Statement of Kathrine MORGAN-WICKS

RFS-TAS-022

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Position	Secretary, Department of Health

STATES:

1. This statement is made by me in response to RFS-TAS-022 ('RFS'), issued on 12 April 2022 by the President of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission), the Honourable Marcia Neave AO.

2. My name is Kathrine Louise Morgan-Wicks and I am the Secretary of the Department of Health and State Health Commander COVID-19.

3. In providing my statement, I firstly seek to acknowledge the victim-survivors who have come forward to the Department of Health and Commission of Inquiry and extend my deepest apology to all victim-survivors who have experienced abuse and harm as children and young people in the care of my Department.

4. I consider it a privilege to be permitted to hear and share the lived experience of victim-survivors and I accept the Department has a key responsibility in preventing child sexual abuse and preventing any further harm to victims-survivors or their families through our actions and any health care provided to them.

5. As the Secretary of the Department of Health, I am acutely aware of the many areas we have for significant improvement and although the task is great, I am committed to delivering the changes needed to protect children in our care, with the same determination that I have applied over the last 2.5 years to managing Tasmania's response to the COVID-19 Pandemic and resetting and restoring public health services in Tasmania.

Background

Q1. What is your current role and professional background (particularly within the State Service)?

6. I hold a Bachelor of Laws (Honours) (University of Queensland), Bachelor of Arts (Honours – Social Psychology) (University of Queensland) and Master of Laws (Queensland University of Technology).

7. I completed Articles of Clerkship at Mallesons Stephen Jaques and was admitted to practice as a solicitor in the Supreme Court of Queensland (2000), and as a barrister and solicitor in the Supreme Court of Victoria (2002) and the High Court of Australia (2002). I no longer hold a practising certificate as it is not required for my professional role.

8. After working as a corporate lawyer in private practice at the beginning of my career, I then moved to work in the public sector for 21 years in both Federal and Tasmanian State Government positions.

9. Between 2001 and 2014 I was employed by the Australian Securities & Investments Commission in a variety of legal, corporate and senior executive roles, including in Enforcement, Consumer Protection and Complaints Management, working in the Brisbane, Melbourne, Sydney and Hobart ASIC offices. I led many complex white-collar crime and civil investigations specialising in corporate insolvency, financial services, fundraising and markets offences, including the collapse of Ansett Limited. I was also fortunate to lead ASIC's National Complaints Management teams which specialised in the detection of misconduct within the jurisdiction of the corporate regulator to recommend for investigation and enforcement action.

10. Following a move to Tasmania in 2013, in February 2014 I commenced employment with the Department of Treasury and Finance in Tasmania and from that time to September 2019 I held the following positions:

- Deputy Secretary, Budget & Finance, Department of Treasury and Finance (2014 to August 2017), with primary administration responsibility for the preparation of the State Budget and State financial management;

- Acting Secretary and Secretary, Department of Justice (August 2017 to August 2019), with primary administration responsibility for Justice related legislation, Courts and Tribunals, Worksafe, Consumer Protection and Building Regulation, the Office of Crown Law and the Office of the Director of Public Prosecutions.

11. From early September 2019 I was reassigned by the former Premier Will Hodgman MP to the role of Secretary, Department of Health to reform the organisational governance of the Department and Tasmanian Health Service (THS), address a projected operating deficit and reset the strategic direction for delivery of public health services to the Tasmanian community.

12. Under the *Tasmanian Health Service Act 2018*, I am responsible to the Minister of Health for the performance of the THS and Executive and required to perform the statutory functions of the Secretary:

- Planning for the delivery by the THS, over the long term, of health services and health support services, including by planning for the provision of infrastructure;

- Assisting the Minister to determine the health services, and the health support services, that are to be provided by the THS in a financial year by submitting for the approval of the Minister the service plan for the financial year;

- Monitoring the delivery by the THS of health services, and health support services, in accordance with the service plan for a financial year;

- Ensuring the performance and exercise by the Executive of the functions and powers of the Executive and the THS;

- Ensuring that there are appropriate mechanisms, including by way of advisory panels, for consultation and engagement between the THS and persons interested in the delivery by or on behalf of the THS of health services and health support services.

13. I am also appointed to the role of Commissioner of Ambulance Services and required to perform the statutory functions outlined in the *Ambulance Service Act 1982*:

- to formulate policy in respect of the administration and operation of the Ambulance Service;

- to co-ordinate and direct the development of all ambulance services throughout the State;
- to standardize, as far as practicable, equipment used or intended to be used throughout the State for or in connection with the provision of ambulance services;
- to ensure that effective ambulance services are provided throughout the State;
- to develop and maintain training facilities for the use of officers of the Ambulance Service and volunteer ambulance officers;
- to determine the qualifications required to be held by, and the standards of experience, training, and efficiency required of, officers of the Ambulance Service;
- to co-ordinate the provision throughout the State of ambulances and other means of transport for the conveyance of persons suffering from illness or injury other than non-emergency patient transport services;

The Commissioner is also responsible for the control and management of the Ambulance Service.

14. In addition to my graduate and postgraduate qualifications, I have undertaken the following relevant professional development:

- Melbourne Business School (Mt Eliza) – Graduate Certificate in Business Administration (Executive); Graduate Diploma in Business Administration (pending);
- Macquarie Graduate School of Management – Senior Executive Leadership Program;
- Harvard Leadership Program – Short Course – Customer Centric Strategy.

15. To refresh and build on my practical experience in engaging with and interviewing witnesses, perpetrators and victims of fraud or corporate crime, together with the Complaints Management training and development that I have undertaken over several years, I am registered to attend training with Blue Knot including Building Trauma Awareness on the 26 May 2022. It is expected that the Health Executive will be undertaking training on Managing Wellbeing and Recognising Vicarious Trauma and Foundations for Building Trauma Awareness training in August 2022.

16. As Secretary of the Department of Health, my role is to support and implement the decisions of the government of the day, and to provide advice and recommendations.

17. The Department of Health is the largest public sector agency in Tasmania. There are approximately 15,488 employees within the Department of Health, working across approximately 330 sites and within our communities. There is large range of roles, including medical practitioners and specialists, allied health, dental, paramedics, nurses, midwives, facilities officers, administration staff and support staff. All of these are integral to the day-to-day provision of health services and have a shared responsibility to our clients and visitors to our services, particularly children and young people.

18. The Department also engages locum and agency staff where required through contractual arrangements with employment agencies or directly with locum and agency employees.

19. The Department also benefits from a large volunteer contribution from members of our Tasmanian community across our services.

20. I take responsibility for setting the Department of Health strategy and direction for the state of Tasmania (refer Department of Health Strategic Priorities 2021-23) and have committed to a

number of key initiatives to assist with improving our systems to prevent, identify, report and respond to allegations or incidents of child sexual abuse.

21. The key initiatives referenced throughout my statement include:

a. In February 2020, I led significant governance change to align the Department of Health and Tasmanian Health Service under Health Executive, to strengthen local decision-making authority and accountability and to continue to build a stronger sense of collaboration, cooperation and shared purpose within our Department.

b. Implementing a One Health cultural improvement program as a strategic priority to support all staff to work together positively, learn, collaborate and problem solve, share risk, empower and respect each other.

c. Establishing a working group of three senior staff, to support the independent investigation in October 2020, noting the subject matter of the investigation was rolled into the terms of reference for the Commission of Inquiry once established.

d. Establishing the Commission of Inquiry Response and Reform team in March 2021 to support and respond in relation to the Department's management of historical allegations of child sexual abuse and implement all relevant child safety recommendations.

e. Implementation of a Child Safe Organisation Project team in 2021 to implement the National Principles, including the development of ongoing education and awareness materials. Noting that Health Executive recently approved the draft Child Safety and Wellbeing Framework and associated guidelines for consultation – **Annexure 1. Child Safety and Wellbeing Framework (Draft).**

f. Reviewing the current complaint process to implement a simple entry point for anyone seeking to raise a concern regarding conduct of a Health employee, contractor or volunteer and a dedicated triage point.

g. Continued business improvement of Human Resources practices to effectively respond effectively to allegations and complaints.

h. Preparing a successful State Budget submission to fund the development and implementation of a contemporary, online and fully integrated Human Resource Information System (HRIS) ($21.6 million) including a module to manage performance and conduct.

i. Obtaining Health Executive agreement to extend the requirement for Registration for Working With Vulnerable People (RWWVP) across all sectors of the Department of Health.

j. Commissioning an external review of Department of Health records to develop a complete register of records and assist with their future management.

k. Reviewing and aligning of existing Department of Health and THS (or former THOs) policies, procedures and protocols to remove duplication or inconsistency.

l. Reviewing and updating the Department of Health website and intranet to provide current and relevant information to users including the introduction of a new mechanism to report inappropriate behaviour and a new internal mobile communications application, known as 'Reach'.

Q2. As Secretary, do you have any personal performance measures, key performance indicators or financial outcomes in relation to how your Department responds to child sexual abuse or safeguards children?

22. As Secretary of the Department of Health, I have a Performance Development Agreement that commits to the delivery of the Department's Strategic Priorities which have been agreed with the Minister for Health and Premier. This includes the commitment to implement all relevant child safety recommendations.

23. To address the matters outlined by the Commission, I provide my evidence so far as those matters relate to the strategic direction of the Department and matters within the remit of my role as Secretary (as outlined above).

24. To address the matters outlined by the Commission, falling outside of my direct remit, that is, administering the policies, programs, services and budgets, and operational decision making, I have sought advice from relevant Senior Officials from the Department.

25. The following paragraphs represent the advice of those departments and outputs unless I state otherwise. Senior Officials from the relevant areas can provide further information if required.

Q3. Did you or your Department make a submission to the Commission of Inquiry?

26. As Secretary, I supported the commencement of the Commission of Inquiry. Following the publication of detailed and disturbing allegations against James Geoffrey Griffin on or about 14 October 2020, I commenced an internal review on 14 October 2020. Within days I proceeded to recommend the commencement of an Independent Inquiry into the matter of Mr Griffin, to be led by Ms Maree Norton, which was announced by former Premier Peter Gutwein MP and the former Minister for Health Sarah Courtney MP on 22 October 2020. Ultimately, this Independent Inquiry did not commence as it was replaced by the announcement by the former Premier of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (Commission of Inquiry) on 23 November 2020.

27. The Department of Health did not make a departmental submission to the Commission of Inquiry. At the time of the announcement of the Independent Investigation and later this Commission of Inquiry, I publicly committed to providing the Inquiry with all information relating to the Commission of Inquiry that has been discovered in the known possession of the Department.

28. To support the work of the Commission of Inquiry and prioritise the Department's response and reform work, I implemented an internal Department of Health Commission of Inquiry Response and Reform team in March 2021.

29. The Department of Health has fully engaged with the work of the Commission of Inquiry and to my knowledge has met all notice and reporting obligations.

Q4. Has your Department been the subject of significant change (for example, machinery of government changes or restructures) in the Relevant Period? If so, describe any changes that are relevant to the Commission's Terms of Reference?

30. The Department of Health has been the subject of significant structural and machinery of government changes in the Relevant Period.

31. An overview of the Department's organisational structure and governance arrangements during the Relevant Period is provided in - **Annexure 2. DoH Timeline Org Structure**.

32. In particular, the past decade has seen significant changes to the Department's governance arrangements and organisational structure, including key executive management roles, responsibilities and accountability. The following provides a brief summary from 2009 onwards.

33. In July 2009, the Southern Tasmania Area Health Service, the Northern Area Health Service and North West Area Health Service operated under the accountability of the Secretary, Department of Health and Human Services.

34. In July 2012, three Tasmanian Health Organisations (THOs) were established. THO North, THO South and THO North West operated as statutory authorities under the *Tasmanian Health Organisations Act 2011* (THO Act).

35. THOs were independent from the then Department of Health and Human Services (DHHS) and were accountable directly to the Minister for Health and the Treasurer for their performance, as governed by the THO Act.

36. Each THO had its own Governing Council with Mr Graham Houghton as the common Chair of the three councils, but with otherwise distinct membership. Each THO had an appointed Chief Executive Officer.

37. THOs were responsible for managing public hospitals and health services within their geographic region under the THO Act.

38. Each THO established their own policies and procedures and had their own corporate service teams, including HR, budget and finance, and facilities management.

39. I am advised that whilst the DHHS continued to undertake and conduct employment investigations as a service for THOs, the responsible delegate to make decisions with respect to the investigations was the relevant THO CEO.

40. Records and information management functions were the responsibility of each THO.

41. In July 2015, the three THOs were amalgamated to form one organisation named the Tasmanian Health Service (THS).

42. The THS continued to be independent from the DHHS, and was accountable directly to the responsible Minister.

43. A single THS Governing Council, led by Mr John Ramsay, was formed. A single THS CEO, Mr David Alcorn, was appointed, and was supported by a single THS Executive.

44. I am advised that gradual implementation of THS-wide policies commenced, and while a large number of THO policies were consolidated into THS policies, some remained that only applied locally to the THS North, THS South or THS North West. The THS also commenced the amalgamation of some health service functional areas into Statewide services, for example, Statewide Mental Health Services.

45. I am advised that corporate service units of the THOs were gradually combined to form THS-wide service units, with local officers remaining in place to provide on the ground support to hospitals and health services. The THS corporate service units ran entirely separate to the corporate service units of the DHHS, except for finance operations, business systems, procurement, payroll and capital projects, which were provided by the DHHS.

46. I am further advised that while the former DHHS continued to undertake employment investigations as a service for the THS, the responsible delegate for decision making in relation to these investigations was the THS CEO.

47. Records and information management functions were the responsibility of the THS. I am advised however that little work was undertaken to consolidate information management or records of the THOs into a single THS records and information management structure, and that record keeping and information management remained a localised function with no statewide consistency.

48. In July 2018, the Department of Health and Human Services was split into two agencies: the Department of Health and the Department of Communities Tasmania.

49. The *Tasmanian Health Service Act 2018* (the THS Act) also commenced in July 2018. The THS Act continued the THS as a body corporate, but provided that the Secretary of the Department of Health be accountable for the performance of the THS and the THS Executive. The position of THS CEO and the THS Governing Council were effectively abolished. The THS Executive was reconstituted to comprise a Chief Operating Officer, Chief Finance Officer and Chief People Officer. Operations Executive Directors were appointed to the Hospitals and the statewide services that had commenced following creation of the THS (for example, Statewide Mental Health Services).

50. I commenced in the role of Secretary of the Department of Health on Monday, 2 September 2019. As requested by the former Premier, former Treasurer and former Health Minister, my first priority focus was to address and reset the governance and significant financial management problems that continued to challenge and consume executive and management time within the THS and Department of Health.

51. I appointed a single Chief Financial Officer with responsibility for the Department and THS Budgets and in the February 2020 Revised Estimates Report, the former Treasurer announced the allocation of an additional $145.1M to the Department and THS Budgets for 2019-20. This was part of an additional allocation of $558M over the forward estimates to secure Health's forward operating budget.

52. The former Minister for Health and I announced a new governance structure for Health on 18 February 2020 for implementation from 2 March 2020. The new streamlined executive structure effectively brought together executive responsibility in the Department and THS into a single Health Executive, with the THS Executive as a subset retained within the single Health Executive to be constituted as necessary to deliver core statutory functions.

53. The governance changes aimed to ensure that a single Health Executive was able to focus on the delivery of high quality, safe and sustainable health services for all Tasmanians, such that issues, business cases or accountability would not fall between the cracks of competing executive structures or mismatched budgets. The structure was designed with clear public facing deputy secretary or chief executive functional responsibility, so that a member of the public or a patient could identify the 'lead executive' for a particular function or service, and so that budgets could be clearly allocated and decision making delegated, wherever possible.

54. Relevant to the Inquiry, the Departmental role of Deputy Secretary Corporate Services, previously responsible for Finance, ICT, HR and Infrastructure was split into four roles – Chief Financial Officer, Chief Information Officer, Chief People Officer and Deputy Secretary Infrastructure, with corresponding THS positions abolished. Each new individual role is responsible for providing their particular shared service (ie finance and procurement, ICT, HR

and asset management and infrastructure delivery) for both the Department and the THS, and leading combined teams previously separated between the Department and the THS (or in some cases still across 3 regional THO sites).

55. State-wide quality and patient safety governance also became the direct responsibility of the Deputy Secretary- Clinical Quality, Regulation and Accreditation (Professor Anthony Lawler, Chief Medical Officer), a change that was made to align organisational reporting lines with the importance that the Department places on ensuring patient safety. The Deputy Secretary role works collaboratively with service leads to deliver quality and patient safety functions.

56. To ensure an increase in local management and decision making for the major hospitals, two Hospital Chief Executives (Ms Susan Gannon and Mr Eric Daniels) were appointed to report directly to the Secretary, together with a Deputy Secretary Community Mental Health and Wellbeing (Mr Dale Webster) responsible for statewide services, including Statewide Mental Health Services, rather than a single overarching THS CEO. These three positions all sit on the Health Executive.

57. To support these governance changes, a process of reviewing and consolidating policies and procedures was commenced, with the aim of implementing single whole of Department policies covering both the Department of Health and THS where appropriate. I note that this process is continuing and is time-consuming, and often requires significant change management to align disparate regional practices into a consistent and statewide protocol that is accepted by all health professional and support staff groups.

58. While progressing, transition to the new governance changes and implementation of single whole of Department policies has been significantly impacted by the Covid-19 pandemic. While the announcement of the new governance arrangements was made in February 2020, the first locally detected case of Covid-19 was on 2 March 2020, with a Public Health Emergency declared on 17 March 2020 and Tasmania's State of Emergency first declared on 19 March 2020.

