14th February 2025

The Secretary
Recommendations of Final Report of the Commission of Inquiry
Parliament of Tasmania
Parliament House
Hobart, TAS 7000

Dear Ms Mannering,

I welcome the opportunity to make a submission to the Committee for Recommendations of Final Report of the Commission of Inquiry.

Background

I am a qualified social worker with over 15 years experience, primarily in child protection. I obtained my MA Social Work in the UK in 2010.

I have been employed in child protection roles in South Australia, Western Australia and Tasmania. The locations in each state have been mixed between metro, regional and rural, and I have held different positions over time.

I commenced employment as a Clinical Practice Consultant and Educator (CPCE) with the Child Safety Service (CSS) in Tasmania in 2017. At the time of commencement of my employment CSS came under the then Department of Health and Human Services (DHHS), before departmental change to the Department of Communities (DOC) in 2018. I occupied other positions during my time at CSS, including Acting Manager (North Region) and Acting Assistant Manager (North Region).

My employment with CSS ended in May 2021.

In 2022 I gave evidence to the Commission of Inquiry (COI) relaying a number of observations and concerns about issues pertinent to the inquiry terms of reference. My witness statement and transcript of evidence are available on the COI website. When relevant, I have referenced issues I raised with COI in this submission as context. My witness statement and transcript of evidence[1] are both available on the COI website.

It is worth noting that since approximately 2021 I have been involved informally with a community of Victim-Survivors and Whistleblowers in connection with the work of the COI. I reference this only as having a bearing on my continued engagement with child safety issues even when not employed in social work/child safety roles.

In August 2024 I commenced employment as School Social Worker with the Department for Education, Children and Young People (DECYP). This submission is written in a personal capacity.

[1] Hearing transcript 14th June 2022

The information in my submission is a reflection on my professional experiences employed in different roles in Tasmania both with CSS and more currently with DECYP, reflection on the outcomes of the COI since the final report was handed down in 2023, and professional opinion on the wider implications relevant to the Terms of Reference for this committee.

Submission Content

My submission is primarily focused on particular issues, with relevance to specific recommendations noted. I have not framed my responses specifically under the Terms of Reference because the broad submission accounts for all of these at various points, and the Committee focus in previous hearings appears to be in terms of specific recommendations. I have thus laid out the concerns broadly in sequence under the chapters of the COI Final Report and their recommendations.

I have endeavoured to provide recommendations wherever possible, but I regret that time has curtailed my ability to be as comprehensive as I would have liked. However, I would like to relate that, if it were not already evident, I could provide more perspective on many matters pertaining to the recommendations. I should also note that I have endeavoured to check references and details provided, but with the level of material it may be that some errors have slipped in; my sincere apologies if this occurs, but it is reflective of trying to resolve a coherent response in the context of considering over 190 recommendations.

I am very much at the Committee's disposal to provide further clarity for their consideration, whether in writing or in person.

Acknowledgement of Victim-Survivors and Whistleblowers

In writing this submission, I wish to acknowledge the sacrifice, pain and hardship experienced by Victim-Survivors of child sexual abuse, and Whistleblowers in lutruwita/Tasmania. I pay respects to the courage, endurance and inspiration that they demonstrate, and the untold suffering of many others whose story cannot be safely told in public.

I also wish to relate my sincere sadness at the passing of Daisy Ford in late 2024, a witness to the Commission of Inquiry and dedicated campaigner and friend in the struggle for reform of child safety in Tasmania – rest in peace Daisy.

Children in the education system

Office of Safeguarding and safeguarding policies

Recommendation 6.2, 6.3 & 6.5

Policy availability and development

There appears to be inconsistency in provision of policy and procedural information located across the various child safety, safeguarding and wider DECYP websites.

The Office of Safeguarding Children and Young People webpage does not contain a significant level of detail about its operation. However, the DECYP Intranet page (not available to the public) for the OSCYP contains more detailed information about specific work it undertakes.

The main policy page on the DECYP website appears to list only policies pertaining to education, many of which appear to be inherited documents from the previous Department of Education. Specific policies for child safeguarding are not immediately evident, with various strategies, approaches and policy information spread across various web pages and websites.

For example, the Mandatory Reporting Procedure for staff available online is dated 2022, and clearly written in the context of education staff only.

The Practice Manual for Children and Young People Services

The relevant policy documents for safeguarding children are found on the DECYP website via the 'Guiding resources for safeguarding children and young people' page, rather than the broader 'Policy' page described above.

The practice manual for all services for children and young people (the practice manual) is available through a live link[2]. However, there is also a 'Youth Justice - practice manual' link just below this that takes the user to the same main page for the practice manual for all children and youth services.

The practice manual details 14 policy documents that are children and youth services-wide:

- Policy 1: Prevention and Earlier INtervention
- Policy 2: Strengthening Families and Building Connections
- Policy 3: Personal Identity and Diversity
- Policy 4: Needs and Strengths Based Services
- Policy 5: Case Management
- Policy 6: Healing, Health and Wellbeing
- Policy 7: Transition from CYF Services
- Policy 8: Collaborative Practice
- Policy 9: Practice Excellence
- Policy 10: Safety in Our Work
- Policy 11: Information Validity and Security
- Policy 12: Transparency and Accountability
- Policy 13: Service Review and Improvement
- Policy 14: Working with the Statutory System

A review of these documents reveals that they are almost ten years old (effective July 2015). I am unclear if they are contemporaneous (i.e. still relevant and in use), or have been superseded by other policy documents online.

[2] I am very happy to tip my hat to the Tasmanian Government for publicly providing this link; it was a specific recommendation of mine in my evidence to the COI.

There are multiple documents within the practice manual that are similarly out-of-date or have been superseded by legislative, policy or procedural changes elsewhere. Several examples are provided throughout this submission, as they pertain to specific issues.

However, I do wish to draw attention to the Specialist Assessment Guides under chapter 1.4 Risk and Safety Assessment (initial Assessment): Consultation and outcome decision.

There are ten separate guides provided, all of which are significantly outdated.They are listed below with year:

- Adolescent Risk of Suicide (last updated 2000)
- Adolescents and Substance Abuse (December 2000)
- Adolescents at Risk (last updated 2000)
- Assessing Parental Capacity - Parent with a mental illness (last updated 15/12/2008)[3]
- Assessing Parental Capacity - Parent with an Intellectual Disability (undated, but document properties states that it was created in 2002)
- Attachment and Bonding (December 2000)
- Developmental Phases (November 2000)
- ANROWS National Risk Assessment Principles - domestic and family violence (2018)
- Problem Sexual Behaviour traffic light guide (August 2006)[4]
- Substance Misuse (September 2007)

I attach copies of the front pages for all of these Specialist Assessment Guides ('Appendix A - Specialist Assessment Guides').

I am highlighting this particular set of documents because I raised this issue in my witness statement to the COI in 2022; the documents have remained unaltered since then. It is certainly possible that some of the information provided is still relevant, applicable and consistent with contemporaneous research. However, this is immaterial because it would require extensive work to cross-check the outdated material, and ensure that it has applicability consistent with current legislation, policy and procedure. In short, the whole cannot be trusted because part is potentially corrupted.

I appreciate that it is unrealistic to expect an immediate and contemporaneous update of all relevant policies and procedures for DECYP all at once. However, when we are talking about documents that include some dating back to the previous century, and are now 25 years old, it does seem relevant to draw attention to how outdated they are.

It is clear that the Government's interpretation of completing recommendation 6.3 is literal and somewhat disingenuous. On a practical basis, there is simply too much overlapping of policies and contradictory information to meaningfully declare that child safeguarding policies are publicly available. To put another way, there's a difference between a meal served on a plate, and the contents of the meal being liberally scattered over the table. Technically the meal is served in both instances, but clearly only one of these is helpful to the consumer.

[3] It is probably worth remarking here that the *Mental Health Act 2013* received Royal Assent in 2013, five years after this document about mental illness was last updated
[4] This document appears to have been 'lifted' from Family Planning Queensland

Crimestopppers

Both the DECYP ‘Keeping children safe through safeguarding’ and the ‘Tell Someone’ web pages appear to have erroneous information relating to reporting crimes in respect of children. Both reference calling police *or* Crime Stoppers.

I am not a lawyer, but on the face of it I am unable to ascertain the legal equivalence of calling Crime Stoppers with calling the police about the suspected abuse of a child. s.105A of the *Criminal Code Act 1924* clearly outlines that it is a crime if a person does not report the abuse of a child to a police officer.

Crime Stoppers does not appear to be a proper authority under the meaning of s.162A of the *Criminal Code Act 1924*. The organisation describes itself as an independent not-for-profit charity. I also note that the ‘About’ page for the Office of Safeguarding Children and Young People does not specify Crime Stoppers as an option for reporting a concern.

Recommendations

- Recommendation 6.3 should be amended to ‘In Progress’ as a recommendation status;
- The review process for updating child safeguarding policies, procedures and practice advice to a contemporaneous standard, including a broad timeline for completion and/or goals and time-bound targets, should be made publicly available;
- Remove the Specialist Assessment Guides immediately;
- The public description of the activities of the OSCYP should be updated to give fuller detail of its work (which may include a straightforward duplication of the information available on the intranet);
- Clarification needs to be given about the context for providing advice relating to Crime Stoppers and whether it meets the definitions under the *Criminal Code Act 1924*. If it does not, the references to contacting Crime Stoppers should either be removed, or updated to make it clear that this is not fulfilling requirements under the law.

Professional Conduct Policy

Recommendation 6.4 (& 20.2)

Inconsistencies in policy and procedure implementation, as well as organisational and leadership limitations, are undermining the cohesion of the professional conduct policy in DECYP. Furthermore, inconsistencies in the oversight of online technology, especially the use of third party apps, is opening up vulnerabilities in safeguarding children.

Alcohol and drug use in the workplace

DECYP guidance on alcohol and drug use by workers continues to be inconsistent and contradictory.

I raised specific issues of concern about this in my witness statement to the COI. My concerns related to the broad allowance of alcohol use by staff, and the enabling of a

drinking culture in the CSS North region office in Launceston. While I do not have contemporaneous examples of this culture continuing, the lack of clarity and proper provision of guidance continues to allow for this culture to propagate.

The General Workplace Conduct and Behaviour standards uses language that echoes the enabling culture:

1.9.2. Workers must ensure that their use of alcohol, drugs or other medications does not adversely affect their work performance or endanger the health and safety of others. This includes behaviour at official functions, organised or sanctioned by DECYP, where alcohol is served.

1.9.3. Workers suffering from a drug or alcohol problem that adversely affects their work performance must actively seek professional assistance to correct the problem. In this regard workers are encouraged to access the Employee Assistance Program.

In both parts the emphasis is on the worker to self-manage use of alcohol in terms not adversely affecting their work performance. However, it is not clear how this can be managed or monitored to any satisfactory degree. The implicit messaging is that alcohol can be consumed during working hours.

There appear to be conflicting policy documents and directions in use.

On the DECYP intranet, the Legal Services Toolkit for Schools, Colleges and CFLCs states the following:

When staff are legally bound to exercise a duty of care, including at out-of-hour student or school functions, activities or events, staff must not consume alcohol or other unsanctioned drugs.

I cannot think of many examples where school staff, for example, would be in a position not exercising a duty of care during working hours in some capacity. The instruction that they must not consume alcohol is also definitive. However, for broader staff working under the education portfolio, this instruction is almost certainly not applicable in most circumstances.

There is no such equivalence on the toolkit pages for CSS.

There is an Alcohol, Drugs and the Workplace Infosheet that appears to have been completed under the prior Department of Education (it is dated 2022). However, in terms of applicability, it appears to be the most contemporaneous for education staff.

I could not find this document on the DECYP policy webpage, only on the intranet. It is also used as a guide for DECYP employees through the ‘Driving Safety While at Work’ intranet page. I attach a copy (‘Appendix B - Alcohol and drugs infosheet’).

The document repeats the emphasis on self-management by employees, and contains flexibility to consume alcohol during work hours. Principal/Manager responsibilities appear contingent on employees demonstrating performance or behaviour problems.

There is an Alcohol and Drugs in the Workplace document that appears to have been completed just prior to the formation of the Department of Communities, and later revised under the Department of Health. The original approval was effective from December 2017,

and cleared by the then-Secretary Michael Pervan in May 2018. It was then revised in 2021 under the Department of Health.

I did not find this document on a public-facing website, but in the DECYP intranet. I attach a copy (‘Appendix C - alcohol and drugs DoH version’).

The comprehensive effects of consuming alcohol are well known. However, in the context of the primary functions of DECYP especially CSS, the most critical consideration is the impact on cognitive functioning. Even a relatively moderate amount of alcohol can impair decision-making.

In instances where CSS staff may consume alcohol during working hours (such as at lunch for example) and then return to the office, it is plausible that they are potentially required to make decisions about children. In the worst instances they may have interactions with children, families or professionals that are impaired by alcohol, or drive over the limit with colleagues (or even transporting children).

Although a secondary factor, alcohol consumption will affect efficiency and productivity. Reactions are slower and actions more lethargic.

The procedures provided, in addition to being contradictory, allow too much latitude for self-management in a manner that cannot be properly measured. Any external observation is completely dependent on overt behaviours that can be seen.

I do not see a plausible means of establishing safety in a child-focused work environment that enables alcohol consumption during work hours. The range of factors and implications is too great to manage successfully. Even for end of day/week workplace gatherings, there needs to be some established ‘designated standby’ workers to be able to respond to any critical issue before close of business.

I would also remark on the ethical implications of an agency like CSS allowing alcohol consumption during working hours, while being a position to draw attention to alcohol and drug use by parents as being potential risk factors.

Online Technology

A number of third party applications are being used in school settings despite being considered high risk by DECYP, with unclear safeguards for protecting the personal data of students and parents.

Class Dojo is a notable example. It is described on the DECYP intranet:

ClassDojo is a classroom communication app used to share reports between parents and teachers. It connects parents and teachers on a student's conduct and performance through real-time reports as well as a feed for photos and videos during the school day.

The first problem is the continued use of a foreign-based third-party app that accumulates data on parents and students. This might include access to photos of students. The DECYP guidance on publications - photo and video permissions - states:

Classroom platforms are currently not listed in the annual validation form (as classroom platforms are technically different to broader social media) therefore the recommendation is:

A 'yes' permission to social media and electronic publications can be considered a yes for classroom platforms e.g: such as Seesaw and Canvas.

A 'no' to social media and electronic publications image permissions does not include classroom communication platforms such as See Saw and Canvas. Student images can therefore still be used on classroom platforms only, if a no to social media has been given in the validation form.

While parental consent is recommended for the use of the app, it is not clear how parents are provided sufficient information to give informed consent, particularly on the basis of the above. The provision for schools to archive the consent records in the context of classroom platforms is not clear at all, and will depend on each school's individual processes for this.

The second problem is that even when using a DECYP email, the account with Class Dojo is essentially a personal one for the teacher. This means they potentially have continued access to parents and students outside of work context, and even if they leave the employment of DECYP. At the very least, it is not clear what provision exists if a teacher leaves DECYP employment, is suspended, or de facto suspended through leave arrangements.

There is unclear recording of ClassDojo use. I have not found an obvious recording of students using it within the school system, other than references to its use in various contact logs.

ClassDojo is but one example here of a potential vulnerability in terms of app use, and lack of information being provided to students and families.

Recommendations

- Guidance for alcohol and drug use in the workplace needs to be rationalised for DECYP, with an explicit instruction that alcohol not be consumed within working hours (with exception of contained workplace-based social events), including in the professional conduct policy;
- The alcohol and drug use in the workplace guidance needs to be made available to the public;
- Use of third-party apps for school use needs some form of monitoring and data collection of usage, along with consistent statewide method of recording for all schools;
- There needs to be clear guidance on the usage of these apps by staff and consideration of ways to mitigate vulnerabilities.

Mandatory reporting training

Recommendation 6.5 (& 20.2)

In my experience, the vast majority of professionals that are *prescribed persons* are aware of their status and expectations under the law. Where confusion arises it is usually in terms of the level to which a disclosure by a child meets a criteria of abuse or harm.

Broad abuse categories and definitions are largely unhelpful because they encompass too many definitions, interpretations and examples. Even for experienced professionals in child protection these terms can be problematic to navigate in terms of definition.

This often occurs with family domestic violence, which is categorised as emotional or psychological harm under most state legislation. Even in Western Australia, which separates family domestic violence from other forms of emotional harm, the umbrella harm type is emotional.

For sexual harm, growing awareness of what constitutes abusive behaviour is leading to reconsideration of when to report a concern to suitable authority. However, there is still uncertainty that sets in when disclosures or information is unclear.

It is for this reason that I find instances of non-reporting by prescribed persons as being unsurprising. The lack of definitive explanation and application is missing for many professional contexts.

I note the following exchange a Committee hearing on 2nd September 2024 (emphasis added):

Ms ROSOL - My question relates to the modules that were rolled out for staff that you mentioned. I recently became aware that about six months ago there was a DECYP school principal who was in contact with police about a child safety matter that had gone unreported. The principal claimed they were unaware that they were a mandatory reporter ***in that instance****. While the training and the modules have been rolled out, how are you evaluating the effectiveness of the training so that it is not just people attending it, but we know that they are taking it on board and understanding responsibilities and requirements, and following them?*

Ms PALMER - Thank you very much, I will seek some advice from my secretary.

It's very surprising to us that a principal would not be aware of that *- very surprising indeed. If you would like to address that with me offline and give me a specific name, we can look into that, but that would be very surprising. We've had over 13,000 staff who have done these modules,* ***which obviously and absolutely address mandatory reporting.*** *I am very surprised at your comments and would want to follow that up if that was the case.*

Further conversation in the transcript clarifies the distinction between being aware of responsibility as a prescribed person, and being able to identify particular behaviours.

However, I would note that the limitation of online training (indeed, any training) is that it exists in-the-moment. It is rare to carry continuous and ongoing recollection of specific training modules.

Procedural documentation to refer to is also likely to be insufficient in itself, as it primarily exists in the abstract. Disclosures by children and young people (and adults for that matter), do not always fit neatly into professional definitions. In the worst instances, when this discrepancy occurs, some professionals interpret this lack of clarity as casting doubt on the veracity of the disclosure.

In an education setting (but just as applicable in others) the training should be delivered in context of wider systems, including up-to-date guidance for teachers and other school staff, and clear lines of internal consultation (such as safeguarding leads), as well as when to undertake external consultation/referral (such as ARL).

I cite this because I have seen instances where genuine confusion exists as to the extent to which certain behaviour constitutes sexual harm, and furthermore if it enters into a criminal act (or how to make this distinction). Some crimes are described ambiguously (e.g. ill-treatment of a child) and applying the context of something like emotional abuse can be more difficult than physical or sexual abuse.

The key issue here is that training does not impact behaviour in isolation, cannot ‘absolutely’ cover all considerations, and must exist within the context of other guidance, support and processes (legal, policy or procedure based). Adherence to a recommendation of training is not sufficient to judge government responses, and it should not be taken that because examples are given in training, the training covers all examples.

DECYP Mandatory Training Module

I recently undertook the compulsory Mandatory Training 2025. This training is required to be undertaken by all DECYP employees every year. The training is online, arranged in separate modules – mandatory reporting and signs of child sexual abuse. A third module was present, which appeared to be a reference/informational module only for certain policies and procedures.

The modules consist of a series of slideshow-like pages, exploring expectations and parameters of mandatory reporting and recognising the signs of CSA. The modules are aimed to be broad-based for all staff, and are clearly premised on the idea that many staff will not have professional background in these matters.

While it makes sense from a point of view of basic efficiency to have a broad-based training designed, the effect is that for more relevant professional positions, especially those with day-to-day working activity directly relevant to these considerations, the training is likely to be of limited value. Some of the training elements led to more questions for me than educational benefit, and appeared actively confusing in some parts.

The principal issue of concern here is the over-reliance on a simplistic model of training as being a primary safeguard. It contributes to overall organisational safety perhaps, but may have serious deficiencies that undermine effectiveness on an individual basis. Determining

how this training is being absorbed in practice is very different from a generic head count of participation.

The secondary issue is the limitation for more relevant safeguarding or professional positions, where this training is “a mile long and an inch thick”; it is not likely to educate and risks lack of engagement at a level of working that needs particular and high-level focus on a much more consistent basis.

Recommendations

- A separate Safeguarding Training module is designed for certain roles, such as CSO’s and student support positions;
- There needs to be very clear analysis of take-up of the course across different business units, and consideration of the context of certain roles in terms of their direct work with children and young people. This might allow for direct feedback to certain units or groupings of employed positions, tailoring of particular procedures, or elaboration in the training itself;
- Review of the language included in the training module;

Children in out of home care

Empowerment and participation

Recommendation 9.6 (principally Viewpoint)

I have experience of using Viewpoint in Western Australia child protection. While an overall positive means of acquiring the perspective of children in OOHC, there are some complications and limitations that require accounting for.

The main one is the ability of the caseworker to engage with the responses. The pressures of workload and limited care planning processes mean that often viewpoint questionnaires were being completed, but not utilised in any meaningful sense.

Western Australia guidance for their child protection staff on using Viewpoint is publicly available, and I attach a copy (‘Appendix CA - Viewpoint’).

I draw attention to the expectation that the data is analysed by the case manager within two days, and that a follow-up discussion takes place with the CYP to discuss the responses. There is also guidance on incorporating Viewpoint into the care planning process.

My view is that these expectations should be replicated in Tasmania. Use of Viewpoint should not be seen as an individual task, but within a wider process where discussion of the responses is as much a feature as the competition of the activity. It is also imperative to understand that a CYP using Viewpoint is not a proxy for direct contact by the worker with the CYP; it needs to be defined explicitly as a tool to aid care planning.

Recommendations

- Viewpoint should be monitored with a baseline of assessment within two days, follow-up with CYP within seven days;
- Care plans should include the analysis and feedback from CYP. If these tasks are not completed in time, an explanation should be required.

Aboriginal recognition

Recommendation 9.5, 9.7 and 9.15 (12.29 YJ)

There has been a persistent problem with CSS failing to determine the cultural identity of children prior to applying for care orders. This leads to CYP being taken into care without their cultural status identified, and raises the risk of poor care planning outcomes and placements not in-keeping with the Placement Principle.

