



WITNESS STATEMENT OF SONYA PRINGLE-JONES

I, Sonya Pringle-Jones of [REDACTED] in the State of Tasmania, Child Advocate, Department of Communities and [REDACTED], do solemnly and sincerely declare that:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND AND QUALIFICATIONS

2. I have a Bachelor of Arts, Double Major in Psychology and Major in Geography University of Tasmania, which I completed in 1996. I am currently studying a Bachelor of Health & Human Services (Leadership) Professional Honours at the University of Tasmania.
3. I am currently employed as the Child Advocate for children and young people in Out of Home Care (OOHC) at the Department of Communities. I commenced this role in June 2018.
4. In the section below addressing the role of the Child Advocate I set out below my duties and responsibilities as the Child Advocate.
5. As I have held various roles in the child safety system across a 15-20 year period, I have observed the system across time and from different angles in both government and non-government organisations.
6. Those various roles have included from July 2016 to June 2018, State Program Manager of Therapeutic Services Tasmania with the Australian Childhood Foundation. In that role, I was responsible for two programs. A program for the counselling and systemic support for children and young people in OOHC, and a community based counselling program for children and young people.
7. I have also held the following roles:
 - (a) from February 2011 to July 2016, Team Leader & Therapeutic Specialist, Therapeutic Care Tasmania with the Australian Childhood Foundation;

- (b) from October 2009 to February 2011, Senior Child & Family Counsellor, Child Trauma Service, Tasmania, with the Australian Foundation; and
 - (c) from July 2004 to October 2009, Child Protection Worker & Acting Team Leader, Case Management and Assessment/Response, Child Protection Services, Hobart, DHHS.
8. Between July 2016 to June 2018, I was the Chair of the Trauma Assessment Panel, which was 15 allied health professional across four jurisdiction, which conducted fortnightly reflective practice discussions, quality assurance and approval of trauma assessments prior to release.
9. Attached to this statement and marked **SPJ-01** is a copy of my curriculum vitae.

THE ROLE OF THE CHILD ADVOCATE

10. The Child Advocate role in Tasmania is positioned in the Office of the Secretary of the Department of Communities (**Department**) and reports directly to the Secretary.
11. This creates an independence from the Children, Youth & Families (**CYF**) portfolio that forms a part of the Department. Within the CYF portfolio is where the Child Safety Service (**CSS**) and OOHC programmes are located, and the role is not involved in the day to day running of its operations.
12. This is not a statutory role, and as a state servant, I am bound by the *State Service Act 2000*. For the first 3.5 years of this role, I have performed the role autonomously, without a team. The nature of the individual and systemic advocacy work requires me to interact directly with CSS staff on a daily basis in matters and projects at all levels of the CYF portfolio, from frontline staff up to the Director, Executive Director and Deputy Secretary.
13. The purpose of the Child Advocate role is to increase the oversight and monitoring of children in OOHC, and to ensure the rights of children in OOHC are upheld. This is done via both individual and systemic advocacy activities, explained in detail in the following sections.

14. The primary cohort of children and young people to provide advocacy to are those currently in foster, formal kinship and residential care, and under the legal guardianship of the Secretary. However, there are frequently referrals for children who are outside this scope. I can receive enquiries relating to matters that are at either end of the service continuum, such as young people who have transitioned out of care (either over 18 or on Third Party Guardianship), and those who are at the beginning of the system in the Advice and Referral Line. I also receive enquiries for children who are not in the CSS system at all.
15. Initially I was required to report quarterly, although this has changed to biannually. Attached to this statement marked:
- (a) **SPJ-02** is the Child Advocate Report for the period between July 2018 – July 2019;
 - (b) **SPJ-03** is the Child Advocate Quarterly Report dated September 2018;
 - (c) **SPJ-04** is the Child Advocate Report for the period between July 2019 – September 2019;
 - (d) **SPJ-05** is the Child Advocate Quarterly Report for the period between October 2019 – December 2019;
 - (e) **SPJ-06** is the Child Advocate Quarterly Report for the period January 2020 – March 2020;
 - (f) **SPJ-07** is the Child Advocate Quarterly Report for the period April 2020 – June 2020;
 - (g) **SPJ-08** is the Child Advocate Biannual Report for the period July 2020 – December 2020; and
 - (h) **SPJ-09** is the Child Advocate Biannual Report for the period January 2021 – June 2021.
16. The Child Advocate Report from July to December 2020 outlines on page 3 the detail factored into the changes in these reporting requirements. In summary, my reports are distributed to the Executive of the CYF portfolio, the Secretary, Minister and Commissioner for Children and Young People. In the last year, these reports have begun to be distributed to CSS staff. A condensed version that does not include internal systemic recommendations, in the form of an Annual Activity Statement has begun to be provided to Budget Estimate