59. The Department's focus since the beginning of the pandemic has been on ensuring the health, safety and wellbeing of Tasmanians throughout a time of unheralded challenges, global illness, death and economic devastation.

60. The Covid-19 pandemic necessitated further changes to the Department's structure, with the creation of an Emergency Coordination Centre and various Emergency Operation Centres (THS EOC, Public Health EOC, Ambulance Tasmania EOC, Aged Care EOC, Disability EOC and Tasmanian Vaccination EOC), as detailed in the SSEMP COVID-19.

61. Finally, I note that in order to lead the Department of Health while planning and responding to the pandemic, on 25 March 2020 I stood up an experienced Secretary delegate - Ross Smith, (former Deputy Secretary Policy, Purchasing, Performance and Reform) - to lead and manage all non-COVID aspects of the Department of Health, while I focussed on the pandemic in the role of State Health Commander. Mr Smith provided Secretary level non-COVID support for extended periods of intense COVID activity until his transfer to the Department of Justice on 10 September 2021.

Organisational structure

Q5. Provide an organisational structure identifying key reporting lines within the Department. In your answer, include a description of the various units or areas that contribute to preventing, identifying, reporting and responding to child sexual abuse in Institutional Contexts.

62. The Department of Health Organisational Structure and reporting lines are provided at **Annexure 3. DoH Organisation Structure 2020**.

63. My expectation is that every Department of Health staff member contributes to the prevention, identification and reporting of child sexual abuse, and the Department is in the process of implementing a number of initiatives to reinforce this message and embed it within the culture of the Department.

64. Areas within the Department that have a specific or critical role with regards to the prevention, identification, reporting and responding to child sexual abuse include:

    a. Women's and Children's Services (WACS). WACS provides services to women, adolescents and children across Tasmania and therefore has a critical role in ensuring that children in its care are safe, and that child sexual abuse is prevented, identified, reported and appropriately responded to.

    b. Child and Adolescent Mental Health Services (CAMHS) assists children and adolescents aged 0-18 years with severe and complex mental illness or disorders. Specialist services range from inpatient assessment and treatment to community care and clinics focusing on specific disorders. Children cared for by the CAMHS services are particularly vulnerable and CAMHS has a critical role in ensuring the safety of these children by preventing child sexual abuse from occurring, and in identifying, reporting and responding to abuse.

    c. Emergency Departments (EDs) across the State provide emergency care and treatment for patients and are frequently the first point of contact between a patient and the THS. EDs therefore have a key role in the prevention, identification, reporting and response to child sexual abuse.

    d. The Department's Commission of Inquiry Response and Reform team was formed to respond and assess information provided by victim-survivors, respond to requests for information from the Commission of Inquiry, and support staff that are required to appear before, or provide information to the Commission. The Department's Commission of Inquiry Response and Reform team is also progressing, or assisting to progress, reforms across the Department where it is identified that improvement can be made on existing practices.

    e. The Child Safe Organisation Project team was formed to implement the National Principles for Child Safe Organisations and associated child safe standards endorsed by the Council of Australian Governments in February 2019. The team is based in Hobart and reports to the Deputy Secretary Community, Mental Health and Wellbeing.

    f. The Department's Commission of Inquiry and Child Safe Organisation Project teams both play a critical role in ensuring that the Department's governance, policy, information management and reporting frameworks are designed to maximise the likelihood that child sexual abuse will be prevented, identified, reported and responded to appropriately and in a timely manner.

g. Human Resources provides leadership in recruitment, job design, policy and employee relations, as well as specialist and general HR advice and safety, health and wellbeing. HR has a key role in ensuring the suitability of applicants being appointed to positions within the Department that have access to children, and for managing grievances and dealing with complaints relating to staff performance and behaviour. In addition, HR is leading the Cultural Improvement Program, including wellbeing and diversity initiatives.

h. A Complaints Management and Oversight (CMO) unit in the Office of the Secretary is in the process of being established. The intent is that the CMO Team will provide a central point for all complaints within the Department. Complaints will be recorded in Content Manager (our document and workflow tracking system) and the CMO Team will undertake an initial review to ensure that the complaint is not a duplication, assess whether it is a new complaint or a follow-up from a previous complaint, and identify any potential conflict of interests when allocating the complaint to business units for action. Upon receipt of a complaint, the CMO Team will also undertake a scan of previous complaints to identify any potential patterns of behaviour or systematic issues that may warrant the complaint being escalated. They will also triage and coordinate input from relevant areas of the Department such as a health service, legal services or human resources.

Q6. What roles within the Department currently require registration under the Registration to Work with Vulnerable People Act 2013 (Tas), and how has this been determined?

65. The *Registration to Work with Vulnerable People Act 2013* provides for an established centralised screening unit and compulsory background risk assessment and police check for people seeking to work with children and other vulnerable people in Tasmania.

66. Not every person who has contact with children needs a RWWVP. The requirement for registration is determined by the work that the person is engaged in and by the level of contact they have with children. In respect of health workers, only those staff working in a child health program and child health service, conducted specifically for, or provided only or mainly to, children, are required to be registered.

67. Following the introduction of the *Working with Vulnerable People Act 2013*, a number of roles within the THS were identified as requiring a RWWVP as an essential requirement. This included child-specific services such as Women's and Children's Services, Mental Health services for children, Youth Health and any child-specific role or individuals working in child-specific clinics. This included roles such as medical practitioners, nurses, midwives, allied health professionals, ward clerks, hospital aides, administrative staff and health care assistants who worked in these areas.

68. In 2016, the THS wrote to the Director State Service Management Office (SSMO) requesting that the Essential Requirement for a RWWVP be added to roles that did not strictly fall within the scope of the legislation, but which had contact with children or vulnerable people in the course of their work. This included those employed at the Northside Mental Health facility and entire occupational groups such as allied health professionals, nurses, medical practitioners, ward clerks and cleaners (irrespective of where they worked in the THS). Only if RWWVP is included as an Essential Requirement in a Statement of Duties can the Department mandate the check as an employment condition.

69. In July 2016, the Deputy Director SSMO wrote to the THS Chief Executive Officer confirming that the above request was not approved and therefore RWWVP could not be mandated for these additional groups.

70. As a result of this process, it was determined that registration was required for individuals employed/engaged in or allocated solely to:

    a. women's and children's services
    b. mental health services specifically for children and/or adolescents
    c. youth health
    d. any child-specific service
    e. any child-specific role
    f. oral health services providing services to children
    g. youth alcohol and drug workers
    h. youth health and development workers
    i. youth detention facility/service workers
    j. resident medical officers
    k. nurses, midwives and assistants in nursing/midwifery in casual pools which support child-specific services such as a women's and children's service
    l. mental health workers providing services within a child-specific service
    m. individuals involved in child-specific clinics or lists
    n. individuals involved in child-specific programs which are likely to run for eight or more occasions, where an occasion is a day or part of a day

71. In 2021, the Department of Health extended RWWVP in accordance with the requirements of the National Disability Insurance Scheme Worker Screening Check. Accordingly, RWWVP requirements were extended to Community Nursing South, TasEquip, Orthotics and Prosthetic Services Tasmania, West Coast District Hospital/Lyell House and Health Executive.

72. I note that I am advised that Mr Griffin was successful in applying for and maintaining RWWVP. He was also successful in maintaining professional registration as a nurse and was an Australian Nursing & Midwifery Foundation (ANMF) workplace representative for many years.

Q7. Describe any responsibilities in relation to child sexual abuse in Institutional Contexts of the following roles, including any required qualifications or training:

a) Child Liaison Officer
b) Aboriginal Liaison Officer
c) Multicultural Liaison Officer

73. The Department liaises closely with Child Safety Liaison Officers (CSLO) who work within the hospital environment across all regions, with referrals made as necessary. CSLOs are employees of the Department of Communities Tasmania.

74. The CSLO duties are classified at Level 3 of the *Allied Health Professionals Public Sector Agreement,* requiring satisfactory completion of an appropriate course of study at a recognised tertiary institution.

75. The CSLO role was established to provide support and advice to Department of Health Officials concerning child protection issues and to follow up on their concerns about vulnerable children.

76. The Department has Aboriginal Health Liaison Officer (AHLO) roles in the Royal Hobart Hospital, Launceston General Hospital, North West Regional Hospital and Mersey Community Hospital. The AHLO works in close association with the Aboriginal Health Centre and other Aboriginal and mainstream services to promote continuity of care between the hospital and the Tasmanian Aboriginal community.

77. The AHLO role is an Aboriginal Identified Position which must be filled in in accordance with *Employment Direction No. 10.* The duties are classified at Band 4 under the General Stream of *the Health and Human Services (Tasmanian Public Sector) Award.* There are no essential qualifications required however, qualifications in a health or welfare related discipline are desirable.

78. The AHLO has the same reporting responsibilities as all Department Officials in terms of child sexual abuse, however may have limited direct involvement in the management of such matters.

79. The Department has Multicultural Health Liaison Officer (MHLO) roles in the Royal Hobart Hospital and North West Regional Hospital. The MHLO works to provide education, consultation and guidance in relation to people from Culturally and Linguistically Diverse (CALD) backgrounds.

80. The MHLO duties are classified at Band 4 under the General Stream of the *Health and Human Services (Tasmanian Public Sector) Award*. There are no essential qualifications required, however qualifications in a health or welfare related discipline are desirable.

81. The MHLO has the same reporting responsibilities as all Department Officials in terms of child sexual abuse however, may have limited direct involvement in the management of such matters.

Q8. Describe any dates of service and roles in the Tasmanian Government of the following individuals:

a) James Bellinger
b) Helen Bryan
c) Eric Daniels
d) Gino Fratangelo
e) [redacted]
f) Matthew Harvey
g) [redacted]
h) Sonja Leonard
i) Sue McBeath
j) Kathrine Morgan-Wicks
k) Peter John Renshaw
l) Michael Sherring
m) Janette Maree Tonks

82. With the exception of myself (Kathrine Morgan-Wicks), no other Department Official has been identified to have service in any other Department of the Tasmanian Government.

83. Due to the required nature of the roles, absences are generally backfilled, resulting in numerous short-term acting assignments undertaken by the Department Officials. Key employment history is provided below, accessing both available payroll and employment records.

James Bellinger

84. Mr Bellinger commenced employment with the Department of Health on 18 February 2004 as a fixed-term Client Services Offer – Pay/Personnel (North). Mr Bellinger gained permanent status on 1 August 2006 as an Advisor – Pay/Personnel.

85. From his commencement to 2008 Mr Bellinger worked in various roles in Human Resources, including Client Services Officer, Senior Client Service Officer, Recruitment Officer, Advisor and Manager Pay/Personnel.

86. Mr Bellinger transferred into an HR Advisor role in April 2008 and was promoted to HR Consultant in July 2012. In the preceding period, Mr Bellinger undertook numerous acting appointments as Director, Human Resources (North) to cover absences.

87. Mr Bellinger was permanently promoted to the role of HR Manager (North/North-West) on 3 June 2018 (role previously known as Director, Human Resources North).

88. From 2018, Mr Bellinger has also taken on a number of short-term acting roles, including more responsible duties for the role of Director Work Health and Safety (17 September 2018 to 9 August 2019), Executive Director – HR and Organisational Development (25 April 2018 to 16 May 2018), Director Employee Relations (6 December 2021 to 7 January 2022).

89. Mr Bellinger remains assigned to the HR Manager (North/North-West) role and reports to the Director HR Management.

Helen Bryan

90. Employment records show Ms Bryan first commenced employment with the Department of Health in 1974, working in nursing roles including Charge Nurse - Ward 6D and Charge Sister - Medical Ward, Launceston General Hospital.

91. Ms Bryan was assigned as a Registered Nurse, Ward 4D, Launceston General Hospital from 19 February 1990.

92. Ms Bryan undertook an acting assignment as Assistant Director of Nursing from 7 July 1997.

93. Ms Bryan was permanently promoted to the role of Executive Director of Nursing (EDON) from 16 May 2011. The EDON position is the most senior nursing executive position in the hospital, and we have current EDON appointments in the South, North and North-West.

94. Ms Bryan has had secondments to the role of Executive Director of Operations (North/North West) from 7 August 2019 to 6 August 2019 and Chief Executive Hospitals (North/Northwest) from 10 May 2021 to 14 May 2021.

95. Ms Bryan remains assigned to the Executive Director of Nursing and Midwifery (North) role and reports to the Chief Executive Hospitals North/Northwest.

Eric Daniels

96. Mr Daniels commenced employment with the Department of Health on 28 May 2012 in the duties of General Manager North-West (Mersey).

97. Mr Daniels was appointed to the role of Executive Director Operations - North/Northwest on 2 July 2017.

98. Mr Daniels undertook a short secondment in the role of Chief Operating Officer THS, providing leave cover from 30 July 2018 to 10 August 2018.

99. Mr Daniels was assigned to the role of Chief Executive Hospitals North/Northwest on 2 March 2020 and reports to myself, as Secretary.

Gino Fratangelo

100. Employment records show Mr Fratangelo commenced with the Department of Health on 7 November 1980.

101. Mr Fratangelo worked as an Advisor – Pay/Personnel and undertook acting assignments as HR Consultant until his permanent promotion on 21 November 2004.

102. Mr Fratangelo acted in the HR Manager (North/North-West) role on occasions to cover absences.

103. Mr Fratangelo ceased employment with the Department of Health on 8 March 2019.

[redacted]

104. [redacted] commenced with the Department of Health on [redacted] as a Registered Nurse for the Casual pool with Launceston General Hospital.

105. On [redacted] gained a fixed term contract position as a Registered Nurse on Ward 4K at the Launceston General Hospital.

106. From [redacted] has relieved in a variety of roles including Clinical Nurse Specialist and Nurse Unit Manager.

107. In [redacted] secured the role of Clinical Nurse Consultant – Practice Development.

108. [redacted] continued to undertake shifts as a Registered Nurse and also frequently acted in the Nurse Unit Manager role from [redacted].

109. [redacted] secured the role of Clinical Nurse Educator in [redacted] reporting to the Nursing and Midwifery Director – Women's and Children's Services.

Mathew Harvey

110. Mr Harvey commenced employment with the Department of Health on 24 October 2006 as a Pay-Personnel Officer (North), gaining permanency effective from 18 August 2007.

111. Mr Harvey commenced in a HR Advisor (North) role from 26 July 2010 and undertook acting HR Consultant duties on numerous occasions until he was permanently promoted to the HR Consultant role on 17 June 2018.

112. Mr Harvey continues in the role of HR Consultant and has had several short-term acting assignments as HR Manager (North/North-West). Mr Harvey currently reports to the HR Manager North.

[redacted]

113. Employment records show [redacted] commenced employment with the Department of Health on [redacted].

114. [redacted] was the Nurse Unit Manager – Paediatric Services, Launceston General Hospital for over [redacted] years.

115. [redacted] undertook a short-term assignment as Assistant Director of Nursing in [redacted].

116. [redacted] ceased employment with the Department of Health on [redacted]

Sonja Leonard

117. Ms Leonard commenced employment with the Department of Health on 17 February 1986 as a Student Nurse at the Launceston General Hospital.

118. Ms Leonard was assigned as a Registered Nurse from April 1989 and commenced on Ward 4K Launceston General Hospital in 1990.

119. From August 2004 to August 2008 Ms Leonard had multiple acting assignments to the role of Nurse Unit Manager - Paediatric Services to cover periods of leave of [redacted]

120. Ms Leonard was permanently appointed as Nurse Unit Manager - Paediatrics in November 2008, reporting to the Nursing and Midwifery Director – Women's and Children's Services.

121. From 2008 to October 2019, Ms Leonard had multiple acting assignments to the role of Nursing Director – Women's and Children's Services, reporting to the Executive Director of Nursing and Midwifery - North.

122. From 21 December 2020, Ms Leonard has been on secondment to the role of Nurse Unit Manager-Covid 19 Respiratory Clinic North.

Susan McBeath

123. Ms McBeath commenced employment with the Department of Health on 20 December 1987 as a Registered Nurse, Queen Victoria Hospital - Launceston.

124. Ms McBeath worked in various roles in Launceston from this period, including Registered Nurse, Family and Child Health Nurse and Clinical Nurse Consultant.

125. From 1997 Ms McBeath undertook the role of Assistant Director of Nursing – Women's and Children's Services and was appointed to the role from 4 August 2002.

126. For periods during April 2003 to September 2011, Ms McBeath acted as Director of Nursing – Women's and Children's Services.

127. Ms McBeath was permanently promoted, and transferred South, to the role of Nursing and Midwifery Director – Women's, Adolescent and Children's Services, Royal Hobart Hospital on 12 August 2013, reporting to Chief Executive Hospitals South.

128. Ms McBeath remains in the role of Nursing and Midwifery Director -Women's and Children, having acted in the role of Executive Director of Nursing in 2021.

Kathrine Morgan-Wicks

129. My employment history is covered in paragraph 10.

Peter Renshaw

130. Employment records show Dr Renshaw commenced employment as Registrar General Medicine, Launceston General Hospital in 1988.

131. Dr Renshaw's permanent appointment to Director of Medical Services was confirmed from 22 August 1991.

132. Dr Renshaw remains in the role of Executive Director of Medical Services (North/North-West), reporting to the Chief Executive Hospitals – North/Northwest.

Michael Sherring

133. Employment records show Mr Sherring commenced employment with the Department of Health on 8 February 1988. Mr Sherring transferred from the Mersey General Hospital as a Registered Nurse to Ward 4K at the Launceston General Hospital in 1990.

134. Mr Sherring acted in the role of Graduate Clinical Development and Paediatric Course Facilitator from 2000 and was promoted from 15 August 2003 – referred to as Clinical Nurse Educator.

