 million in FY25 in addition to our core funding and National Partnership Agreement funding to assist in meeting Commission of Inquiry recommendations (21.1, 21.2, 21.4, 21.6), including to reduce waitlists for therapeutic services by 30 June 2026.

This investment has allowed Laurel House to increase delivery of therapeutic services including the addition of a brief intervention model from our offices in Launceston, Burnie and Devonport and from outreach locations across regional and remote North and North West Tasmania. In 2025, this investment will see an increased range of peer support and group programs being offered across Northern Tasmania, including online offerings. Additionally, this investment has allowed us to expand our delivery of community education including primary prevention and early intervention initiatives. We have seen an increase in community understanding of the work Laurel House does to support all genders, sexualities, ages, abilities and cultures whether their experience of sexual harm was recent or historical. In turn, these efforts combined with the increase in community awareness of child sexual abuse and sexual violence due to the Commission of Inquiry, the Australian Child Maltreatment Study, campaigns focused on violence against women, and other media and reviews, was seen an increase in demand for our services.

While we value and are grateful for the investment in our services, the one-off nature of funding agreements provided in FY23, FY24, and especially in FY25 creates significant barriers to effective workforce and organisational planning that will ensure that victim-survivors, their families and supporters receive the services they need in a timely manner, and that waiting times for therapeutic services are reduced.

Continued increased funding provided over the forward years (where increased investment is included in our core funding agreement) will provide:

- a stabilised workforce,
- a continuation of the sustained uplift in the capacity of Laurel House to meet current and increased demand for services with highly skilled staff and contemporary practice, and
- more timely access to specialist services for victim-survivors, family and caregivers, and bystanders who have been impacted by sexual violence or child sexual abuse.

This includes:

- Individual therapeutic counselling, psychoeducation and other supports,
- Group therapeutic programs including counselling, psychoeducation and other supports,
- Social integration models of support for people on the waitlist or exiting the service,
- Peer support groups and other peer programs,
- Child and family specific supports,
- Specialist programs and considerations relevant to priority groups including Aboriginal people, people with disability, people with mental illness, LGBTIQ+ people, people from culturally and linguistically diverse communities, men and older persons,
- Increased capacity to support University of Tasmania and other student work experience placements for relevant allied health students contributing to the development of the future Tasmanian workforce.

Sustained funding at the requested increased level will support Laurel House to reduce waiting times to the target set by the Commission (21.4) of no longer than four weeks with improved accessibility of services across regional and remote areas in North and North West Tasmania.

We are also seeking an additional one-off investment to fund collaboration with the State Government to better understand and plan for future service demand. It is currently uncertain whether existing funding will be sufficient to meet the goal of reducing the waitlist to four weeks by 2026, as potential growth in demand has been difficult to predict. Laurel House proposes a partnership with the government to conduct detailed scoping and forward-looking planning to assess future demand for our services. This includes funding of \$150,000 to model various scenarios and predict future needs, enabling both parties to make informed decisions about resource allocation and long-term strategy. This collaboration would ensure that appropriate investments are made to meet the growing demand for services while maintaining high-quality care.

Funding Source	2024-25 (FY25) Current Year	2025-26 (FY26) Year 1	2026-27 (FY27) Year 2	2027-28 (FY28) Year 3	2028-29 (FY29) Year 4	2029-30 (FY30) Year 5	Total FY26 to FY30 (Year 1 to Year 5)
	Confirmed indexation: 3.5%	Announced indexation: 3.0%	Announced indexation: 3.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	
Core Funding (including indexation)	\$2,148,441	\$4,035,994	\$4,597,494	\$4,827,369	\$5,068,737	\$5,322,174	\$23,851,768
Funding Uplift	\$1,770,000	Included in core	Included in core	Included in core	Included in core	Included in core	Included in core
National Partnership Agreement	\$415,138	\$427,592 (confirmed)	Included in core	Included in core	Included in core	Included in core	\$427,592 for FY26 then included in core
Service Demand Project and findings	N/A	\$150,000	TBC based on project findings	TBC based on project findings	TBC based on project findings	TBC based on project findings	\$150,000 for FY26 only at this stage
Total	\$4,333,579	\$4,463,586	\$4,597,494 plus increase based on service demand project findings	\$4,827,369 plus increase based on service demand project findings	\$5,068,737 plus increase based on service demand project findings	\$5,322,174 plus increase based on service demand project findings	\$24,429,360 plus increase based on service demand project findings

TWO: Arch Multidisciplinary Centres

We seek a commitment to increase funding to provide therapeutic and support services in the Arch North and Arch North West to fund staff requirements of the current service agreement, and match the higher staffing we provide to meet the increasing demands for services since the opening of the Northern Arch and that which we anticipate in the Western Arch when it opens in FY26. **Requested - \$6.08 million for FY26 to FY30.**

Arch provides a safe space where people can get information and support when affected by sexual violence. At Arch, multi-disciplinary services and organisations that support people affected by sexual harm 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). However, the current funding agreement (utilising National Partnership Agreement funds) for the Arch North of \$500,000 for FY24 and FY25, and the \$250,000 provided in FY25 for the Arch North for the Arch North West is grossly insufficient and does not provide the surety of funding that we had hoped following the Rockliff Government's announcement that the Arch Centres (including the NW Arch) would be permanently funded.⁶

Laurel House has advocated since before Arch North (and Arch South) opened in 2024 that the current investment is severely 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.