Briefings, and made publicly available via the Child Advocate webpage. The 2021 Annual Activity Statement is annexed to this statement and marked **SPJ-10**. A brief synopsis of Child Advocate activity also appears in the Department of Communities Annual Report.

17. Attached to this statement and marked **SPJ-11** is a Statement of my Duties with an effective date of January 2018. As extracted from the Statement of Duties, my duties and responsibilities as the Child Advocate are:
- (a) The Child Advocate - Out of Home Care provides advocacy services for and on behalf of all children and young people in the care of the Secretary and ensures that children and young people in care have a voice in decisions that affect them and in services provided to them.
 - (b) Reporting to the Secretary, the Child Advocate advances their right to add value to and question decisions and actions that impact their lives as individuals, and contributes at the collective level to service evaluation and development.
 - (c) Operational direction will be provided by the Secretary, but the individual will have authority and autonomy in determining how to achieve the responsibilities of the role within the limits of available resources.
 - (d) The Advocate will endeavour to:
 - (i) Increase the level of satisfaction for children and young people in the care of the Secretary with the delivery of services, and enhance consumer/provider relationships.
 - (ii) Recognise, promote and protect the rights of children and young people in care, including the right to participate, comment and complain.
 - (e) The Advocate is responsible for:
 - (i) Determining when advocacy for children and young people in care is required to be escalated to the Deputy Secretary or Secretary DHHS.
 - (ii) Developing the knowledge base and conduct of the agency with regard to consultation with children and young people in care.

- (iii) Ensuring that the opinion of children and young people are provided to staff throughout the agency.
- (iv) Informing the development of policy, procedures, practice standards and quality improvement tools.
- (v) Reporting monthly directly to the Deputy Secretary Children and quarterly to the Secretary and the Minister for Human Service
- (vi) Providing advocacy services for, or on behalf of, children and young people in care.
- (vii) Providing support and assistance for children and young people wishing to resolve complaints (in a manner appropriate to their age and understanding) using the Department's Complaints Management process.
- (viii) Providing information to children and young people on policies and procedures that underpin decisions and the delivery of services, in a manner appropriate to their age and understanding.
- (ix) Promoting the Department's Charter of Rights for Tasmanian Children and Young People in Out of Home Care.
- (x) Promoting the participation of children and young people in care in the development of Departmental services and policies.
- (xi) Facilitating consultation and collaboration with other organisations that represent the voices of children and young people in Tasmania (such as the Commissioner for Children and Young People) to develop best practice, processes and standards.
- (xii) Reporting regularly to the Secretary, Deputy Secretary Children and the Minister on the themes and issues children and young people are concerned about and the progress made to address these issues.
- (xiii) Maintaining a high level of knowledge and expertise in relation to emerging developments in best practice with regard to consultation with and advocacy for children and young people.

18. The role of the Child Advocate in Tasmania is modelled on the Child Advocate role in Western Australia. This was one suggested model referred to in the January 2017 report *Children and Young People in OoHC in Tasmania*, by the previous Commissioner for Children and Young People, Mr Mark Morrissey. It was not a direct recommendation.
19. Prior to this in 2013, a former Minister for Children, Ms Michelle O'Byrne, commissioned the Advocacy for Children in Tasmania Review. The *Advocacy for Children in Tasmania Committee: Report and Recommendations* was written by Dr. Maria Harries, then Adjunct Professor from Curtin University, Western Australia. Attached and marked **SPJ-12** is a copy of this report.
20. One of the recommendations of this review was to:
 - (a) Investigate the possibility of establishing a position for an independent child advocate within DHHS [former location of CYF portfolio] - a contracted part time position that can report directly to the Secretary. This position could explore possibilities of utilising new computer-assisted software to increase participation of children and young people in care in decision making and in communicating their concerns. Such a position would provide a means for ensuring concerns and complaints by children and young people in care are appropriately directed and dealt with. Importantly, such a position would need to be situated in a 'safe' child-friendly environment and seen to be separate from major departmental activities. Linkage arrangements with the office of the Commissioner for Children in relation to systemic issues would need to be in place.
21. Until two months ago, the role of Child Advocate was one FTE (full time equivalent employee) – which is me.
22. Commencing at the end of March 2022, I have a Child Advocate Liaison role across the north and north-west of Tasmania, and they report to me. It is a Band 6 level position, and it is a 12-month fixed term position. It is hoped that the capacity to better meet the advocacy needs of children and young people across the north and northwest of the state provides justification for this role to become permanent.