135. Mr Sherring has acted in the role of Nurse Unit Manager - Paediatric Services - on occasions from 2008.

136. Mr Sherring remains in the Northern role of Clinical Nurse Educator, reporting to the Nursing and Midwifery Director, Women's and Children's Services. From June 2021, Mr Sherring has also been undertaking duties of Clinical Nurse Educator – Transition to Practice.

Jannette Tonks

137. Ms Tonks first commenced employment with the Department of Health in June 1990 as a Registered Nurse, Ward 4K, Launceston General Hospital.

138. In 2002, Ms Tonks undertook an acting role as Nurse Unit Manager, Women's and Children's Services, Launceston General Hospital and was assigned to the role in December 2002.

139. During 2005 to 2013 Ms Tonks acted in the role of Assistant Director of Nursing on numerous occasions.

140. Ms Tonks was permanently promoted to the role of Nursing and Midwifery Director – Women's and Children's Services on 1 September 2013 and remains in this role reporting to the Executive Director of Nursing.

Departmental Culture

Q9. What are the Department's previous three Tasmanian State Survey results in relation to questions on the following topics:

- *a) "13 - Managers/supervisors*
  - *I would be confident in approaching my manager to discuss concerns and grievances*
  - *My Manager expects a high standard of ethical behaviour""*
- *b) "14 - Senior managers*
  - *Senior managers model my agency's values"*
- *c) "15 - Agency*
  - *In my agency, earning and sustaining a high level of public trust is seen as important*
  - *My agency has policies in place to report improper conduct and behaviour*
  - *In my agency there are clear procedures and processes for resolving grievances*
  - *I am confident that I would be protected from reprisal for reporting improper conduct""*

141. The Department's results (questions 13, 14 and 15) for the previous three Tasmania State Surveys are tabled in **Annexure 4. TSS Results Q13-14-15**.

Q10. What are your reflections on these results in terms of the Institutional or Organisational culture of the Department?

142. I consider organisational change to be one of the most significant challenges facing the Department of Health to deliver workforce growth and development.

143. Accordingly, I have identified organisational change as a strategic priority for the Department of Health and although this will be a long-term commitment, a number of developments are already being actioned.

144. I acknowledge the Tasmanian State Service survey results only represent a portion of the workforce and that improvements were reported by these Officials, with the exception of:

'I would be confident in approaching my manager to discuss concerns and grievances', which has remained steady at a 72% positive response rate over the three surveys.

145. Any percentage of the workforce not being confident in approaching their manager presents a risk and our cultural change work and system improvements seek to improve this.

Q11. What steps has the Department undertaken to address or improve these results as they relate to the culture of the Department and communicate these actions to Officials?

146. In January 2022, the Department has commenced work on a One Health Cultural Improvement Program as identified in the DoH Strategic Priorities – **Annexure 5. DoH Strategic Priorities**.

147. The One Health Culture Program provides an overarching framework that works with business areas that have already commenced work to enhance their culture, and which will provide and support those areas where cultural activities have not yet begun. For example, the Royal Hobart Hospital is implementing Speaking up for Safety, a program designed to embed a culture of speaking up throughout the health service – building a culture of safety and reliability. Work has also commenced on Pathway to Excellence accreditation, and Diversity and Inclusion strategies.

148. The Department's One Health Culture Program is based on information collected in the cultural baseline, which has been developed over the past few months. This cultural baseline has been developed through face-to-face interviews with key representatives from across the Department who have shared their experiences and insights. We have also undertaken an academic literature review relating to healthcare and organisational culture and looked at a number of Department reviews and surveys conducted over the past few years as well as a review of data including workers' compensation claims, code of conduct investigations, and work health and safety reporting.

149. This cultural baseline forms the basis of our One Health Cultural Program strategy. The strategy will support all staff to positively work together, learn, collaborate and problem solve, share risk, empower and respect each other.

150. Over the next five years we will undertake activities to improve in five focus areas, identified from the cultural baseline including:

a. Leadership and accountability

b. Building capability leadership and management capability, targeting in particular middle management roles such as Directors, Assistant Directors, Nurse Unit Managers, or ANUMs, and Clinical Service leads

c. Workplace values and behaviours

d. Health, safety and wellbeing

e. Systems and processes

151. Work is commencing on:

a. developing department values and working with staff to build a better understanding of acceptable behaviours and what to do where this does not occur

b. building our leadership capabilities and our management skills including modelling values and behaviours, good communication and consultation skills, and what to do when improper conduct, grievances and reprisals are reported

c. improving induction so that employees are aware of the values and desired behaviours and what to do if they experience improper conduct, or interpersonal difficulties

d. improving our complaints (interpersonal difficulties, code of conduct, improper conduct) mechanisms, policies and procedures.

Sexual Assault Forensic Examination Services

Q12. Describe the operation of the Sexual Assault Forensic Examination service as it relates to victims of child sexual abuse. In particular, you should describe:

a) What qualifications are required to conduct a forensic examination?
b) What training (beyond forensic evidence gathering) is given to Sexual Assault Forensic Examination examiners?
c) Is this service accessible across the state?
d) Are there barriers to forensic evidence being taken in a timely and trauma-informed manner?
e) Are there circumstances where children have to wait extended periods, or travel long distances, in order to have forensic samples taken?

152. I am advised that all forensic examinations are undertaken by a medical or nursing practitioner that has undertaken additional forensic examination training.

153. THS North advises that there is a requirement for Forensic Sexual Assault Examiners to have completed or be currently undergoing further training in sexual assault. Child sexual assault examinations are performed by medical staff (paediatricians, gynaecologists or general practitioners) that have undergone formal training in child sexual assault.

154. THS North West advises that forensic examiners are required to hold a current tertiary level qualification in the Medical and Forensic Management of Adult Sexual Assault through the NSW Education Centre Against Violence (ECAV).

155. I am advised that forensic medical examiners in the south are general practitioners who have undertaken a Medical Management of Sexual Assault course conducted by the THS. A number have also chosen to complete a Graduate Certificate in the Medical and Forensic Management of Adult Sexual Assault through NSW ECAV. Forensic nurse examiners have a minimum of a Graduate Certificate in Forensic Nursing or equivalent.

156. THS-South has two sexual assault services - a paediatric service that provides care to children and young people up to the age of 17 years, and the adult service provides care to those aged 17 years and over. Paediatric sexual assault examiners are all paediatricians. Advanced trainees (registrars) may work under the supervision of a qualified specialist. To work in the service, the paediatrician or registrar must have completed a course in sexual assault care for paediatric patients. These training courses are offered annually either as standalone courses or as part of the Monash University post graduate training in forensic medicine (certificate, diploma and masters level courses are all available).

157. Sexual assault forensic examinations are accessible across the State; however, I am advised that there may be delays in accessing a forensic medical examiner due to limited availability, particularly out of hours if the on-call staff member is busy attending another urgent medical case.

158. If the specialist unit is already in use, there will be a delay until the current case is completed and appropriate cross-contamination minimisation procedures can be completed.

159. If a child/young person is not medically and/or psychiatrically stable, a forensic medical examination may need to be delayed in the interests of their safety and wellbeing.

160. If a victim is in a rural area, the distance required to attend an examination may cause some delay, for example in the North West, the only examining facility is at the North West Regional Hospital. Alleged perpetrators are examined at the Mersey Community Hospital.

161. While the North West does not have a formal acute paediatric sexual assault service, there are two senior paediatric specialists with training and experience in paediatric sexual assault. However, there are times when children requiring assessment in the North West will need to travel to Launceston to be assessed.

162. The North West has also advised that as these occurrences are relatively infrequent, there can be some confusion as to process with presentations to police, general practitioners, rural hospitals and Emergency Departments. The counsellors at Laurel House or the sexual assault service are able to provide additional support and information to victims.

163. There is a strong focus within the sexual assault services across the State on evidence gathering being undertaken with a trauma informed manner. The Graduate Certificate in the Medical and Forensic Management of Adult Sexual Assault through NSW ECAV has comprehensive education on this.

Prevention and early intervention

Q13. What role does the Department have in preventing child sexual abuse within institutions? In your answer, consider:

a) recruitment
b) the screening of officials
c) the Registration to Work with Vulnerable People Act 2013 (Tas)
d) child safe practices
e) training
f) raising awareness of child sexual abuse, particularly in an Institutional Context, and
g) any other relevant matters.

164. It is acknowledged and accepted that the Department has a significant role and responsibility in the prevention of child sexual abuse in institutions, which relies on rigorous recruitment practices and ongoing investment in Department of Health Officials.

165. The Department's recruitment practices are designed to attract the right people with the right skills and abilities to undertake the duties and the compliance checks embedded within these practices are considered a critical first step.

166. There is Human Resources oversight of the compliance checks through the recruitment process, which include:

a. Criminal conviction checks

b. Working with Vulnerable People Registration (where applicable)

c. Professional Requirements – *Australian Health Practitioner Regulation Agency (Ahpra)* (where applicable)

d. Referee/Previous employment checks

167. The requirements are outlined in an Employment Check Policy – **Annexure 6. Employment Checks Policy.**

168. As I understand it, any convictions identified through a criminal onviction check are assessed between Human Resources and the relevant business area to determine the appropriateness of employment of the individual.

169. Similarly, where a referee or previous employment check identifies any concerns, this would be assessed to determine the appropriateness of employment.

170. Through Department of Health induction processes and mandatory training Department Officials receive advice on conduct and behaviour standards. It is acknowledged that child safe practices are not specifically covered in the current induction processes which will be addressed with the implementation of training being finalised through the Child Safe Organisation Project.

171. The mandatory training will be delivered online and by a trainer in person. A pilot is due to commence in June 2022 focussed on priority areas including Women's and Children's Services in the South and North, Child and Adolescent Mental Health Services and Child Health and Parenting Services. The training is focussed on identifying what leads to a mandatory report such as recognising grooming behaviours and professional boundaries.

172. Local level managers work with teams and staff to identify training needs, with the focus of child safety likely to be dependent on the services provided. For example, it would be expected that training for Child and Adolescent Mental Health Services Officials would be centred on child-safe practices compared to a Department official that does not have direct contact with children and young people.

173. I emphasise that training and awareness is a priority for the Department of Health, which is currently being developed through the Child Safe Organisation Project for roll out in 2022.

Q14. Describe how the Department monitors compliance by Officials with recruitment and screening requirements as they relate to child sexual abuse in Institutional Contexts (for example, criminal history, registration to work with vulnerable people).

174. Regular reporting of RWWVP expiration dates is administered and monitored through Human Resources and business units.

175. The Department of Justice formally notifies the Department of Health of any changes to RWWVP, such as suspension.

176. This was evidenced with the 31 July 2019 notification of Mr Griffin's RWWVP being suspended and immediate (same day) action taken by the Department of Health to ensure Mr Griffin did not engage in any duties pending consideration of further action.

177. Since this time, I am aware that the Department has been notified by the Department of Justice of four other RWWVP suspensions relating to Department Officials, which similarly have been actioned immediately to ensure the Department Official is not in the workplace, pending further investigation. None of the reported suspensions were required to have RWWVP for their employment with the Department of Health.

178. In addition, reviews of three other suspension notices received found that the persons were not Department Officials. Records of these notices are retained in Human Resources should further enquiries be made.

179. The Department of Justice is not able to share information relating to the reasons for a suspension. It is therefore incumbent on the Department of Health to make enquiries and take action.

180. It is the responsibility of Department Officials to notify the Department of any criminal convictions recorded during the course of their employment – refer **Annexure 6 Employment Check Policy**. Where RWWVP is not a requirement, the Department of Health relies largely on the Department Official's self-disclosure of criminal charges, criminal convictions or reporting of court lists and proceedings to monitor any criminal investigations, charges or convictions.

181. Where information relating to an investigation, criminal charge or conviction becomes known to the Department, and relates to child sexual abuse, it is my expectation that the same actions are taken as outlined in the response for question 51.

182. Health Practitioners who require registration with the *Australian Health Practitioner Regulation Agency (Ahpra)* are also required to make an annual declaration of any criminal convictions direct to Ahpra.

Q15. Are there some Officials who come into contact with children in the Department who are not required to be registered under the Registration to Work with Vulnerable People Act 2013 (Tas)?

183. As referenced in the response to question 6, the Department of Health worked with the Department of Justice to determine roles requiring registration in accordance with the *Registration to Work with Vulnerable People Act 2013* and *Registration to Work With Vulnerable People Regulations 2014.*

184. In simple terms, registration is not required unless a Department Official is engaged in areas specifically for, or mainly for children, which results in Department Officials regularly coming in to contact with children who are not required to be registered.

185. This is a current risk for the Department of Health which can be mitigated by the implementation of RWWVP for all employees and volunteers working for the Department of Health, which I and the Health Executive continue to support and engage with the Department of Justice to implement [redacted]

Q16. What is your Department's budget and resourcing allocation (including staffing levels) for preventing, identifying, reporting and responding to child sexual abuse in Institutional Contexts? How are these amounts acquitted?

186. Funding of $754 000 has been internally allocated to the Child Safe Organisation Project for the period July 2021 to December 2022. The Project Team includes four full time positions. An outline of the team actions in preventing, identifying, reporting and responding to child sexual abuse is provided in Annexure 15.

187. Funding of $850 000 was internally allocated to the Commission of Inquiry Response and Reform team for a period of 18 months. This initially included four full-time positions, however three has been the maximum able to be filled during this period. In addition, funding has been provided for the following:

a. 1 x Health and Wellbeing Officer – advertised, filled with external applicant

b. 2 x Legal Officers (RTI) – advertised, one position filled with external applicant

c. 3 x Records/Information Officers – not advertised, part funding allocated to external review of records

d. 1 x HR Consultant – advertised, not filled

188. There are many positions within the Department that as part of their day-to-day role undertake functions that relate to the prevention, identification, reporting and responding to child sexual abuse. This includes staff in areas including Human Resources, Legal Services, Communications, WACS and CAMHS, however I am unable to provide budget and resourcing data for these positions as they are not specifically employed or costed for this purpose.

189. The Department is in the process of establishing a Child Safety and Wellbeing Service Panel (Panel) on a permanent basis. The annual budget for the Child Safety and Wellbeing Service is estimated at $954 000, with the estimate for the Panel to be confirmed. The Department will meet initial establishment costs from Health Internal Reserves Funding with a budget submission to be prepared for the 2023-24 State Budget to support ongoing funding.

190. The Department is also reviewing its complaints processes, with a proposal underway to establish a Statewide CMO Unit within the Office of the Secretary. An initial resource allocation of one Band 8 and two Band 6 positions is proposed at an estimated cost of $430 000, to be met from Health Internal Funding.

Q17. How is success measured and evaluated (including what data is relied upon) in relation to preventing child sexual abuse in Institutional Contexts?

191. I acknowledge that this is an area of deficit for the Department, with the only measurable indicators currently available within the Department being training completed by staff and inclusion of child sexual abuse on governance and management meeting agendas across the Department.

192. However, work is underway to address this shortfall, with the Child Safety Organisation Project Team currently finalising a performance framework for child safety and wellbeing to evaluate performance in relation to the National Principles. The framework will include indicators at the Departmental and group level for each service stream within groups, and self-assessment tools for each work area to evaluate their compliance with the National Principles. The performance framework will consider external reporting of key performance information.

193. The performance framework will focus on several performance objectives, including culture, consumer engagement, child, family and worker awareness of child safe practices, responsiveness of the safeguarding concern management system, compliance with National Principles, prevention and risk management, and achievement against improvement plans.

194. In addition, existing consumer experience surveys are being reviewed to determine how they may be expanded or complemented to address questions around child safety culture, and periodic surveys of workers are being considered. A self-assessment tool is under development, and other audit tools to support safety and quality improvement measures will be developed, with audits conducted through either existing quality and safety teams or the planned Child Safety and Wellbeing Service. A maturity assessment tool is also being considered to assess the progress in establishing systems that address the promotion of children's rights, safety and wellbeing.

Q18. How does the Department identify risks in relation to child sexual abuse in Institutional Contexts? How does the Department address these risks?

195. The Department of Health has not previously identified child sexual abuse within public health services as a specific strategic risk, however risk assessments are embedded in patient safety and clinical decision making.

196. I acknowledge that this is a critical oversight and that the management of the risk of child sexual abuse within public health services must be a priority for the Department of Health and is a deliverable action through the Department's Child Safe Organisation Project.

197. The occurrence of child sexual abuse within public health services has now been added as a strategic risk to the Department's Strategic Risk Register, as approved by the Health Executive - **Annexure 7. DoH Strategic Risk Register**. Mitigation plans to address this strategic risk are managed by the Department's Child Safe Organisation Project.

Q19. Which areas of the Department pose the greatest risks of child sexual abuse in Institutional Contexts? How does the Department address these risks?

198. Areas within the Department that pose the greatest risks of child sexual abuse are considered to be those that provide direct service delivery to children and youth, and/or who have access to personal health information and data related to children and youth. This includes Women's and Children's Services (WACS) and Child and Adolescent Mental Health Services (CAMHS).

199. All staff working within units that primarily deliver services to children require current RWWVP. Further detail on this is provided in paragraphs 70-71.

200. The Department also has numerous policies and procedures in place to reduce the risk of child sexual abuse occurring. A list of relevant policies and procedures is provided at **Annexure 8. Current DoH Policies 2021.** Policies and procedures are available to staff via the Strategic Document Management System (SDMS), which is accessible via the intranet. The SDMS is searchable by title, any word, document code or by business unit.

201. In particular, the Chaperone Protocol provides that a chaperone be available at all intimate examinations or treatment and provides guidance as to the role of the chaperone and who should be considered a chaperone. It also provides information on consent and communication with the patient - **Annexure 9. Protocol – Chaperone – Intimate Examinations.**

202. Statewide Mental Health Services has a protocol for Sexual Safety, which provides direction to staff who are responsible for promoting sexual safety, responding to sexual activity and managing sexual assault allegations in the inpatient setting – **Annexure 10. Sexual Safety Protocol**.