The figures below, from the Australian Institute of Health and Welfare (AIHW), demonstrate the consistency with which this failure continues.

Children on care and protection orders with status unknown:

2022-2023 TAS 30[5]

2021-2022 TAS 30[6]

2020-2021 TAS 19[7]

2019-2020 TAS 34[8]

2018-2019 TAS 29[9]

2017-2018 TAS 420[10]

I draw attention to responses to questions on notice directed by Senator David Shoebridge (Cth) to the Minister representing the Minister for Health and Aged Care (Cth) on 27th September 2023. I attach a copy ('Appendix D - Senate questions on notice').

Notably, in response to question six about the reliability of Tasmanian data:

Department of Communities Tasmania advised that the increase in children of unknown indigenous status in the 2017-18 report was due to it no longer being cross-checked with data from other databases. The number of Tasmanian children receiving child protection services with unknown indigenous status increased from 328 in 2016-17 to 1,052 in 2017-18. In 2019 the Tasmanian Department of Communities advised they were undertaking

[5] Data tables: Child protection Australia 2022-23
[6] Data tables: Child protection Australia 2021-22
[7] Data tables: Child protection Australia 2020-21
[8] Data tables: Child protection Australia 2019-20
[9] Data tables: Child protection Australia 2018-19
[10] Data tables: Child protection Australia 2017–18 - this high figure appears to relate to an internal change in measuring cultural identity

data remediation of this issue. As of 2021-22 reporting there were Tasmanian children of unknown indigenous status was 195.

Furthermore, there is reference in the AIHW data collection to lack of recording with respect to Aboriginal carers, which may be having an affect on placement of children.

In 2020, I raised concerns internally about this lack of basic information recording. It is likely this is the reason for the slight reduction for 2020-2021, as there was some initial improvement. However, subsequent years show that the problem has resumed to previous numbers.

It is not clear to me how an application to court is able to proceed without the court itself querying the lack of identity. While I cannot comment on the court processes, I find it unconvincing at a professional level that the question of identity remains unknown at the point of deciding to progress with application to court, much less with the point of considering application in court.

As a result, it is likely that children of Aboriginal identity have been placed with carers outside of the considerations of the Placement Principle. The issue with lack of recording foster carer identity is also a factor, as highlighted by the Federal Government's responses.

In my experience, CSS has taken a passive approach to cultural status, placing the onus of responsibility on the guardian/s of the child (very often the mother solely) to seek clarification or provide confirmation. Where CSS is seeking care and protection orders, establishing that they become directly responsible for at least the custody of the child, that onus should be placed on CSS to resolve.

I have found recording of Aboriginal identity is much more flexible and responsive in schools and CFLC's. However, despite being within the same department, I see no evidence that CSS either interrogates this information or, if being made aware of it, takes the default step of acknowledging this. Again, this is indicative of a passive approach to cultural recognition.

The procedure 'Confirming Aboriginal and Torres Strait Islander Status' clearly outlines the legal implications of being identified as of Aboriginal and/or Torres Strait Islander. The Terms of Reference for Decision-Making Forums clearly state (emphasis added):

"The Aboriginal and Torres Strait Islander Child Placement Principle is of the utmost importance, and therefore **a child's aboriginality must be determined prior to the seeking of legal orders and family must be afforded an opportunity to identify a suitable cultural representative to participate in Decision-making Forum.**"

This also raises a similar problem for CYP involved in the youth justice system, especially those being incarcerated in Ashley Youth Detention Centre where there are specific procedures..

Reliance on ARL as being the primary source of querying this data is clearly not working. The consistency with which children remain in care and protection without their cultural identity being known demonstrates the systems in place are not operating effectively.

This issue is as much workplace culture as it is systems based. As I have referenced, there is a continued passive aggressive approach by CSS in particular. In my statement to the COI I described CSS as being institutionally racist; I maintain this belief.

Outcomes and reporting framework

Recommendation 9.5, 9.9

In a continuation of the above issue, there are broader problems with data collection by DECYP. In particular, some data is not being collected, with only superficial explanations that lack credibility.

The Record of Government Services (ROGS) shows that Tasmania has ceased to report data for ‘investigations commenced from the notification date’, and ‘investigations completed from notification date’. The explanation for this is worth quoting in full:

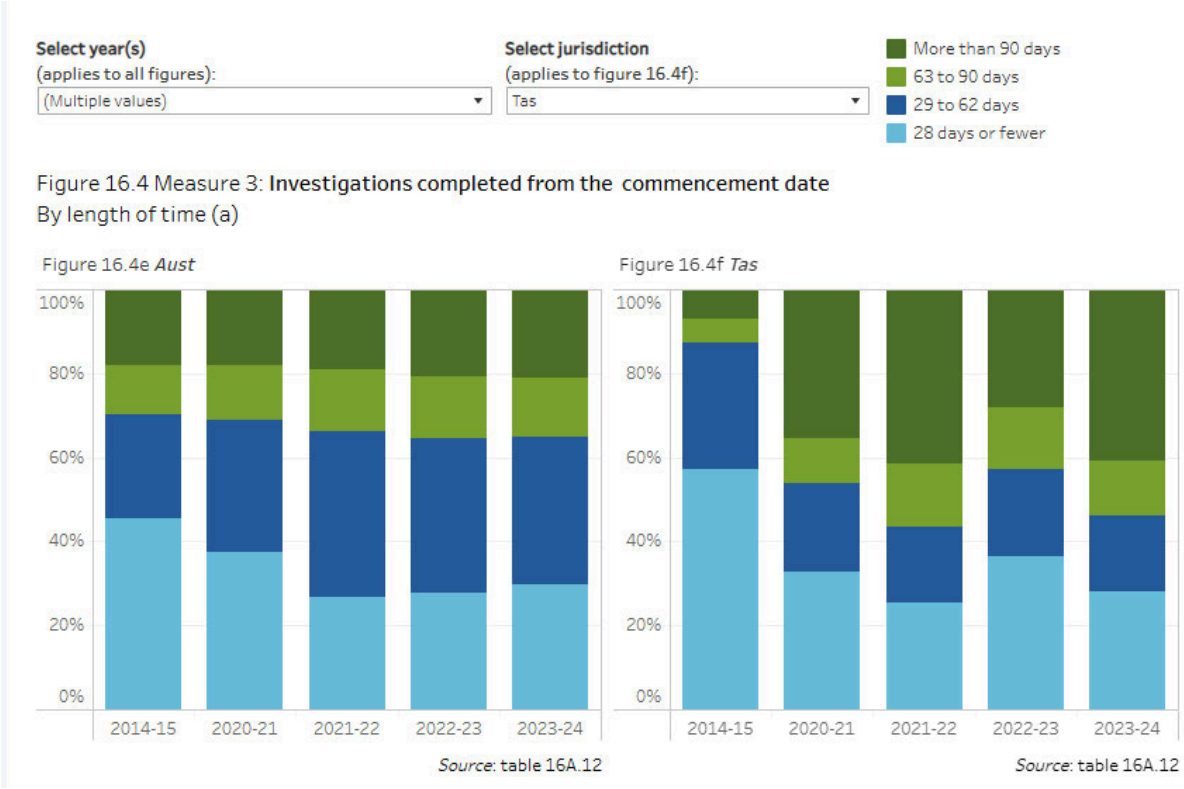
Tas: Tasmania has adopted a service model which preferences a holistic, collaborative, and relational approach in responding to both safety and wellbeing concerns for children. From 2022-23, Tasmania no longer reports data for 'Response time to commence investigation from notification date' and 'Response time to complete investigation from notification date' as this data is no longer considered comparable by the jurisdiction. Tasmania does report 'Response time to complete investigation from commencement date' as this is considered a more comparable measure of timeliness by the jurisdiction.

Setting aside the vacuous assertion in the first line (the supposed qualitative aspects of a service model have little to do with the actual data being recorded), the broader idea of data being comparable is not convincing.

While it might be argued that comparing the current process of the ARL with the former process of localised intake teams is not necessarily useful, that does not remove the need to to establish a baseline for the new service.

I find it likely that the reason Tasmania has ceased to record data from notification is because the timescales for ARL passing notifications to local teams for investigation have ‘blown out’. If the completion time from commencement is over 50% for investigations taking more than 63 days, then I can only begin to imagine what that would look like for notifications being received.

Data has been maintained for investigations completed from the commencement date. As can be seen below, the state has struggled for consistency and making significant inroads in timely completion of investigations.



Based on my experience, the likely reasons for such lengthy delays in completing assessments are:

- Lack of available workers;
- Poor assessment, organisation and planning processes;
- Siloing of case management teams from response activities;
- Poor and outdated guidance on completing assessments;
- Lack of integrated assessment models;
- Reluctance to undertake long-term work with families without a care and protection order; and,
- Identifying potential risks to workers, but failing to engage means to manage these risks.

Indirect issues, where there is a correlation effect but not necessarily observable as causational, include:

- Lack of community presence by CSS;
- Lack of integrated working;
- Housing crisis;
- Virtually non-existent early intervention process.

One principle issue that arises in my experience is that there is a conventional practice of triaging a response on the basis of perceived risk and priority, with issues of lesser risk being managed later. The result is that often issues considered less concerning become more critical because they are left to linger without intervention. This problem is probably exacerbated by waiting times for ARL to process a notification in the first place.

The availability of workers for allocation is one consideration in this determination. This is not simply about the full allocation of workers in a team, but also localised issues such as the combination of workers on leave for example.

However, it is often preferable to respond immediately, even for issues that seem to be of less concern or urgency, but without allocation. This approach may seem counterintuitive, as it requires more work in the short-term, but it resolves many issues in the longer term. I have seen this approach used effectively in WA.

Sighting the child, safety planning with the family and establishing that CSS are involved are all vital early actions to be taken. It can be that safety is contained well enough to justify completion of assessment in a speedy manner. It may also be that longer term work is identified as being needed; in that instance the process of transfer to case management is required.

These issues highlight the ways data links directly to practice and service delivery. Establishing wide ranging data on a consistent basis helps identify significant gaps and issues within systems, and allows for development and improvement.

Recommendations

- DECYP restores data collection for ‘investigations commenced from the notification date’, and ‘investigations completed from notification date’.
- The Chief Practitioner and Quality and Risk Committee should include specific responses to AIHW and ROGS data when these are released, including practical learnings and observations.

Case management and caseload

Recommendation 9.16

The case management and caseload monitoring within CSS contains significant deficiencies, which have a direct impact on worker function and outcomes for CYP (whether in OOHC or not).

In terms of team organisation, CSS case management exists in three basic categories:

- ARL, who manage initial notifications and reports;
- Response, who manage child safety assessments at the first point of local investigation;
- Case Management, who manage both children in OOHC and also CYP and their families involved in longer term work but no under orders.

This use of this system, while understandable on a basic organisational level, belies the reality of a CYP progression through the stages of child safety intervention.

The process, administratively and emotionally, of taking a child into care is intense, profound and highly complex. Critical decisions are often made prior to the application for a care order, which have significant impact on the subsequent proceedings. In many instances, systemic issues have a direct impact on whether or not a child comes into care in the first place, and can unduly affect the assessment process.

It is important to understand this process in the context of the COI recommendations relating to OOHC, because it can be the case that decisions to bring children into care and protection are being made erroneously, resulting from poor practice and an uncritical risk averse approach. Delays in undertaking prompt assessments - resulting from a combination of factors including lack of staffing, poor training/expertise, and poor leadership and organisation - further increase the risk of care and protection orders being sought.

It is established that coming into care and protection can be a traumatic experience for a child, and can increase the impacts of abuse or neglect suffered. The process for care and protection, as undertaken by CSS, is not trauma-informed, and lacks sufficient rigour in practice to be considered safe.

There is a tendency for CSS to rationalise hasty and uncritical decision-making processes as being largely out of their hands due to time constraints, and thus justifying no meaningful assessment or effective safety planning being undertaken without application to the court for an assessment order. This is a false premise.

The legal process for applying for care and protection orders is set out in the *Children, Young People and their Families Act 1997* (the CYPF Act). The policy, procedure and practice advice for this process is set out in the practice manual for CSS.

It is important to understand from the outset that CSS cannot unilaterally take a child into care and protection in terms of longer term orders. While the process is often conveyed to families in practice, terminology and language as being a CSS decision, the decision to make an order is subject to a court determination.

However, s.20 of the CYPF Act gives the Secretary power to require a child be taken for assessment. This may be done with parental request or agreement (often referred to within CSS as a ‘requirement’), or by obtaining a warrant from the court.

S.21 of the CYPF Act grants the Secretary power to have short-term custody of a child taken under s.20, for up-to 120 hours.

The exercise of a requirement is undertaken by an Authorised Officer. The Authorised Officer has power under the law to enact the processes for a requirement. The approval to act as an Authorised Officer is established by the CSO completing an online training module, shadowing an existing authorised officer on a ‘Priority 1” visit where a requirement/warrant might be needed, and ‘undertaking a reflective practice activity’ (in practice this is a written reflection on the shadowing experience). There is no criteria that I am aware of for how the reflective practice activity is considered as satisfactory; it is an entirely subjective decision. I attach the authorised officer procedure (‘Appendix E - Authorised Officer Procedure’).

Under the law, if a parent/guardian refuses to abide by a direction (a requirement) from CSS, a warrant can be applied for to exercise the same action.

In practice, the parent/guardian is offered the opportunity to voluntarily sign a form endorsing a requirement action. However, because the implication in practice (explicit in the CSS practice manual) is that refusal will automatically lead to an application for a warrant, this represents a *fait accompli* in terms of options being presented and undermines informed consent of the parents.

This is all that is needed to empower a CSO to enact a legal power and provide legal guidance to parents/guardians. The parent/guardians almost never have the opportunity to seek legal advice on their rights or the legal process. Requests for requirements to be signed are made in the moment of a home visit or meeting, with little or no warning beforehand.

Requirements are unethical and, while legitimised by the word of the law, they are in my view a misuse of the spirit of the law in offering a Hobson's Choice. Furthermore, in my experience when working for CSS, they have been used as convenient legal instruments to speed up the process of bringing a child into care (since it enables decision-making to proceed to an application for a longer term order, as the child is already in custody and there is a time limit to proceed with application). Requirements are not subject to decision-making forums, being delegated to Practice Leaders..

While I cannot accurately state that this is still common practice, the fact that the procedure for authorised officers and requirements have not been updated in years (four for the former, nine for the latter) does not encourage me.

Unborn Referrals

Delays in processing referrals by the ARL are directly inhibiting safe practice in respect of unborn children, and delaying effective work with families, increasing the risk of newborn children coming into care.

There is a process for safety-planning for the birth of a child, designed to give as many opportunities as possible to manage safety and wellbeing after birth. The practice advice suggests initial Unborn Baby Alert (UBA) meetings take place at 20-24 weeks gestation, and every four weeks after that.

It may be that, from time to time, the expectant mother/parents do not become aware of the pregnancy until after this time, or some other complication delays a referral being made in the first place. However, in my experience these are uncommon events.

When the ARL receives a referral for an unborn child, it is imperative that a decision to progress to local assessment is made as quickly as possible. The more time to help build safety, the more chance that safety can be established (and care and protection orders will not be needed).

What appears to be happening in practice however, is that the delays by ARL in making timely assessments are so great that local teams are getting very little time to consider the risk factors, much less undertake a UBA meeting process. In one instance, a local region

received a referral from ARL just six weeks before the due date. The ARL received the initial notification approximately six months prior.

This lack of time availability pressures local CSS teams to use care and protection orders to contain risk. This is irrespective of any potential consideration of risk or mitigating factors.

There is a lack of interrogation of other agencies (especially local CFLCs) for information and potential assistance in these situations. It is not unusual to know of care proceedings only when the parents are seeking advice because CSS intends to seek orders.

Furthermore, there appear to be complications in how CSS approaches liaison with CFLC's once a young child comes into care. Because CFLC's are based on child location rather than parent, it can be that the instinctive reaction of CSS is to communicate with the CFLC local to the child's placement/carer. However, the parents might prefer to liaise with their local CFLC because it is much nearer.

Long term involvement without an order - Case Management

A demonstration of the low opinion given to case management without an order is shown by the practice manual entry being evidently very old (it references Child Protection Workers for example), undated and stating 'This is an operational policy currently in draft.' I attach a copy of this policy.

By way of comparison, in other states I have seen effective use of long term safety planning work without orders. Notably in WA, where I was a team leader for a regional office, we went for over a year without taking a child into care (with low recidivism) due to establishing effective child safety assessment and safety planning processes.

Taking up the option to engage in long term safety planning work with families without use of a care order is often disregarded. This primarily occurs because of a (faulty) risk averse approach. It is not clear from DECYP statistics (or ROGS) how many cases are managed at case management without an order, but subsequent to an assessment being completed.

Data from AIHW for 2022-23 shows that 31.7% of children receiving child protection services were for 'Investigation only', but there is no way to interrogate this data to establish how many of these children went on to longer term case involvement.

I can find no reasonable explanation for the continued reluctance to utilise longer term case management processes without an order. The failure of the ARL to process notifications in a timely manner is having a direct contribution on effective case management.

These decisions and processes, undertaken before a child enters OOHC, can have a fundamental and profound impact on a child. There is the possibility of a perverse outcome, where risk is increased as a child is brought into care and placed with complete strangers, or in culturally inappropriate placements.

The decision to bring a child into care and protection must be the absolute last resort of the state in exercising its powers to keep children safe and mee their best interests. Instead, in practice, it is being used as a fast-track process to progress an assessment and gives the false sense of risk containment from a legal order. It is not feasible to establish that care planning can meet the needs of a child, if the most basic ethical and practice considerations

are being so disregarded. More than any part of this process, this is the one that most fatally threatens the viability of following the COI recommendations for OOHC. The law, policy and procedure, to say nothing of actual practice, needs fundamental and wholesale reworking.

Caseload management

An over-reliance on simplistic notions of caseload, without accounting for situational complexity, are a serious hindrance to effectively managing services for CYP and families. Furthermore, limited flexibility of measuring the various impacts on caseload undermine any attempts to invest in staffing or resources, leaving workers vulnerable to a mirage effect where the benefits of additional staffing are overestimated.

A ‘case’ in child protection is usually considered to be either a single cohort of children in a family undergoing assessment, a single cohort of children in case management (but not under any order), or a single child in OOHC (irrespective of whether they have siblings also in care or not).

There is no clear cut way to measure a case beyond this reasoning; ’case’ is a broad, catch-all term to resolve the ratio between numbers of children and the number of staff.

In Tasmania, a ‘trigger point’ limits case allocation to a CSO as 12 cases for 1 Full Time Equivalent role (FTE) for Case Management workers, and I believe seven cases for 1 FTE for Response workers. The trigger point refers to the point at which case allocation triggers a conversation with Practice Leader and Practice Manager.

The transition of a case from one setting to another should be immediate. For example, if a Response worker has a case consisting of two children, but the two children then become children in OOHC, the case allocation becomes two cases, one for each child. For this reason, Response workers are usually very keen to transfer cases to Case Management teams when care proceedings have begun.

There is also a ‘shadow allocation’ representing the additional, but unrecorded, work a CSO undertakes for other cases that are not allocated to them. This includes accompanying colleagues on home visits, covering for staff absence, or undertaking tasks instructed by their Practice Leader for children not allocated.

In practice, this type of shadow allocation is not planned. Instructions for work are largely reactive and ad hoc, arising from crisis situations or unforeseen circumstances (such as staff illness). A larger quantity of unallocated cases increases these pressures.

Cases are usually seen in terms of individual allocation of a child or children, rather than accounting for time. This means that all cases are assumed equal, when in fact a range of factors means that they are not. In lieu of alternative, and often unwieldy, methods of case measuring, the issue of time constraints is managed best through effective organisation and leadership and individual supervision.

How does time measurement work in this context?

Assume that 1 FTE Child Safety Officer equals employment of 76 hours per fortnight. While they can and often do work beyond this, there is a normal measure allowing for the extension of this 76 hour time period. Additional work means compensation through either

TOIL (time of in lieu) or overtime payments. Neither of these options is sustainable in the long term, since a CSO will suffer fatigue and have insufficient recovery time.

If a CSO is allocated 12 cases, this equates to 1 case = 6.33 hours per fortnight or just over 3 hours per week).

If a CSO is allocated 7 cases, this equates to 1 case = 11 hours per fortnight (rounding up), or 5.5 hours per week

What can be accomplished in that time?

If we take a one hour home visit, the time spent equates to much longer in practice for the CSO.

The home visit needs to be organised, including contacting the family to arrange a time, and administrative tasks such as booking the government car and finding a second worker to accompany.

We need to include travel time. If the family is local, we could give a figure of 30 minutes - 15 minutes there, and 15 minutes back. The worker will need to account for the meeting in terms of case notes and updating the CPIS database on their return; depending on what occurred this could be as long as 30 minutes.

This means a one hour visit to see a child equals to 2 hours.

That then leaves just over one hour extra a week to manage other tasks or matters for that child if they are in care, or three and half hours for a response level family.

However, this calculation is based on a set of assumptions, including that a CSO does nothing in work time except work on cases. The 76 hours a fortnight does not account for activities such as team meetings, informal conversations, toilet breaks, training or managing non-casework related activities.

Furthermore, the allocation of case numbers does not account for the planned or predictable absence of workers on a yearly basis.

For example, assume we have a team of five FTE CSOs. Each is allocated 12 cases throughout the year.

However, each CSO has access to four weeks of recreation leave. In addition, we can add a further week for personal leave arising from illness (this is a conservative average). We might also add a further week to account for activities like training.

Over the course of a year, this means the team is only 100% operational for less than six months. Yet, the calculus will be that all the cases will have an allocated and active CSO during that time.

This calculation makes a number of assumptions, but many of these are conservative. For example, the ‘tyranny of distance’ means that workers may often find themselves travelling extended distances to see families. Furthermore, this calculation assumes all cases are created equally efficiently, but they are not. There are significant challenges in child protection about the management of time, tasks, administration and decision-making.

Productivity is a major problem in child protection. Emails are overused, and casenoting can be extensive but filled with extraneous detail. Home visits to see children and families are not necessarily productive in terms of producing an outcome or advancing a case matter.

