Australian Nursing & Midwifery Federation Tasmania

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Inquiry Secretary
Parliament House
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Submission - Commission of Inquiry into Tasmanian Government's Response to Child Sexual Abuse in Institutional Settings - Joint Sessional Committee (Scrutiny Committee)

The ANMF welcome the opportunity to provide a submission to the Joint Sessional Committee Commission of Inquiry Recommendations Scrutiny Committee and thank the committee for extending this invitation. The ANMF would welcome the opportunity to meet with committee members to further discuss this submission if it is of assistance to the committee.

The ANMF support the safeguarding of children and the recommendations of the Commission of Inquiry and those made by the Governance Advisory Panel in the Independent Child Safe Governance Review of the Launceston General Hospital and Human Resources. The ANMF Tasmanian Branch is committed to contributing in a meaningful way the prevention and eradication of child sexual abuse in our health sector, community and State.

The ANMF are not able to provide a detailed response to the specific terms of reference requests as the progress action or inaction on the Commission of Inquiry Recommendations as there has been limited to no communication with the ANMF regarding this work for at least a year and progress report is limited to those which are published on-line. The ANMF did participate and provide written feedback through the Commission of Inquiry review undertaken by Peter Woolcott.

However, the ANMF make a number of observations with respect to themes related to the Commission of Inquiry Recommendations and their impacts on ANMF members.

Reporting and Investigations: The ANMF welcomed the recommendations related to central tracking and collation of reports of child safeguarding matters in the Commission of Inquiry final report and in fact called for these measures to highlight patterns or trends of behaviours of individuals which may detect and prevent child sexual abuse. While this system has been established, it has resulted in a number of unintended consequences. This system has at times resulted in complaints with respect to staff behaviour being handled at complete arm's length from the local health service. Whilst of course with regard to child sexual abuse allegations this is appropriate, it is has resulted in distressing and possibly elongated processes for staff for matters which do not include allegations of child safeguarding breaches.

For context, complaints with respect to a staff member's professional behaviour involving an interaction with only adult patient and family members was taken on by the central complaints unit and the local area management were not able to provide information which would also

have contributed to a holistic picture of the particular matter before the individual was stood down according to Employment Direction 4, reported to Police and subject to an Employment Direction 5 investigation.

The issue that this poses is the principles of natural justice are not being afforded to all stakeholders in the above scenario including a long standing employee, who was subjected to an extremely distressing situation, suspended from practice, subject to a police investigation, but ultimately was cleared of any wrongdoing. If the local area management had of been afforded the opportunity to provide context and information then it is likely that this individual may not have been stood down, nor referred to police. It also deskills senior management in dealing with complaints and handling them at the appropriate level, whilst of course submitting them for tracking within the central complaints unit. The process for suspending individuals currently does not allow for any opportunity to provide right of reply and also results in the revocation of access to the intranet, which many individuals are required to access in order to respond to ED 5 investigations. The support and follow up of staff who are suspended is almost non-existent and I am aware of at least two individuals who have been cleared in their investigations who have chosen not to return to the Tasmanian Health Service, due to the lack of support and humane handling of complaints that had been made against them.

The ANMF have advocated for clarity regarding when a safeguarding matter would result in suspension and the threshold of that decision in comparison to clinical risks which seem to have a higher threshold for suspension, albeit the risk may not involve a child or allegations of safeguarding matters. Irrespective of the threshold however, it is essential that all stakeholders, including the respondent should be supported appropriately throughout these processes.

Further, the investigation processes that ensue when a staff member is subject to investigation with or without suspension are extremely lengthy which creates undue distress for those who have made a complaint due to a lack of outcome in a timely way and also for respondents. The process currently at times can see individuals stood down pending investigation outcomes for years. This was true prior to Commission of Inquiry and has not improved post.

Members also have found that when clinical practices have resulted in concerns for children, their complaints have not been well received. On multiple occasions members have felt that they have been intimidated by their senior managers and felt that they have been dissuaded from making a complaint. Even when the ANMF have encouraged these members to make protected interest disclosures and also Integrity Commission complaints, their concerns still have not been adequately addressed. Whilst the ANMF acknowledge that there could be mitigating circumstances or changes to legislation or policy that result in these changed practices, it is counterproductive not to fully ventilate members concerns and have them addressed to the satisfaction of the member to ensure that they will report again in future. The ANMF would be happy to discuss specific examples of this in confidence with the committee should they wish to have further details.

Education: The ANMF welcomed mandatory safeguarding training as a mechanism to increase awareness of safeguarding children and to ensure that members are up to date with best practice with respect to reporting requirements.

However, the support that was in place to support those completing the training that may have been triggered by the content or indeed been child sexual abuse survivors themselves, was completely lacking and some individuals were not at well supported with some enormously triggered resulting in long periods of incapacity from their positions. The support offered via employee assistance programs at the time did not provide options for support from psychologists with experience in sexual abuse.

In addition, whilst the ANMF supported the training to be mandatory across the Tasmanian Health Service, the threat to terminate employment of those who had not completed training by the cutoff date, also was not a trauma informed one.

Many members, including those who work in paediatric settings have also noted that aside from the mandatory training, there has been a lack of consistent ongoing training and education with respect to grooming behaviours and child safeguarding matters.

In some instances, members have reported that where policies have been implemented to safeguard children, they have been watered down to meet clinical need, but the communication around these changes are not undertaken in a holistic way, with many individuals then left unsure about what should or should not be done in particular clinical situations.

Culture: The biggest change priority the ANMF felt was required to enable a safer environment for children in Health was the need for a significant shift in culture. A shift that required unpacking and removal of engrained years of archaic structures and policies which dictated that mandatory reporting should only be undertaken by certain individuals in the Health service. These engrained practices prevented clinicians from making mandatory reports due to fear and lack of clarity due to conflict between legislative requirements and internal policies.

This cultural change needed a trauma informed and supportive approach. It needed open and transparent conversations with all staff about previous practices and policies being replaced with best practices in reporting and a no blame culture with respect to clinical incident reports and leadership emulating this change from the top down.

However, this is far from has occurred, with the above examples highlighting a lack of care and support for the very vast majority of hard-working health professionals who are all trying their level best to do right by the patients, colleagues, professions and communities. To provide support or at least check in those who have made a complaint (other than to assigning a HR contact) as well as those who have been marched out of their place of employment and been suspended from practice. In addition, the approach to the mandatory training which saw staff threatened with termination of employment, despite not offering any appropriately trained mental health professionals for staff to access. In addition, the response that multiple members received when submitting protected interest disclosures or integrity commission reports has been pitiful at best.

Whilst not related, to the Commission of Inquiry, but relating to culture and transparency, information regarding recent Vacancy Control Committee determinations have not been made available to unions, and the Department continue to indicate that there have not been any nursing positions declined by the Vacancy Control Committee when Nurse Educator positions at the Royal Hobart Hospital have been, as well as a Neonatal Code Blue Nurse whose role is to respond to neonatal code blues at the Launceston General Hospital. These types of behaviours are duplicitous and do nothing to instil trust and confidence in the very workforce the department is relying on to safeguard children in its institutions.

Yours sincerely,

Emily Shepherd
Branch Secretary