203. The protocol states that sexual activity, or unwanted sexual advances from others, is one of a range of risks that need to be considered, assessed and managed. Any sexual activity in the inpatient setting is incompatible with the treatment environment and is unacceptable. Any sexual activity between staff and patients is an offence and should be dealt with through existing criminal and disciplinary processes.

204. The protocol outlines the minimum requirements to be met in relation to establishing and maintaining the sexual safety of mental health consumers and responding appropriately to incidents that breach or compromise their safety.

205. I acknowledge that maintaining professional boundaries is an area of risk that needs to be further addressed by the Department. This is particularly the case for nursing and care attendants for vulnerable people, including children, patients presenting with disability, the aged or patients with a mental illness. I have spoken with many health professionals working in WACS, who have raised concerns about the danger of stepping outside professional boundaries and when it is appropriate to provide a gesture of physical or emotional comfort particularly to distressed or crying patients that have no family member or support person present. Training is being developed to increase awareness of the need to maintain professional boundaries, and work on identifying behaviours that support children's rights will also contribute to managing this risk.

206. The training will also address staff understanding and awareness of child sex abuse on recognising grooming behaviours, identifying signs of abuse and harm as well as education on children's rights and safety more broadly. This will help to prevent harm as well as ensure staff are attuned to signs of harm and are able to facilitate child-friendly ways for children to express their views, participate in decision making and raise their concerns. This includes concerns around peer-on-peer harm and harmful sexual behaviour.

207. The Department is also working to increase staff awareness of mandatory reporting requirements, through all staff communications and development of fact sheets on mandatory reporting, which have been circulated to all staff (see q.30) and are available on the intranet site, with managers encouraged to print copies for staff rooms and bulletin boards.

Q20. How does the Department ensure any activities described in answers in this section meet the diverse needs of children and young people—particularly those who are Aboriginal and/or Torres Strait Islanders, come from culturally and linguistically diverse backgrounds, identify as LGBTIQ+, have disability, experience socio-economic disadvantage or lack protective parental figures?

208. There are supports available for children and young people with diverse backgrounds including Multi-disciplinary and Social Work services, Aboriginal Health Liaison Officers and Multicultural Officers.

209. This is reflected in Child and Adolescent Mental Health Services (CAMHS), which works collaboratively with children and young people and organisations that support them. Where there is a lack of protective parental figures, CAMHS liaises with the family identified by the child, child safety services and organisations who support children and young people who may not be living with their parents or guardians.

210. The paediatric model of care also includes equity in relation to healthcare for children with diverse needs. Patient-centred care also focuses on taking in to account the diverse factors that impact each person receiving healthcare. National Safety and Quality Healthcare Service (NSQHS) Standards require the consideration of the needs of the individual in designing care plans.

211. The diverse needs of children and young people is an ongoing focus for the Department of Health and will be included in risk assessment tools and the identifications of vulnerabilities as part of the Child Safe Implementation Project. The values to be reflected in the Child Safety and Wellbeing Framework include child-centred care, respectful care, the right to participate in decision-making, in addition to the right to be safe.

Q21. How effectively is the Department contributing to the prevention of and early intervention in relation to child sexual abuse in Institutional Contexts, including:

a) what has changed within the Relevant Period. Describe any proposed reforms in detail, including any proposed implementation plans
b) what is working well and needs to be continued or built upon, and
c) what is not working well and needs to be changed

212. I must acknowledge the committed and dedicated Department Officials who provide exceptional care and support to children and young people in the Department's care on a daily basis, despite the absence of a whole of Department framework and statewide resources and tools.

213. Similarly, there are good recruitment practices, however it is acknowledged the success of these can be reliant on access to multiple systems and processes, and by multiple Officials.

214. I view all of the initiatives outlined in paragraph 21 as required actions to enable the Department of Health to prevent and minimise the risk of child sexual abuse

Q.22 Are there any barriers to achieving the changes you identify in paragraph 21 (for example, budgetary constraints, staff recruitment, State/Commonwealth responsibilities, legal obstacles or cultural resistance)?

215. There are some potential risks to the successful implementation of these initiatives:

a. There is a significant personal investment required from every Department of Health Official to support, engage and embed changes, which is a consistent expectation across the service and in addition to all other priorities.

b. As part of the cultural baseline work in the Health Cultural Improvement Program, the results consistently and overwhelmingly demonstrated, our Health workforce care passionately about the patients and community they serve and that they rise to a challenge of responding to emergencies as a collaborative team. There is resistance to change brought about by continual changes to the Department and THS structure over many years, as outlined in the statement. This results in silos and divisions between work areas and employees identifying more closely with their immediate team or group and not with broader Department of Health priorities and direction. Cultural change across a large organisation with over 15,000 people must be led from the top, which I am committed to lead and championed by all senior leaders to demonstrate a shared commitment. There needs to be acknowledgement that cultural change takes time and needs to be actively pursued to embed long term behavioural change.

c. It is also important to recognise that the Department's workforce is also suffering from significant change-fatigue, due to the constant and daily change that has at times been forced upon the workforce during our emergency response to the COVID-19 pandemic. Again this is a factor to be acknowledged and worked through.

d. Staff recruitment continues to be a significant challenge across the service, exacerbated by global shortages and border restrictions in the pandemic. Resourcing to deliver the initiatives can be impacted, either by limited recruitment options, or limited or no recruitment options to backfill existing staff.

Children and their carers

Q23. What information is provided to child patients, and their parents, guardians or carers about appropriate standards of care in hospitals?

216. Varied information is provided to patients regarding their health care rights, including material such as the Australian Charter of Health Care Rights (published by the Australian Commission on Safety and Quality in Health Care), Young People's Healthcare Rights and The Rights of Every Child in Healthcare (both published by Children's Healthcare Australasia) - **Annexure 11. Australian Charter of Health Care Rights Flyer, Annexure 12. Consumer Guide, Annexure 13. Poster**.

217. The varied practices of providing information across the service is reflective of changes in governance of hospitals and statewide services over the previous decades and will be aligned in the Department's ongoing reform work.

Q24. Are child patients and their parents, guardians or carers provided with information about how they can raise concerns or complaints about their care in these settings?

218. Services currently provide information to patients and guardians or carers at the local level on admission about how to raise concerns or make complaints, as well there are other avenues for raising concerns including:

a. CARE Call, which is the process for escalating concerns regarding the health or recovery by patients themselves or family members/carers

b. Social Workers and Liaison Officers supporting parents, guardians or carers

c. Patient feedback forms that are provided at nurses' stations

d. contact by the patient experience team after discharge.

Q25. Do you think more information should be provided to help child patients and their parents, guardians or carers understand appropriate professional standards of care?

219. Current levels of information provided are not aligned across our hospitals and statewide services, which may create confusion for patients and guardians, particularly if they are accessing multiple services.

220. The Department of Health is currently developing and implementing a statewide complaints process that will seek to provide more consistency and integration for the management of internal and external complaints. The review of complaints processes will also consider the matter of what information is and should be provided to patients.

Q26. Describe the extent to which the Department publicises the ability of patients of healthcare services to complain to the Australian Health Practitioners Regulation Agency about concerns about healthcare providers.

221. The promotion of Ahpra and its complaints option to patients is currently limited, and more likely provided where a complaint is made through other Department of Health channels.

Training and professional development

Q27. What training and professional development is available to you and Department officials in relation to:
a) the effects of trauma or trauma-informed care
b) identifying and responding to child sexual abuse, including grooming behaviour, boundary breaches and harmful sexual behaviour, and
c) reporting requirements (including to the Australian Health Practitioners Regulation Agency).
Is the training mandatory or optional and is it undertake on a regular basis (for example, annually)?

222. There is currently a range of mandatory training requirements for Department of Health Officials, which are not specific to trauma informed practice, identifying, reporting and responding to child sexual abuse.

223. Different types of health professionals, for example CAHMS medical practitioners and nursing staff, complete trauma-informed training as part of their professional qualification.

224. Statewide Mental Health Services (SMHS) has recently provided online training for staff that is to be completed by all staff and includes the following modules: -

a. Promoting Human Rights – Promoting Human Rights and Reducing Restrictive practice
b. Trauma Informed Approach – Defining Psychological Trauma
c. Trauma Informed Approach – Resilience to Trauma
d. Trauma Informed Approach – Effects of Trauma
e. Trauma Informed Approach - Trauma Informed Approach

225. There are specific modules for SMHS staff who do not routinely work with children which should be completed every two years. These modules include: -

a. Positive Approaches to Behaviour - Risk, Rights and Responsibilities

b. Positive Approaches to Behaviour - Understanding Human Behaviour

c. Positive Approaches to Behaviour - Positive Interactions and Choices

d. Safer De-escalation – Dynamic Risk Assessment

e. Safer De-escalation – Personal Safety and Post incident

f. Safer De-escalation – Safer De-escalation Skills

226. In addition, there are specific modules for SMHS staff who do routinely work with children and young people, and which should be completed every two years. These modules include: -

a. Positive Approaches to Behaviour - Risks and Responsibilities working with Children

b. Positive Approaches to Behaviour - Understanding Children Behaviour

c. Positive Approaches to Behaviour - Positive Interactions with Children

d. Safer De-escalation – Dynamic Risk Assessment – Children

e. Safer De-escalation – Preventing Escalation Children

f. Safer De-escalation – Personal Safety – Children

g. Promoting Children's Rights – Reducing Restrictive Practices

227. Specific types of health professionals (for example Paramedics, Emergency Department staff, Mental Health practitioners, General Practitioners) are qualified to identify and triage/treat/refer patients presenting with various types of trauma, including for example the traumatic impact of disasters, community or intimate partner violence, bullying, sexual or physical violence, grief, war or persecution (refugee trauma).

228. With the exception of mandatory training requirements, training arrangements are currently a local level decision, arranged between Managers and Officials.

229. I am aware that some areas, including Ward 4K at the Launceston General Hospital, have engaged in, and been supported with training to assist in identifying and responding to child sexual abuse, including grooming behaviours, safe practices, strategies and resources.

230. I acknowledge that trauma informed practices are applied at varying levels in the work of Department of Health Officials and many staff may have no awareness or understanding of contemporary trauma informed practices.

231. The absence of Department wide training is acknowledged and has been prioritised through the Child Safe Organisation Project, with the training expected to be rolled out progressively from June 2022. This is a first step in delivering whole of Department of training to build the understanding, awareness and compliance with professional boundaries, identifying grooming behaviours and mandatory reporting.

232. It is my intention that the Child Safe Organisation Project training will become mandatory for all Department of Health Officials.

Q28. How widely available to Officials are policies and procedures for identifying, preventing, reporting and responding to child sexual abuse in Institutional Contexts?

233. Noting the specific policy limitations stated above, all policy and procedure documents are available to staff via the Strategic Document Management System (SDMS), which is accessible via the intranet. Documents are searchable by title, any word, document code or by business unit.

234. New staff are made aware of the location of policy and procedure documents, and it is my expectation that they are encouraged by their manager to spend time looking through policies relevant to their position, with key policies drawn to their attention. Where required specific training is also undertaken to ensure a policy or protocol is understood or practised.

235. Changes to key policies and procedures are currently communicated to staff via the Reach platform, by email, by printed material placed on staff noticeboards and at staff meetings.

Q29. What guidance or instruction is given to healthcare providers about appropriate measures to take when undertaking any intimate procedures for children and young people (for example, bathing or dressing or any other intimate procedures)? Should such procedures be supervised by another Official or the patient's parents, guardians or carers? Are children and young people asked about any preference relating to the gender of an Official who conducts such procedures and are any such preferences followed?

236. The Chaperone Protocol provides that a chaperone be available at all intimate examinations or treatment, including bathing and dressing, and provides guidance as to the role of the chaperone and who should be considered a chaperone. It also gives information on consent and communication with the patient. A copy of the protocol is provided at Annexure 9.

237. The Chaperone Protocol provides that a patient's preference of gender is to be respected. If the patient is not comfortable with an examination being undertaken by a clinician of the opposite gender, the examination should be postponed if clinically appropriate until a clinician of the same gender is available. In a clinical emergency where there is an immediate concern for patient safety and wellbeing, the examination may go ahead but must be clearly documented in the medical record.

Q30. Describe the extent to which the Department publicises the ability of Officials to report to the Australian Health Practitioners Regulation Agency concerns in relation to healthcare providers.

238. In 2021 I circulated a mandatory reporting fact sheet to all Department of Health Officials regarding their mandatory reporting requirements, including reporting to the *Australian Health Practitioners Regulation Agency* - **Annexure 14. Mandatory Reporting Fact Sheet.**

239. This was in response to my communication with Department Officials in the workplace and observing a limited or variable understanding of reporting obligations with respect to suspected child sexual abuse. Anecdotally, I observed a higher tendency of health professionals to report suspected misconduct by a health professional to a direct line manager (e.g. a Nurse Unit Manager) or Ahpra, ahead of mandatory reporting bodies such as Tasmania Police or Child Safety Services.

240. I have continued to promote the mandatory reporting requirements in further communications to Department Officials through all staff emails and online communications.

241. Furthermore, publicising mandatory reporting is a key focus of the Child Safe Organisation Project.

242. The Department's intranet site includes information on reporting to Ahpra however, it is acknowledged that the user must use search functions to access the information.

243. It is my understanding that there is no requirement or legal obligation for Ahpra to notify the Department that a complaint in relation to suspected child sexual abuse has been received in relation to a health professional employed by the Department. Ahpra will however inform the Department if the registration of a Department employee has been cancelled or not renewed.

244. It is also my understanding that there is no requirement or legal obligation for Tasmania Police, Child Safety Services, the Health Complaints Commissioner, the Integrity Commission or the Children's Commissioner to notify the Department that a complaint in relation to suspected child sexual abuse has been received in relation to a health professional employed by the Department.

245. To my knowledge, the only type of notification that the Department has received that is potentially relevant to suspected child sexual abuse is a letter advising of suspension of RWWVP from the Department of Justice. It is noted however, that suspension letters do not detail particulars for the reason for suspension.

Responding to child sexual abuse within your Department

Q31. What steps does the Department take when there is a concern or compliant about:

a) child sexual abuse by an Official or another (for example, another patient or visitor), or
b) harmful sexual behaviours of children, in relation to a context for which the Department is responsible.
c) In answering this question, you should address: "
d) the complaints processes
e) how any ongoing risk/safety concerns are identified and managed
f) how any notifications are made to relevant Government Institutions or other organisations
g) how the Department communicates with, and provides support for, any complainants, parents, guardians, carers, Officials and other children
h) how the matter is investigated and by whom
i) record keeping
j) monitoring and reviewing of the response
k) whether any systemic factors contributing to the alleged matters are identified and addressed, and
l) any other relevant matters.

246. At present, a concern or complaint may be brought to the attention of the Department of Health through various pathways including:

a. Online/public enquiry reporting – this included a dedicated phone line prior to the establishment of the Commission of Inquiry
b. Consumer Feedback
c. Public Interest Disclosure
d. Referral to Human Resources
e. Self-disclosure
f. Safety Reporting and Learning System
g. Unions
h. Media reports

i. Members of Parliament

j. Notification of suspension of RWWVP or another required registration/accreditation.

247. Where a concern or complaint relates to the actions of a patient or visitor this is generally managed within the relevant area, with referral as required to Tasmania Police or Child Safety Services or other mandatory reporting bodies as relevant.

248. Similarly, instances of harmful sexual behaviours in children are managed within the relevant area and may also involve consultation with the Children and Adolescent Mental Health Service.

249. The Safety Reporting and Learning System (SRLS) is a key tool used by Department Officials in our clinical settings to record and report safety concerns, which may include concerns and complaints of child sexual abuse. Depending on the categorisation of the SRLS notification, different officers within the Department are alerted to the notification for action and response. Subsequent records may be held in patient files and/or local level records.

250. Where a concern or complaint of child sexual abuse relates to a Department Official, a referral to Human Resources is expected through the varied pathways and reported to me as a priority.

251. Human Resources has developed internal resources and templates to guide and direct their actions, including a checklist for mandatory reporting and steps to be taken. Work is also progressing on support fact sheets for complainants, witnesses and employees.

252. I understand it has been a long-term practice of the Department of Health to engage external investigators to conduct Employment Direction investigations. Human Resources review investigator options and provide an investigator recommendation with their referral to recommend an investigation to me.

253. Documentation is held within Human Resources, with any records received by my office being securely held in the Department's Content Management system.

254. There has been a significant shift to consider systemic factors in the complaint process and not as secondary matters. Furthermore, learnings are considered with each investigation to build on the HR processes.

Q32. How does the Department ensure any activities described in your answer to paragraph 31 above meet the diverse needs of children and young people— particularly those who are Aboriginal and/or Torres Strait Islander, come from culturally and linguistically diverse backgrounds, identify as LGBTIQ+, have disability, experience socio-economic disadvantage or lack protective parental figures?

255. The diverse needs of children and young people is an ongoing focus for the Department of Health as outlined in the response to question 20.

256. As the Department builds on its response process the opportunities to provide child specific and diverse options will be adopted.

Q33. What has changed in the Department in relation to the prevention, identification, reporting and response to child sexual abuse in Institutional Contexts during the Relevant Period, including:

a) whether and how the management of allegations or incidents of child sexual abuse in Institutional Contexts has changed

b) whether and how policies, procedures or guidelines in relation to child sexual abuse (including harmful sexual behaviours) have changed, and

c) any proposed changes in the future and how these are proposed to be implemented (including timelines).