Certain activities can generate intensive work over a small amount of time, which completely overwhelms general case management. Most notable examples are taking a child into care, or a failure by the Department to sustain a safe placement (referred to as a placement breakdown).

This type of calculation may seem pedantic, but it is reflective of a wide range of factors that are simply not accounted for. Caseloads do not exist in the abstract, and are affected by a range of external issues.

From my experience of managing teams, I do not believe there is a way to successfully measure these factors in a truly representative way. It is highly dependent on effective supervision approaches, and the way that Practice Leaders are able to organise their work on a day-by-day basis.

From a strategic point of view, this may be difficult to monitor - this is definitely an operational challenge. However, examining caseload management purely in terms of staff numbers is a fools' errand, leading to misplaced faith in recruitment methods, and ignoring the range of other factors at play that have a much greater influence.

Care Planning

Recommendations 9.18, 9.20, 9.22 9.23, 9.25, and 9.26

Care planning

Effective care planning is of fundamental importance in establishing the safety and wellbeing of a child in OOHC. LIke the assessment process, it is important to understand that even if the administrative process of care planning is not being undertaken (e.g. regular care team meetings, accurate recording) that a care planning process of some kind is still *de facto* in place.

The reason for highlighting this is that a lack of formal care planning processes are not necessarily indicative of no action, and thus the experience of being in care for the CYP (and for people such as carers and parents) is organic. Too often, there is a failure to account for this in child protection systems, with a simplistic view that a lack of action, while not necessarily directing progress, will not necessarily lead to regression (at least in a significant manner). This is the equivalent of sticking one's head in the sand and assuming at that point that the world outside will simply remain in a kind of stasis.

It is also important to understand, especially where guardianship is granted, that the language used for children in OOHC is wholly unlike that used in normal situations for children and their parents.

For example, parents do not regularly talk about meeting a child's best interests or explicitly breaking down discussion of their child's life into well being domains. Parents are not ordinarily dependent on a third party to make critical decisions about their child.

In this regard, the care planning process should be recognised both in practice and in the abstract as a *peculiar* situation for a child to be in, outside normal everyday processes. Unfortunately, this is not reflected well in CSS processes, leading to the consistent use of jargonistic and unhelpful terminology, and failing to properly account for the perspectives of children, their parents, families and community. In my experience, this is a primary cause of poorly executed care planning and lack of effective engagement by the child and family.

Data available form the Productivity Commission demonstrates that the number of children with an up-to-date care plan[11] in Tasmania has been steadily falling:

Year	All Children	Aboriginal and Torres Strait Islander	Non-Indigenous	Unknown Indigenous status
2024	32.2%	33.6%	31.4%	15.4%
2023	44.8%	43.1%	44.2%	87.5%
2022	57.3%	60.3%	55%	64%
2021	58.9%	63%	56.4%	57.1%
2020	73.3%	73.3%	73.3%	70.8%

The Charter of Rights for Children in OoHC is not integrated with practice. The procedure for Care Teams and Care Planning does not reference it at all, and the only reference in the practice advice is as a resource. In my experience, the Charter is given little application or thought to care-planning decisions.

The key tasks when a child or young person centred care for the first time is significantly out of date. I cannot attest to the value of the document in contemporaneous terms. However I do note some positive guidance that should be reflected in any updated material:

- The expectation that the carer be given a copy of essential information either before or at commencement of the placement
- The explicit instruction that the child be give a copy of the Charter
- The need to visit a child at least once weekly
- Recognition of informing the child why they are in care

I attach a copy of this document ('Appendix F - entering care first time').

[11] The ROGS use the term case plan, but the meaning is the same.

Publicly available Information

The publicly available information about care teams is heavily reliant on reading ability, and essentially formulaic. While the information is broadly relevant, the means of delivery is hampered by reliance on lengthy sentences.

In terms of explaining this document to CYP, or indeed many adults, this document may not be sufficient in relaying the extent of the care team process, or the role of the care plan. There are references to specific tools such as Three Houses or All About Me, both of which would need elaboration.

The Care Team information video does help alleviate some of those issues (including literacy level), using an animated format to describe and demonstrate the care planning process. However, it appears to be under-utilised - (at time of writing) since being uploaded in May 2023 it has been viewed 177 times. The positive, indeed happy looking, representation of the participants is incongruent to the lived experience of those involved in the situation of a child in OOHC. In addition, it is questionable to what degree diversity of culture is represented.

‘Self-Selecting’

It has been common practice and parlance within child protection to refer to instances of a CYP under a care and protection order residing in an unapproved or unsafe place to be considered as ‘self-selecting’.

This term has poor practice foundation, and is indicative of victim-blaming CYP when they have been subject to decision-making outside of their control. Furthermore, it implies a casual acceptance that any formal placement offered by child protection is automatically judged ‘safe’.

CYP refuse to abide at arranged placements for many different reasons, and this refusal is complicated by a broad reluctance of child protection services to engage effectively with the CYP. This situation is complicated in instances of low staffing, poor resourcing, mismanagement and disorganised team work, and high caseloads, all of which inhibits an individual worker’s ability (and willingness) to properly consult with CYP.

Self-selecting has poor application across the child protection space in Tasmania, and the language used is indicative of victim-blaming. Wording in the CSS practice prompt reinforces this negative and lazy stereotyping. For example:

‘They might choose to return to the care of the parent/s, stay with friends, family members or acquaintances who have not been assessed and approved by the Child Safety Service (CSS).’

and

‘They are likely to feel scared, upset, angry and confused even when they seem to have made this decision themselves.’

There is a general failure in the practice prompt to acknowledge the peculiar circumstances for any CYP in OOHC. While CSOs are advised to consider various factors that influence a

CYP, the experience in care section is detailed in abstract terms. There is no reference to the actions of the department that led to the CYP coming into care, and the limitations on suitable placement options born by poor organisation and resourcing.

I attach a copy of the practice prompt ('Appendix G - self-selection practice prompt')..

A CYP cannot apply an order to themselves unilaterally. Even if they are broadly supportive of an application, they require an entire process with CSS and the legal system to complete this process.

No child or young person can choose to come into care in the first place; such a decision-making process is determined <u>solely</u> by the statutory system.

Choice is a questionable concept in the context of child protection, especially compared to conventional considerations. To apply a CYP ability to choose so simply and in such a banally binary fashion as this ignores the lived reality for victim-survivors of abuse and neglect, the impact of trauma, and the impact of being taken into care. Choice ceases to lose meaning when many choices are denied or otherwise ill-considered by the very people who initiated the crisis of living situation in the first place.

I note too the comments of Minister Jaensch to the Committee on 14th November 2024 (emphasis added):

Mr JAENSCH - At the risk of taking up the committee's time, I do think it's important to put on the record that we need a wide range of tools at our disposal. I've been told on various occasions by our child safety staff and by youth justice workers that JCP has been called on and engaged and has got results ***sometimes where nothing else has worked.***

With highly disengaged young people who have left their placement, which is broken down, who have refused contact with their child safety officer and worker who have - self-selected is a clumsy term, but who have evaded all attempts to provide them with safe, secure places to be and supports and JCP has gone and found them in the middle of the night and been able to give them a safe place to be, *something to do the next day, a change of clothes, and a group of people to belong to, doing something constructive. So they can then report back to the service, and say, 'We know where the young person is, they're okay, they're going to be able to come to their meeting with their child safety officer, we'll work through this with them'.*

I am glad to be able to agree that self-selected is a clumsy term, but with terms like 'refused' and 'evaded' the characterisation here clearly places the burden of responsibility on the CYP.

The reference to 'nothing else has worked' is indicative of the conceit that any placement formally offered is absolutely safe in comparison to any other option, and also the assumption that actions and interventions by CSS or youth justice have been holistic, comprehensive and suitable to the situation.

The Minister's comments also reveal a problematic conditional element in that the CYP cited have been found 'in the middle of the night'. CSS simply lacks the staffing or skills capacity

to conduct or undertake prolonged searches for CYP after hours, since they are not routinely roaming the streets of Tasmania in the middle of the night. Quite how JCP Youth has this capacity is a question in itself.

While recruitment to the nascent after-hours service may help resolve some of those issues, it is fair to say that the limitation on intervention in the middle of the night by the statutory service will continue to be significantly limited. It's not a common occurrence to be actively searching for a CYP out on the streets at night, and CSS has often taken a *laissez faire* approach to housing uncertainty (for example, offering a homeless CYP in care a tent). It is also unclear how the 'safe place to be' has been assessed as being safe, or why, if an external provider like JCP Youth can find an alternative location so easily, this option wasn't identified earlier.

I would also highlight that there is no apparent age restriction on classifying a CYP as self-selecting. Given state and national guidance on CYP being able to make informed decisions about their own wellbeing, it is somewhat concerning that a blanket assumption has been made that *any* child could make a choice to seek an alternative place to stay.

In the past, I have seen examples of children as young as 10 years old being listed as self-selecting. An RTI disclosure from 2021 demonstrates the diverse and concerning age ranges involved, and confirms a child as young as 10 being recorded as self-selecting.

I attach a copy of this RTI ('Appendix H - RTI self-selecting').

Data on self-selection is poor. Children in OOHC residing in self-selected locations are not required to be recorded within national statistics (such as AIHW or Productivity Commission), so the official data available is problematic.

A review of the most recent ROGS repeats a well-worn comment when listing a placement information:

Data quality issues arising from inconsistent recording of placement types means numbers of children reported as being in residential, non-residential and other types of placements, should be interpreted with caution.

Table 16A.21 of the most recent child protection ROGS data presents something of an anomaly in relation to Tasmania's suppression policy. The Productivity Commission notes the following:

From 2021-22, Tasmania formalised a small number suppression policy which was adopted in 2019-20.

This results in several figures over the last few years under 'Other (incl. unknown)' being recorded as 'np.' The problem is that in some other sections, very low numbers are revealed. For example, in 2022 the number of children residing in residential care whose indigenous status was unknown is given as '1'. Yet, the figure for 'Other' in the same year is recorded as 'np.'

It is not clear if the Tasmanian Government includes self-selecting under 'unknown', and if not how self-selecting is measured. I have not been able to find public-facing documents on the DECYP website that detail these numbers.

Child Sexual Exploitation

Recommendation 9.29, 9.31 and possibly 16.1

Noting comments made to the Committee by Assistant Commissioner Blackwood on 19th August 2024:

Wherever we receive any information to say there is coordinated sexual offending we'll always investigate it thoroughly. To date we have not discovered that that's actually occurring. Some of the information we have found is people accessing open-source information and deducing themselves that there may be something going on. We'll always look at it and we encourage any reporting that anyone has information like that.

The complexity with the scenario laid out here is the ambiguity in the comments. Phrases like ‘we’ll always look at it’ and ‘information like that’ are not clear in terms of setting expectations. Members of the public are not ordinarily trained in identifying coordinated sexual offending, or tailoring their language to convince a police officer of a concern.

Professionals have similar issues, in that their ability to collate necessary evidence can be severely curtailed by the limitation of access and their specific role. Coordinated sexual offenders do not typically *explicitly* broadcast their behaviour in public; they do often operate in plain sight, but this can require some significant investigation to determine (especially for online activity). For professionals it may be an educated guess based on a series of factors.

Furthermore, coordination need not necessarily involve direct sexual abuse. Some people involved may be acting more as conduits for the movement of children so that offenders can access them, rather than actively engaging in direct sexual activity. Offenders may also exploit people by using extended contacts to be able to target children. In my experience in Tasmania, social media is a very real means for offenders to coordinate with one another and target children.

There is a limit to the ability of professionals in being able to recognise the signs of coordinated offending in specific cases, and the pathways for investigating this. Child protection is premised on the child as being the principal consideration in any assessment, and legislation is written in a way that emphasises one child, one abuser.

Where there are multiple CYP being potentially abused, there is no mechanism for a unified approach. In reality, each child is allocated to a worker, and if there is cross-regional activity, this may be spread across the state. However, the perpetrators may be more localised (even if they travel out to target a child, they will usually reside in just one place).

I also would highlight issues about the police refusing to take reports of crimes relating to children - this is discussed further below.

s.95 and s96 of CYPF Act enforcement by police

Recommendation 9.30

In reference to the following comments at the Committee on 19th August 2024:

Mr HIGGINS - It's not easy legislation. In relation - to these two offences - it takes a lot of information to actually do it. In fact, to even - and we can't, it's not something we can arrest anybody for. It actually needs to be authorised by the DPP to actually leave in charge in relation to those two.

Mrs PETRUSMA - Chair? Just to follow up on that please? Since the training has been rolled out and commenced, are you seeing an increase in the detection of that type of offending by police officers? Statistics change, there are more reports, or is it -

Mr HIGGINS - No. There's still only been two people charged in the last 20 years.

It is not entirely clear to me what the issue is preventing pursuit of these offences. The barriers put up appear to be issues of efficiency, rather than legally or evidentiary prohibitive issues.

Citing the level of information required is probably an issue that could be applied to any crime, especially given the burden of proof is beyond reasonable doubt.

Authorisation by the DPP is a procedural issue, not an evidentiary one, and it should not be a preventative barrier.

Stating that ‘it’s not something we can arrest anybody for’ is a self-evident statement which presumably applies to all crimes. In this context, it requires significant elaboration.

I would highlight that I have never known CSS to actively pursue these charges and I recall no instance of a consultation with police about progressing charges. There is a lack of guidance relating to them for CSS. It is notable that the section for ‘Offences under this Act’ is blank under the practice manual.

Recommendations

- Tasmania Police be requested to explain the level of information/evidence required, the procedural issues relating to DPP authorisation, and the scope of who can be arrested and under what circumstances;
- CSS be requested to explain what is occurring with the guidance relating to these offences;
- Tasmania Police be requested to provide details of the training, and whether it can be adapted for use by CSS staff to inform them of potential processes under the law;

Police policy on refusing to take criminal reports

Recommendations 9.31, 16.3, 16.4 & 16.20 (also note prior reference to the Office for Safeguarding and recommendation 6.3)

There has been a persistent difficulty in making reports to police relating to potential crimes against children. This appears to have been ongoing since before the start of my employment with DECYP in August 2024.

Unless there is an indication that the child is in immediate danger, the police policy appears to be to refer the caller to the ARL and they will decide to report any criminal concern to the police.

Furthermore, it has been my experience and that of my colleagues that the police have not been recording calls with incident numbers. This means almost certainly there is no record of calls being made (beyond an audio recording), and no means to account for a comparison with referrals from ARL.

The new policy does not take account of the legal requirement to contact police.

I note the comments made by Deputy Commissioner Higgins during LC Estimates B on 26th September 2024 (emphasis added):

'When you described reporting to police, reporting to ARL, doing the reportable conduct, people are doing that ***because they think that it has to be every single one as opposed to any door does come to us.***

This was raised with me last week, the radio room in particular, and the radio room have advice what they can do. Their advice about the child in immediate risk is valid, and very valid, but we are going to revisit this with agencies so there isn't that confusion in our radio room which get a lot of calls about everything around the state, not just instances like this, so it takes that confusion out of it. ***People are trying to do their obligation under the Criminal Code and looking at it so stringently that it must be Tasmania Police as opposed to perhaps it's the ARL, perhaps it's reportable conduct, perhaps it's police to come in.*** *It is something that we're learning and we're trying to get better with it, but it will probably take some time until we - and we won't always get it right. So that way people aren't necessarily getting contrary advice when they ring up to actually report something.'*

The Tasmanian Police website clearly states:

Where a crime may have been committed, contact police on 131 144 or Crime Stoppers on 1800 333 000.

In November 2024 we received internal advice in DECYP as follows (emphasis added):

'We are seeing a lot of this pushback from police, however our processes haven't changed, and neither has the legislation around it (Section 105A of the Criminal Code Act 1924) which clearly states here:

"(2) A person is guilty of a crime if the person –

(a) has information that leads the person to form a reasonable belief that an abuse offence has been committed against another person who was a child at the time of the alleged offence; and

(b) fails without reasonable excuse to disclose that information to a police officer as soon as practicable.

Charge: Failing to report the abuse of a child."

As you can see, it clearly states we would be guilty of a crime if we do not report to police. It also fails to explain what a 'reasonable excuse' might be. If it's considered a 'reasonable excuse' is making an ARL notification, the legislation needs to be clear on that, and currently it is not.

I do know there is a lot of noise about this at the moment which is way up higher than us, but in the meantime until either there is agreement around dual reporting only being related to immediate risk of harm or legislative change (which won't happen overnight), our processes haven't changed.

It might be a good idea to share that with your team and also if they can note down any instances of pushback on dual reporting, noting date/time, person they spoke to and a brief summary of why they were calling this is all useful information to be pushing up the chain. I'm happy for your team to send any of these 'incidents' directly to me for collation so I can put all of this to T for her conversations with executive and The Office of Safeguarding Children and Young People.,

On 3rd February 2025 further advice was received internally:

Please be aware, we are no longer required to report to both ARL and the police. Please only report your suspicions/concerns to ARL. Of course, if the situation is an immediate concern that warrants police intervention, please also report to police. The mandatory reporting training and guidelines are currently being updated to reflect this change and once completed, I will forward on to you all.

That more recent advice appeared to be a near 100% turnaround on advice given last year. However, when I sought clarification internally, I was told that the basic requirement to call the police hadn't changed. There appeared to be more concern about instances where it was not clear that a crime had been committed.

It is highly likely that people, professional and public, have, over an unknown period of time, been attempting to make reports of criminal concern to the Tasmanian Police in fulfillment of their legal obligations, but have been redirected to the ARL. It is almost certain that the Tasmanian Police have not recorded the number of redirections made in this manner, and there is no way to confirm that further reports were made to the ARL.

I find it plausible and likely that potential crimes have gone unreported and that children have been unnecessarily exposed to risk. I would also point out that the Tasmanian Police perspective on this issue has the effect of removing their responsibilities, but at the expense of ARLS. The principle of 'no wrong door' is not reciprocated; if someone were to call the police, they would not take the report AND review if it needed to be forwarded to ARL.

This issue is further complicated by the powers of the Secretary of DECYP.

S.17(2) of the CYPF Act allows the Secretary to not take action in certain circumstances. This means if a report of concern is made to ARL, but the police have refused to take the report, the burden of decision-making about whether the concern constitutes a crime rests with ARL rather than the initial caller.

Beyond basic references to consultation, it is not clear what criteria a report of harm is applied to, in order to determine whether a crime may or may not have been committed. Note that the Managing Contacts to the Advice and Referral Line procedure states (emphasis added):

“Disclosures or indicators of **sexual and physical abuse** must be recorded in CPIS, and a Police Referral completed as soon as this information is known.”

S.178(1) of the Criminal Code (Ill-treatment of children) appears to outline a broad interpretation of potential acts that might constitute criminal acts, outside the parameters of physical or sexual harm:

“Any person over the age of 14 years who, having the custody, care, or control of a child under the age of 14 years, wilfully ill-treats, neglects, abandons, or exposes such child, or causes such child to be ill-treated, neglected, abandoned, or exposed in a manner likely to cause such child unnecessary suffering or injury to health, is guilty of a crime.”

This definition above could include emotional harm and neglect, but the procedure appears to exclude these two definitions, even though they exist under the abuse categories for the Child Safety Service.

I cannot say to what degree this impacts on a practical basis the reporting of crimes to police by ARL, but it does leave the possibility for complications including:

- The failure of ARL to report a crime to the police in a timely manner;
- The failure to report certain crimes to police because of a literal translation of the procedure;

Children in youth detention

Closing Ashley Youth Detention Centre

Recommendation 12.1

The government has failed to demonstrate good faith in the progression of this recommendation. No satisfactory explanation has been given for the delay in progressing AYDC closure despite the announcement by then Premier Gutwein in 2021.

The continued failure of the government to satisfactorily account for its sluggish approach to building new facilities undermines confidence in the willingness and desire to progress this recommendation.

I compare the delays in progressing this matter with the enthusiasm for constructing a football stadium, or the rigour with which the government continues to flog a dead horse with a highly unpopular and unviable cable car proposal for kunanyi.

The closure of AYDC is neither an abstract exercise nor is it a superfluous process. The COI itself highlighted the continuing risk from the facility, and the settlement of a legal claim for 129 former detainees illustrates the human impact of the abuses carried out.

AYDC has repeatedly been exposed as a site of abuse and harm. Past behaviour is the best predictor of future behaviour; on that basis it is not feasible to allow this site to continue in operation. The Tasmanian Government can and should undertake a speedier closure than it is doing at present.

Searches and use of force

Recommendation 12.31

The procedure for personal searches at AYDC clearly states that:

AYDC operational staff must NEVER perform:

Fully Unclothed search – this is a search where a young person is required to remove all of their clothing at the one time. This search would require the young persons' torso and genitals to be exposed to the searching officer at the same either naked or dressed in underwear.

SImilarly, the Attachment A guidance in the same procedure states:

Staff must not conduct any practices outside of the provisions listed above when conducting a partially clothed search.

However, the Youth Justice ACt under Division 3 clearly provides for an authorised officer to conduct a full unclothed search. Noting that law overrides procedure, it is unclear what the implication is of staff members conducting unclothed searches against the procedural instruction.

Reference to the modesty gown is interspersed amongst the guidance for a partially clothed search, and it is unclear if the search guidance is expected to be progressively followed.

Points 10 and 11 of Attachment A of the procedure provide for the young person to make a complaint or register a concern about the search process. However, both of these points suggest the staff involved in the search are present, or such a concern cannot be reported without them having awareness of this.

Recommendations:

- DECYP should clarify the extent to which the procedure is enforceable given the law still permits an unclothed search.
- The government should accelerate the amendment to the Youth Justice Act in regard to fully unclothes searches, and the explicit definition as a form of child sexual abuse.
- Opportunities for the young person to raise a concern about the search should explicitly allow for this to happen without the active searcher or observer present.

Criminal justice responses

Specialist units to investigate child sexual abuse

Recommendation 16.1

There is a significant complication in the current practice of police and child safety coordination for joint investigations. This specifically relates to 2(c) of recommendation 16.1, pertaining to specialist police units partnering with other agencies and support services. I am assuming that this includes CSS.