The recent announcement of permanent funding for the Arch and the lines in the recent State budget do not include the funding for external specialist sexual assault services, indicating that this is dependent on our National Partnership Agreement Funding. 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. Victim-survivors, whether through Laurel House directly or through the Arch centres, deserve better.

⁶ Supporting Tasmanian Women Announcement | Premier of Tasmania

Since the opening of the Arch, demand for support from victim-survivors has steadily increased. Laurel House is seeking an investment of \$6.08 million over the next five years to enable us to continue to provide this essential higher level of specialist support in an ongoing and sustainable way. This investment would include:

- staffing requirements of the current service agreement
- backfill for when these staff are on leave or professional development
- a senior counsellor on-site at each Arch Centre
- senior management support and oversight
- and extra staffing as required in response to demand.

	2024-25 (FY25) Current Year	2025-26 (FY26) Year 1	2026-27 (FY27) Year 2	2027-28 (FY28) Year 3	2028-29 (FY29) Year 4	2029-30 (FY30) Year 5	Total FY26 to FY30 (Year 1 to Year 5)
	Confirmed indexation: Nil	Announced indexation: Nil	Announced indexation: 3.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	
Arch North	\$250,000	\$558,822	\$575,587	\$604,366	\$634,584	\$666,313	\$3,039,672
Arch NW	\$250,000	\$588,822	\$575,587	\$604,366	\$634,584	\$666,313	\$3,039,672
Total	\$500,000	\$1,117,644	\$1,151,174	\$1,208,732	\$1,269,168	\$1,332,626	\$6,079,344

THREE: Harmful Sexual Behaviours Program

We seek a commitment to extend the additional funding provided in 2024-25 for the delivery of the harmful sexual behaviour services inclusive of primary prevention, early intervention and therapeutic supports. **Requested - a five year \$7.83 million agreement for FY26 to FY30.**

Currently Laurel House provides the Prevention, Assessment, Support and Treatment of Harmful Sexual Behaviours (PAST) Program in the North and North West of Tasmania. The program delivers therapeutic intervention, assessment and case management, in partnership with Mission Australia, and the Sexual Assault Support Service (SASS).

This specialist harmful sexual behaviour (HSB) program currently provides therapeutic responses, early intervention and primary prevention programs to children, young people and the community to:

- Improve understanding of, and responses to, children and young people who display harmful sexual behaviours.
- Proactively engage and work with young Tasmanians at risk of causing harm to either themselves or other children, to promote prosocial, respectful relationships and healthy intimacy. This includes individuals and groups of children that are at greater risk of displaying or being affected by harmful sexual behaviours (e.g. children with disabilities, those exposed to family violence or other childhood trauma, children who have been in out-of-home care).
- Proactively engage and provide education to school staff, parents, caregivers, and families to ensure caregivers, staff in schools, community counselling and youth specific services are confident to identify HSB and refer to appropriate services.
- Support parents, caregivers and service providers to understand and have conversations about age-appropriate sexual development, how to identify when behaviours sit outside of what is typical, and how and when to seek specialist assistance.
- Reduce the likelihood of adult offending.

We are seeking ongoing and increased funding of \$7.83 million over 5 years to Laurel House to deliver the harmful sexual behaviour services in the North and North West Tasmania. We request a five-year agreement that allows for funding and operational certainty that allows for the development of the service and workforce to meet growing demand for services. This investment provides an increase in staffing, both educators and therapeutic specialists/counsellors and case management staff, that (as per the Commission of Inquiry recommendation 21.8) will allow Laurel House to:

- provide therapeutic services that can be accessed in a timely manner,

- ensure access to therapeutic services to all children who need them regardless of their age, identify or location in the state (including in youth detention),
- ensure specialist interventions for children with disability,
- reduce waitlists for therapeutic treatment for children who have displayed abusive or violent harmful sexual behaviours and their families, making it increasingly more likely to meet the recommendation in the Commission of Inquiry of wait times no more than two weeks.
- provide advisory support for child-facing organisations, such as schools, childcare, disability and at-risk youth services,
- contribute to the statewide plan for preventing harmful sexual behaviours.