257. As the Department is undertaking numerous steps to improve the prevention, identification, reporting and response to child sexual abuse there has already been a shift in management of allegations or incidents of child sexual abuse.

258. Since the establishment of the Independent Inquiry on 22 October 2020, prior to the establishment of the Commission of Inquiry, I have communicated with all Departmental staff to emphasise the importance of reporting any suspected instances of child sexual abuse and provided various mechanisms to do so, including a direct line to the Office of the Secretary. I have also provided public communications to encourage any member of the public to contact the Department to report any concerns in relation to the conduct of an employee with respect to child sexual abuse or to seek further support.

259. As reported in paragraph 321, since 2020, nine complaints of child sexual abuse have been reported to me. In all cases, the Department Official has been stood down pending investigation outcomes and mandatory reporting progressed.

260. As Secretary, I believe that I have taken a very firm line in relation to investigating all allegations of child sexual abuse perpetrated by an employee referred to me.

261. An improved investigation framework has been implemented in Human Resources to deliver consistency with investigation processes and will move beyond the process and ensure people (victim-survivors, witnesses, complainants, respondents, managers) are at the centre of the process.

262. The Department's current Commission of Inquiry Response and Reform team are continually working with Human Resources, and it is intended this will be the full focus of the team following the completion of the Department's response obligations to the Commission of Inquiry.

263. The Department's Child Safe Organisation Project includes the development of the Child Safety and Wellbeing Framework incorporating the National Principles, including policies, protocols and guidelines. The Health Executive has approved a draft and consultation has commenced on the framework and the project is on track to be completed by December 2022.

264. Having a Department-wide framework is a significant change and important step to ensuring a Department wide commitment to child safe practices and reporting suspected child sexual abuse.

265. Finally, future implementation of the Human Resources Information System (HRIS) will provide for the first time, a statewide digital employment management system, including a conduct module, which will allow for monitoring of cumulative reports of misconduct against an employee, particularly where misconduct may occur within different health settings (for example for a nurse that moves to new roles in various locations within a hospital, between hospitals, or between health services) or be reported to different supervisors.

Q34. What are your reflections on how effectively the Department is responding to child sexual abuse, including:

a) what is working well and needs to be continued or built upon, and
b) what is not working well and needs to be changed

266. It became apparent to me early in my appointment as Secretary that significant investment was required in employee and management training, as well as systems and resources, to empower Officials to meet their obligations and I have committed to delivering these through the various initiatives outlined in paragraph 21.

267. I see a lot of good practice and expertise within the Department of Health that continues to build on our responsibilities to children and young people in our care.

268. There is an increased awareness by Department Officials for child safety concerns and we must continue to build on this to be able to recognise when a child, young person or client is reaching out to the Department with concerns, which may not always be an express disclosure of child sexual abuse.

269. I have observed the ongoing improvement of Human Resource practices to respond to allegations of child sexual abuse. This work must be ongoing and continue to build on the existing framework to deliver sound investigations and supports to all parties and especially the victims-survivors.

Q35. Are there any barriers to achieving the changes you identify in your response to paragraph 34 (for example, budgetary constraints, staff recruitment, State/Commonwealth responsibilities, legal obstacles, or cultural resistance)?

270. There have been challenges with staff recruitment and retention, which I acknowledge is a challenge across the State Service as each Department seeks to grow their workforce.

271. Development of new systems, protocols and procedures requires available and expert resources, prioritisation, consultation with staff and key stakeholders and dedicated time, all of which have been challenged by the pandemic.

272. However, despite our key responsibility in leading the Tasmanian community through the pandemic, significant work has also been progressing on a range of initiatives. The extent of this work, which the Department of Health is committed to investing resources in, reflects our strong commitment to overcome these barriers.

Department project updates

Q36. Provide an update on the in-principle agreement given by the Department of Health Executive in July 2021 to commence enquiries for the extension of the requirement for registration to work with vulnerable people to all Department Officials, including the establishment of the project team to complete this work.

273. Following the in-principle agreement from Health Executive in July 2021, initial discussions commenced with the Department of Justice and other Departments with regard to their experience in mandating registration and how we could stage the registration process given the large volume of registration applications that would need to be processed. The Department's Commission of Inquiry Response and Reform team prepared a draft project plan in anticipation of approval and pending the implementation of a project team.

274. On 4 November 2021, I formally advised the Department of Justice (through Consumer, Building and Occupational Services (CBOS)) and the State Service Management Office, of my intentions to seek registration for all Department of Health employees under section 9(1) of the *Registration to Work with Vulnerable People Act 2013*, which states -

> *s.9(1) - Nothing in the Act prevents an employer from requiring an employee to be registered in a category of registration while engaging, on behalf of the employer, in a regulated activity in respect of a member of the class of vulnerable persons to whom the category relates, even though the employee is a person that is not required to be registered to engage in the regulated activity under section 15(2).*

275. It was understood that section 9(1) was relied on by the Department of Education to apply registration requirements to all Department Officials and was being considered by Communities Tasmania.

276. In a meeting on 30 November 2021, the Registrar explained that section 9(1) the *Registration to Work with Vulnerable People Act 2013 (Tas)* did not allow for the registration of all Department Officials unless they are engaged in a regulated activity.

277. However, it was explained that it was expected that when the application of the *Registration to Work with Vulnerable People Act 2013 (Tas)* extends beyond children and NDIS clients the number of Department of Health staff required to hold registration will increase significantly and may apply to all staff.

278. Where the *Registration to Work with Vulnerable People Act 2013 (Tas)* does not provide for registration, an alternative course of action may be pursued through *Employment Direction No. 1,* whereby approval may be sought from the Head of the State Service to make registration an essential requirement of employment.

279. It remains my intention, and that of Health Executive, that all Department of Health staff and volunteers will require registration once the status for the extended application of *Registration to Work with Vulnerable People Act 2013 (Tas)* is confirmed.

280. It is accepted that this will be a significant project, having impact on Department of Justice resources and requiring a staged roll out. Department of Health resources will be allocated and prioritised for the project.

Q37. Identify the source material that informs the statement that 'Registration to work with vulnerable people is currently only an essential requirement for a small percentage of Tasmanian Health Service/Department of Health positions (approximately 17% of staff).

281. Employment data was sourced for the pay period (May 2021) to provide indicative numbers, being 15,794 employees (inclusive of casuals) with 2,686 of these employees requiring registration.

282. It should be noted, there is a large volunteer contribution within the Department, for example Ambulance Tasmania volunteers and Hospital volunteers, which are not counted in the figures.

Q38. Provide an update on the work of the Department's Commission of Inquiry Team [1] tasked with the assessment of current policies and procedures relating to how allegations or incidents of child sexual abuse in Institutional Contexts are being monitored, including:

a) internal reporting mechanisms and compliance with Ahpra requirements and mandatory reporting obligations under relevant Tasmanian legislation
b) the appropriateness and effectiveness of THS complaints handling processes relating to unprofessional conduct and sexual misconduct
c) the effectiveness of interactions between the RWWVP and the THS
d) the degree of compliance with THS complaints handling resources
e) the appropriateness of mechanisms to ascertain and act upon systemic behaviours of Officials, and
f) any further action the THS requires to improve the Institutional or organisational culture, policies and procedures relating to these issues.

283. The work of the Department's Commission of Inquiry Response and Reform team has been focussed on Commission of Inquiry reporting obligations, however they have been, and continue to be, involved in reform work to address the areas outlined above.

284. Through the Child Safe Organisation Project existing practices have been assessed and work is underway with regard to the implementation of a performance framework. This work, the ongoing building on HR supports and tools and initiatives outlined in paragraph 21 represent the reform in progress across the Department.

Q39. Provide an update on the development and implementation of the new human resources information system which is to 'deliver a single source of truth for all personnel data that is accurate and accessible and assist with case management, including RWWVP and volunteer records'.

285. The Department of Health has commenced a major project to deliver a contemporary and fully integrated Human Resource Information Management System (HRIS).

286. One of the key outputs of the project includes the improved reporting and functionality for the administration of RWWVP and Conviction Checks.

287. The project team is also working with Human Resources to define business requirements to implement a case management module to capture employee matters, including conduct grievances and performance.

288. This major project will deliver significant business improvements for the Department of Health and will significantly reduce manual paper processing and paper records currently being used to capture a large number of employee matters. Once successfully implemented for the Department of Health, the project is expected to be extended across the Tasmanian State Service.

289. As at the date of my statement I am able to report that procurement of the product and system integrator has been completed and the project has entered the design phase, with design to be completed by the middle of this year, with development and staged implementation to follow. A prototype of the new solution is due to be completed by the end of 2022. The first release of the core of the system will occur by mid- 2023, with a full solution expected to be released by mid-2024.

Q40. Provide an update on recruitment of the 'COI Wellbeing Consultant' to be tasked with scoping targeted training options to assist in the management of reports of child sexual abuse (including trauma informed practice and vicarious trauma). See TGOV.0002.0014.0001, 6.

290. Since commencing on 27 September 2021, the COI Wellbeing Consultant has engaged with business areas to assist with support needs and promotion of the Department's Employee Assistance Program for management and staff.

291. The work of the Consultant aligns with the Department's Work Health and Safety team and Commission of Inquiry team who collaborated with Blueknot in 2021 to develop a Vicarious Trauma training session for some corporate staff (eg. Human Resources).

292. To date, three sessions have been offered and attended by Northern and Southern Department Officials, both in person and online. Subject to Blueknot availability it is intended to target further sessions in 2022, including a dedicated session for Health Executive.

293. Since reporting in TGOV.0002.0014.0001, 6, the Department's reform agenda has been further prioritised and strengthened with the implementation of the Child Safety Organisation Project team. A priority task of the project is the delivery of training to Department Officials. The training is on track to be available June 2022 and rolled out progressively, with those staff working directly with children prioritised.

294. It is my expectation that the training will be mandatory for all Department of Health staff.

Q. 41 Provide an update on the Department's Child Safe Organisation Implementation Project. See TGOV.0002.0014.0001, 5.

295. The Child Safe Organisation Project is on track to be completed by December 2022.

296. The Project was divided into safety systems, quality processes, other preventative measures, and risk and strategy stages, supported by a training strategy. Additional work was identified to modify safety reporting systems and to facilitate discussions on behaviours that support children and young people's rights.

297. A summary of key activities and progress against each is provided at **Annexure 15. CSOP - Summary Key Activities**.

Interagency coordination and information sharing

Q42. Insofar as this is not addressed in any of your earlier responses, how does the Department comply with reporting obligations in relation to child sexual abuse in Institutional Contexts (for example, mandatory reporting to child safety and police and reports to the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas) and professional bodies).

298. Reports of child sexual abuse by employees are expected to be reported centrally to Human Resources (HR). The matter is then coordinated through a central team, including Human Resources (HR), Employee Relations (ER) and the Department's Commission of Inquiry Response and Reform team. This team is collectively referred to as the HR team for the remainder of my response to this question.

299. The HR team has carriage of ensuring that all reporting obligations are met and that appropriate bodies have been notified. The Department's internal HR procedures include a checklist of reporting requirements and actions to assist in ensuring that this occurs – **Annexure 16. Internal Checklist.**

300. Ahpra reporting occurs where the complaint relates to an employee requiring Ahpra registration. An Ahpra mandatory report is able to be made from the business unit level or centrally. As part of case managing an allegation of child sexual abuse, the HR team will liaise with the relevant area to ensure the mandatory report is made – this may be submitted by the relevant area or centrally.

301. Alternatively, Ahpra may serve the Department with a Requirement to Produce Information Notice. Ahpra determines who this Notice is sent to. At present, there is no central reporting of these Notices from Ahpra, which limits Agency oversight options.

302. Notwithstanding an individual's requirement to do so, Notifications to Communities Tasmania via the Advice and Referral Line, the Department of Justice (Registration to Work With Vulnerable People) and Tasmania Police are confirmed by the HR team and included on the internal HR checklist of reporting requirements and actions.

303. A Notification Form has been provided by Tasmania Police to assist Agencies in providing sufficient information to allow them to undertake an assessment. Where initial information available is limited, I am informed that it is the Department's practice to make the report subject to further information being provided.

304. I am advised that notifications to the Department of Justice are made regardless of whether Registration to Work With Vulnerable People is a requirement of employment with the Department.

305. The HR Team also provides de-identified information to the Head of the State Service as incidents arise or where there is a development in an investigation e.g. I have made a determination in relation to a complaint. This information is used for the purpose of a Routine Disclosure register.

306. In the event that an individual chooses to provide information to one of the reporting bodies without informing anyone within the Department, there is no automated notification to the Department.

307. Depending on the information provided, the reporting body may advise the Department that a complaint has been received. I am advised however that there may be a delay in this occurring as some level of investigation is likely to have been undertaken prior to advising the Department. The level of detail provided to the Department in this instance would also vary depending on the reporting body and specific circumstances of the complaint.

308. Where an allegation or incident does not involve an employee, e.g. patient to patient within an institutional context, reporting is managed by the relevant ward or service. The most at-risk area of the Department for this to occur is within Mental Health Services. The Statewide Mental Health Service has a Sexual Safety protocol that provides information on managing these types of incidents. A copy of this protocol is provided at Annexure 9. Sexual Safety Protocol.

Q43. How does the Department coordinate its response with other responders, including sharing information and reporting to appropriate organisations in relation to concerns about child sexual abuse in Institutional Contexts (for example, please consider any relevant information sharing arrangements, Memoranda of Understanding and inter-agency committees or governance arrangements)?

309. It is acknowledged this is a challenging area, often with legislation preventing the sharing of information at a state and national level. The Department of Health shares information through a number of mandatory reporting mechanisms including:

a. Tasmania Police

b. the Strong Families Safe Kids Advice and Referral Line

c. Australian Health Practitioner Regulation Agency

d. Working with Vulnerable People Registrar

310. The Department of Health was represented and participated on an interagency steering committee, chaired by the Deputy Commissioner of Police, that provided oversight of the historical complaints review process. It included representation from Health, Justice, Premier and Cabinet, Education and Communities Tasmania.

Q44. With respect to any information sharing arrangements, Memoranda of Understanding or any inter-agency committees or governance arrangements entered into by the Department in relation to allegations or incidents of child sexual abuse in Institutional Contexts

a) how are these arrangements operationalised?

b) what systems are used to support the information sharing (for example, information technology systems or trainings?)

311. Reporting to Ahpra is a legislative requirement under the *Health Practitioner Regulation National Law* (the National Law). Registered health professionals and employers are required to report 'notifiable conduct', one example of which is 'sexual misconduct in the practice of the profession'.

312. Section 237 of the National Law provides protection from civil, criminal or administrative liability, including defamation, for people making notifications in good faith. However, a notification made that is vexatious or not in good faith may be subject to regulatory action.

313. Notifications to Ahpra are made via an online portal, which generates a response to the reporter's email address with the details of the report made. There are no Department system links to Ahpra.

314. With regards to Requirement to Produce Information Notices issued by Ahpra, I am advised that information is requested to be provided via a generic investigations email link, secure online file sharing link and/or by post.

315. Notifications to Communities Tasmania's Advice and Referral Line are made under Section 14 of the *Children, Young Persons and Families Act 1997*. If a verbal notification is made the Department Official is expected to keep written records of the referral.

316. Notifications to Tasmania Police are provided for under the *Criminal Code Act 1924*.

317. In December 2020, the Commissioner of Police wrote to me requesting that all referrals of sexual abuse be directed to the Assistant Commissioner, Operations. I am advised that the Department complies with this request by emailing the Notification Form provided by Tasmania Police to the Assistant Commissioner, Operations email address.

318. Registration to Work With Vulnerable People notifications are made to the Department of Justice under Section 53A of the *Registration to Work With Vulnerable People Act 2013*.

319. Notifications are made directly to the Department of Justice Registration to Work With Vulnerable People Risk Assessment Team on a dedicated email address.

320. De-identified information is provided to the Department of Premier and Cabinet via email.

Stand downs

Q45. How many Department or Tasmanian Health Service Officials have been stood down since 1 January 2020 in relation to child sexual abuse?

321. Nine Department Officials have been stood down since 1 January 2020 in relation to allegations of child sexual abuse.

Q46. How many preliminary investigations by the Department or Tasmanian Health Service have there been since 1 January 2020 in relation to child sexual abuse by Officials?

322. To my knowledge, nine preliminary assessments have been undertaken since 1 January 2020 in relation to allegations of child sexual abuse by a Department Official. A preliminary assessment (not an investigation) is undertaken to gather any available information by Human Resources, with the expectation that any allegations or complaints relating to child sexual abuse are referred as a priority to the Secretary for consideration of further action, including investigation and suspension.

323. With the exception of one of the nine Department Officials reported in paragraph 321 all of these reports were made in line with the expected practice at the time of receiving the complaint.

Q47. What associated action has been taken by the Department or Tasmanian Health Service since 1 January 2020 in respect of the matters discussed in paragraphs 45 to 46?

324. One Department Official is currently suspended pursuant to section 6.1(b) of *Employment Direction No. 4* and is subject to the outcome of Court proceedings. The Department Official self-disclosed the allegations of child sexual abuse – alleged to have occurred outside of employment.

325. A Code of Conduct investigation commenced for five of the Department Officials reported in paragraph 321. All five Department Officials were suspended pursuant to section 6.1(a) of *Employment Direction No. 4.*

326. Code of Conduct investigations are pending for two of the Department Officials, awaiting the outcome of Tasmania Police investigations. Both were stood down, with one progressing to suspension pursuant to section 6.1(a) of *Employment Direction No. 4.*

327. One Code of Conduct investigation is currently pending completion of the preliminary assessment. The Department Official has been stood down pending suspension pursuant to 6.1(a) of *Employment Direction No. 4.*

Q48. How many of these stand-downs and associated actions referred to in your response to paragraph 47 are complete and what were the outcomes (for example, termination, suspension or demotion)?