I attach a copy of the 'Keeping Children Safe' memorandum of understanding (the MOU), which I will be referring to here (Appendix I - Keeping Children Safe MOU').

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

The MOU states:

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

1) Shared Operating Principles

2) Mandatory Reporting

3) Information Sharing

4) Joint responses to investigations

5) Governance

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

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

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

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

In prior experience in other states, notably WA, there has been a clear demarcation between

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

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

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

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

The MOU has no accounting for the Reportable Conduct process.

I cannot find any MOU between the police and education services, and the content of the Keeping Children Safe MOU does not provide sufficient guidance.

Recommendations

DECYP and Tasmanian Police to update the MOU as a matter of urgency, with the DPP should be included as an agency;

Non-fatal Strangulation

Recommendation 16.6, 16.1 & 9.11, 9.13, 9.17

There is a gap in the specialised knowledge of CSS, and I would suspect police and health, in the phenomenon of non-fatal strangulation in cases of child sexual abuse. Research on this particular topic is difficult to find, but indications are that this phenomena may be present to a significant degree. The dearth of research increases the risk that specific instances of NFS are operating 'below the radar' in child sexual abuse.

I find it likely that one reason NFS is missed in CSA cases is because victims are not routinely asked about specific incidents. In addition, the specific offence of strangulation is a recent addition to the *Criminal Code Act 1924*, and clearly framed in the context of adults (primarily women in the context of family violence and sexual assaults).

In my experience, CSS workers have had little working knowledge of NFS in family domestic violence situations, where there is greater awareness and knowledge available, requiring prompting to consider this aspect. The idea that there would be sufficient awareness for CSA on this basis makes it even less likely CSS staff would ask a child unprompted.

I do know from personal experience that NFS can be used as a form of coercive control by perpetrators of CSA. It is plausible that many victims of child sexual abuse may not be consciously aware that they are being strangled or choked at the time due to the trauma of their experience.

Reviewing the *Criminal Code Act 1924,* I have seen that s.170B (Strangulation, &c.) is not referenced under s.105A (Failing to report the abuse of a child). As noted above, I suspect this is because the common narrative is in relation to family violence and adult (female) victims, rather than more broadly applying to children as well.

There is no logical reason why an act commonly found in adult cases of violence and sexual assault should be excluded from child cases. In that regard it seems prudent for increased attention to be made to particular signs and symptoms of NFS, as well as updating skills and knowledge training in respect of NFS and its impacts, in relation to children.

I would also highlight that given the established link of NFS with family violence, there should be more consideration of reflecting the impacts of experiencing the NFS of a parent on a child in both criminal and child protection legislation. While s.178 of the Criminal Code Act 1924 (Ill-treatment of children) might cover some elements of this, there is a limitation in the context of family violence and age (s.178 pertains only to children under 14 years of age).

Recommendations

- Ensure that signs and symptoms of NFS, as well as trauma-formed interview techniques, are included in mandatory core knowledge requirements for CHild Safety Officers
- Coordinate with relevant stakeholders to establish research pathways in respect of NFS in cases of CSA
- The Chief PRactitioner should ensure robust guidance on NFS is provided across DECYP both for CSA and harmful-sexual behaviours, aligned with with best practice standards
- Ensure that police, health and other related professional agencies include specific consideration of and reference to NFS in any criminal investigation, forensic medical examination, or any other process involved in cases of CSA
- Amend s.105A of the Criminal Code Act 1924 to explicitly reference s.170B as an abuse offence when the victim is a child.
- Engage with stakeholders on consulting regarding any potential gaps in the incorporation of family violence into criminal and child protection legislation, and gaps in child protection practice, to more explicitly recognise the impact on CYP who experience episodes of violence.

Redress, civil litigation and support

Access to information and records

Recommendation 17.8

The Right to Information (RTI) process requires some significant improvement, and the COI recommendation is a positive indicator of actions to take. I have found there to be a casual disregard for RTI processes, switching between a *laissez faire* attitude to outright obstruction.

It is plain that the Right to Information Act 2009 allows for some easy ‘get out’ methods for the government in choosing when to abide by or ignore its responsibilities.

S.10 Electronic Information is worded in such a way as to essentially allow for a sweeping ability to deny information that would otherwise be available. I would highlight that it is not unusual for certain databases to be governed by third-party organisations, who often do not integrate or coordinate for their respective programs/applications. The wording of the legislation would grant a legitimate excuse to avoid releasing information in the event of any complication arising from this situation. However, given the act of accessing third-party services is a deliberate choice on the part of the government, it is easy to see how this leads to a situation of convenience.

Government responses to RTI queries have been highly questionable. I discovered in 2024 that RTI releases for both DECYP and Department of Health (DOH) had gone missing from their respective RTI webpages. These missing documents seemed to be RTI releases occurring under DOC and DHHS.

For DECYP, RTI documents relating to children and youth released prior to 2023-24 appear to be missing (last checked 31st January 2025).

DECYP did not give a clear explanation of why the data was removed and furthermore not easily able to be restored. They were able to restore a document that I had used as an example of the missing documentation, erroneously believing that this document was the one I was seeking.

On further query about the other documents, DECYP advised that ‘This issue is being actively discussed and investigated. Once sourced we will consider the publication of those documents in the future.’

For DOH, RTI documents relating to children and youth services under DHHS were not available at all. Their disclosure log only lists document releases from 2020-21 (so after the department changes).

When I enquired about accessing the documents, I was told the following:

‘We have made contact with the relevant area for this information and unfortunately it has been archived. The advice being they are unable to extract the data.’ (15th October 2024)

‘From the advice I have been provided the prior disclosure logs have been archived, therefore the data cannot be extracted, more so along the lines of systems and software upgrades.’ (15th October 2024)

‘IT have advised that the electronically archived website is not in an easily accessible format.’ (19th November 2024)

I contacted the Ombudsman on 17th October 2024 - I have attached the response (‘Appendix J - Ombudsman response’).

It does not appear in either case of DOH or DECYP that a formal archiving process was used, such as that under the Archives Act, otherwise I imagine that would have been the immediate response. Both appear to have separately archived the electronic documents through an internal process.

It is not clear to me what would make the DECYP documentation ‘not easily able to be restored’ while simultaneously being able to release one of the documents in question. In addition, the RTI releases from the former Department of Education are still present, indicating that there was a decision made to keep those documents available. The loss of the children and youth documents appears to be an active decision, and it is not clear what the nature of actively discussing and investigating the issue looks like in this scenario.

The DOH response is a little less opaque, but it is not clear to me how data could be archived in such a way that it is no longer ‘in an easily accessible format’. The documents were available as recently as when the department changeover occurred, which was within the last 10 years. Technology can shift and change, but it is not plausible to me that documents available less than a decade ago are now unable to be accessed.

I note that the Ombudsman has indicated the limitations pertain to the electronic documents themselves, not the content, and outlined that it would be possible to request them. However, the problem with this is that I was not looking for a specific document; I was reviewing the disclosure log to see what documents had been released in the areas of child protection/safety. Without having a list of released documents available it would be difficult to know what to ask for, and it is not exactly the point of concern.

I cite this example because it illustrates the complications that may occur with streamlining any process, and ensuring that there are reasonable steps to provide information. The instinctive attitude of both departments was to remove the previously released documentation, and furthermore did not appear to exercise any such formal process for doing so. So both attitude and application were slanted towards restriction and control of information. The implication that technology is impeding the retrieval of these documents is baffling and not convincing.

In order for improvements to occur, the government must be able to demonstrate good faith in its actions.

One step would be to clarify the interpretation of certain legal terms such as what constitutes ‘normal computer hardware’ or what specific issues would ‘substantially and unreasonably divert the resources of the department’.

Furthermore, departments should clearly outline the timescale of available disclosure logs, but also the process for accessing previously released documents or interrogating what documents were released and when. Other departments, such as Natural Resources and Environment, have maintained prior logs from previous departmental incarnations. I see no reason why the same can't be done here.

Overseeing child safe organisations

Commission for Children and Young People

Recommendations 18.4, 18.6, 18.7, 18.9, 9.14, 9.33, 9.34, 9.35, 9.37, 9.38, 12.38, 12.39

I have provided a separate submission to the Department of Justice in respect of the Commission for Children and Young People Bill 2024 (the Commission Bill). I do not repeat those comments in full, since presumably either this Committee or another Committee will take up the opportunity to have a wider inquiry into the Bill.

However, despite this overlap, I provide a summary of my concerns about these particular recommendations in respect of the Commission for Children and Young People (the Commission).

The recommendations of the COI set out a bold vision of a newly formed Commission, expanding the existing powers of the Commissioner for Children and Young People (CCYP), and the Child Advocate, and giving voice to previously under-represented voices of Aboriginal and Torres Strait Islander children (and by extension their families).

The Commission Bill displays some signs of the meaning and intent of the COI, but in many respects represents a disingenuous approach to the creation of a new Commission, with the 'small print' type conditions that, at the very least, potentially undermine the powers and resources of the Commission to undertake its work.

Key issues of concern:

- Lack of clarity regarding the meaning of detention, in that community-based bail facilities might reflect de facto custodial arrangements (largely in being confined to location), but with clear identity under the law. I also note concerns, expressed elsewhere, regarding the narrowing of detention to potentially exclude adult correctional facility or police watch houses;

- As discussed elsewhere in this submission, the continued reliance on formal identification of a CYP as Aboriginal and/or Torres Strait Islander belies the reality that in many cases cultural status is not identified, sometimes deliberately, by particular agencies;

- The lack of clarity regarding the best interests of the child and application of the UN Convention of the Rights of the Child;

- The inconsistency in implementing the current legally prescribed Children and Young People Advisory Council and Children and Young People Consultative Council, and the habitual renaming and classification of committees/councils to replicate their functions.

- The apparent effort to curtail powers of the Commission to undertake inquiries in respect of matters relating to the provision of statutory services outside of the considerations of out-of-home-care and Aboriginal and Torres Strait Islander identity. On the face of the Commission Bill issues such as decision making in respect of applying for care and protection orders, the general undertakings of Strong Families, Safe Kids and the Child Safety Service in undertaking assessment and investigations, or the impacts of low staffing numbers or lack of resources, might all be excluded from inquiry.

- Applying separation of powers for Independent Regulator and Commissioner for Children and Young People in such a way that it would severely curtail the position-holders ability to exercise their role in respect of both positions.

- Severing the ability of any future legal proceeding to question or query a Commissioner under the current act about information that was disclosed or abstained in their post. This is an unwanted incursion of anti-transparency instincts from the Tasmanian governance (the 'culture of secrecy').

Recommendation 18.7 Appointment of Commissioners

I feel that I would be remiss if I did not reference here the very real failure of the Tasmanian Government to exercise good faith in practice, in terms of implementing the recommendations of the COI.

On 31 August the COI handed down its final report, with the Tasmanian Government accepting all the recommendations.

Recommendation 18.7 of the COI clearly stated:

The Tasmanian Government should ensure the process for appointing future Commissioners and Deputy Commissioners for Children and Young People adopts the following:

a. future Commissioners and Deputy Commissioners be appointed following an externally advertised merit-based selection process to ensure they have relevant professional qualifications and substantive experience in matters affecting vulnerable children

On 31st October 2023 Minister Jaensch announced the reappointment of Leanne McLean as Commissioner for Children and Young People. This was apparently made without a merit-based selection process as recommended by the COI.

It was suggested at the time that since the tenure of Commissioner McLean was due to end there was no other mechanism except to re-appoint in full.

However, Ms McLean's predecessor, David Clements, was appointed as interim Commissioner following the resignation in 2017 of former Commissioner Mark Morrissey.

There was no substantive position to cover. Mr Clements held this interim position until Ms McClean's appointment in 2018.

On 11th October 2024 Minister Jaensch announced the appointment of Commissioner Isabelle Crompton as interim in the lead up to the formation of the Commission.

This may seem a minor distinction on the face of it, between interim and full appointment, but the measure of applying the recommendations in this instance was not complicated. There was precedent.

The Tasmanian Government failed to keep its promise.

The appointment of interim commissioner without an incumbent to cover, both in 2018 and 2024, demonstrates clearly a legislative ability (possibly a gap) to appoint interim positions. The lack of acknowledgement by the Tasmanian Government in October 2023 was indicative of a casual disregard for fulfilling promises and demonstrating good faith. For a community of Victim-Survivors, Whistleblowers and other invested stakeholders, many of whom were beset with understandable doubts and uncertainties about the ability of the government to deliver, this swift abandonment of a promise would have disappointed many.

The announcement in October 2024 does imply the Tasmanian Government learnt from its error, but the reality is that it took only two months for the government to fail in its pledge, and to my knowledge it has failed to explicitly acknowledge this or the potential implications.

My recommendation to the Tasmanian Government, if it has not already learnt this lesson, is to pay closer attention to expectations with regard to fulfilment of the COI recommendations, because it is being watched and judged.

Conclusion

I once again thank the Committee for the opportunity to provide this submission, and the time of Members in going over its contents.

Once again, I am at the Committee's disposal if they wish for further information.

Yours sincerely,

Jack Davenport

Appendices

Guide for Adolescent Risk of Suicide Assessment

Last updated: 2000

This document is a guide only. Its content and application need to be considered critically in conjunction with other literary sources, specialist consultancy and normal supervisory structures.

Young Person - Suicide Risk Assessment
Where a young person has threatened or attempted suicide, or where there are strong indicators of suicide risk, then this should become the primary focus of risk assessment and protective intervention.
• Does the young person have a suicide plan? • If so, how well thought through is it? How lethal? What access does the adolescent have to means of self harm, including drugs and weapons?
Threats of suicide should always be taken seriously. In most cases of suicide, the person has communicated their intent beforehand.
• Has the young person previously attempted suicide? • Has the young person recently made comments alluding to suicide, or made threats (explicit or veiled) regarding attempting suicide?
• Is there a history of suicide or attempted suicide as a solution in the young person's family or peer network?
• What is the young person's concept of death, and his/her degree of preoccupation, resignation or ambivalence towards death?
Recognising risk factors, taking them seriously and talking to the young person about them is vital and may be all that is needed to prevent a suicide attempt.
• What is the adolescent's current emotional state? (e.g. depression; feelings of futility, hopelessness, helplessness; persistent symptoms of boredom, resignation, apathy; poor frustration tolerance, irritability, aggression and impulsivity; wide mood swings; poor self esteem; difficulty concentrating; thought disorder, delusions, hallucinations; acceptance of alternative viewpoints and of possibility of support)
• Have there been any marked changes in the young person's behaviour, (including a severe escalation in risk taking/self harming behaviour, particularly in association with drug and/or alcohol abuse)? (e.g. appetite disturbance; sleep disturbance; weight loss; anxiety; panic; social withdrawal; school refusal/drop in school performance; frequent complaints about physical symptoms such as headaches, stomach aches, nausea and fatigue)
People who commit suicide often do so after their mood and energy level improves. Where a history of suicidal behaviour is known, sudden apparent improvements in presentation should be viewed with caution.
• Has there been a sudden improvement in the young person's affect?
• Has the adolescent shown signs of planning or getting his/her affairs in order (e.g. given away prized possessions)? • Is the young person showing signs of an unexpected sense of relief?
Asking an adolescent about possible suicidal inclinations will not increase their likelihood of committing suicide, though it may bring distress to the surface which needs to be addressed with the adolescent. The protective worker must ensure that provisions are made for follow up support and monitoring; planning should focus on the immediate short term period (i.e. the next 24 to 48 hours).
• Is a supportive person - whom the young person knows and with whom he/she feels comfortable - available to supervise the young person?
• Has a clear and definite arrangement been made between the protective worker and the young person regarding the next contact? (i.e. date, time, location, preferably in writing and signed by both parties)
• Has the adolescent undertaken not to harm him/herself? • Has the adolescent agreed to utilise alternative strategies at times of high stress or

SPECIALIST ASSESSMENT GUIDE

Guide for Assessing the Developmental Phases of Young People

NOVEMBER 2000

This document does not purport to be an all inclusive theoretical or practice portrayal. Its content and application needs to be considered critically in conjunction with other literary sources, specialist consultancy and normal supervisory structures.

Context

"… the importance of considering *each child as an individual,* with a distinct life history, within a unique set of current circumstances" is emphasised. "It cannot be stressed too much that individual children vary. The fact that a child has not reached a particular stage that is average for their age may be, but is not necessarily, an indicator of neglect, abuse or trauma … each child is born with *potential* and successful childhood can be seen in terms of achieving that potential … There can be different routes to this potential and different ways to encourage it. Some aspects of adult behaviour will support the development of potential, others will inhibit it and some aspects will have a negative effect. The experience of adverse life events and socio-economic deprivation may also affect development … Thus each child, whatever their physical or intellectual capacity, has a potential which can be promoted. With information about what can be expected at any given age if a child's development is supported and healthy, it should be possible to assess the extent to which an individual child's potential has been undermined by adverse circumstances and events."

[Reference: Brigid Daniel, Sally Wassell and Robbie Gilligan. Child Development for Child Care and Protection Workers, Jessica Kingsley Publishers, London and Philadelphia, 1999, pp. 10-11.]

Purpose

This Guide has two major purposes aimed at assisting child protection workers in their assessments of young people:

- to provide information regarding the *common developmental stages* and *key developmental issues* which young people can be expected to go through or encounter; and
- to provide a basic framework for *identifying the developmental progress* of an individual young person through the provision of "Questions (or Issues) to Consider" at the end of each key section throughout the document.

Tasmania

ASSESSMENT OF PARENTS POTENTIAL SUBSTANCE MISUSE POLICY AND GUIDELINES

Description:	Policy to Guide Workers in Assessing the Parenting Capacity of a Parent and Potential Risks to Child Wellbeing as a Result of Substance Misuse
Audience:	All employees in Children and Families Business Unit
Approved By:	Director Children and Families
Custodian:	Human Services Group, Children and Families
Version:	0.1

Effective Date: September 2007 **Review Date:** September 2008

Background

The purpose of this document is to provide the generic guidelines for child protection workers to effectively and safely assess the parenting capacity of a parent allegedly using or exhibiting signs and symptoms of substance misuse and the risks to the child's safety and wellbeing. The first information document is also attached and refers to Methamphetamine as this was identified by practitioners as being of particular concern. Further guidelines will be developed to address other substances that potentially may be misused.

It is envisaged that these guidelines would assist in reducing or prevent potential harm to children and child protection workers when responding to situations where it has been alleged that a parent has been misusing substances.

While it is acknowledged that child protection workers are not specialist drug workers/consultants, it would be an advantage for them to possess some basic knowledge and understanding of the signs and symptoms of substance misuse to assist with their assessment processes. Further, it would also benefit the Child Protection Service to establish a close working relationship with the agency's Alcohol and Drug Service (ADS) for the purposes of receiving professional advice and guidance on assessments as well as referral of clients for treatment and counselling support services.

Effective partnerships might also be achieved with the ADS by the Child Protection Service by;

(a) taking part in collaborative specialist drug assessment training in appropriate responses to substance misuse; and

(b) gaining a better understanding of substance misuse issues in general.

What do you think? green, orange or red?

Use the traffic lights framework to identify these scenarios

1. Harry, aged eight, masturbates for most of the day at school. When masturbating he will often expose his penis to the rest of the class.
2. Teekai, aged 13, spends a lot of time alone in his bedroom with the door shut. When his mum knocks on the door he tells her to go away. Lately he is putting his sheets and pyjamas into the washing basket to be washed every morning.
3. Gayle, aged 12, often tries to sit on the lap of her mum's male friends. When she does, she will talk about their bodies and say that it is okay for them to kiss her. Sometimes she likes to dance for them and says she is being a pop star.
4. Kiya, aged 15, has been chatting with people on the internet for the last month. This Friday night, she intends to meet up with Geoff, a guy she has been talking with since last week. She is keen to meet him and hopes she will be able to wear her new jeans.
5. Pai and Marley, both aged four, are playing in the cubby house and have both taken their underpants off. They are looking at and touching each other's genitals.
6. Harper, aged seven, tells her teacher that she has seen Lucas, aged 13, touching her best friend Cindi's vagina.

Suggested answers: 1 = red 2 = green 3 = orange 4 = orange 5 = green 6 = red

What action should adults take?

All green, orange and red light behaviours require some form of attention and response. It is the level of intervention that will vary. Green light behaviours may be opportunities to provide positive feedback and information which supports healthy sexuality. Orange and red light behaviours may require observation, documentation, education, reporting, increased supervision, therapy and/or a legal response.

How serious is the behaviour?

When sexual behaviour raises concern or involves harm to others, the behaviour is serious. Thinking about the context in which the behaviour occurs helps to establish the seriousness of the behaviour.

If the answer to any of the following is yes, adults have a duty of care to take action.

The behaviour:

- ☐ is life threatening
- ☐ is against the law
- ☐ is against organisational policy
- ☐ is of concern to others
- ☐ provides a potential health risk to the person
- ☐ provides a potential health risk to others
- ☐ interferes with the person's relationships

When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- state and/or commonwealth legislation
- organisational policies and procedures
- industry and community standards
- human rights
- the identified risks or needs of the children or adolescents
- the potential or real risks to others

Sexuality education encourages open and clear communication to provide a foundation for the development of healthy sexual behaviours and attitudes.

Topics for education may include:

- body parts
- being private
- self protection
- puberty
- managing periods
- types of touch
- relationships
- safe sex
- reproductive health
- contraception
- sexual abuse issues
- sexual health checks
- sexual functioning
- self esteem and feelings
- decision making

fpq PROMOTING HEALTHY SEXUALITY

All children and adolescents have the right to be safe

Expressing sexuality through sexual behaviour is natural, healthy and a basic aspect of being human. Sexual behaviour which makes children or adolescents vulnerable or causes harm to another requires adult intervention to provide support and protection.

Adults do not have to do it alone

Talking about concerns helps to remove secrecy and prevent harm or abuse. Concerns might be discussed with a trusted friend, family member, teacher, support worker, therapist, counsellor, the Department of Child Safety, Disability Services Queensland, Family Planning Queensland, Community Health or the police.

Helping yourself

Recognising that a behaviour is inappropriate is the first step in a process. Influencing a change in behaviours is complex and involves many factors including time, patience and commitment. Children and adolescents need adults to remain clear and consistent. Adults need to recognise that managing difficult situations can have a personal impact. Adults have to take time to look after themselves so that they are able to look after children and adolescents.