Further, this funding will allow Laurel House to develop the harmful sexual behaviour specialist workforce in North and North West Tasmania, noting the significant workforce shortages across the nation.

In alignment with research, our work with communities and organisations tells us that there is an increasing need for our specialist harmful sexual behaviour services. This need has been repeatedly articulated by educators and staff in both primary and high schools, disability organisations and other service providers, specifically regarding management of the increase in peer-to-peer assaults. This investment will allow us to increase the therapeutic specialists/counsellors across the North and NW regions at a level that is proportionate to the rising demand. Further, this investment would allow us to continue and expand the education and early intervention response that is essential to address this multifaceted issue, including to support parents, caregivers, schools and other service providers to understand age-appropriate sexual development, identify and intervene when problematic sexual behaviour is exhibited, and to respond and make appropriate referrals to Laurel House where the behaviour is harmful and a specialist response is needed.

	2024-25 (FY25) Current Year	2025-26 (FY26) Year 1	2026-27 (FY27) Year 2	2027-28 (FY28) Year 3	2028-29 (FY29) Year 4	2029-30 (FY30) Year 5	Total FY26 to FY30 (Year 1 to Year 5)
	Confirmed indexation: Nil	Announced indexation: Nil	Announced indexation: 3.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	
Total	Circa \$770,000 (Proportion of \$1,823,000 provided to SASS and LH, and some carry forward from FY24)	\$1,439,579	\$1,482,766	\$1,556,905	\$1,634,750	\$1,716,487	\$7,830,487

FOUR: Primary Prevention Education

We seek a commitment for additional funding to increase the reach of our education programs including consent and respectful relationships and All Come out to Play. These programs play a key role in primary prevention efforts, educating schools, communities, and organisations in North and NW Tasmania. **Requested - \$6.08 million for FY26 to FY30.**

A necessary part of an effective therapeutic service are activities that raise awareness of the service, what we do, how to access our services (referral pathways), and who we serve. This happens through Laurel House's education and training programs across primary and high schools, communities, and organisations in North and NW Tasmania. These programs provide frank, fearless information and spark important and thoughtful discussions about issues like gender roles, consent, respectful relationships, sexual violence and the impact of sexual harm. In addition to being a referral pathway for victim-survivors or children and young people using harmful sexual behaviours, our schools program and All Come Out to Play are a key part of Laurel House's primary prevention efforts – getting to the root cause of the perceptions that drive behaviours related to sexual violence.

We are seeking investment to sustain and grow the reach of two of our key education programs, specifically:

Schools program: Delivered in partnership with Women's Legal Tasmania and in an age-appropriate manner, this program covers the topics of respectful relationships, gender stereotypes, drivers of violence towards women, changes in laws and social attitudes and use of technology, consent, sexual harassment, media and social media, critical thinking analysis skills, pornography, and active bystander intervention. This is a whole of school program that includes an education session with whole of school staff, a session for parents and caregivers, as well as the sessions for students. To deliver this respectful relationships and consent education in a trauma-informed and actively engaging way is resource intensive and feedback from teachers and students tells us that these messages are best facilitated by specialist sexual violence services, and reinforced by school staff in their incidental interactions and through the curriculum. Currently, schools pay a fee for us to deliver this program. At times, we deliver this pro bono for schools who cannot afford the fees or at reduced rates, which limits the other community education and awareness raising we can do. To ensure equitable access for all children to have contemporary consent and healthy relationships education, we are seeking funding for these fees to be subsidised by State Government. This will reduce the misinformation and quality variation we hear reported when such content is delivered by school staff.

We are seeking \$2.36 million over five years in funding to subsidise the delivery fees of this education program across schools in the North and NW. This includes funding for delivery costs and travel costs for regional and remote locations.

All Come Out to Play: In partnership with Laurel House, Women's Legal Services Tasmania, Playgroup Tasmania, and Happy Habits, this program aims to prevent gendered and sexual violence by engaging young children and their parents/caregivers. It encourages parents to be alert to the stereotypes and messages that children may experience through their modelling and interactions, disrupts intergenerational cycles of violence, and fosters respectful relationships and gender equality through movement, music, storytelling, and performance. Further, playgroups and early childhood settings offers a safe space for victim-survivors to learn about support options and service pathways without the perpetrator.

We are seeking \$625,000 (\$125,000 per year over five years) in funding to deliver the ACOTP program to 65+ playgroups and early learning centres across Tasmania regularly. This includes funding for delivery costs and travel costs for regional and remote locations.

We are also seeking a \$2.92 million over five years investment to sustain the delivery and grow the reach of our other education programs, including:

Parent and caregiver groups in the community: Covers topics including protective strategies to empower parents to maximise safety for children and provides tools and resources for parents and carers of children to be better equipped to have conversations with children about consent, discuss image-based abuse, child sexual exploitation material, and grooming. These groups also provide supportive environments for children to disclose and get assistance.