328. One Code of Conduct investigation found the allegations not to be substantiated and no breach of the Code of Conduct was determined. The Department Official is not currently undertaking duties.

329. One Code of Conduct investigation found the allegations to be substantiated. Sanctions of counselling, reprimand, reassignment of duties and reduction of salary were imposed. The Department Official did not return to duties and has since resigned.

330. One Department Official was stood down from duties pending the outcome of a Tasmania Police investigation. They resumed duties following confirmation of the Tasmania Police investigation

being closed. The Department Official self-disclosed the allegations of child sexual abuse – alleged to have occurred outside of employment.

331. One Department Official was stood down from duties pending the outcome of a Tasmania Police investigation. They did not resume duties following confirmation of the Tasmania Police investigation being closed and resigned from their employment. The allegations were reported by the Department of Health to Tasmania Police following a report of concerns of an inappropriate relationship with a child – alleged to have occurred outside of employment.

Q49. How confident are you that any risks to children from current Department or Tasmanian Health Service Officials have been appropriately addressed?

332. In order to mitigate the risk of child sexual abuse occurring within the Department of Health, it is imperative that all child sexual abuse complaints made to or relating to any employee of the Department of Health are identified, registered, assessed and a recommendation made as to employee action and investigation, mandatory reporting completed and supports provided. I am confident that the Department has taken and is taking steps to improve and simplify the misconduct reporting process so that will occur in each case of reported child sexual abuse.

333. Under current practice, if there is a complaint of child sexual abuse notified to me, a Department Official is removed from the workplace until there is an investigation outcome and relevant authorities are advised.

334. I am confident that with full implementation of the CSOP framework and completion of mandatory training by all Department employees, with the application of RWWVP to all employees and volunteers, and with the rollout of HRIS to ensure a cumulative misconduct module is applied, that we have taken all appropriate known steps to address the strategic risk of child sexual abuse within Health. However, I note that the Department will also await the recommendations of the Commission of Inquiry which will add to the steps we have outlined.

Q50. Identify how the Department defines a 'historical' complaint of child sexual abuse and the basis for this definition.

335. The Department of Health does not apply a definition of 'historical' for investigation purposes, however, for routine disclosure reporting purposes historical is understood to be prior to the conclusion of the Royal Commission.

Investigations and professional conduct

Q51. Identify how the Department determines whether there is a sufficient nexus between allegations or incidents of child sexual abuse or misconduct and an Officials' employment, for example where the conduct occurs after hours or away from work premises, to enable the Department to undertake disciplinary action or otherwise manage risks to children.

336. Upon receiving an allegation of child sexual abuse or misconduct relating to a Department Official a preliminary assessment is undertaken by Human Resources.

337. Part of the preliminary assessment includes consideration as to whether the alleged event(s) occurred in the course of State Service employment.

338. A low threshold is generally applied when considering connection to employment, and it is expected that all allegations or incidents of child sexual abuse, regardless of where or when the event(s) have occurred, are the subject of mandatory reporting and are referred to me.

339. From my perspective, even if there is no nexus between an allegation of child sexual abuse and an Official's employment, I expect to be notified and as Secretary I will consider all available options open to me as Employer to manage the potential risk of that employee continuing to enter a Health workplace, which may still include stand-down, not continuing to roster, or alternate low-risk duties without exposure to children or vulnerable people, until the matter is resolved.

Q52. Identify any legal or other advice which guides the approach referred to in response to paragraph 51.

340. Allegations and incidents are considered on a case-by-case basis. It is not custom and practice to seek legal or other advice on each and every occasion, and as a lawyer although I cannot advise myself, I have experience in the interpretation of legislation, precedent and employment directions.

341. The Department's low threshold approach was subject to dispute in the Tasmanian Industrial Commission (TIC) in 2020. The Office of the Solicitor General assumed carriage of the TIC application. [redacted]

342. [redacted]

Q53. Identify which Employment Directions are generally used when responding to allegations of child sexual abuse. Are some directions more appropriate to managing or responding to allegations or incidents of child sexual abuse than others? Explain your answer.

343. *Employment Direction No. 4* is the first Direction relied on by the Department of Health in responding to allegations of child sexual abuse.

344. It is Department of Health practice that the respondent is formally advised of suspension pursuant to *Employment Direction No. 4* pending further notification of actions to be taken.

345. In considering the next course of action, consideration is given to both *Employment Direction No. 5* and *Employment Direction No. 6.*

346. *Employment Direction No. 6* is a consideration where a Departmental Official has had required registration suspended or revoked and therefore cannot fulfil the inherent requirements of the role.

347. *Employment Direction No. 6* was the initial course of action considered with James Griffin, due to his RWVWP being suspended and having limited information regarding his offences.

348. No other instances have arisen since this time where required registration has been suspended or revoked, which may give rise to consideration of *Employment Direction No. 6*.

349. The most applied sections of the Code of Conduct currently used in investigations relating to allegations of child sexual abuse are:

(2) An employee must act with care and diligence in the course of State Service employment.

(3) An employee, when acting in the course of State Service employment, must treat everyone with respect and without harassment, victimisation or discrimination.

350. These have been assessed as the most relevant areas of the Code of Conduct which the alleged events of child sexual abuse may be substantiated.

351. Section 4 of the Code of Conduct - *(4) An employee, when acting in the course of State Service* employment*, must comply with all applicable Australian law* – is considered to be applicable only where the relevant offending of child sexual abuse has been proven in an Australian court of law (i.e. an offender has been found not to have complied with an applicable Australian law) and not where there is only an investigation, or charges only have been laid, or court proceedings are pending or underway.

352. The Department of Health currently has a matter pending court proceedings and will consider the next course of action following an outcome – refer paragraph 324.

353. In my respectful view the Code of Conduct could be strengthened to include a specific subsection to prohibit violence or abuse against a vulnerable person, grooming behaviours or other behaviours leading to an investigation or charge for the commission of an indictable offence. Suspension with pay could automatically apply and any investigation would depend on the outcome of a police investigation or court proceeding.

Q54. Describe how investigators are appointed to carry out Employment Direction investigations into Department Officials in relation to allegations or incidents of child sexual abuse

354. Human Resources maintain a list of external investigators and make a recommendation when referring a matter for investigation.

355. The investigator is appointed pursuant to Employment Direction No. 5 by way of formal notification – **Annexure 19. Commencement - Letter to Investigator**.

356. The identified Human Resources contact provides the investigator a briefing and is the ongoing contact for any queries.

357. There are limited numbers of investigators in Tasmania, and they often have limited availability.

Q55. Describe whether ED5 Investigators engaged in matters involving the Department in relation to allegations or incidents of child sexual abuse receive any training or direction in best practice in the investigation of matters involving children or trauma-informed investigations. What are their qualifications and professional background?

358. The Department does not currently provide training to investigators involving children or trauma-informed investigations.

359. In a recent investigator briefing the expectation of trauma informed practice was discussed with the investigator and this is intended to become standard procedure and developed into an investigator briefing pack.

360. External investigators engaged by the Department of Health hold an inquiry agent licence and/or legal qualifications.

Q56. Describe whether ED5 Investigators are independent from the Department and the Tasmanian Government.

361. In relation to allegations or incidents of child sexual abuse, external investigators are engaged to provide a measure of independence from the Department of Health and Tasmanian Government.

362. Two current investigators known to the Department of Health are ex-State Service employees (Department of Health) and consideration is given to any conflict they may have in engaging them in an investigation.

Q57. Describe whether the Department carries out, or causes to be carried out, investigations into allegations or incidents of child sexual abuse outside the ED5 process, including any preliminary investigations.

363. It is the expectation that any allegations or incidents of child sexual abuse are referred to the Secretary for consideration of further action, with recommendations relevant to Employment Direction provisions.

364. Preliminary enquiries may be undertaken as part of this referral however, investigations, including preliminary investigations are not part of current practice. Mandatory reporting however does occur with all allegations or incidents of child sexual abuse referred to the Secretary, with the expectation that the appropriate referral authorities will assess and determine whether to investigate the referral.

Q58. Describe what protocols or guidelines exist in relation to standing down Department Officials who are subject to an investigation (including an ED5 investigation) involving allegations of child sexual abuse

365. Where an allegation of child sexual abuse is made it is current practice that the Department Official is stood down, giving consideration to duty of care and the risk of the employee continuing in the workplace. This is considered in line with the considerations in section 6.4 of *Employment Direction No. 4.*

366. The Department of Health does not currently have protocols or guidelines which covers the period between standing the Department Official down and the formal notification of suspension in accordance with *Employment Direction No. 4.*

Q59. Describe what happens if the individual the subject of a complaint in relation to child sexual abuse is not an ongoing Tasmanian State Service Official or if that Official resigns or dies. Is an investigation and report still undertaken into any complaints, allegations or incidents regarding child sexual abuse?

367. The continuation of an investigation, or otherwise, is considered on a case-by-case basis where the Department Official is no longer employed by the Department of Health.

368. The most likely outcomes in this situation are likely to be:

a. Where an investigation report can be provided to enable a determination to be made the investigation would be continued – noting that no sanctions could be issued due there no longer being an employment relationship

b. Where the investigation has not commenced no further action would be taken to initiate such – noting that outcomes may still occur through reporting to Tasmania Police, the Department of Justice (RWWVP) and Ahpra (where applicable).

369. The Department's employment investigation of James Griffin did not proceed following his resignation. However, Department Officials continued to work with Tasmania Police to assist with their ongoing investigation and the assessment of any open disclosure responsibilities of the Department.

Q.60 Identify who is responsible for making the decision to stand down a Department Official while an investigation (including an ED5 investigation) is being conducted.

370. Human Resources make a recommendation with regard to standing a Department Official down in the referral for Secretary consideration.

371. I can advise that where allegations relate to child sexual abuse it is my express view and decision that the Department Official is stood down until there is an outcome of the investigation.

Q61. Describe what factors determine whether an ED4 occurs with or without pay.

372. It had been the long-term understanding of the Department of Health that *Employment Direction No. 4* is applied with pay, giving consideration to the Department Official being subject to allegations, which may, or may not be substantiated.

373. [redacted]

374.

375.

Q. 62 Describe the timeframe within which an investigation involving allegations of child sexual abuse is required to be carried out.

376. The Department of Health does not have a required timeframe for an investigation to be carried out but relies on the *Employment Direction No. 5* definition that such should be '*within a reasonable time and free from unreasonable delay'.*

377. The assigned investigator is given an indicative timeframe of six weeks. This is not applied as a requirement and is not expected at the expense of a rigorous and procedurally fair investigation.

378. A recent review of investigation timeframes found a number of factors with regard to timeframes, including:

a. Ill-health of the respondent impacting on their ability to participate in the investigation

b. Availability of witnesses to participate in investigation

c. Resourcing and availability (leave) of relevant Human Resources staff or investigator

d. Introduction of new information, resulting in additional allegations or further instruction to investigator

e. Pending outcomes of court proceedings

f. Disputation through the Tasmanian Industrial Commission

379. Notwithstanding these factors I am of the view that timeframes need to be improved and this must be a focus of the Department of Health.

Q. 63 Describe the communications and/or supports which are provided to complainants, parents, guardians, carers, Officials, children the subject of complaints and other children in relation to allegations or incidents of child sexual abuse in Institutional Contexts.

380. The communication and/or supports of the parties in relation to allegations or incidents of child sexual abuse are currently managed on a case-by-case basis. Consideration is given to the most appropriate person to make contact, which may be a phone call, email, written or face to face.

381. Supports referred may include the Employee Assistance Program or external support services and a contact person is identified.

382. I acknowledge that this has been identified as a critical area for improvement by the Department of Health and have directed that the provision of supports and communications be reviewed to implement a clear, trauma informed practice.

Q. 64 Describe whether the Department undertakes any systemic reviews or reflections after or alongside the investigation of complaints of child sexual abuse to identify any opportunities for improvement. If not, why not, and if so, how are these reviews conducted?

383. As part of the Human Resources case conference process, where a recommendation is made to the Secretary, HR considers possible mitigating factors, including the extent to which a breach may reflect a culture or common practice in the work area.

384. It is through feedback of this nature that the Department of Health has identified organisational culture as a strategic priority.

385. In providing an analysis of the investigation material Human Resources may include learnings or reflections. Equally, when I consider the recommendations put forward from Human Resources, I may provide my own reflections for their follow up.

386. The Human Resources investigation framework is continuing to be built upon and having a critical review of investigations is considered key to ongoing improvement.

Q. 65 Describe how effective the current Employment Directions issued by the Minister administering the State Service Act 2000 (Tas) are in addressing complaints about child sexual abuse.

387. The Employment Directions provide advice on key obligations regarding process. There is a high focus on these key obligations due to the risk of dispute if they are not adhered to.

388. The Department has found it considerably challenging to formulate allegations of child sexual abuse to the specific areas of the Code of Conduct as noted above.

389. Complaints may be anonymous and/or limited in detail, which may give rise to a dispute through a Code of Conduct investigation.

Q. 66 What are your reflections on how effectively the Department is investigating allegations of child sexual abuse, including:

a) what is working well and needs to be continued or built upon, and
b) what is not working well and needs to be changed

390. The Department of Health has undertaken considerable work to improve internal processes and this work must, and will, continue.

391. It is apparent that trauma-informed practice is a not embedded practice and may be a new way of working for many Department Officials. This must be a priority moving forward so that any communication and interactions with victims-survivors is applied to 'do no harm'.

Q67. Are there any barriers to achieving the changes you identify in response to paragraph 67 (for example, budgetary constraints, staff recruitment, State/Commonwealth responsibilities, legal obstacles or cultural resistance)?

392. Recruitment of experienced Human Resources practitioners, particularly in the area of Employee Relations, is proving a challenge. This is indicative across other areas of the workforce and the State Service.

393. Although not a barrier, cultural change is going to take time and we will need to effectively communicate this to ensure children, young people and our clients have trust in our services.

Requests for information

Q68. How does the Department manage and respond to requests made under the:
a) Right to Information Act 2009 (Tas), or
b) Personal Information Protection Act 2004 (Tas)
including whether the Department has issued any directions, instructions or legal advice in relation to the management of such requests since 1 January 2021.

394. All requests for information submitted under the *Right to Information Act 2009 (RTI Act)* are managed from a central point by the Legal Services Unit based within the Office of the Secretary. The Department has three funded positions for RTI specialised officers to administer requests under this Act.

395. Each RTI request is allocated a unique number, acknowledged and disseminated to the relevant section within the Department to provide the information for assessment. Assessment of each request is in accordance with the *RTI Act* and the Manual and Guidelines issued by the Ombudsman.

396. The management of requests to access personal information under the *Personal Information Protection Act 2004* is currently a decentralised process with each operational unit – most commonly a hospital site, Ambulance Tasmania or State-wide Mental Health Services – being responsible for managing applications for personal information.

397. Upon receipt of a request the relevant operational unit acknowledges receipt of the application and commences collating the information. An information officer assesses the information before determining if it may be released. If an information officer has an issue or is unsure if something should be released, they seek guidance from the Legal Services Unit within the Office of the Secretary.

398. There is a Management of Personal Information Policy, Manual and various supporting Client Information guidelines. These are all currently being reviewed and the Department is in the process of considering the issues with personal information release internally and looking to centralise the process – **Annexure 21. Management of Personal Information Policy, Annexure 22. Personal Information Protection Manual**.

399. The Legal Services Unit advises that there have been no specific directions, instructions or legal advice about the overall management of such requests that they are aware of since 1 January 2021. [redacted]

Q69. Identify

a) in respect of each calendar year from I January 2017 to 31 December 2021, the number of applications made to the Department under the RTI Act 2009 (Tas) or the PIP Act 2004 (Tas) by:

i. individuals seeking access to documents in relation to their allegations of child sexual abuses in Institutional Contexts, and

ii. individuals seeking access to documents in relation to a criminal prosecution arising from their allegations of child sexual abuse in Institutional contexts

400. An applicant requesting information under the *Right to Information Act 2009* or seeking access to personal information under the *Personal Information Protection Act 2004* is not required to provide a reason for the request therefore we are unable to identify the requested subset of RTI or PIP requests in Question 69. Total RTI and PIP request information is detailed in the tables below.

401. While the Department is a party to civil litigation proceedings in relation to the allegations of sexual abuse, none of the matters were identified as following a request for information.

	2017-18	2018-19	2019-20	2020-21	YTD 2021-22
Total RTI requests	105	32	60	72	195
RTI request for personal information	55	17	37	53	160

	2018	2019	2020	2021	YTD 2022
Total PIP request	2,720	1,574	3,163	3,819	1,101
PIP requests by legal firms & individuals	1,194	767	1,354	1,574	411

Q70. In relation to applications referred to in response to paragraph 69, identify:

a) the average time between the filing of the application and the applicant receiving a substantive written response to that application, and

b) the number of applications that remain outstanding at the date of this Notice, categorised by the year of the application.

402. The Department of Health has received an unprecedented number of RTI requests and has had issues resourcing the team. As a result, it has had to request extensions from the applicants to the due date for the requests. The below tables summarise the average days for the provision of the information.

Average time	2017-18	2018-19	2019-20	2020-21	2021-22
RTI	27	16	23	30	59

403. An average is not provided for PIP requests as this data is not collected.

404. The number of RTIs that currently remain outstanding is 122. The RTI Unit currently has approximately 50 thousand pages of information to review pursuant to the 122 requests.

Q71. Describe the standard of record-keeping by the Department as it relates to complaints about child sexual abuse, including the types of information that would be expected to be recorded and in which system(s). How has this changed from the 1980s to the date of this Notice?