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Where to get help

Parent Line: 1300 301 300
Lifeline: 13 11 14
DIAL: 3224 8444 or 1800 177 120
(Disability Information and Awareness Line)
Family Planning Queensland: 07 3250 0240

Funded with assistance by NSO

Phone: 07 3250 0240
www.fpq.com.au

fpq PROMOTING HEALTHY SEXUALITY

SEXUAL BEHAVIOURS IN CHILDREN & ADOLESCENTS

A guide for adults to IDENTIFY, ASSESS and RESPOND to sexual behaviours which cause concern

Knowing how to identify and respond to sexual behaviours in children and adolescents helps adults to support the development of healthy sexuality and protect young people from harm or abuse.

Sexuality is integral to a person's identity and develops throughout life, from birth to death. A person's sexuality is influenced by their experiences and social, emotional, physical, cultural, economic and political factors. It is natural for people across all ages to express their sexuality through their behaviour.

Sexual behaviour may be expressed in a variety of ways including language; touch; exploring one's own body or another's; sexual activity; games and interactions.

All people have the right to express their sexuality. When children or adolescents display sexual behaviour which increases their vulnerability or causes harm to another, adults have a responsibility to take action to provide support and protection.

Children and adolescents who have a disability, have been abused, or experienced other disruptions to their development or socialisation, may be at increased risk of exposure to, or of developing, inappropriate sexual behaviours. Adults who care for these young people have a duty of care to provide relevant information and support.

By following steps 1, 2 and 3 adults can learn to identify, assess and respond to sexual behaviour in children and adolescents.

1. IDENTIFY

What is the behaviour?
green, orange or red?

Sexual development is influenced by many factors. When using the traffic lights framework to categorise behaviour, it is necessary to consider the current social, cultural and familial context.

The table on the next page lists specific examples of red, orange and green light behaviours at various ages. Note that these are examples only and must be considered in context.

Use the traffic lights framework to identify the appropriateness of the behaviour and then follow steps 2 and 3 to assess and respond. All green, orange and red behaviours require some level of attention and support.

red — **sexual behaviours that are outside what is considered 'normal' – behaviour which is excessive, secretive, compulsive, coercive or degrading indicate a need for immediate intervention and action**

orange — **sexual behaviours that are outside 'normal' behaviour in terms of persistence, frequency or inequality in age or developmental abilities signal the need to take notice and gather information to assess the appropriate action**

green — **sexual behaviours that are 'normal', considered healthy – spontaneous, curious, light hearted, easily distracted, experimentation and equality of age, size and ability levels provide opportunities to give the child or adolescent positive feedback and information**

fpq PROMOTING HEALTHY SEXUALITY

National Risk Assessment Principles for domestic and family violence

CHERIE TOIVONEN AND CORINA BACKHOUSE

Australia's National Research Organisation for Women's Safety,
for the Commonwealth Department of Social Services

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

ANROWS acknowledgement

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present, and future, and we value Aboriginal and Torres Strait Islander history, culture, and knowledge.

Published by

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ABN 67 162 349 171

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Please note that there is the potential for minor revisions of this report.

Please check the online version at www.anrows.org.au for any amendment.

SPECIALIST ASSESSMENT GUIDE

Guide for Assessing Attachment and Bonding

DECEMBER 2000

This document does not purport to be an all inclusive theoretical or practice portrayal. Its content and application needs to be considered critically with other literary sources, specialist consultancy and normal supervisory structures.

Context of Concepts

Attachment theory, first introduced by **John Bowlby**, provides a well researched framework for explaining the dynamic and complex processes involved in the development of significant human relationships from earliest infancy, and for understanding subsequent patterns of relationship behaviour by individuals through childhood and beyond.

It is essential that human services professionals, particularly those working in the field of child and family welfare, have a sound knowledge and understanding of the concepts of attachment and bonding as they underpin the socio-emotional well-being of our most vulnerable clients – infants and children.

Assessment does not take place in a vacuum
"Assessments benefit from multiple sources of information, and multiple methods. Any one source alone is likely to give either a limited or unbalanced view… Contrasting data from different methods and/or sources is vital to develop a deeper and more balanced understanding of the situation."
[Reference: Assessing the Needs of Children and Families]

It is important to utilise a variety of sources throughout the assessment, including *interviews* with carers, children, other family members and professionals involved.
It is also critical to seek the *advice of/consultation with* specialist professionals too.
Finally, do not underestimate the significance of your own *observations*:

- Of individuals;
- Of interaction between family members;
- To clarify/confirm/contradict information received.

Assessing Parenting Capacity of a Parent with a Mental Illness

Does mental illness of a parent in itself mean that a child is considered to be 'at risk'?

- **NO –** mental illness has variable influences on parenting depending on the person's chronicity, symptoms, medication use and support networks. Risk assessment will consider resilience factors and supports, other stressors in their lives, attitudes to the illness, beliefs about parenting, knowledge and understanding of child development and other factors, such as a dual diagnosis.

In what ways can mental illness impact on a person's capacity to parent their child safely and effectively?

When a person is acutely unwell s/he may experience some of the following:

- ***Hallucinations, delusions and confused thinking*** can lead to inconsistent behaviour and parenting.
- ***Loss of energy and Tiredness*** may be symptoms of an illness but they may also be side-effects of medication. Tiredness and apathy can influence responsiveness to children and make it difficult to carry out everyday responsibilities.
- ***Anxiety*** can take many forms and varies significantly in levels of severity from person to person. It has the capacity to impair physical and psychological functioning.
- ***Lack of insight***, where a person is unaware that s/he is sick, is a common characteristic in the acute stages of some illnesses.
- ***Impaired cognition and decision-making*** resulting from the illness.

How do staff in Child Protection Services assess the parenting capacity of parents with a mental illness?

- All assessments are made according to the Tasmanian Risk Framework (TRF)
- The TRF is a 'guided professional judgement model' which supports workers through the stages of **gathering information**, **analysing** that information and making a **judgement** about both the current safety of a child and the future risk of harm
- The TRF includes a number of 'Specialist Assessment Guides' which provide more in-depth knowledge to workers in particular areas.
- There is a Specialist Assessment Guide which focuses on the assessment of the parenting capacity of a parent with a mental illness.

What risk factors are considered in this Specialist Assessment Guide?

Specialist Assessment Guide on Parents with an Intellectual Disability

Studies on parenting education for parents with an intellectual disability show that most parents can improve in one or more skills. Some mothers with intellectual disabilities have been taught to increase their demonstrations of affection, descriptive and reflective statements, stimulating conversations and behaviour management skills. The subsequent increase in a parent's skills will lead to an overall improvement in their child's development and behaviour.

Ongoing assessment is required regarding the adequacy of the parent's level of improvement now and in the longer term in ensuring the safety of the developing child.

Parent with Intellectual Disability

- Has the parent previously been provided with an opportunity to be taught child care and parenting skills?
- What were the learning outcomes for the parent?

If the child is a first child, or the parenting capacity is unclear, the benefits of a residential assessment program should be considered. The benefit of such programs must be assessed in terms of the parent's ability to generalise skill development between environments; the removal of support networks from the parent for the time of the assessment; the parent's ability to function in a 'gold-fish bowl'; the parent's ability to cope with the change to a new setting.

There is strong evidence to suggest that some intellectually disabled parents, with appropriate training, will be able to improve their parenting capacity. For parenting training to be effective, it must be ongoing, based not entirely on the use of written information, able to be reinforced in the parent's own home, and rely on a variety of teaching strategies, such as modelling, opportunities for practice, use of picture books and constant feedback.

- Has a residential assessment program been considered in the context of the current risk assessment?
- If there is a history of Protective Services involvement with this parent, have there been any previous residential or other assessments?
- What were the outcomes of any such assessments?

It has been found that a parent with an intellectual disability who is committing intentional abuse is less likely to benefit from intervention, due to poor motivation to acquire and maintain appropriate parenting skills.

- What is the parent's capacity to independently gain access to community resources and/or to accept intervention from these services?
- What other issues are confronting the parent which may be competing with parental responsibilities and intentions?
- **Is the parent suffering from a mental illness?**
  If so the worker should complete the tool for ***Assessing Parental Capacity of a Parent with a Mental Illness*** at this point.
- **Is the parent abusing substances?**
  If so the worker should complete the tool for ***Assessing Impact of Parental Substance Abuse*** at this point.

Guide for Adolescent Risk Assessment

Last updated: 2000

This document is a guide only. Its content and application need to be considered critically in conjunction with other literary sources, specialist consultancy and normal supervisory structures.

Young Person - General Risk Assessment

About half the reported cases of young persons at risk have suffered long term abuse which started in early childhood, while the other half have suffered abuse which started in adolescence. The former group are likely to experience difficulties in completing developmental tasks and may continue to function at a much younger stage of emotional or intellectual development. In turn, this may render the adolescent more vulnerable to further abuse or exploitation. Risk assessment must therefore take account of a young person's developmental stage, vulnerability and level of emotional maturity and functioning rather than focusing upon chronological age.

- What is the young person's chronological age?
- What is the young person's level of maturity?

- intellectual functioning (including attitudes, negotiation skills and planning skills)?
- emotional functioning?

- What understanding does the adolescent have of his/her current situation and options?
- What capacity does the young person have for protective behaviour?

(e.g. the adolescent's awareness of his/her own safety issues or ability to identify risk, ability to utilise protective strategies and capacity to access/engage with appropriate supports, own bottom lines in relation to risk taking)

- Does the young person have a history of abuse and/or neglect (including exposure to family violence)?
- How old was the young person when the abuse and/or neglect started?

- What is the source of the current risk to the young person?

(i.e. is the adolescent at risk of abuse or neglect within their family? or is the adolescent at risk as a consequence of their own behaviour and environment?)

- What is the nature of the young person's relationships with his/her parents or significant other(s)? Are these relationships positive and active?
- What is the young person's attitude towards his/her parents or significant others?

- What is the young person's attitude towards the involvement of the protective worker?

- Is the young person at school or employed? What is his/her income source?

- What is the general nature of the young person's social network?
- In particular, does it exacerbate or ameliorate the current risk for the young person?

The source of risk to the young person has important implications for the focus and direction of assessment and case management. In the case of:

- ***an adolescent at risk within the family and where removal is not indicated, the focus will be upon altering the caregiver's abusive behaviour, strengthening the adolescent's supportive family relationships, and assisting the recovery process for the adolescent.***
- ***an adolescent who is out of home and at risk as a consequence of their behaviour and environment, the focus is on assessing the levels of immediate and long term risk, and assisting the young person to establish safer behaviour within a more supportive and secure placement and network.***

- What are the young person's family circumstances?

(include a genogram, details regarding who lives at home)

SPECIALIST ASSESSMENT GUIDE

Guide for Assessing Adolescents and Substance Abuse

DECEMBER 2000

This document does not purport to be an all inclusive theoretical or practice portrayal. Its content and application needs to be considered critically in conjunction with other literary sources, specialist consultancy and normal supervisory structures.

Role of the Worker

The purpose of this document is not to make child protection workers drug experts. Rather, it aims to support you in the work you are currently undertaking and acknowledge your involvement in managing young people with drug use issues.

It is considered useful for child protection workers who are working with young people to routinely raise the issue of drug use with such clients within the context of a broader assessment. For example, standard questions might include:

? "It's common for people to use alcohol or other substances to cope and enjoy themselves. Which substances do you use?"
(Note: Assume drug use)

? "How many cones or joints a day do you use? What about alcohol and tobacco? Any other drugs?"

[Reference: DrugNet]

Assessment Approach: Sensitive and Holistic

"When assessment is handled well, a caring atmosphere is created in which the difficulties facing the client can be acknowledged along with their strengths and positive aspects of their circumstances and their lifestyle. It is most often the first point of contact between worker and client and is conducted within the context of the working relationship being defined, the building of rapport and the establishment of trust. In most cases, assessment can be carried out over time. Forcing the process by attempting to complete an assessment in one session most often will impact negatively on these important factors."

DEPARTMENT OF EDUCATION learners first

Alcohol, Drugs and the Workplace

The Department of Education is committed to:

- creating a working environment that constructively promotes the health, safety and wellbeing of all employees;
- minimising alcohol and drug-related harm to employees, property and the Department's reputation;
- encouraging moderation and a responsible attitude towards the consumption of alcohol; and
- compliance with all legislative requirements across all Department activities.

It is also the Department's policy to provide an environment which protects the health, safety and wellbeing of students. This is addressed in the Department's Drug Management and Drug Education Policy.

Alcohol and Drug Use

Alcohol and drug use has the potential to create a variety of problems in an employee's personal, social and work environments. The effects of alcohol may be further increased by the use of drugs or vice versa.

Alcohol and/or drugs can impair concentration, co-ordination, alertness, reaction times, vision and general energy levels. In the workplace the effect of alcohol and/or drug use can lead to lateness, absenteeism, poor work performance, decreased productivity, low morale, disputes between employees and damage to equipment and/or other property.

Individuals under the influence of alcohol and/or drugs can cause injury, both physical and/or psychological, to themselves and/or others.

Employee Responsibilities

The *State Service Act 2000* Code of Conduct requires all employees to act appropriately in the course of their duties and to maintain the confidence of the community in the activities of the State Service.

All employees also have a responsibility under Section 19 of the *Work Health and Safety Act 2012* to ensure that they do not endanger their own safety in the workplace or the safety of any other person in the workplace.

Therefore, employees must not at any time allow the consumption of alcohol and/or therapeutic or non-therapeutic drugs (either within or outside of working hours) to adversely affect their work performance or conduct while on duty.

Principal/Manager Responsibilities

It is the Principal's/Manager's role to provide support and understanding to their employees. However, it is also important to be clear about expectations for behaviour and performance at work.

If an employee demonstrates performance or behavioural problems, it is appropriate that their Principal/Manager raises such issues with the employee concerned and provides an opportunity for the employee to explain their behaviour or the reasons for decline in performance.

If the Principal/Manager suspects or the employee admits that their behaviour or decline in performance is due to an alcohol and/or drug related problem, advice should be sought from the Director Industrial Relations to determine an appropriate course of action.

A Principal/Manager must arrange for an employee to be removed from the workplace if the Principal/Manager has reasonable grounds to believe that due to the effects of alcohol, drugs or illness an employee is incapable of safely performing their duties, and/or may constitute a risk to themselves or other people.

The Principal/Manager will decide if it is necessary to organise transport to take the employee to their medical practitioner, the employee's home or some other appropriate place where the employee no longer poses a risk to themselves and/or others.

The Department has contracted Newport and Wildman to provide independent and confidential counselling at no cost to an employee and their immediate, dependant family. Call 1800 650 204.

Breaches and Sanctions

All alleged breaches of this policy by an employee will be dealt with in accordance with the procedures set out in Employment Direction No. 5 – Procedures for Investigation and Determination of whether an employee has breached the Code of Conduct.

Section 10 (1) of the *State Service Act 2000* provides that:

The Minister may impose one or more of the following sanctions on an employee who is found, under procedures established under subsection (3), to have breached the Code of Conduct:

a) counselling;

b) reprimand;

c) deductions from salary by way of a fine;

d) reduction in salary within the range of salary applicable to the employee;

e) reassignment of duties;

f) reduction in classification; and

g) termination of employment in accordance with section 44 or 45.

Further, section 10(2) provides that the Minister may delegate the power to impose any of the sanctions specified in subsection (1)(a) to (f).

Prescribed Drugs and Over the Counter Medications

It is important to understand that drug use includes prescription and/or over the counter medications that may have side effects which can impact on concentration, vision, hand/eye coordination, mental alertness, reaction time and judgement.

If an employee is taking medication for any reason (e.g. allergies, asthma, blood pressure, cold/flu, heart problems, infection or virus, psychological conditions, sleeping difficulties etc.) they should always discuss the possible side effects with their doctor and/or pharmacist.

An employee must notify their Principal/Manager if the employee's taking of or failure to take medication is likely to affect the safety of the employee and/or any other person in the workplace.

Information provided by employees regarding the use of prescription and/or over the counter medication must be treated in confidence by their Principal/Manager.

Workplace Functions

To uphold a healthy and safe working environment, a Principal/Manager should ensure, where reasonably practicable, that any workplace function promotes a sensible attitude towards the provision and/or consumption of alcohol. This can be achieved by:

- ensuring that all employees are made aware of this policy and that an appropriate standard of conduct is required to ensure the safety and enjoyment of those attending the function;
- limiting the alcohol purchased for consumption at functions to a reasonable amount;
- setting designated times between which the alcohol is served;
- providing "light" and non-alcoholic beverage alternatives;
- serving food which does not encourage further drinking;
- serving alcohol in standard drinks to allow people to monitor their alcohol intake; and
- reminding employees of the dangers of drink-driving and promoting the use of taxis, public transport, or "designated drivers".

Further Information and Assistance	
Alcohol and Drugs Information Service Statewide Free Call (24hrs): 1800 811 994	WorkSafe Tasmania Helpline Statewide Free Call: 1300 366 322
Medical Practitioner/Medical Centre Local Yellow Pages	Newport and Wildman – Employee Assistance Program 1800 650 204
Alcoholics Anonymous Australia (AA)	

Contact Details

For further information and/or assistance in relation to the above matters, please contact Workplace Relations via e-mail: Workplace.Relations@education.tas.gov.au.

Director Industrial Relations can be contacted on Workplace.Relations@education.tas.gov.au.

Associated Documents and Materials

Drug Management and Drug Education Policy

Employment Direction No. 5 – Procedures for Investigation and Determination of whether an employee has breached the Code of Conduct

State Service Act 2000 Code of Conduct

Work Health and Safety Act 2012

Healthy@Work

Employee Assistance Program

Department of Health
HUMAN RESOURCES

Tasmanian Government

Alcohol and Drugs in the Workplace

SDMS Id Number:	P17/000058
Overarching Policy:	*Work Health and Safety Policy*
Effective From:	December 2017
Replaces Doc. No:	P2012/0129-001
Custodian and Review Responsibility:	Human Resources
Contact:	Chief People Officer
Applies to:	Department of Health Statewide
Review Date:	April 2021
Key Words:	alcohol, drugs, workplace, performance, medication, conduct
Routine Disclosure:	Yes

Approval

Prepared by	Maree Critchley	Manager Workforce Development and HR Policy	61663839	20 April 2018
Through	Michelle Searle	Acting Director, Human Resources Management and Strategy	61663688	2 May 2018
Through	Michael Reynolds	Acting Deputy Secretary, CPRS	61661281	2 May 2018
Cleared by	Michael Pervan	Secretary	61661041	3 May 2018

Revision History

Version	Approved By Name	Approved By Title	Amendment Notes	Date
Prepared by	Maree Critchley	Manager Policy and People Development	Deletions and amendments to reflect restructure of Department	21 April 2021
Cleared by	Bec Howe	Chief People Officer		21 April 2021

Introduction

- The focus of this procedure is on providing a safe and healthy work environment and supporting employees who may have issues with alcohol and/or drugs.
- This procedure is to be read in conjunction with the Department's work health and safety policies and associated procedures. It addresses the use of alcohol and/or drugs in the workplace by employees. The objectives of this procedure are to:
    - provide support and assistance to employees who are adversely affected by alcohol and/or drugs;
    - address the health and safety risks of employees being under the influence of alcohol and/or drugs while at work;
    - provide a framework for managers and employees to follow when dealing with issues relating to the misuse of alcohol and/or drugs;
    - support the management of employees at work while under the influence of alcohol and/or drugs; and
    - provide a safe and healthy workplace in accordance with the *Work Health and Safety Act 2012*.
- The Department has a duty of care to provide a safe workplace for its employees. Employees have an obligation to take reasonable care so that their conduct does not adversely affect the health and safety of others.
- It should be recognised that alcohol and/or drug misuse may be a symptom of underlying issues such as personal, financial or other difficulties and assistance should also be offered in the context of these issues.
- Whilst intoxication may not always be apparent and alcohol and drug use may not have a direct impact on performance, it can still have negative consequences. This may include but is not limited to damage to the health of the individual or the reputation of the Department.
- The State Service Code of Conduct (*State Service Act 2000*) establishes clear expectations relating to the behaviour of officers and employees.
- Contracts in place between the Department and labour hire organisations and independent contractors must require contracted workers to behave in such a way as to not endanger the health and safety of themselves and other workers.
- Medication prescribed by a health professional may have side-effects for the individual. Whilst the medication may not be misused, it may still impact work performance or health and safety. Employees are strongly encouraged to disclose any possible side-effects that may affect their ability to undertake the duties of their role to their manager.
- Supports are available to employees who are impacted by alcohol and/or drug use. Support contacts include:
    - Managers

- HR teams
- Employee Assistance Program
- Health and Safety Representatives
- Workplace Support Officers
- External counselling and education services.

Key Definitions

- 'Drug' refers to both illegal and prohibited drugs, such as cocaine, heroin, marijuana and ice, and legal medications/medicines, whether prescription or over the counter (non-prescription), used by the employee which may impair their physical, physiological or psychological functioning at work.
- 'Fit for work' means that a person is physically and psychologically able to perform their work tasks competently, and in a manner which does not threaten the safety, health or wellbeing of themselves or others.
- 'Intoxication' is the condition of having physical or mental control diminished or impaired by the effects of alcohol or drugs. Intoxication is more commonly known as being drunk or stoned, or under the influence.
- 'Misuse' refers to the use of a substance not consistent with legal or medical guidelines, in which the user consumes the substance in amounts or by methods which may be harmful to themselves or others.
- 'Authorised social event' means a social event held on either Department or external premises which has been approved by the Secretary or relevant Delegate as an Officer under the *Work Health and Safety Act 2012*.
- 'Support person' means a person chosen by an employee to assist that employee during the process of any work performance and behaviour management in relation to the effects of alcohol and/or drug misuse. The employee may choose any person to act as their support person.
- 'Officer' for the purposes of this procedure, refers to the Secretary and the Health Executive, who have a statutory duty as an 'officer' under the *Work Health and Safety Act 2012*. The duty of an officer cannot be delegated.