23. For a two-year period starting in mid-2019, I had a direct contractual partnership with the CREATE Foundation, the national peak body for children and young people in care. The support of 0.6 FTE assisted with the creation and facilitation of a youth consultation mechanism, *Youth Change Makers*. This is elaborated on further below.

Child Advocate positioning within the Department

24. When the Child Advocate role was created, there was conjecture as to whether it should be internal to government, or be external. By having the role inside government, but separate to CYF reporting lines, a degree of independence is attained. When I try to explain this for young people, I might sometimes describe it as being “a bit like an internal watchdog”.
25. The Child Advocate role is justifiably kept, to some extent, at arm’s length by the CYF Executive. Yet conversely, the work sees me involved in multiple aspects of the system – both for individual children, as well as in advocating for systemic changes. When interpreting the Statement of my Duties outlined in paragraph 17 above, the full breadth of what the role is tasked to do is substantially more achievable by being internal to government.
26. It may be that Child Safety staff experience the involvement of the Child Advocate paradoxically – the activity I perform is interchangeably as a disruptor and supporter, as well as guide and critic, depending on the circumstances for the child or the systemic advice being given. I acknowledge this has the potential to create confusion, and that others such as the Commissioner for Children and Young People hold a different view, recommending that the role should sit external to the Department. However, I am fully aware that there are details of individual matters that I would not be consulted on were the role external to government. To this end, internal CSS staff are a frequent source of referrals (approximately 20%), seeking advice on how to uphold a child’s rights, and meet the child’s best interests. Because of these collegial relationships, I am able to safely and respectfully challenge practice and decisions that might not be as child-centred as they could be. Of critical note, I do not believe I would be able to bring this level of influence regarding the needs of individual children if I sat outside of the Department.

27. In this manner I consider that the structural location of the Child Advocate role provides the best opportunity for the role to have influence within the Department given that I am hopefully not experienced as an external threat. I am able to access the CPIS system to review files in relation to children which greatly assists me with my duties, and often times this means that when I receive an enquiry from an external person or service, I can help explain information confidentially, without it disrupting the relationships they have with staff internal to the Department.
28. Up until the recent addition of the Child Advocate Liaison position, I have needed to influence change at individual and systemic levels without a team, delegation, or a budget. The only asset I bring is relationship that provides a degree of credibility and subject expertise. Without the capacity to engage with an array of people with varying needs, motivations and obligations, I do not believe I would achieve the same success in safeguarding the rights of children.
29. Naturally it is always adults I have to advocate to, so being able to access information and interact with all relevant people important to a child, both through all internal layers, as well as to those external to the Department, the role serves as a 'bridge' in what can oftentimes be a disintegrated network of adults around a child. This is the approach I have found most effective in advocating for children's best interests.
30. In terms of the conjecture that initially existed around the creation of this role there are two things that I take issue with. The first of these is that a model was a direct translation from another jurisdiction. When this occurs, it fails to take into consideration the way in which a programme is designed to interface with other elements within that system - elements that we may or may not actually have here in Tasmania.
31. The second issue is that I am not aware if children and young people were included in shaping the way the child advocacy service was designed. I find this challenging, as I cannot be certain that the obligations set out in the Statement of Duties are the priority functions that children and young people would choose in a service specifically created to work for them.