405. The Department applies the Information and Records Management Standard issued by Office of the State Archivist in its recordkeeping – **Annexure 23. Information and Records Management Standard.**

406. The State Archivist has issued a Records Retention Notice (disposal freeze) that applies to all records that could be reasonably expected to be relevant to the Commission. This includes records relating to the policies, practices and procedures used by the organisation when responding to, or reducing the risk or impact of, child sexual abuse in institutional contexts. It also includes records of allegations, incidents, investigations, and actions taken by the organisation. These records must not be destroyed even if eligible to do so under Disposal schedules.

407. I am advised that the Department reviews all requests for disposal of records in accordance with relevant disposal requirements before authorising their disposal.

408. In addition, the Department has an overarching Records and Information Management Policy that sets out recordkeeping requirements for the Department – **Annexure 24. Records and Information Management Policy**.

409. Under this Policy, Business Units are responsible for their local records management.

410. Records regarding complaints and feedback processes are therefore owned by different business units (e.g. HR owns records related to Grievances) and must cover their recordkeeping requirements in their relevant policy or process documentation.

411. Establishment of a CMO Unit, as outlined in paragraph 64(h), will provide a central point for all complaints within the Department, with all complaints to be recorded in Content Manager. This will allow for tracking of the number of complaints received by the Department, the amount of time between receiving the complaint and closing the complaint, and the number of open complaints, among other things.

412. There are many systems within the Department that may contain relevant records including Content Manager; Human Resources files stored both electronically and in hard copy, files on Shared Drives, Safety Reporting and Learning System (SRLS), Electronic Monitoring Incident System (EIMS) (2006 replaced by SRLS), Ministerial Tracking System (legacy), Workflow Information Tracking System (legacy) email, patient records, and hard copy records maintained by managers.

413. The commencement of digital storage of information is the key change since the 1980s as processes move away from manual paper records, however digital information also presents a risk as legacy systems may not be searchable, or are transitioned or replaced.

414. Hard copy records are stored at various locations including external records storage with Zirco and Iron Mountain, and numerous departmental records storage rooms across the State.

415. I acknowledge that the standard of record keeping across the Department of Health requires significant improvement in order to achieve statewide consistency and this is a key priority within Health's Digital Strategy and Record Audit.

416. The Department has commenced an Information Remediation Project for the roll out of the Content Management system across the Department. The engagement of an external provider will assist with assessing and identifying current record keeping practices and planning solutions for digitisation.

Q72. What unit in the Department is responsible for managing information requests in relation to child sexual abuse in Institutional Contexts? Describe its staffing profile, including each Official's public service level and qualifications.

417. If the allegation of child sexual abuse is directed towards a current employee, management of information is undertaken by Human Resources and the relevant area responding to the allegation. Any information requests relating to a current employee would be managed between these areas in consultation the Legal Services Unit within the Office of the Secretary.

418. Historical allegations of child sexual abuse are administered by the Legal Services Unit within the Office of the Secretary. The staffing profile of those who have worked on these matters are listed below.

Position	Level	Qualifications
General Manager Legal Services	SES 1	Law Degree
Executive Manager Legal Services	Band 8	Law Degree
Senior Consultant Right to Information	Band 6	Law Degree
Legislation Officer	Band 4	Law Degree

Q73. What are the public service levels of those responsible for record preservation and access to information within the Department?

419. As outlined in the response to question 71, under the Department's Records and Information Management Policy, Business Units are responsible for their local records management.

420. The Strategy, Information Management and Governance Office (SIMGO) is responsible for: managing the *Archives Act 1983* information delegation for the Department; Keeping the Register of Records Destroyed required by the State Archivist as evidence of compliance with the *Archives Act 1983*; being the conduit for Office of the State Archivist queries; and supporting business units in assessments to meet minimum record keeping and metadata functionality.

421. Team Leaders (generally Band 5) in business areas would assess and review requests to destroy records in the first instance, before progressing the request to SIMGO for approval to destroy in accordance with the *Archives Act 1983*. The SIMGO Manager, Policy and Privacy has the

delegated authority to approve requests from business areas to destroy records. This position is Band 7.

422. Requests for access to information within the Department need to be approved by a person with the appropriate delegation or administrative authority to do so.

423. Delegations and Administrative Authorities are tracked via delegations matrixes: currently separated into Department of Health delegations and Tasmanian Health Service delegations – **Annexure 25. Delegations DoH, Annexure 26. Delegations THS**. The delegations will be aligned as one Department of Health record as part of ongoing review of Department material.

Q74. What training do the Officials responsible for record preservation and access to information within the Department receive in relation to information requests relevant to child sexual abuse?

424. General recordkeeping training, including the need to capture and retain relevant records, is included in induction training for new staff.

425. Training regarding the management and handling of personal information in accordance with the *Personal Information Protection Act 2004* is also included in the induction training.

426. Records management training is also available to staff through Tasmanian Health Education Online (THEO).

427. Updated guidance related to the preservation of records, such as a disposal or retention freeze, is communicated to key staff within the Department either by direct targeting of stakeholders or via all staff email or the Reach platform.

428. Department of Health staff have been actively involved in records and information management working groups related to the outcomes of the Royal Commission into Institutional Responses to Child Sexual Abuse, including the development of Disposal Authority DA2525 Records Relating to Child Abuse.

429. The Strategy, Information Management and Governance Office (SIMGO) has also developed a Records and Information Guideline to support the Child Abuse Royal Commission Toolkit provided by the Office of the State Archivist. This is available on the Department's intranet site – **Annexure 27. Records and Information Guide**.

430. The Strategy, Information Management and Governance Office (SIMGO) also provides numerous guides relating to a range of records management topics via the intranet, which is available to all staff.

Civil litigation

Q75. Describe the Department's approach to civil litigation in relation to allegations or incidents of child sexual abuse in Institutional Contexts.

431. All civil litigation matters are referred to the Office of the Solicitor-General Litigation Division of the Department of Justice, and the Department provides all the information to the Office of Solicitor-General. The Department follows the advice of the Office of the Solicitor-General in relation to the conduct of the matters.

Q76. What are the key policies, systems and guiding materials that shape the Department's role in responding to civil litigation claims in relation to child sexual abuse in the Department? Describe how they operate and intersect.

432. The Department follows the Model Litigant Guidelines and Guidelines for the Conduct of Civil Claims. There are no other specific policies, guidelines or materials for the conduct of civil litigation.

Q77. Identify the training that has been provided to Department Officials:

a) in the application of the

i. Model Litigant Guidelines dated 14 May 2019 (TDOJ.002.0008.0002) (A reference to the Model Litigant Guidelines in this Notice includes any previous or subsequent incarnation of these Guidelines) and

ii. Guidelines for the Conduct of Civil Claims (TDOJ.0002.008.0001) (A reference to the Guidelines for the Conduct of Civil Claims in this Notice includes any previous or subsequent incarnation of these Guidelines); and that is directed to support the timely and trauma-informed management of civil claims concerning child sexual abuse in institutional contexts.

433. The Department's Senior Consultant Right to Information Officer has generally been the point of contact for the Department for civil litigation matters and has received training from the Solicitor-General's Office (Litigation) regarding the application of the guidelines. This training was within the context of informing the preparation of responses to the civil litigation claims.

434. In any dealings with the Solicitor-General's Office (Litigation) the guidelines are front and centre in the advice provided. The Solicitor-General's Office send through a claim with a note regarding the conduct of the matter in accordance with the guidelines.

Q78. Identify who has responsibility for making decisions (including decisions in relation to settlement) in relation to the conduct of civil litigation involving the Department and allegations or incidents of child sexual abuse in an Institutional Context.

In your answer, you should address the role of:

a) the Department

b) the Office of the Solicitor-General, and

c) any other relevant Government Institution.

435. As stated in the response to question 75, I am advised that all civil litigation matters are referred to the Office of the Solicitor-General Litigation Division.

436. Since my commencement, I am not aware of any civil litigation matters, relating to child sexual abuse, that have settled. In other claims, generally the Office of Solicitor General would provide advice on the settlement, Legal Services would consult with the business area and my approval as Secretary would be sought to the settlement.

437. The role of the Department in civil litigation brought against the Crown is to provide all relevant information as requested by the Office of the Solicitor-General. If requested by the Solicitor-General Litigation Division, I may approve or provide instructions in particular matters (e.g. do I support the making of an application to test an area of law utilising a Health matter as a test subject?). As Secretary I am only typically involved where there might be an unusual or significant impact on Departmental policy or adverse precedent with impact on the Department. I do not however approve the filing or content of court documents, or take any part in the day to day running of civil litigation.

438. If a settlement is recommended by the Office of Solicitor-General, my Department will consider the advice and typically prepare a business case to outline the proposed settlement and whether it is recommended together with the quantum of settlement.

439. I cannot force a matter to settle, however I have from time to time become aware of particular matters (usually following contact from a workers compensation employee) and asked the Legal Team for advice from the Office of Solicitor-General as to settlement to try to speed up the resolution of the matter.

Q79. Describe any training or guidance provided to the individuals responsible for making decisions (including decisions in relation to settlement) in relation to the conduct of civil litigation involving allegations or incidents of child sexual abuse in which the Department is a defendant.

440. The Legal Services Unit has advised that it is unaware of any, other than the advice and guidance of the Office of Solicitor General.

441. As Secretary, in my limited role of decision making in civil litigation as outlined above, I am legally trained in the conduct of civil litigation.

Q80. Describe the Department's approach to redress for civil claims arising from child sexual abuse in an Institutional Context? In your answer, you should address:

a) the approach of the Department to communication with victims/survivors [1] of child sexual abuse (In this paragraph, any reference to a victim-survivor includes a reference to an alleged victim survivor.)
b) the approach of the Department to apologies to victim-survivors of child sexual abuse
c) whether any conditions are imposed on victim-survivors as part of settlement terms (such as non-disclosure agreements or other requests that the matter not be spoken about publicly, including for legal reasons), and
d) whether the Department provides apologies to victim-survivors of child sexual abuse in Institutional Contexts where it forms the view that the Department has not acted appropriately.

442. I am advised that the civil litigation matters concerning sexual abuse, where the Department is a party, are yet to be determined.

443. The approach by the Department is currently guided by the Solicitor-General's Office (Litigation) with respect to civil litigation matters.

444. As Secretary, I will provide an apology on behalf of the Department to all known victim-survivors of child sexual abuse in a health setting in Tasmania, regardless of any view as to the appropriateness of the conduct of the Department.

National Redress Scheme

Q81. How does the Department respond to National Redress claims against the Department? What are the policies, processes, roles and responsibilities to support this response?

445. The Department is guided in its response to National Redress claims by the Department of Justice.

446. The Department of Justice sends a form for the Department of Health to complete and request information. This information is then provided to the Department of Justice. This information is co-ordinated by Legal Services.

447. I am informed there have been 14 National Redress applications for the Department of Health, either as the primary or secondary affected Agency. I understand two of the applicants have requested an apology as part of their Direct Personal Response, one of which has been provided and the other is currently being progressed.

Q82. What, if any, action is taken to assess current or future risk based on information received through civil litigation claims and the National Redress Scheme?

448. Each claim is reviewed to identify whether a current or former employee has been named and whether further action is required (for example, standdown and employment investigation, mandatory reporting).

449. Where opportunities for reform are identified from the information received from a civil litigation or redress claim, action will be undertaken to implement these reforms. The action taken and how it is progressed will vary depending on the particular circumstances.

Governance and monitoring

Q83. How are issues related to child sexual abuse in Institutional Contexts within the Department and Tasmanian Health Service monitored, audited and overseen in your Department? Are there any governance groups or committees that consider these issues? If so, what are their roles and functions, membership, processes and the frequency of their meetings?

450. Issues related to child sexual abuse within the Department are largely managed via a misconduct investigation under the Code of Conduct or Inability investigations pursuant to the *Tasmania State Service Act 2000* and in accordance with the relevant *Employment Directions*.

451. An improved investigation framework has been implemented in Human Resources to ensure consistency with investigation processes, and I understand that whilst a register of ED investigations including the nature of the allegations has been maintained by the respective THS and Department of Health HR teams from 2018, there is now a single centralised register covering both.

452. Improvement has also been implemented in the preliminary assessment phase of a misconduct investigation, with a case conference held with relevant HR and Employee Relations staff to ensure allegations are assessed by a specialist team and not in isolation. Where allegations relate to child sexual abuse, a member of the Commission of Inquiry Response and Reform Team attends the case conference.

453. There is also an ongoing and increased awareness of reviewing any previous disciplinary or non-disciplinary action as part of preliminary assessments to assist in identifying any relevant patterns of behaviour. To strengthen oversight in this area, the Department is in the process of forming a CMO Unit, which will be a central point for all complaints within the Department and will be tasked with a range of responsibilities upon receipt of a new complaint, including undertaking a scan of previous complaints to identify any potential patterns of behaviour or systematic issues.

454. I acknowledge, however, that even with these measures the Department can further improve its governance framework with regards to child safety. We are therefore also proposing the establishment of an independent state-wide Panel (see paragraph 189). Panel membership will comprise experts in child safeguarding and health systems and have the purpose of overseeing the monitoring and investigation of child safeguarding concerns within the Department. The functions of the Panel will include:

a. Reviewing and assessing all serious child safeguarding events referred by myself as Secretary including completing a root cause analysis of the event.

b. Conducting defined research, reviews, inspections or evaluations, providing independent advice and evidence-based solutions to assist the Department in quality and safety decision-making in relation to child safeguarding.

c. Advising on options for quality improvement in structures, systems, processes, and tools in relation to child safety.

d. Advising on options for systematic management of safety and quality learnings from serious child safeguarding events.

e. Advising in relation to the appropriate escalation of risks relating to trends identified through the review of investigation findings.

Q84. What systems are used to monitor, measure, track, report or evaluate any initiatives, complaints, allegations, and incidents relating to child sexual abuse in the Department and Tasmanian Health Service? How robust is the Department's data?

455. The Department currently has limited systems in place for the purposes of monitoring, measuring, reporting and evaluating issues relating specifically to child sexual abuse.

456. As mentioned in the question 83, Human Resources manages the misconduct investigations and maintains records.

457. It is anticipated that this process will be improved by the future implementation of the HRIS - refer paragraph 265.

458. Implementation of HRIS will be a significant improvement in the Department's ability to monitor, measure, track report or evaluate issues relating to child sexual abuse.

459. The Safety Reporting and Learning System (SRLS) is used to record, monitor, track, report and evaluate consumer feedback and complaints across the Department. Consumer complaints data from the SRLS is available via a monthly dashboard on the Department's intranet site, and provides quantitative information on consumer complaints statistics, including time taken to acknowledge and close complaints. The dashboard has the capacity to drill down to a subject and ward level, allowing business units to customise reports by using the filtering options. Business units may also filter by complaint subject and sub-subject, allowing a basic level of analysis to be undertaken.

460. Staff may also lodge a safety event via the Safety Event Module of SRLS. Based on the information entered about the event, (including likelihood and consequence ratings), SRLS will allocate a Severity Assessment Code (SAC). The SAC determines the level and the nature of the action required to be undertaken in relation to the safety event and who receives information about the event.

461. It should be noted that the Safety Event Module is designed to record safety events and not staff complaints. Complaints lodged in this module of SRLS are not included in the data captured by the Consumer Feedback Module and therefore not reported via the consumer dashboard described above. There is however a safety event dashboard that is also updated monthly and provides information on the number and type of safety events recorded. This also has the ability to drill down to a subject and ward level, allowing for a level of customisation to be undertaken.

462. The CMO Unit will address the gap between complaints reported by staff and those reported by the public. It is envisaged that the CMO Unit will receive a copy of all complaints, whether

submitted by consumers or members of staff, to provide a level of oversight that is absent in the Department's current complaints management systems.

Stakeholder engagement

Q85. Who do you consider to be your internal and external stakeholders in relation to preventing, identifying, reporting or responding to child sexual abuse in Institutional Contexts and how do you engage those stakeholders?

463. Paragraphs 216 to 218 (questions 23 and 24) outline the information provided to children and their parents/care givers with respect to appropriate standards of care in hospitals, and how to raise concerns or complaints about their care.

464. Employees are provided with training with regards to identifying and responding to child sexual abuse, and their reporting requirements. I have provided details of this in paragraphs 222 to 232 (question 27).

465. Employees also have access to the entire catalogue of Department protocols, policies and procedures via the SDMS. I have provided detail of this in paragraphs 233-235 (question 28).

466. I am advised that volunteers are expected to adhere to the same behavioural standards as employees and follow all relevant departmental policies and procedures.

467. As outlined in paragraph 279 it remains the intention of myself, and the Health Executive, that all Department of Health staff and volunteers will require registration once the status for the extended application of R*egistration to Work with Vulnerable People Act 2013 (Tas)* is confirmed.

468. With regards to contractors providing services on behalf of the Department, there are a range of contractual or other requirements imposed on organisations in relation to preventing identifying, reporting or responding to child sexual abuse.

469. I have outlined the Department's engagement with reporting bodies in the responses to questions 42, 43 and 44.

Royal Commission and further reforms

Q86. Provide a list of the Royal Commission's recommendations which the Department is responsible for implementing

470. While the Department of Health does not have lead responsibility for implementing any of the Royal Commission's recommendations, it continues to work closely with the Department of Justice and other relevant Tasmanian Government agencies to give effect to those recommendations which are relevant to the health portfolio. These include, for example:

    a. Recommendation 6.9 (Department of Justice lead) – *Legislative requirements to comply with the Child Safe Standards should cover institutions engaged in child-related services, including health services for children.*

       I understand that the Department of Justice continues to plan implementation of the legislative framework for the Child Safety Standards for Tasmania. The Department continues to provide input to this work with initial advice provided to Justice in 2019 on how the legislative framework will apply in healthcare settings, including those where

services are primarily delivered to children, along with those healthcare settings where children may be present (e.g. in hospital settings).

b. Recommendation 7.1 (Department of Communities Tasmania lead) – *State and territory governments that do not have a mandatory reporter guide should introduce one and require its use by mandatory reporters.*

   In December 2018, the Department of Communities Tasmania updated the Mandatory Reporters Guide which covers the essential issues including how to report and what a reporter can expect during the process. This information is used across government, including by the Department, as a guide.

c. Recommendation 12(a) (Department of Communities lead) – *State and territory governments should amend their working with children check laws to include child-related work, including health services for children*.