Mandatory Requirements

Behavioural Expectations

- Employees must behave in a manner which promotes, supports and contributes to a safe, positive and productive work environment. This includes remaining fit for work and free of intoxication from alcohol and/or drugs while engaged in work for the Department.
- Employees must not behave in a manner that may impact the reputation of the Department and the Tasmanian State Service.

- Managers are responsible for familiarising all employees with the expectations outlined in this procedure. This includes providing new employees with information about the Department's expectations.
- Where an employee discloses that they have a drug and/or alcohol issue, the Department will take reasonable steps to support the employee.

Consumption of Alcohol or Drugs

- Alcohol may not be consumed on Department premises except at "authorised social events".
- An employee must not wear Department uniforms or identification badges while consuming alcohol or illicit drugs in public view.
- Employees must notify their manager if they are taking medication that may affect health, safety and/or work performance.
- Employees are not required to disclose the nature of a medical condition or medication if it will not affect their performance or health and safety while at work.
- Employees must confidentially notify an appropriate manager or supervisor if they believe a co-worker is incapable of performing their duties or may be a risk to themselves and/or others because of alcohol and/or drugs.

Health and Safety

- An employee affected by drugs and/or alcohol must be moved away from potential hazards or safely removed from the workplace if there are reasonable grounds for believing they are unfit for work.
- The relevant HR team must be notified for advice on the steps to follow where an employee exhibits extreme or dangerous behaviour. This may include, but is not limited to, accidents where alcohol and/or drugs use is suspected; aggressive or inappropriate behaviour towards colleagues or clients; or serious breaches of safe work practices.
- The Department has a responsibility fort notifying the Australian Health Practitioner Regulations Agency of any notifiable conduct under Section 140 of the Health Practitioner Regulation National Law Act 2010 as do many individual health practitioners.

Conduct

- If there is evidence that the behaviour inappropriate behaviour has taken place and it continues *Employee Direction No. 5 (Code of Conduct)* processes may be followed. The manager should seek guidance from the relevant HR team in this instance.

Roles and Responsibilities/Delegations

- The Secretary is responsible for:
    - supporting and upholding the principles of this procedure;
    - role modelling appropriate behaviours; and

- promoting a work environment which is safe, positive and productive.

- Managers are responsible for:
  - role modelling appropriate behaviours;
  - promoting a work environment which is safe, positive and productive;
  - supporting and enforcing this procedure; and
  - supporting and providing assistance to workers.
- Human Resources are responsible for:
  - promoting this procedure and upholding its principles;
  - promoting a work environment which is safe, positive and productive; and
  - supporting all Department workers to ensure that alcohol and drug use in the workplace is managed in accordance with this procedure and supports the objectives of this procedure.
- Employees are responsible for:
  - adhering to the requirements of the *State Service Act 2000*, including the State Service Code of Conduct and the *Work Health and Safety Act 2012;*
  - supporting a work environment which is safe, positive and productive;
  - taking reasonable care for their own health and safety; and
  - being fit for work whilst at work, and not present to work if unfit as defined in this procedure.

Related Documents/Legislation

Includes but not limited to

- *State Service Act 2000*
- *Work Health and Safety Act 2012*
- *Health Practitioner Regulation National Law Act 2009*
- *Health Practitioner Regulation National Law (Tasmania) Act 2010*
- *Employment Direction No. 4 – Procedure for the Suspension of State Service Employees with or without Pay*
- *Employment Direction No. 5 – Procedures for the Investigation and Determination of whether an employee has breached the Code of Conduct*
- *Employment Direction No. 6 - Procedures for the Investigation and Determination of whether an employee is able to efficiently and effectively perform their duties*
- *Employment Direction No. 29 – Managing employees absent from the workplace*

Casework Practice Manual

Online resource for child protection workers in Western Australia.

Last updated: 29 July 2024

The Casework Practice Manual is a resource for child protection workers. It has been carefully aligned with the *Children and Community Services Act 2004*, Department of Communities' frameworks, action plans and other publications to provide consistent practical instruction and theoretical context to enable workers to undertake their roles.

On 29 July 2024, the Department of Communities launched a new platform for accessing knowledge articles contained in the manual using the Search tool below.

To access the knowledge contained within the Casework Practice Manual, please use the search box below.

Search the Casework Practice Manual

viewpoint

search

Search: viewpoint »3.4.06 Viewpoint

Related Links
No related links
3.4.06 Viewpoint **Type:** Document Note

3.4.6 Viewpoint

Overview

Viewpoint is a web-based software program that promotes participation by children in the development of their personal care plans and in the development of services to meet the needs of all children in care.

It offers:

- an interactive, computer-based self-interviewing tool for use by the child as part of the care planning process, and
- a management reporting system which collates live data for use in service monitoring and improvement, strategic and operational planning and reporting.

For more information about Viewpoint and to User Guides and all resources see SharePoint Viewpoint.

You **must** review Viewpoint Self-Assessment responses as soon as possible or within two working days of a questionnaire being done, and
You **must** meet one-on-one with the child to offer them a copy of their responses, explore and reflect upon the issues raised in the questionnaire, and generate potential solutions or actions.

Rules

Legislation

- *Children and Community Services Act 2004*

Policy

Information and Instructions

Inviting the child to use Viewpoint

Invite and encourage children in the CEO's care aged five to 17 years of age to use Viewpoint as the first step in participating in their care planning process. Viewpoint offers three separate questionnaire options, each with different looks and components. Choose the best questionnaire for the child, according to their wishes, capacity and developmental stage.

Option 1. This version has colourful graphic screens and backgrounds, with animated avatars and speech to guide children through the questionnaire. This option is usually chosen and is designed for younger children.

Option 2. This version has the same speech facility, but without the illustrations or avatars. It has a plain survey-style look and is usually chosen and designed for older children and young people.

Option 3. This version has simple questions and symbols which is generally utilised when the child or young person has a high level of support and facilitation.

Consider including relevant information provided by Aboriginal and Torres Strait Islander children and children from a culturally and linguistically diverse (CaLD) background into their Cultural Support Plan (CSP).

Ask the child if they have additional information they would like included in their CSP, that might not have been asked in the Viewpoint questionnaire.

The questionnaires focus on the child's views, concerns and experiences, and identify issues that require further examination and reflection in follow up discussions between you and the child. Wherever possible, identify and discuss solutions and actions with the child, in preparation for the development of the care plan.

If the child does not undertake the questionnaire, record why they did not want to and what efforts you have made to contact and engage the child. Record this information in a case note on Objective, as well as the Viewpoint program, using the child's unique login details which are recorded in the Child Information Portal (CIP).

To do this, follow these steps:

1. Log into Viewpoint by entering CPFS2016 in the box titled 'Organisation'. Use the young person's unique log-in code in 'Login ID' box and the 'Password' box. 'Click 'Log in' to start.
2. Click the green 'start' button on the homepage.

3. This will take you to the 'Self-Assessment' page and will ask you which version you would like to use. Select either version and it will take you to the terms and conditions screen.
4. Select 'no' in the terms and conditions screen.
5. You will be asked to select a reason for not accepting in a drop-down box. Select the most appropriate answer, according to the conversations you have had with the child.

The Viewpoint questionnaire will remain available for the young person if they wish to do one in the future.

Confidentiality

Explain to the child that their privacy is very important and that responses to Viewpoint questions will be kept confidential between them and Department staff. Responses will not be shared outside of the Department without the child's permission except where there is reason to believe they may be at risk of harm and/or in need of protection.

Information gathered as part of the Viewpoint questionnaire (not the responses themselves) can be raised in care planning meetings. This information could include what the child feels is working well in their care arrangement and other areas of their lives, any issues they are struggling with and any suggestions the child has for change.

Before sharing this information at a care planning meeting, confirm with the child what information they are and are not happy to share. In situations where the child is unsure about how to raise difficult conversations, work with the child and the Chair of the care planning meeting to negotiate a plan the child is comfortable with.

If the child wishes for certain information to be kept private, and there are no safety concerns or other reasons why that information should be shared, keep it confidential. You should not share information with anyone else (for example, with their family or carers) without the child's agreement, unless it is necessary to prevent significant harm to the child or others, or as required or allowed by law (for example, if files were to be subpoenaed by a Court).

Responses are also collated and used by the Department for feedback and to improve services, but this information is anonymised to respect the privacy of the child.

When there are safety concerns for the child

If the child makes a disclosure of abuse or raises concerns about the child's immediate safety, you **must** consult with your team leader (TL) before you leave the child.

If you learn about a disclosure or allegation of abuse when reviewing the Viewpoint questionnaire, consult with your TL as soon as possible.

In both instances, work with the TL to ensure the immediate safety of the child and that the child has access to a medical assessment and/or treatment if required.

Once immediate safety for the child has been secured, work with your TL to plan:

- what information will be provided to the carers, parents and family
- how this information will be shared
- what actions should be taken next, and

- if a new assessment / investigation is required.

You and your TL should consider if a Child Assessment Interview or a Forensic/Specialist Child Interview is required. This will depend on the nature of the disclosure, when the alleged incident took place and the identity of the person alleged to have harmed the child. For more information, refer to the following entries:

- 1.4 Suicide and Self Harm
- 2.1 Responding to concerns for child in care - standard of care concerns
- 2.1 Responding to concerns for child in care - allegations of abuse in care
- 2.1 Responding to concerns about employees.

Venue, delivery method and facilitator report

Each child has their own unique Viewpoint login. This is displayed in the CIP and Needs Assessment Tool (NAT) pages in Assist.

Viewpoint Self-Assessment questionnaires can be delivered to children in a variety of ways:

1. Online using a Department computer or laptop.
2. Online or offline using a Viewpoint iPad in any location.
3. Online using any computer with an internet connection, for example at school, in the care arrangement, in a public library or internet cafe.
4. Online using a child's personal device, for example, a mobile phone.

All except option 4 can be delivered with support from a facilitator.

For regional and remote areas with limited or no internet, responses can be given offline on an iPad. The questionnaire should be downloaded beforehand (via an internet connection) and responses are subsequently uploaded when the internet is available.

If the young person has a mobile phone and they are old enough to manage the process without support or interference, you can send them login details and they can input their responses on the phone. You can also log into the Viewpoint database using the young person's credentials, then ask questions over the phone and enter the responses yourself.

Before setting up a Viewpoint session for a child, you should:

1. assist the child to decide how and where they will be most comfortable completing the questionnaire
2. determine whether the child needs a facilitator to support them when completing their questionnaire, or whether they have the skills and maturity to do it independently on their personal device. It is not appropriate for people other than the Department facilitator to be present when the child gives their responses as it can undermine confidentiality
3. determine which questionnaire is most appropriate for the child's capacity and developmental stage, and whether online or offline delivery method is most appropriate.
4. determine if the child has any communication barriers such as disability and/or if they need an interpreter. If so, speak with the child and their care team about how best to overcome these communication barriers.

Where a facilitator is required, you may take this role yourself or arrange for an independent facilitator, so that the child feels comfortable to express their thoughts

and feelings. The independent facilitator should be someone known to the child; it may be another child protection worker, a family resource employee, or any other employee who has received Viewpoint training. It is not appropriate for foster carers or agency staff to undertake this role.

Facilitators should:

- assist the child to access the questionnaire using their designated user login
- provide any other support or assistance the child may need to help them understand the questions and give their chosen responses
- provide emotional and practical support to the child (e.g. providing earbuds for privacy), and
- consult immediately with the TL if the child provides concerning responses in relation to their safety, or the safety of others. Work with the TL to create a safety plan and provide support for the child.

Some children are not able to complete the whole questionnaire but should be encouraged to do as much as they can. They can complete the questionnaire in two sessions by logging out for a break and completing it later or on another day.

Where a child cannot finish in one sitting, document this in a case note and state when the next session is scheduled. If the child advises they do not want to complete the questionnaire, this should also be entered into the Viewpoint Hub.

The Strengths and Difficulties Questionnaire (SDQ) in Viewpoint

The SDQ is a brief emotional and behavioural screening questionnaire. Its goal is to capture the perspective of the child in relation to specific attributes across five areas:

- Emotional symptoms
- Conduct problems
- Hyperactivity/inattention
- Peer relationship problems
- Prosocial behaviour

The information gained from the SDQ can help you determine if the child requires additional support to meet their psycho-social developmental milestones and can provide a snapshot in time to inform you if there is a current need for further assessment or intervention.

All children in the CEO's care must be assessed and offered appropriate treatment and counselling to address the effects of trauma and other emotional and related behavioural difficulties. Part of this assessment should include the provision of the SDQ for children aged four years and older, once they have been in the CEO's care for six months (or sooner if they are settled in the care arrangement), and then on an annual basis. The SDQ can be completed before the care plan review or at one of the quarterly care visits during the year.

Where any child or young person has a total score above 13 request a psychologist consult.

For further information on SDQs speak to the district psychologist.

Access SDQs via SharePoint: Viewpoint (sharepoint.com)

Viewpoint responses and follow up

You **must:**

- review Viewpoint Self-Assessment responses as soon as possible and at least within two working days of a questionnaire being done, and
- meet one-on-one with the child to offer them a copy of their responses, explore and reflect upon the issues raised in the questionnaire, and generate potential solutions or actions.

As soon as practicable after receiving the child's responses, consider the content and identify the most appropriate person to follow up with the child. In most cases, this will be you unless, for example, where the child has disclosed difficulties with you in the questionnaire responses.

This is important to:

- identify any safety concerns
- look at any matters that require urgent intervention, and
- take any necessary action (if required).

Web reports displaying up to four sets of questionnaire responses from individual young people are available to view and print in the CIP and NAT screen in Assist.

You and/or the Viewpoint administrator have responsibility for generating an electronic copy of the web report and storing it in the Child History File in Objective, and for printing a paper copy and placing it on the hard copy Child History File. Ensure there is a clear decision made about who will complete this.

Documenting Viewpoint outcomes for the Care Plan/review process

The views and proposed solutions or actions discussed in the follow-up with the child should be summarised and communicated to the Chair, according to the wishes and views of the child. These, as much as possible, should determine the content and way the information is shared with the Chair of the care planning meeting and with other care team members.

Where applicable, compare the child's Viewpoint responses with previous questionnaire responses shown on the web report to measure progress and identify areas of ongoing concern from the child's perspective.

Viewpoint and Care Plans

Each child should be encouraged to participate in the care planning process so their views and experiences form part of the discussion, regardless of whether they have undertaken a Viewpoint questionnaire. This is also true for their Cultural Support Plan (CSP).

Record how the child has had input into the care plan and CSP at other times before it is approved by a TL. The child should be encouraged to talk about their views, their successes, concerns, proposed solutions and actions themselves. In circumstances where the child does not want to or does not have the capacity to engage in care

planning discussions, it is the responsibility of the Chair to reflect the child's views and wishes.

Make sure the child has provided consent to share information or, is at least, aware of what information the Chair has been provided. It is the Chair's responsibility to ensure this information is communicated appropriately, sensitively and, wherever possible, according to the child's wishes. As much as possible, the child should be included in the process of decision-making around proposed solutions and actions, and how these can be appropriately documented. See Chapter 3.4 Care planning for further information.

Where a child has not completed a Viewpoint Self-Assessment questionnaire, the Chair should check that they were given the opportunity and encourage them to use Viewpoint as part of their next care plan process.

This information should be recorded in the child's care plan.

Viewpoint Management Reports

Viewpoint Management Reports provide collective feedback from each child in the CEO's care and can make a critical contribution to their genuine participation, and the improvement of services and outcomes.

Viewpoint Management Reports can be filtered to display specific cohorts, for example, by districts, age group, or gender, or by cultural background or care arrangement type.

Data used to form management reports updates every time new questionnaire responses are uploaded to the Viewpoint data base. These reports do not identify individuals, therefore may be shared with other groups - foster carer groups, CREATE, and other service providers (as appropriate) to promote and improve outcomes.

Managers (including TLs, senior practice development officers and district management teams) should use the aggregated data in Viewpoint Management Reports to access collective feedback from children in the CEO's care as a way of monitoring workers' participation and performance and operational and strategic planning processes.

Viewpoint Administrators in each district can generate these reports.

Technical assistance

For advice and technical assistance about Viewpoint software, contact your Assist district mentor, or the Viewpoint Helpdesk via email: helpdesk@vptorg.com

For problems with hardware (Viewpoint iPads) contact the IT Helpdesk: 1800 898 078.

Learning Hub

The Learning Hub provides information about the Viewpoint program, policy and research, Viewpoint in practice in various jurisdictions, and a series of 'How do I?' videos showing how to use the software.

You can also access workshops and view video feedback from staff and young people from WA and elsewhere in the world. Site content is password protected.

To request a password, email heulwyn@vptorg.com.

Full information can be found in the *Care Team Approach Practice Framework* and the Viewpoint Learning Hub.

myView Basic

Young people can install myView on their own iOS or Android devices. The app can be found in the App Store (Apple) and the Google Play store (Android) and downloaded for free.

This app has been installed on all Department work phones.

Familiarise yourself with the app so you can support and recommend this to young people.

myView

The myView app offers new pathways for young people in the CEO's care to connect with their care teams about day-to-day matters and to contact other people in the Department, such as the Advocate and the Complaints Management Unit. It is hoped that using the app will make it easier for young people to seek assistance, and to be supported by the Department.

The app offers general relevant information for young people in the CEO's care, emergency contact details and a digital memory box that allows them to securely store photos and memories throughout their time in care.

The app has a 'read aloud' function to ensure all young people can access it, even when they have literacy difficulties.

In order to log in, the young person will need to enter 'cpfs2016' in the space for 'Organisation'; and use their unique Viewpoint User ID for both the Login and password boxes. Sign-in is only required once if there is adequate security on the device.

For more information on how to navigate the app, see the *myView App on Smartphones Factsheet* in related resources).

Resources

Related Guides

- 1.4.6 Suicide and self harm
- 2.1.6 Responding to concerns for children in care - standard of care concerns
- 2.1.7 Responding to concerns for children in care - allegations of abuse in care
- 2.1.8 Responding to concerns about employees
- 3.4.2 Provisional Protection and Care and Care Planning
- 3.4.3 Care planning

Standards & Frameworks

- Better Care Better Services - Standards for Children and Young People in Protection and Care
- Corporate - Aboriginal Services and Practice Framework
- Multicultural Plan 2023-2026
- Service 1 - Care Team Approach Practice Framework
- Service 1 - Residential Care and Secure Care Services Sanctuary Framework

External Resources

- Viewpoint Learning and Development Hub

See also

Child protection main page

Child Protection frameworks, policies and standards

Contact

For questions on the Casework Practice Manual please email childprotectionguide@communities.wa.gov.au

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Department of Communities

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Question on notice no. 2689

Senator David Shoebridge: asked the Minister representing the Minister for Health and Aged Care on 27 September 2023—

With reference to the Australian Institute of Health and Welfare.

1. The data for the Child Protection Australia 2021-22 report states the following "Due to issues with the recording of order status, Tasmanian data for care and protection orders should be interpreted with caution." What are these issues.
2. The report states "Tasmania data exclude children not under care and protection orders placed with relatives for whom a financial contribution is made under the Supported Extended Family or Relatives Allowance programs. Tasmania is not able to include children in care where a financial payment was offered but was declined by the carer meaning Tasmania's data may be lower than would be the case if the counting rule was strictly applied." How long has this counting complication occurred.
3. The report states "Not all jurisdictions were able to provide data for all types of co-occurring abuse or neglect—some jurisdictions were able to report only primary and secondary types. Therefore the proportion of co-occurring abuse types may be understated." Which jurisdictions are not able to provide data for all types of co-occurring abuse or neglect; and, what reasons have they provided (if any) .
4. The report states "In Tasmania, delays in administrative processes can result in carers being maintained as approved in the system when they are no longer accepting child placements. For the purpose of reporting households exiting foster or relative/kinship care, if no termination date is recorded, a foster or relative/kinship carer household that has not had a placement in 12 months is considered to have exited." What reasons has the Tasmanian government given for these delays (if any) .
5. The report states "Services in Tasmania are provided under the title of Integrated Family Support Services and inclusion of some family support services as intensive rather than general may not be consistent with national definitions. Also Tasmanian data are compiled from aggregate data provided by Community Sector Organisations and as data are not validated figures should be interpreted with caution. Further, from 2018–19 data includes children referred to the Intensive Family Engagement Service." What are the reasons for the lack of consistency with national definitions; and, what is the implication of the reference to the Intensive Family Engagement Service in terms of data after 2018-19.
6. The report states "In Tasmania, the reliability of these data is affected by the proportion of children with an unknown Indigenous status at investigation." In what ways is the reliability of the data affected; and, to what extent does this failure to accurately record data impact figures for Indigenous children under care and protection orders in the state.
7. The report states "Due to changes in intake business rules and practice implemented during 2018–19, the proportion of contacts progressed to

notifications decreased in Tasmania." What were these changes; and, how would these changes impact the data.

8. The report states "Data reported for Tasmania aligns with the AIHW technical specifications except in the case of notifications received from departmental officers, which could also be classified in another category (for example, social worker) . Notifications from departmental officers were assigned to the category of 'departmental officer' regardless of whether the source of notification could be classified in other categories." How does this difference affect the data; and, what reasons has the Tasmanian government given for this difference.
9. The report states "Data for orders in Tasmania may not be comparable year to year due to issues with the recording of order status." What are these issues.
10. The report states "For Tasmania, data quality issues arising from inconsistent recording of placement types means numbers of children reported as being in residential, non-residential and other types of placements, should be interpreted with caution." What are these data quality issues; and, how long has this been a factor.
11. The report states "In Tasmania, the high number of carers whose Indigenous status is unknown may affect the identification of children placed with Indigenous caregivers." What information has the Tasmanian government provided on the number of carers whose Indigenous status is unknown; and, what reasons have the Tasmanian government provided to explain this lack of data.