Community Conversations: Tailored consent and relationships education appropriate to a wide range of community groups such as carers, school health nurses, community service and health organisations including disability, mental health, aged care organisations, child-care workers, sporting clubs, and community groups. These trainings include discussion on what is sexual violence, what is consent, what is grooming, gender stereotypes and myths about sexual violence, prevalence of sexual violence, how to recognise and respond to a disclosure, and where to get help and report.

Higher education in universities and TasTAFE: Delivered to students and lecturers to challenge gendered stereotypes, educate about what is sexual violence and sexual harassment, what is consent, prevalence and impacts of sexual abuse, image-based abuse, recognise and respond to a disclosure, and how this knowledge might apply to the profession they are studying for.

Implementation of the Child and Youth Safe Organisations Framework: Intended for all who are mandated to implement the framework and who need support to build within their group a general understanding of what it means and what their obligations might be, what actually constitutes sexual violence and/or grooming, how to recognise sexual harm and respond to disclosures, and where to seek help and support.

Tailored sessions focused on the impact of sexual violence on marginalised groups: General education content with a focus on the experience and data related to those in marginalised groups (e.g. LGBTIQ+ community, people with disability). Addresses intersections of sexism, ableism, homophobia, transphobia, binary approaches and cisnormativity, looks at preventative strategies, responding to disclosures and managing self-care and vicarious trauma.

Laurel House offers education in outreach locations in rural, regional, and remote areas of northern Tasmania. Part of this investment would be allocated to extending both our time in the regions and locations of educational outreach to ensure no community is left behind in their access to these learning opportunities.

Funding Source	2024-25 (FY25) Current Year	2025-26 (FY26) Year 1	2026-27 (FY27) Year 2	2027-28 (FY28) Year 3	2028-29 (FY29) Year 4	2029-30 (FY30) Year 5	Total FY26 to FY30 (Year 1 to Year 5)
	Confirmed indexation: 3.5%	Announced indexation: 3.0%	Announced indexation: 3.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	Assumed indexation: 5.0%	
Schools Program	N/A	\$434,178	\$447,203	\$469,564	\$493,042	\$517,694	\$2,361,681
All Come Out to Play	N/A	\$146,204	\$150,590	\$158,120	\$166,026	\$174,327	\$795,267
Education Programs	N/A	\$537,525	\$553,650	\$581,333	\$610,400	\$640,920	\$2,923,828
Total	N/A	\$1,117,907	\$1,151,443	\$1,209,017	\$1,269,468	\$1,332,941	\$6,080,776

FIVE: Forensic Medical Examinations

We seek a commitment for a pilot project to systematically explore and make recommendations for how forensic medical examinations access can be equitable, accessible, and consistent across the state in all metropolitan, regional, rural, and remote areas to address the current dire shortfall and allow pathways to justice for victim-survivors. **Requested - \$200,000 for FY26.**

A forensic medical examination (FME) is a physical examination carried out by a specially trained doctor or nurse (a 'forensic examiner') to gather evidence of a sexual assault or rape for the purpose of facilitating access to justice.

According to the Tasmanian Health Service, every victim survivor of sexual assault "...has the right to immediate, compassionate and comprehensive medical-forensic evaluation and treatment by specifically trained professionals who have the skills and experience to anticipate and respond to their needs during the recent assault response."

FMEs in Tasmania are a free service only provided at the Royal Hobart Hospital, Launceston General Hospital and the NW Regional Hospital. Rosters for hospitals are coordinated such that, ideally, there are forensic examiners on call to conduct FMEs 24/7. In practice, this is not the reality and, particularly in the NW, there are regularly gaps in staff availability - including gaps longer than 24hours which is the recommended time within which an FME should be conducted after a sexual assault. FME requests have grown exponentially over the last three years in this region, yet the resourcing has not. Calls for improvements to the state of the current FME process have been made both in Tasmania and elsewhere, including in the recent Commission of Inquiry, the National Plan, and Tasmania's Survivors at the Centre strategy.

Despite these calls for improvement, no clear strategic directives exist on best practice approaches to ensuring all victim-survivors have 24/7 access to FMEs, especially for those in regional, rural and remote areas.

This investment would allow Laurel House to conduct a pilot to systematically explore and draw on the expertise of providers, researchers and victim-survivors to make recommendations for how FME access can be equitable, accessible, and consistent across the state in all metropolitan, regional, rural, and remote areas to address the current dire shortfall. Given the similar issues articulated across Australia, this pilot will be a project of national significance, supporting Tasmania to be a national leader in enshrining the rights of victim-survivors of sexual assault to seek justice.

[Submission ends](#)



Laurel House

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