   This recommendation was accepted by the Tasmanian Government as the Tasmanian Registration to Work with Vulnerable People scheme already requires registration for people working in child health programs and services, however limitations of the current legislation as it applies to all health services is noted above.

Q87. Identify the senior Department Officials with responsibility for the implementation of the Royal Commission's recommendations.

471. The Deputy Secretary Communities Mental Health & Wellbeing is the Department's representative on the Royal Commission Steering Committee, chaired by the Secretary of Justice. The Department's Child Safe Organisation Project team also reports to the Deputy Secretary, who is also the risk owner of the child sexual abuse strategic risk for Health Executive – refer paragraph 197.

Q88. Describe in detail any barriers to the implementation of the Royal Commission's recommendations that are within the responsibility of the Department.

472. The Department of Health does not have lead responsibility for implementation of any of the Royal Commission's recommendations.

Q89. What, if any, areas do you think Tasmania should depart from the Royal Commission's recommendations (for example, due to its size, circumstances, culture or other factors)?

473. The Department of Health does not have lead responsibility for implementation of any of the Royal Commission's recommendations.

474. The Department of Health has established a Child Safe Organisation Project Team to implement the National Principles for Child Safe Organisations and associated child safe standards endorsed by the Council of Australian Governments without waiting for the Tasmanian legislative framework to be finalised.

475. The Department of Health is on track to complete this project by December 2022.

476. Any changes required when the Tasmanian legislative framework is finalised will be prioritised, however the project team has engaged with providers in developing the work to ensure alignment.

Q90. Are there gaps in what the Royal Commission considered or recommended that relate to your Department that are relevant to Tasmania?

477. I am not aware of any gaps.

Q91. What do you think is required for Tasmania to successfully implement reforms to the prevention, identification, reporting and response to child sexual abuse in Institutional Contexts (for example, budgetary constraints, governance and oversight)?

478. It is my personal view that a zero-tolerance approach needs to be adopted across the State Service in relation to child sexual abuse. Agencies have adopted similar explicit zero target approaches to domestic violence or for example a State approach to worksite and road safety. If an employee is identified as an alleged offender, there should be clear and unambiguous rules providing for stand-down or suspension followed by investigation by an appropriate body, regardless of whether the conduct occurred in the course of employment.

479. Successful reform will require a multi-faceted and integrated response across Government, strong leadership, and clear governance and accountability on a whole of government level. Clear and consistent information and advice must be provided across government.

480. Reform must be prioritised. It must be adequately funded and resourced and coordinated at a whole of government and Department level. Preventing, identifying, reporting and responding to child sexual abuse must be a sole function of a role/s, rather than just another task on top of normal day-to-day activities in already strained systems.

481. Victim-survivors must also be provided with an ongoing role in reforming the way the State Government deals with child sexual abuse. Reform must ensure that there is opportunity for ongoing consultation on reforms with victim-survivors in a real and meaningful manner.

Q92. What do you hope will occur as a result of the Commission?

482. It is my hope that real change and reform occurs across the Tasmanian State Service, and that cultural change is effected across every Department to place the safety of children at the forefront of service and operational decision making.

483. I hope that victim-survivors feel that they have been heard and that lessons have been learned from their experiences. I hope that victim-survivors finally feel they are getting the support and resources they need from the Government in order to heal the best that they are able. I hope that all victim-survivors have come forward so that the full extent of historical and current offending is known and acknowledged.

484. I hope that where somebody seeks to cause harm to children in our care, we have the systems and processes in place to ensure that they are identified, reported and responded to in an appropriate and timely manner, and that victim-survivors are heard, believed and supported.

485. I hope that no more children are harmed in our care, and I accept that my Department has a key responsibility in preventing child sexual abuse and preventing any further harm to victims-survivors through our actions and any health care provided to them.

Culture and reprisals

Q93. Describe any guidance given to Department Officials to make clear that they are able to come forward to this Commission?

486. I have been very clear in my support of the Commission of Inquiry, my support of staff providing information to the Commission, and the need for the Department to encourage staff to provide any information that may be of relevance to the Commission.

487. Prior to the Commission of Inquiry being established, staff were encouraged to provide information to the Department via a newly established telephone line and/or public interest disclosure email address. This was communicated to staff by emails on 14 October 2020, 22 October 2020 and 3 November 2020 - **Annexures 28, 29 and 30**.

488. On Monday, 23 November 2020 a message from the Head of the State Service (HOSS) regarding the Premier's announcement of the establishment of a Commission of Inquiry was emailed to all staff - **Annexure 31**.

489. Following announcement of the Commission of Inquiry, regular emails have been sent to staff specifically in relation to coming forward to the Commission of Inquiry or advising how to seek indemnity and legal assistance in relation to the Commission.

490. On Friday 4 December 2020, a message from the HOSS dated 3 December 2020 was emailed to all staff. This message advised of the establishment of the Commission of Inquiry and provided a link to a portal to enable early information to be gathered and provided to the Commission. It noted that all State Servants have the HOSS's full support as well as that of Heads of Agencies, in reporting any concerns regarding child safety - **Annexure 32.**

491. On Friday, 17 December 2020 a message from the Acting HOSS was forwarded to all staff. This email provided a link to the Terms of Reference for the Commission and noted that support is available to staff - **Annexure 33.**

492. On Wednesday, 17 February 2021, I emailed all staff offering support to staff and encouraging staff to make a report either via the Department's public interest disclosure email address or alternatively that the Commission of Inquiry will publish its own process for calling for submissions - **Annexure 34.**

493. I emailed all staff again on Friday, 26 February 2021 regarding historic allegations of misconduct against an employee at the Launceston General Hospital. This email encouraged staff to seek support if needed and noted that the Department of Health is working to positively support the Commission of Inquiry - **Annexure 35**.

494. On 22 March 2021, a message from the HOSS was forwarded to all staff noting the establishment of the Commission of Inquiry and stating that all State Servants have the HOSS's full support in working with the Commission of Inquiry, to report any concerns that may be held about the safety of children; and advised of the HOSS's expectation that all State Servants, whether a mandatory reporter under the *Children, Young Persons and Their Families Act 1997* or not, are obliged to report known or suspected child abuse, or that a child is at risk of abuse, including giving relevant information to the Commission of Inquiry - **Annexure 36**.

495. On Monday, 19 April 2021 the Acting Secretary sent an all-staff email advising that the Department had established a Commission of Inquiry Response and Reform Team that staff could

contact and providing links to two fact sheets: 'Action Sheet for Staff' and 'Action Sheet for Managers'. These two documents provide information about the Department's response to the Commission of Inquiry and how to support and respond to someone who may be affected by the Commission - **Annexure 37.**

496. On Friday, 30 April 2021, a communique dated 27 April 2021 from the HOSS was emailed to all staff regarding the Commission advising of the availability of indemnity and legal assistance, and a link to further information - **Annexure 38**.

497. On Thursday, 13 May 2021, I sent an all-staff email advising that written submissions were being invited to the Commission of Inquiry, including a link to the Commission's website page that contained information on how to make a submission - **Annexure 39.**

498. On 14 July 2021, the Acting Secretary emailed all staff to advise that the Commission had extended the period to submit written submissions, and that Tasmania Legal Aid had been engaged to assist with preparation of a submission. A link to the Commission's website page on how to make a submission was once again included - **Annexure 40**.

499. An all-staff email was sent from the Office of the Secretary mailbox on 29 July 2021 advising that the Commission would soon be conducting stakeholder consultations across Tasmania. The email advised staff they needed to register to attend by Friday, 6 August 2021 and provided the Commission's contact number and email address to do so. A link to the Commission's internet page on how to make a written submission was also included - **Annexure 41**.

500. On 29 September 2021, I emailed all staff to provide an update on the Commission and advise that over the coming months individuals may be served notices to provide a statement or appear before the Commission and provided a fact sheet on the legal assistance and indemnity process. This was also published on Reach - **Annexure 42.**

501. On 21 December 2021, an update was published on Reach with links to the Mandatory Reporting Fact Sheet and supports, including support details – **Annexure 43.**

502. On 18 March 2022, I emailed all staff, acknowledging the journey and bravery of victims-survivors, updates on Department work to safeguard children in our care, support and contact options and encouragement for staff to participate in the Commission of Inquiry – **Annexure 44.**

503. On 27 April 2022, an update was published on Reach in relation to the commencement of Hearings, including options and support for attending and viewing the Hearings, including support for witnesses – **Annexure 45.**

504. On 2 May 2022, a message from the Head of the State Service was circulated to all staff which outlined the full support for staff to come forward to the Commission of Inquiry – **Annexure 46.**

505. The Department also established an intranet page for the Commission of Inquiry Response and Reform Team that includes links to Fact Sheets, including information on seeking Indemnity and Legal Assistance, and a link to the Commission's website.

506. The importance of encouraging staff to come forward with information was also regularly communicated and discussed at Health Executive Committee meetings, which are held weekly.

Q94. Describe any information provided to Department Officials in relation to the protections that are available to Officials if they choose to come forward to this Commission?

507. The information provided to staff about the Commission of Inquiry did not specifically reference the protections available to staff choosing to come forward to the Commission.

508. The all-staff email sent on 14 July 2021 by the Acting Secretary did note that submissions to the Commission could be anonymous or treated as confidential. Once the Commission's website was available, a link to was included in the majority of Commission related emails to staff. Information about protections is readily available on this site.

509. Staff were also advised on multiple occasions that they could contact the Department's Commission of Inquiry Response and Reform Team with any questions that they may have. This Team is able to provide information about protections available to Officials.

Q95. Describe any information or guidance given to management within the Department to ensure that no Official suffers reprisals for providing information to this Commission?

510. The importance of encouraging staff to come forward with information was regularly communicated and discussed at Health Executive Committee meetings, which are held weekly.

511. At these meetings I ensured that my most senior leaders were aware that staff are encouraged to come forward with information to the Commission, and that the Department would do everything possible to support the Commission in its investigations. My expectation is that this message was then passed by Health Executive Committee members to their management teams.

512. In all Staff Presentations (regular in person/recorded roadshows to each region) I have also encouraged staff to support the Commission of Inquiry and come forward with information.

Q96. Describe approval processes relating to participation in Commission proceedings (in a personal or professional capacity) and how decisions about any legal representation and indemnification are made.

513. In a professional capacity, all information submitted to the Commission of Inquiry in response to a notice to produce was coordinated by the Commission of Inquiry Response and Reform Team.

514. The information was then reviewed and collated by this team as necessary, before being provided to a Deputy Secretary or equivalent for clearance.

515. Following clearance, the information was supplied to the Commission of Inquiry Response Unit (CIRU) within the Department of Justice for referencing and provision to the Commission.

516. Staff were also advised on multiple occasions on how to provide information directly to the Commission of Inquiry. As noted in the response to question 93, staff were provided with a link to the Commission's webpage on multiple occasions, advised when the period for written submissions opened, and of the extension to this period.

517. Staff were also advised of the opportunity to participate in stakeholder consultations and provided with the Commission's contact number and email address should they have wished to register.

518. While there was no requirement for staff to advise the Department if they wished to contact the Commission of Inquiry in a personal capacity, I note that the Commission of Inquiry Response and Reform Team did provide support to a victim-survivor regarding their submission to the Commission of Inquiry and encouraged others to make direct contact with the Commission.

519. With regards to decisions about legal representation and indemnification, these were made in accordance with Employment Direction 16 (ED16). A number of communications about the availability of legal assistance and indemnity, and the process for accessing this were provided to staff as outlined in paragraph the response to question 93.

Q97. Has the Department declined any requests to give evidence or provide information to the Commission?

520. I am not aware of the Department declining any requests to give evidence or provide information to the Commission.

521. Staff have been encouraged to contact the Department's Commission of Inquiry Response and Reform Team for advice, guidance and support if they receive a request to provide information or to appear before the Commission.

Q98. Describe measures to ensure the integrity and transparency of recruitment processes and decisions of departmental Officials (including decisions to promote or renew contracts)? Are you satisfied that there are sufficient safeguards against reprisals or improper decision-making?

522. All decisions made relative to recruitment processes are required to be in accordance with *Employment Direction No 1* and the *State Service Act 2000*. The *State Service Act 2000* gives a right of review of all permanent recruitment decisions, as well as a right to review management actions (separate to recruitment process).

523. All requests for contract extensions and to fill vacancies go through an approval process documented through our Recruitment System (PageUp). These approval processes, include independent validation through a recruitment officer assessing the request to determine if the request is compliant with legislation, if request is not compliant it is declined. Requests are also assessed by finance, and a more senior delegate is the final approver.

524. The Department has a comprehensive policy and processes in place with regard to management of conflict of interest in recruitment. All members of selection panels are required to not only declare conflicts and to have in place mitigation strategies of those conflicts, but they are also required to declare that they have no conflict. A selection process cannot commence until a delegate has confirmed that there are either no conflicts or that they are satisfied that appropriate mitigations are in place for any identified potential or perceived conflicts of interest. The mandatory Selection Panel Training module helps to ensure that all panel members are aware of their responsibilities under relevant legislation, employment directions, policies and procedures.

525. Selection Reports to fill vacancies are required to be signed off by a very small number of senior delegates in the Department (at Chief Executive or Deputy Secretary level), prior to them being actioned in recruitment.

526. No system is ever completely foolproof; however, I am confident that we have processes in place to ensure transparency and good decision-making are enabled, processes are constantly reviewed and amended as part of a cycle of ongoing quality improvement.

Q99. Describe any allegations or reports you are aware of that Department Officials have discouraged others from engaging with the Commission? If yes, outline the steps taken by you or the Department in response to such allegations or reports.

527. I am not aware of any allegations or reports of Department Officials discouraging others from engaging with the Commission. If I had received such a report, I would be taking disciplinary action and notifying the Commission and Head of the State Service.

B. REQUEST FOR DOCUMENTS

Q100. Produce a copy of any document referred to in response to any question in this document.

Q101. Produce a copy of any role description since 1 January 2010 provided to any ED5 investigators appointed by the Department to investigate allegations of child sexual abuse made against Tasmanian State Service Officials.

Q102. Produce a copy of any legal advice received by the Department in relation to:

- *a) the scope of the ED5 investigation process, including:*
  - *i. advice in relation to when a person acts in the scope of their employment*
  - *ii. the elements required to carry out an effective ED5 investigation*
  - *iii. the steps to be taken in relation to an existing ED5 investigation in circumstances where a criminal process is on foot in relation to the subject of the allegation, and*
  - *iv. the steps to be taken in relation to an existing ED5 investigation in circumstances where:*
    - *A. the accused is acquitted of the charge(s) made against them, or*
    - *B. the criminal process comes to an end prior to trial*
- *b) the circumstances in which information concerning a perceived or potential risk to a child can be shared with other Government Institution, including any advice:*
  - *i. which has concluded that a disclosure should not be made despite the existence of a level of risk to children (whether those children can be identified or not), and*
  - *ii. in relation to whether it is necessary to perceive a risk to a particular child in order to be in a position to disclose.*

This statement is true and correct to the best of my knowledge.

Signed: [redacted] Date: 24 May 2022

Witness Signature: [redacted]

(Print Witness Occupation on line above)

[redacted] Date: 24 May 2022

(Print witness name on line above)

Annexures

No.	Title
1	Child Safety and Wellbeing Framework (Draft)
2	DoH Timeline Org Structure
3	DoH Organisation Structure 2020
4	TSS Results Q.13-14-15
5	DoH Strategic Priorities 2021-2023
6	Employment Check Policy
7	DoH Strategic Risk Register
8	Current DoH Policies - Nov 21
9	Protocol - Chaperone - Intimate Examinations
10	Sexual Safety Protocol
11	Australian Charter of Health Care Rights - Flyer
12	Australian Charter of Health Care Rights - Consumer Guide
13	Australian Charter of Health Care Rights - Poster
14	Mandatory Reporting Fact Sheet
15	CSOP - Summary Key Activities
16	Internal Checklist
17	[redacted]
18	[redacted]
19	Commencement - Letter to Investigator
20	[redacted]
21	Management of Personal Information Policy
22	Personal Information Protection Manual
23	Information and Records Management Standard
24	Records and Information Management Policy
25	Delegations DoH
26	Delegations THS
27	Records and Information Guide
28	All staff communication - 14 October 2020
29	All staff communication - 22 October 2020
30	All staff communication - 3 November 2020
31	All staff communication - 23 November 2020
32	All staff communication - 3 December 2020
33	All staff communication - 17 December 2020
34	All staff communication - 17 February 2021
35	All staff communication - 26 February 2021
36	All staff communication - 22 March 2021
37	All staff communication - 19 April 2021
38	All staff communication - 30 April 2021
39	All staff communication - 13 May 2021
40	All staff communication - 14 July 2021

41	All staff communication - 29 July 2021
42	All staff communication - 29 September 2021
43	All staff communication - 21 December 2021
44	All staff communication - 18 March 2022
44(2)	All staff communication - 18 March 2022
45	All staff communication - 27 April 2022
46	All staff communication - 2 May 2022