Answer —

Minister Butler – The answer to the honourable senator's question is as follows:

1. As part of the data collection process, custodians provide AIHW with contextual information regarding the data. During the Child Protection Australia (CPA) 2014-15 reporting cycle the Tasmanian Department of Communities (as currently known) indicated that this issue is due to "considerable lag". No further details were provided.
2. This issue was first reported to AIHW by Tasmanian Department of Communities for the data provision as a part of the Child Protection Collection (CPC) process 2014-15.
3. For CPA 2021-22 the ACT Community Services Directorate and the Tasmanian Department of Communities provided data for only primary and secondary abuse types. No information was provided as to the reasons for this.
4. No information has been provided regarding these delays.
5. As part of CPC 2018-19 the Tasmanian Department of Communities noted that their threshold for determining that a child has commenced intensive family support changed to include children who were referred to the Intensive Family Engagement Service (IFES). The implication was that the number of Tasmanian children included in this category increased from 1,654 in 2017-18 to 1,782 in 2018-19.
6. Department of Communities Tasmania advised that the increase in children of unknown indigenous status in 2017-18 report was due to it no longer being

cross-checked with data from other databases. The number of Tasmanian children receiving child protection services with unknown indigenous status increased from 328 in 2016-17 to 1,052 in 2017-18. In 2019 the Tasmanian Department of Communities advised they were undertaking data remediation of this issue. As of 2021-22 reporting there were Tasmanian children of unknown indigenous status was 195.

7. The Tasmanian Department of Communities advised that with the introduction of the Strong Families, Safe Kids Advice and Referral Line during 2018–19, there were new intake business rules. The impact of this saw the number of notifications in Tasmania decrease from 7,924 in 2017-18 to 1,836 in 2019-20. This was concurrent with a decrease in the number of substantiations of notifications in Tasmania, from 767 in 2017-18 to 417 in 2019-20. There was no notable change in number of children in Tasmania on care and protection orders, in out-of-home care, or on third party orders across this same period (according to CPA 2021-22).
8. As part of CPC 2021-22 the Tasmanian Department of Communities noted that they classify all departmental officers as "departmental officers", regardless of whether they are employed as other categories of notification source listed in Table S3.2, as a definitional matter. In 2021-22 there were just 11 notifications from "departmental officers" while there were 219 from "social workers" (as an example). No further information has been given.
9. Please refer to the answer to question 1 above. This footnote appears under trend data, whereas the one in question 1 appears under snapshot data. Both refer to the same issue.
10. The Tasmanian Department of Communities for the CPC 2018-19 report advised that there are some placements which are recorded as "there home-based care" in their systems when their guardian is a relative or kin. This may result in some overlap in the definitions between the "other home-based care" and the "relative/ kin" categories.
11. No further information has been provided regarding the source of uncertainty of carer indigenous status, nor regarding how many carers this applies to.

Authorised Officers

Unique identifier: D21/12612
Effective from: 18 February 2021

This Procedure relates to the following CYF Policy: Working within the Statutory System

Purpose

Section 3 of the *Children, Young Persons and Their Families Act 1997* defines an Authorised Officer as:

(a) a police officer assisting the Secretary in an assessment of a child's circumstances; and

(b) an employee of the Department authorised by the Secretary to take action under section 20 as an authorised officer.

Under Section 20, an Authorised Officer of the Child Safety Service has the power to require a child to be taken for assessment. Under Section 105, officers must produce evidence of authority before exercising powers under the Act.

This procedure outlines:

- The training requirements for Department employees to act as Authorised Officers;
- The approval process for Department employees to act as Authorised Officers; and
- The requirements for the maintenance of a Register of approved Authorised Officers employed by the Department.

Critical Requirements:

In order to ensure staff are adequately trained and supported, Child Safety Officers must:

- Complete the Authorised Officer training package to be approved to act as an Authorised Officer under the *Children, Young Persons and Their Families Act 1997*

Scope

This procedure outlines the steps that Child Safety Officers must take to be approved to act as an Authorised Officer, and the roles of Team Leaders, Child Safety Managers and Business Operations in the management and administration of approved Authorised Officers.

The Authorised Officer Training Package has three components:

- A Tasmania Health Education Online (THEO) e-Learning module – Authorised Officer e-Learning: https://theo.dhhs.tas.gov.au/enrol/index.php?id=860
- The following practical training activities:
  - Shadowing an existing approved Authorised Officer attending 'Priority 1' responses, considering and advising on options available, and possibly issuing Requirements or obtaining and executing Warrants; and
  - Undertaking a reflective practice activity.

It is an expectation that all Child Safety Service staff will undertake Authorised Officer training, ideally within 12 months of commencing employment. Subsequent approval for staff to be involved in activities relating to Section 20 of the Children Young Persons and Their Families Act must be considered on a case-by-case basis, taking into account the experience and readiness of the staff member.

Authorised Officer approval is required for all staff rostered on the After-Hours Emergency Service (AHES).

Business Operations must maintain a statewide Register of Authorised Officers.

Compliance is mandatory.

Legislative Requirements

Children, Young Persons and Their Families Act 1997:

- Section 3: Interpretation (definition of Authorised Officer)
- Section 20: Power to require child to be taken for assessment
- Section 105: Officers must produce evidence of authority

Key Steps & Responsibilities

1. Authorised Officer Training

Child Safety Service staff

- Child Safety Service staff members must undertake the Authorised Officer e-Learning on THEO and inform the Team Leader once completed, providing the THEO Certificate of Completion.

Team Leaders

- Once the THEO training has been completed, Team Leaders must organise the practical training activities and ensure their completion.
- Team Leaders must organise training activities as required until the staff member has gained sufficient experience to effectively and safely act as an Authorised Officer.

2. Approval of Authorised Officers

Team Leaders

- Once a staff member has successfully completed all elements of the training, the Team Leader must inform the Child Safety Manager by email outlining the training undertaken.
- Following the formal authorisation of a Child Safety staff member, Team Leaders must use their discretion when engaging staff in duties under Section 20 of the Act, based on the staff members level of experience, confidence and competence.

Child Safety Manager

- The Child Safety Manager, as delegate of the Secretary, must approve the Authorised Officer, forwarding the Team Leader's e-mail to Business Operations and informing the Team Leader.

3. Identification Cards

Business Operations

- Business Operations must organise a staff identification card for the staff member to indicate Authorised Officer status including the following wording:

'I hereby certify that [staff member name] is an employee of the Department of Communities Tasmania and is authorised to take action under S20 of the Children, Young Persons and Their Families Act 1997 as an Authorised Officer'

as well as the Child Safety Manager's signature and the date of issue.

4. Register of Authorised Officers

Business Operations

- Business Operations must add the staff member to the Register of Authorised Officers

5. Revocation of Authorised Officers

Child Safety Staff members

- If a staff member leaves their position or it is no longer appropriate for them to hold an Authorised Officer card, they must return the card to Business Operations.

Business Operations

- Business Operations must update the Register of Authorised Officers with the date revoked and destroy the card.

Related Documents

- Section 20 Warrant – Procedure
- Section 20 Requirement and Section 21 Retaining Short Term Custody – Procedure
- Register of Authorised Officers (Excel template)

Document History

Revision History*	Unique Identifier (Record Number)	Document Name	Effective From
New	D21/12612	Authorised Officers	18 February 2021

* CP Practice Manual, New, Revision, Replaced By

Key tasks when a child or young person enters care for the first time

Advice approved by: Director, Policy and Programs, Disability, Child, Youth and Family Services
Effective Date: October 2009
Review Date: October 2012

Practice Requirement/s

Child protection workers must ensure that their practice supports the child's transition into out of home care. Workers should ensure that the child has personal items and for young children this may include their favourite soft toy. (See also ….)

The carer must receive the **Essential Information Record** section of the Case and Care Plan either at before or at the time of placement of the child.

Children entering care for the first time need time to develop a trusting relationship with their carers and workers. Workers should spend extra time with children during this period. Although at the time that children are first entering care their longer term plans may be unclear, it is important that children are informed of the immediate plans. They should be told when the worker will visit next and how to contact the worker if the child has a concern. **The case manager of these children must visit children at least once a week.**

Children entering care must receive a copy of the *Charter of Rights for Tasmanian children and young people in out of home care*. The Charter supports workers' discussions with children about what they can expect to happen to them during the period they are in care. It also reassures children that they have the right to have their say on plans for their future.

Assumptions:

This advice assumes that child protection workers have completed the *Beginning Practice* orientation training. Section 4 of *Beginning Practice* (see pages 176-177) outlines the critical factors that should be considered when placing children in care. It is also assumed that the child protection workers are working within the Child Protection Practice Framework to engage with the child and the child's family. Thus this advice does not address, in any detail, **how** child protection workers should work with children during the period of removal from their family and the initial placement in care.

Procedures

When a child or young person enters out of home care for the first time there are a range of tasks that should be completed to ensure that Disability, Child, Youth and Family Services (DCYFS) is acting as a good parent. Many of these tasks are contained in other documents, in particular the documents that support case and care planning for the child or young person. Some of these tasks are administrative (and are outlined below) and the case manager's role may be limited to ensuring that they have been completed. The key tasks contribute to the child's successful transition to out of home care and support the carer's role and the ongoing case and care planning for the child.

Considerations for Good Practice

Visit the child regularly

Children who are entering care for the first time are likely to be on an assessment order or a voluntary agreement.

The case manager of these children must visit children at least once a week.

Ensure that the child has sufficient clothing and personal items

Discuss the child's clothing needs with the child's parents and carers. The parents' should be encouraged to provide for the child's immediate needs. This can demonstrate their ongoing commitment to the child's wellbeing.

When children enter care for the first time they can experience tensions between the parents' and carers' views on what is an appropriate standard of clothing. Child protection workers are required to work closely with parents and carers and to respect their views and recognising their needs.

Children should have sufficient clothing and personal effects such as clothes bags to enable them to participate in age appropriate activities.

Engage the child in the early development of the Case and Care Plan

Sensitive case and care planning that involves the child in all the key decisions and future plans for the child is the core of good child protection practice. Positive engagement with children during the transition into care period provides a strong platform for ongoing work.

If a Case and Care Plan has not been commenced for the child, the available information about the child must be recorded in case and care plan template.
http://cpmanual.dhhs.tas.gov.au/extras/2320/Case_Care_Plan_Form_March_2009.doc

Establishing appropriate contact with family members and significant others is likely to be a focus of case and care planning when a child first enter care. See
http://cpmanual.dhhs.tas.gov.au/index.php#1760 for further details.

Ensure that the child's carers receive the Essential information (Section I of the Case and Care Plan) at the time of placement or as soon as possible after placement.

Provide the child with a copy of the *Charter of rights for Tasmanian children and young people in out of home care*

The Charter sets out the rights for children in care and it is important that children are aware of these including the right to be safe and feel safe and to complain to their worker if they are unhappy about the way they are being treated or if they are not feeling safe.

Provide the child with an age appropriate copy of the Charter and discuss the contents of the Charter. The larger book version has been designed for children aged up to ten years and the smaller wallet version has been designed for children and young people over ten years.

Take the time to discuss the most relevant rights with the child and advise the child that during the period in care there will be opportunities to discuss what the rights mean.

For school age children, ensure that the child is enrolled and advise the school that the child is now in out of home care

If the child is legally required to attend school and he or she is not enrolled in a school the child must be enrolled at a school as soon as possible. The choice of school will be influenced by the child and the carer's circumstances. For instance, if the child is likely to return to the care of his or her parents within a short period of time a school in their location is preferable. If the child is likely to remain in care a school near the carer's home is preferable, especially if the carer has a relationship with the school.

The child's school must be advised that the child has been placed in out of home care. The school must be given the name and contact numbers of the child's case manager. The *Notification to Schools* form is attached (see Attachment 1).

If a change of school is being considered, the child's case manager should contact the relevant Learning Services School Support Manager.

For pre-school age children consider the need for a referral to a local *Launching into Learning* program.

The Department has signed an agreement with the Department of Education that aims to improve the educational outcomes for children in care. See *Supporting Engagement and Achievement of Students in Out of Home Care: A Partnering Agreement between the Department of Health and Human Services and Department of Education December 2008*.

Ensure that other significant services are aware that the child has entered out of home care

If other services, such as Youth Justice or Mental Health Services, are involved with the child contact with the relevant worker as soon as possible and invite relevant services to participate in and contribute to the development of the child's Case and Care Plan.

If the child has a significant disability workers should discuss the need to make a referral to Disability Services.

Pay attention to the cultural needs of Aboriginal children

Establish contact with any Aboriginal organisation that is involved with the child or the child's family. If an Aboriginal organisation is not involved contact the nearest branch of the Tasmanian Aboriginal Centre (TAC) to conform that the child is Aboriginal and to ensure that relevant Aboriginal organisations are involved with case and care planning for the child. Details of Tasmanian Aboriginal organisations are available at http://cpmanual.dhhs.tas.gov.au/index.php#2254

Tell the child about the CREATE Foundation

The CREATE foundation receives funds to assist children in care feel connected with their wider community. Children should be told that the Create Foundation also supports children in care. They should be told about ClubCREATE including that they will receive an entry into care package if they join ClubCREATE. Information about CREATE is available at http://www.create.org.au/

Talk to the carer about Life story books

If the child is likely to be in care for longer than three months you should work with the child's carer to commence a life story book. See *www.community.nsw.gov.au/docswr/_assets/main/documents/**life_storybook**.pdf* for the format of a life story book developed by the Department of Community Services (DoCS) in NSW.

Administrative Tasks

Complete Intake Update form

If an Intake Uptake Form (pink and white form) has not been completed this needs to be completed when a child enters care. Prior to entering care information about the child is likely to be recorded on CPIS 1.

Complete a Notification Slip

Ensure that a CWIS Notification Slip (blue form) that records the child's details, status and placement is completed and forwarded to the Child Welfare Information System (CWIS) operator in your Area Office. This form records the child as being in care and generates the fortnightly payments for the care of the child to the carers.

Provide the carer with the Establishment Allowance

When a child is entering care for the first time, the carer should receive a voucher or purchase order of $70 to cover the cost of personal care items such as a toothbrush, hair brush, socks and underwear. Ensure that the foster carer or kinship carer receives the establishment allowance.

Obtain a copy of the child's birth certificates

Obtain a full copy of the child's birth certificate by forwarding Attachment 2 to Registry Births, Deaths and Marriages, GPO Box 198, Hobart, Tasmania, 7001. Further information is available at http://www.justice.tas.gov.au/bdm

There is no cost to the Department.

If the child's birth has not been registered you will need to contact the child's parents and assist them to register the child's birth, see http://www.justice.tas.gov.au/bdm/births/late_registrations for more information. Parents must sign the registration of birth form although the Department may need to cover the cost of any fees as a consequence of failing to register the child's birth within the prescribed time..

The full copy of the birth certificate establishes proof of identity for the child. If the child's parents are uncooperative, it may be necessary to obtain from the hospital where the child was born a record of the child's birth.

Ensure that the child has a Medicare and Heath Care Card

Obtain the child's Medicare number from the child's parents.

If it is anticipated that the child will remain in care, make an application for the child to have his or her own Medicare Card. This is done by completing an Application to copy or transfer from one Medicare card to another. The form is available at:
http://www.medicareaustralia.gov.au/public/forms.jsp#N1007D

All children in out of home care are eligible for a Health Care Card from Centrelink. Encourage the child's carer to apply for a Health Care Card for the child.

Ensure that the child's health needs are being met

Check that immunisations for the child are up to date. The child's immunisation status can be obtained by calling the Australian Childhood Information Register on 1800 653 809 or by an email to acir@medicareaustralia.gov.au

Further information is available on the ACIR website:
http://www.medicareaustralia.gov.au/public/services/acir/index.jsp

If the child is aged four years or younger you should contact the relevant Child Health and Parenting Service (CHAPS) to establish when the next check up for the child is scheduled.

The child should have a full medical check within one month of the child entering care, especially if it is anticipated that the child will remain in care for a medium to long term period. The Team Leader will provide advice on the arrangements for a full medical check in your area.

Background information

- Children who are entering care for the first time require additional support to:
    - understand the reasons why they have been removed from their family;
    - undergo assessment processes; and
    - settle into the out of home care placement.
- The work demands on child protection workers during this period are usually extensive. The requirement that child protection workers visit children who are on assessment orders at least once a week recognises that the initial period of the child protection intervention is a period of intensive involvement.
- The work demands fall into the main categories of practice activities and administrative tasks.
    - **Practice activities** support the child's successful transition to the new placement. These include spending additional time with the child to assist the transition to the new placement.
    - **Administrative tasks** support the ongoing child protection intervention. Although some of these tasks may not be critical to the child's immediate safety and wellbeing, they are important in supporting the ongoing case and care planning process with the child. Completing these tasks as soon as possible is likely to save time at a later stage of intervention.

Team leaders must provide support and advice to child protection workers on what activities and tasks must be completed during the period that a child first enters care.

This advice aims to complement the role of team leaders, especially team leaders in response, who are supporting child protection workers who are working with children entering care for the first time.

NOTIFICATION TO SCHOOLS

CONFIDENTIAL

THE PRINCIPAL: DATE:

NAME OF STUDENT: _____

DATE OF BIRTH: _____ / _____ / _____

The Department of Health and Human Services – Child Protection Services – has a responsibility for the above child who is currently enrolled/enrolling at your school.

The child is on the following legal order: _____

And is currently living with:

Name: _____

Address: _____

The following Educational matters will require the consent/attention of the persons designated:

Decisions	**Authority designated to**
1. Enrolment including changes of school	
2. Application for exemption from school	
3.. Medical examinations	
4. Accidents at school or child is unwell	
5. Interstate school camps/trips	
6. Local school excursions	
7. Overnight camps within Tasmania	
8. Receipt of school reports about the child	
9. Receipt of general school notices	
10. Attend parent/teacher interviews	
11. Placement in special facilities	

Any specific conditions or legal orders that relate to the child:

Signed:

Position:

The Department of Health and Human Services contact for this child will be:

Name:

Position:

Telephone:

You will be notified by telephone if the circumstances of the above child change. If the child is no longer the responsibility of this Agency this form should be destroyed.

Application for Search

Office Use Only

Receipt on: _____

Folio: _____

BIRTHS - TASMANIA

Type of Certificate: Certificate

Birth Details

Given name/s at birth: ……..

Surname at birth: ……

Place of birth in Tasmania (City or Town) ……

Date of birth: …… / …….. / ……

OR if not known – years to be searched from – From …… to ……. inclusive

Full names of natural / adoptive parents: (please circle)

Father: ……

Mother: ……

Mother's Maiden Name: ……..

Applicant's Details

Purpose for which the search is required: ……

Full name of the Applicant: ……..

Signed: Date:

Position: Phone:

Please forward the certificate to:

SOUTH

1st Floor
Woodhouse Bld
St Johns Park
NEW TOWN TAS 7008
Phone: 6230 7650
Fax: 6230 7653

NORTH

115-119 Cameron Street
LAUNCESTON TAS 7250

Phone 6336 2575
Fax 6336 2525

NORTH WEST

3rd Floor Reece House
46 Mount Street
BURNIE TAS 7320

Phone 6434 6330
Fax 6434 6356

Unique identifier: DOC/24/158841
Effective From: 26 August 2024

Prompts for when a Child or Young Person Self-Selects a Placement

Introduction

Sometimes children who are in Out of Home Care, especially older children, do not want to stay with the carers who have been assessed to care for them. Instead, they might choose to return to the care of the parent/s, stay with friends, family members or acquaintances who have not been assessed and approved by the Child Safety Service (CSS). This is referred to as a self-selected placement.

The arrangement can sometimes be temporary or for a longer period and a child or young person can make these arrangements for many reasons, including seeking their own identity, feeling connected to family, conflict or breakdown with their usual carer or care arrangement.

When a child or young person is in a self-selected living arrangement, they are likely to feel scared, upset, angry and confused, even when they seem to have made this decision themselves. The role of the Child Safety Officer (CSO) is to listen to the views and needs of the child, plan with the child or young person about their safety and wellbeing and to have conversations with the child's family and carer.

Purpose

These Practice Prompts provide guidance to support conversations with the child, young person, their family and carer when they self-select a placement, and to ensure Feel Safe. Are Safe. Practice Standards are being applied in practice.

Feel Safe. Are Safe. Our Practice Approach

These Practice Prompts are aligned with our Practice Standards:

- Child-centred, rights-based participation
- Respectful engagement with families
- Collaboration and positive partnership

Consider the motivation for self-selected placements

CSOs should consider the various factors that can influence a child or young person to self-select a placement:

The experience in care, such as

- disruptions in placement experiences, their lived experience during and after entering care, a history of trauma, abuse and neglect, being placed in non-kinship care or without siblings, quality of care, poor parenting skills, boundary setting and the age at which a child or young person entered care, with older children more likely to make their own choices.

Family and Community Connections

- Sometimes, the longing for children and young people to return home can be so intense that they choose to leave placements in favour of reuniting with their parents.
- Their decision may stem from a family crises like death or an accident, or other significant family events such as birthdays or weddings.
- If a child's siblings remain with their parents, the child may feel concern for their safety, or they may simply wish to be with them.

Engaging the child or young person

- Talk to the child or young person and seek to understand what has happened for them and help them to express their thoughts and feelings about what led to their choice to self-place.
- Is the child or young person feeling safe, connected and secure in their self-selected care arrangement? It is important that this conversation occurs away from everyone else in the home.
- Ask questions about the child's relationship with their carer and whether there are any supports that can assist, repair or resolve the concern. Have patience, remembering that it may take time for them to feel safe enough to express why they left their placement.
- Continue to listen to the voice of the child, advocate for their best interests, listen to how they are feeling and be honest and transparent about the processes, legal obligations and any worries that present.
- Involve the child or young person in the development of a safety plan, ask whether there is anyone else in their lives who they consider as safe, who they would like supporting them and what the role of Care Team can be in supporting them to be safe.
- If a Safety Plan cannot be developed, be honest and transparent about the processes, legal obligations and any risks that present.
- If the child or young person is 15 or older, this may present an opportunity to plan for independent living as part of their Leaving Care Planning.

Assessing Risk and Safety

Primary considerations for CSOs

Assessment of the self-selected placement

- It may take time for a child or young person to return to an approved placement or they might choose not to, so it is important to maintain relationships if possible.
- It is important to continue to check in to make sure that they feel safe and are having their immediate needs met.
- If you are able to, check that the physical environment of the home is safe and conduct checks on anyone over the age of 16 who is present in the home to establish whether there are known safety concerns.
- Use your professional judgement to assess the risk of the self-selected living arrangement against the potential for harm and any other consequence which may arise if CSS does not support the chosen placement. Questions to be explored as part of the risk and safety assessment:

- What is good enough parenting?
- Are there concerns about the quality of care being provided in the self-selected placement?
- Are the risks identified at time of placement still significant?
- Are the young person's needs being met in their current care?
- Can you develop a safety plan with the young person and their network?
- For Aboriginal or Torres Strait Islander children, what are the long-term effects on the child's identity and connection with family and community?
- Is there a safe and stable, ongoing placement option available?

- Given the potential complexities of the situation, CSOs should consult with their Practice Leader or Practice Manager to ensure that all factors have been considered, actioned and documented as part of the risk and safety assessment.

Safety and Collaborative Planning

- Consider whether there is practical support that can be provided or if there are other people who the child or young person trusts who can be involved.
- Engage the family, support network and Care Team in the development of a safety plan to address the risks, worries, and to build as much safety as possible.
- The safety plan will need to include specific ways in which the child and young person can get assistance and support when needed.
- The safety plan will clearly articulate the roles and responsibilities of Care Team members in building safety for the child or young person.
- Encourage and include the child or young person in the development of a safety plan. Document and follow the Safety Planning Practice Advice.

Concerns for the Safety and Wellbeing of the child or young person in the self-selected placement

- The CSO must consult with their Practice Leader if a self-selected placement is assessed as being of concern and a risk to a child's wellbeing, and consider it in the context.
- If the child or young person is at serious risk and refuses to leave the placement, consideration should be given to their age and developmental stage. If a safety network cannot be established, a consultation with a Practice Leader and Practice Manager must occur to determine interventions needed, or if actions are required under the *Children,Young Persons and their families Act 1997*.

Considerations for Best practice in decision making

- *Keeping Children Safe Handbook:* for guidance on filing a Missing Person's Report with Tasmania Police
- Care Teams and Care Planning Practice Advice
- Decision-Making Forum Procedure
- Practice Prompts: Engaging with Aboriginal children and families
- *Children, Young Persons and their families Act 1997*: Part 1A Principles to be Observed in Dealing with Children
- *Feel Safe. Are Safe. Our Practice Approach*
- Missing Persons Response Practice Advice and Flow Chart *(currently under review)*

- Relevant modules on engaging with children from Child Safety Officer Beginning Practice training

Document history

REVISION HISTORY	UNIQUE IDENTIFIER (RECORD NUMBER)	DOCUMENT NAME	EFFECTIVE FROM
New	DOC/24/158841	Practice Prompts: Self-Selected Placements	26 August 2024

Communities Tasmania
LEGAL SERVICES

Level 7/ 22 Elizabeth Street, Hobart, Tasmania
GPO Box 125, HOBART TAS 7001, Australia
Ph: 1300 135 513
Web: www.communities.tas.gov.au

Tasmanian Government

Right to Information Decision – Public Disclosure Log

Right to Information No.: RTI202021-022-CT

Information Requested

The information requested:

> The number of children that are known to Child Safety Services, and have an open case at incident level or higher, do not currently have an allocated Child Safety Officer.
>
> The average length of time that children who are known to Child Safety Services, and have an open case at incident level or higher, spend without being allocated a Child Safety Officer.
>
> The assessment criteria used to determine a child can make an informed decision about their care arrangements (also known as 'self selection').
>
> The number of children assessed as 'self selecting' at any point from 1 January 2017 to date; broken down by calendar year and by age.

The period range for the request 1 January 2017 to 7 September 2020.

Decision

The number of children that are known to Child Safety Services, and have an open case at incident level or higher, do not currently have an allocated Child Safety Officer.

As at the 30 September 2020 there were 23 priority two cases totalling 46 children who were awaiting allocation from a Team Leader to a Child Safety Officer. The regional breakdown is as follows:

North:	8 cases totalling 19 children
North West:	6 cases totalling 10 children
South:	9 cases totalling 17 children

The average length of time that children who are known to Child Safety Services, and have an open case at incident level or higher, spend without being allocated a Child Safety Officer.

The average length of time for a Team Leader to allocate a case to a Child Safety Officer is 34 days.

The assessment criteria used to determine a child can make an informed decision about their care arrangements (also known as 'self selection').

There are no formal assessment criteria, procedures or policies in relation to this. The young person's age, developmental stage, capacity and functioning, and safety assessment of the placement they are selecting, are all considered by the child's Child Safety Officer and Care Team in decision making around what is in their best interests. The Child Safety Service recognises that adolescents are self-determining and transitioning to adult decision-making capabilities and as such, work with a service approach that is geared towards the choices and decisions made by the young people themselves.

The number of children assessed as 'self selecting' at any point from 1 January 2017 to date; broken down by calendar year and by age.

The following data relates to placements recorded in the Child Protection Information System (CPIS) where the placement purpose was identified as "self-selected placement" because the child/young person has selected to live with other family members and/or independent living. There may be some issues with the consistency of individual Child Safety Officer's recording of a placements in CPIS and as such, the following information should be interpreted with caution.

Age	2017	2018	2019	2020
10	np	np	np	np
11	np	np	np	np
12	np	np	np	7
13	np	np	6	7
14	6	5	9	6
15	np	12	6	11
16	16	np	19	12
17	14	20	10	14
Total	**46**	**45**	**54**	**58**

Notes:

Data for 2020 is as at 30 September 2020.

Where there are fewer than five children of a certain age in a calendar year, these values have been suppressed to avoid re-identification of individual children. The youngest child recorded as being in a self-selected placement during this time was 10 years of age.

Keeping Children Safe

Memorandum of Understanding

between

Department of Communities Tasmania

(Children and Family Services)

and

Department of Police, Fire and Emergency Management

(Tasmania Police)

Endorsement

The safety and wellbeing of our children is of importance to us all.

The Departments of Communities Tasmania through Children and Family Services (CFS) and Police, Fire and Emergency Management through Tasmania Police play a critical role in protecting Tasmania's vulnerable children. CFS consists of the Child Safety Service, Out of Home Care and the Strong Families Safe Kids Advice and Referral Line.

The *Children, Young Persons and Their Families Act 1997* (the Act) sets out the legal framework in relation to the care and protection of children. CFS is responsible for the care and protection of children and under the *Police Service Act 2003* Tasmania Police is responsible for the provision of police services in relation to the State of Tasmania, including the investigation of offences and law enforcement.

Whilst each agency operates under separate, but inter-related legislative frameworks both agencies work together in an open and collaborative manner at the state-wide, regional and local level to ensure the paramount concern is a child's safety and wellbeing.

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

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

The MOU is supported by separate manuals detailing the operational policies and procedures specific to each agency.

In accordance with the principles underlying this MOU, and on behalf of our respective agencies, we authorise adherence to this MOU by our staff for the safety and wellbeing of Tasmania's children.

Darren Hine

Commissioner of Police

Tasmania Police

30 July 2021

Dr Michael Pervan

Secretary

Department of Communities Tasmania

02 August 2021

1. Shared Operating Principles

Best interests of the child

CFS and Tasmania Police work with each other to ensure the best interests of the child are met. Section 10E of the *Act* sets out the matters that may be considered in determining the best interests of the child, including the need to protect the child from harm and exploitation and where appropriate the views of the child.

Collaboration & cooperation

CFS and Tasmania Police are committed to working together in a cooperative and collaborative way in the provision of services to vulnerable children.

Early identification & effective intervention

The best way to protect children is to prevent child abuse and neglect from occurring in the first place.

Culturally Respectful

CFS and Tasmania Police policies and practices ensure culturally respectful approaches and considerations are adopted when working with all children, including Aboriginal and Torres Strait Islander children and their families.

2. Mandatory Reporting

Mandatory reporting requirements are specified in section 14 of the *Children, Young Persons and Their Families Act 1997*.

'Prescribed persons' are legally obliged to report child abuse, including that a child has been or is being abused or neglected or is an affected child within the meaning of the *Family Violence Act 2004*. Employees within Tasmania Police and CFS are mandatory reporters. Notifications are made in accordance with operating procedures.

Section 105A of the *Tasmanian Criminal Code Act 1924* (the Criminal Code) imposes a specific duty on all persons to report abuse offences committed against children to Tasmania Police. An 'abuse offence', as defined in s.105A, includes sexual abuse, assault, neglect, rape and other serious crimes.

3. Information Sharing

The safety of a child is not to be compromised. Information will be exchanged freely and as requested between the parties in relation to the protection of children, facilitating the complete picture of child's experiences, enabling decisive and effective action. This approach is consistent with ensuring the paramount consideration is the child's safety and wellbeing.

The Act allows for the full exchange of information between CFS and Tasmania Police (including the identity of a notifier, where necessary or appropriate to do so for the proper administration of the Act) including responding to suspected abuse or neglect (past, present and future); or where the information relates to the safety, welfare or wellbeing of a person known to CFS.

The key sections of the Act authorising and / or mandating the exchange of information between information-sharing entities, including CFS and Tasmania Police are set out below:

s.3	Defines "information-sharing entity".
s.14	Imposes mandatory reporting obligations on prescribed persons (including CFS employees as well as police officers) in relation to abuse and neglect of children.
s.16	Protects the identity of notifiers, unless, for example, disclosed in the course of official duties under the Act or disclosed to a law enforcement agency.
s.18	Secretary can require information relevant to the safety, welfare or wellbeing of a child for the purposes of an assessment.
s.53A and s53B	Allows the Secretary and 'information-sharing entities' (defined in s3 to include CFS employees as well as police officers) to exchange information relating to the safety, welfare and wellbeing of a relevant person (this includes a person CFS has received information about under the Act, or a child under an assessment order or care and protection order).
s.111	Provides a general immunity from liability for employees of CFS in disclosing information to Tasmania Police, if this is done in good faith and in performance of duties under the Act. This immunity is also provided to Tasmania Police officers under s.84 of the *Police Service Act 2003*.
s.103	Whilst s.103 imposes an obligation of confidentiality on persons engaged in the administration of the Act, s.103(3)(c) of the Act allows for the disclosure of any information by CFS (including to Tasmania Police) relating to the abuse, or suspected abuse, of children, including the identity of victims and suspected offenders if necessary or appropriate for the proper administration of the Act.
s.110	Provides the Secretary with the power to delegate functions and powers under the Act

Warrants are not required to facilitate the release of information from either party relating to the safety of a child and warrants will not be requested by either party in relation to the provision of such information.

The authority conferred and duties imposed by the Act and section 105A of the Criminal Code relating to the exchange of information between CFS and Tasmania Police prevail over any inconsistent provisions in the *Personal Information Protection Act 2004*.

CFS and Tasmania Police acknowledge that the exchange of information pursuant to this MOU may involve information that is sensitive and confidential and commit to the exchange of that information. Both agencies will ensure that any information obtained in relation to a request is stored confidentially, handled or disclosed only in compliance with any conditions, restrictions or caveats imposed by the other agency in respect of the information; and is not recorded, disclosed or communicated by any of their employees except in the performance of the employees' official duties or as otherwise agreed between the agencies or as required or authorised by law.

3.1 Police History Record Checks

Tasmania Police will action routine and urgent CFS Police History Record Checks to inform child safety and wellbeing assessments and/or placement decisions in accordance with standard operating procedures and timelines. The release of records from other jurisdictions may be governed by legislation and/or policy within that jurisdiction.

3.2 Community Protection Offender Register (CPOR)

The *Community Protection (Offender Reporting) Act 2005* (CPOR Act) provides the legislative framework for the registration of offenders who commit sex offences against adults and children.

If a recorded interaction involves 'Reportable Contact' between a registered sex offender and a child, information held by the CPOR Registrar within State Intelligence Services (SIS) is reviewed to determine whether the information in the report has previously been disclosed or whether a breach of reporting obligations has occurred. Where a reportable offender has breached these obligations, the CPOR Registrar will submit a referral report to CFS in accordance with standard operating procedures. All information provided must comply with provisions under the CPOR Act.

4. Joint Responses

A joint response occurs whenever CFS and Tasmania Police are engaged concurrently in discharging their respective legislative responsibilities. In these circumstances, CFS and Tasmania Police must work together to manage the safety and protection of children and develop a joint planning document to coordinate and plan the response across agencies.

These responses must be coordinated in such a way that the child's interests and safety are paramount when investigating crime, prosecuting offenders and ensuring community safety. This means that there may be occasions where primacy of a child's interests and safety means that an investigation, including evidence to sustain charges could be compromised.

The following will occur:

- agency representatives will make early direct contact in order to establish clear communication channels
- agreed roles and responsibilities (aligning with agency's statutory obligations) will be articulated, including identifying the lead agency
- a request by either agency for reciprocal engagement or assistance will be supported
- proactive gathering and timely sharing of all relevant information held by Tasmania Police, CFS, other agencies and jurisdictions having regard to and within the parameters of the statutory controls mentioned above
- joint planning, including tasks, actions, timeframes and review
- timelines for the completion of key tasks and review will be established and documented
- a joint planning document will be populated and endorsed by both parties
- outcomes will be communicated by both parties and recorded on the planning document.

If an offence is disclosed, Tasmania Police will be the lead agency. If the matter relates to ongoing care and protection, CFS will be the lead agency. The lead agency may change as the response progresses.

When the joint response planning document has been agreed it should be regularly reviewed and neither agency should deviate from this without consultation with the other agency, except in an emergency. In these circumstances, liaison and information sharing must follow to inform future planning for the joint response.

CFS and Tasmania Police must take care to ensure that they do not make commitments, agreements or arrangements about the actions or role of the other agency.

Whilst timelines for conducting CFS assessments and criminal investigations can be protracted due to the complexity involved, the intent is for respective assessments and investigations to be conducted in a timely manner that considers the safety and wellbeing of the child and the carer/parents' right to a timely resolution. The joint planning document must reflect reasons for any extended timeframes.

Respective agencies will develop and agree to operational manuals / protocols to ensure compliance with the principles of Joint Responses.

4.1 Joint Planning: Execution of Warrants

CFS may request the assistance of police where CFS staff and/or community safety may be compromised.

In emergency situations, Tasmania Police and CFS will contact each other by telephone and a response will be provided by the reciprocating agency.

There are a number of warrant provisions under the Act.

s.19	Allows a police officer assisting with a CFS assessment to obtain a warrant to enter and search property, seize and remove items, take photographs, films or videos and require a person to answer questions.
s.20	CFS staff who are 'authorised officers' and Tasmania Police members (who are assisting the Secretary in an assessment of a child's circumstances) can apply for a warrant to take a child to a person or place for assessment if a person has failed to comply with a requirement.
s.97	CFS and Tasmania Police can apply for a warrant to take a child into safe custody if a child is absent from the person or place where they have been placed under an Assessment Order, Interim Assessment Order, or Care and Protection Order or Interim Care and Protection Order.
s.104	Allows an 'authorised police officer' to obtain a warrant to enforce an Order of the Magistrates' Court (Children's Division), using such force as is reasonably necessary.

5. Governance

This MOU is governed by the 'Keeping Children Safe Management Committee' (Committee). The Committee:-

- oversees the implementation of this MOU, including consistency within each agency's manuals detailing the operational policies and procedures and training underpinned by a commitment to continuous improvement
- resolves issues arising in relation to the interpretation or operation of this MOU which cannot be resolved at the local level; and
- undertakes an annual review of the MOU to take effect on signing of the MOU.

The Committee membership includes:

Tasmania Police	CFS
Manager, Policy Development & Research Services, Strategy and Support	Manager, Policy and Intergovernmental Relations, Children, Youth and Families.
A nominated Detective Inspector of Tasmania Police	A nominated CFS Manager
Manager, Information Services	A nominated CFS representative

5.1 Continuous Improvement and Issue Resolution

Service delivery and reflective practice, including debriefs, existing referrals and case studies, provide opportunities to identify good practice and issues to learn from that can enhance safety and wellbeing outcomes for children through continuous improvement. Any issues arising under this MOU, including in relation to roles, responsibilities, operational matters, systems issues or communication issues should be resolved promptly at the local level in the first instance.

This is to occur through:

- clear identification by both parties of the problem or issue
- acknowledgement of relevant goals/objectives and/or interests
- generation of practical options to address the problem
- seeking agreement on a preferred option
- negotiation when the preferred option is not agreed
- agreement on an outcome and its implementation.

In the event attempts to resolve the matter at the local level fail, the matter will be escalated for resolution through the following stages as required:

Stage 1. Inspector or Manager DPFEM / Manager CFS (through discussion at the Management Committee)

Stage 2. Commander or Director DPFEM / Director, CFS

Stage 3. Assistant Commissioner, Operations or Deputy Secretary DPFEM / Deputy Secretary, Children, Youth and Families

Gmail Jack Davenport <jackdavenport101@gmail.com>

(R2410-017) Enquiry response - Missing Disclosure Logs

1 message

Ombudsman RTI <RTI@ombudsman.tas.gov.au> 21 October 2024 at 14:34
To: "jackdavenport101@gmail.com" <jackdavenport101@gmail.com>

Dear Mr Davenport

Thank you for your email enquiry received on 17 October.

The *Right to Information Act 2009* (the Act) is silent in relation to an obligation upon public authorities to maintain disclosure logs. Though there is no statutory requirement it is a practice, consistent with the spirit of the right to information framework in Tasmania, that is encouraged by the Ombudsman. It is, however, dependent on the policies and practices of individual public authorities, which includes Departments, Councils, and other bodies, whether a disclosure log is maintained and for how long information is retained on such logs.

I understand that all State government departments maintain a disclosure log. This is generally updated within 48 hours of the release of certain types of information to applicants, which is of general interest rather than relating to personal information of the applicant.

With respect to the amalgamation of different departments and the availability of previous disclosure logs, it would be a question for the principal officer of the new department how existing and prior disclosure logs are managed.

Naturally, as there is no requirement in the Act for public authorities to maintain a log, the same discretion applies to archiving processes. In relation to the quote you attribute to Department of Health, that *prior disclosure logs have been archived, therefore the data cannot be extracted, more so along the lines of systems and software upgrades*, that appears to relate to archiving of web-based disclosure logs as opposed to archiving of the information contained in those logs. This information should still be retrievable and able to be provided on request.

The expectation of this office is that for those RTI requests that have been determined and the information made available through a disclosure log that there would usually be no need for a repeat formal RTI request. If the information is no longer published in a disclosure log (due to the passage of time or changes to department structure), access could be granted through active disclosure upon request, without requiring a new RTI process to commence. In your case, it seems you have requested the information you sought to find on its disclosure log from the Department for Education, Children and Young People and are awaiting a response to your request.

I confirm that there have been no investigations or reports by this office into the practices of public authorities in maintaining disclosure logs. The Ombudsman will consider the matters you have raised, however, and this will inform any future review, should this be warranted.

If you are not able to access information which would have previously been on a disclosure log of a defunct department following a request to its newer incarnation, you are welcome to make a complaint about the administrative action of that department under the *Ombudsman Act 1978*. More information about this process is available on the Ombudsman Tasmania website. The important first step is to raise your concern with the public authority. See: Ombudsman Tasmania

Thank you for your enquiry and raising this issue with us. I trust that covers all of the matters raised in your email, but please reach out if we can provide any further information about the operation of the Act.

Kind regards,

Aneita McGregor (she/her)

Senior Investigation and Review Officer – Right to Information

Ombudsman Tasmania

p (03) 6166 4566

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Please let me know if you have accessibility needs or communication preferences.

Ombudsman Tasmania acknowledges the traditional owners of country throughout Australia and their continuing connection to land, culture and community. We pay our respects to elders past and present.

Right to Information Decision Bulletin
Would you like to be notified each month of the Ombudsman's latest external review decisions under the *Right to Information Act 2009*? Send your name and email address to rti@ombudsman.tas.gov.au to subscribe to the *Right to Information Decision Bulletin*.

From: Jack Davenport <jackdavenport101@gmail.com>
Sent: Thursday, October 17, 2024 9:26 AM
To: Ombudsman <Ombudsman@ombudsman.tas.gov.au>; Integrity Commission Contact <contact@integrity.tas.gov.au>
Subject: Missing Disclosure Logs

Hello,

I am writing to both the Ombudsman and Integrity Commission to enquire regarding RTI disclosure logs and some anomalies that have cropped up. My central query is whether this issue has come to your respective agency's attention before (since I know there have been prior reports and examinations of the RTI process).

When looking for historic disclosure logs in respect of the Department of Education, Children and Young People (DECYP), and the Department of Health (DoH), I found that historic logs for prior departments including the Department of Communities and Department of Health and Human Services were not available.

The DECYP disclosure log contains past disclosures for education only. The DoH disclosure log for health matters only.

When I enquired with the DoH RTI, I was informed that "prior disclosure logs have been archived, therefore the data cannot be extracted, more so along the lines of systems and software upgrades".

When I enquired of DECYP, I was initially pointed to the existing disclosure log page. I telephoned the RTI officer and elaborated on my request, giving the example of a 2021 RTI disclosure relating to child safety seemingly unavailable. The RTI officer said that they would inquire and get back to me.

Considering other departments that have undergone disestablishment and/or changes, I examined the Department for Natural Resources and Environment (NRE) disclosure log. I couldn't see disclosures prior to 2024. When I enquired with NRE, they directed me to the relevant links from DPIPWE days (bit of an aside here, but I hadn't been able to see the links on my mobile browser; they are only visible on my desktop browser).

The response from NRE implies it is perfectly possible for a department to maintain disclosures from previous departmental incarnations. It is not clear to me why other departments have not been able to do the same, and why they might have been archived at all.

I am thoroughly confused as to how archiving documents could lead to them becoming irretrievable (we're talking a period of less than a decade; it is not a light year in terms of hardware and software development). Shouldn't they be retrievable when archived?

I am still waiting on elaboration from DECYP, but I have a feeling I may get the same answer that was provided by DoH.

My query then is whether either of your agencies are aware of this problem, whether it exists elsewhere and how it may have come about? Has it been featured in any investigation or report your agency has completed? It is not strictly speaking a complaint at this point, and I am not seeking any specific document.

Many thanks,

Jack Davenport (he/him)

+61 (0)422 052 259

jackdavenport101@gmail.com

I acknowledge and pay respect to the palawa people as the traditional and original owners of lutruwita, and acknowledge Elders past and present. I recognise this is stolen land that has never been ceded.