Individual advocacy

32. The legislative basis for individual advocacy activity of the Child Advocate is based on Article 12 of the United Nations Convention on the Rights of the Child: "*States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child*".
33. Article 12 is enshrined in *The Children, Young Persons and Their Families Act 1997, (CYPF Act)* with the principle of child participation in Part 1A, section 10 (F), which directs that where decisions are made in relation to a child:
- (a) *the child:*
 - (i) *should be provided with adequate information and explanation about the decision in a manner that the child can understand; and*
 - (ii) *if appropriate having regard to the child's maturity and understanding, should be provided with the opportunity to respond to the proposed decision; and*
 - (iii) *if appropriate having regard to the child's maturity and understanding, should be provided with the opportunity to express his or her views freely; and*
 - (iv) *should be provided with assistance in expressing those views; and,*
 - (b) *the views of the child should be taken into account, having regard to the child's maturity and understanding.*
34. A second significant foundation influencing individual advocacy activity is the *Charter of Rights for Children and Young People in OOH in Tasmania*. Created in 2008, the Tasmanian Charter has nine rights articulated:
- (a) I have the right to be safe and feel safe.
 - (b) I have the right to receive health care when it is needed.
 - (c) I have the right to be consulted and listened to seriously about decisions that affect me.
 - (d) I have the right to have regular meetings alone with my worker.
 - (e) I have the right to be treated fairly and with respect for who I am.

- (f) I have the right to identify with my culture and community and to observe my chosen religion.
 - (g) I have the right to have safe contact with my family and people who matter to me.
 - (h) I have the right to have an education and to gain life skills.
 - (i) I have the right to have my privacy respected.
35. Since the role began, I have consistently received a minimum of 120 referrals for individual advocacy per year. This relates to a higher number of children and young people, however, as sibling or household groups of children will count as one referral. Referrals arrive through various means – phone, email, face-to-face, and less often through text, or Facebook Messenger. A breadth of options to make contact were created, along with a simple referral process, so as to ensure it is as accessible as possible for children and young people to self-refer. However, the primary source of referrals are from adults. I engage directly with children on approximately 30% of referrals.
36. If someone thinks that the rights of the child involved in the OOHC system are not being upheld they can directly refer to me. My mandate as Child Advocate is general and I receive referrals on a range of issues, not solely child sexual abuse or exploitation issues. Referrals can relate to a vast range of issues, and all are easily traced to there being concern that one or more of the nine rights listed in paragraph 34 potentially not being upheld.
37. Detail regarding referral data can be found in the 2021 Annual Activity Statement (**SPJ-10**).
38. When I initially receive an enquiry, the first conversation is completely confidential (unless a lack of safety is apparent). I work collaboratively with the enquirer and will only progress to further steps with their input and consent. This referral process is simply a phone consultation, and the following questions are general examples of what I seek clarity about:
- (a) What child/young person rights are not being upheld or are impacted?
 - (b) Is decision making child-centred?
 - (c) Has the child been involved in the process and do we have a clear idea on the child's wishes?

- (d) Do we have a clear perspective on what the child needs?
 - (e) Are adults in agreement on what is in the child's best interests? Or are there divergent views?
 - (f) Has the child been asked this question before? If so, has the child been consistent in their response over time, and saying the same thing to different people? Or is the child sharing different views with different people?
 - (g) Are people reflecting on what might be underpinning the child's presentation/behaviour?
 - (h) Have CSS followed policy/procedure/frameworks in an effective way, in appropriate balance with the child's best interests? Or have they been applied rigidly and potentially compromised best interests' decision making?
 - (i) Is communication around the child inclusive, transparent, balanced?
 - (j) Is the primary caregiver of the child being heard?
 - (k) Are adult needs dominating? Is more information required to determine what adult and systemic influences are impacting on the current situation?
 - (l) Are there glaring inconsistencies or anomalies potentially impacting on the current circumstances. That is, what should we expect to see happening from a best practice point of view?
39. In categorising the nature of referrals and how advocacy work may need to proceed, this is also detailed in the 2021 Annual Activity Statement which is attached to this statement. The broad categories are:
- (a) General Enquiries & Seeking Advice;
 - (b) Direct Advocacy;
 - (c) Capacity Building and Consultation with Child/Young Person; and
 - (d) Amplifying the Child/Young Person's Views.
40. It is important to note that the nature of the advocacy work is not solely direct advocacy – that is, simply conveying the expressed views of the child. The

work requires detail to ensure that it is also from a best interests' framework. To illustrate this, it is not just about advocating for what a child wants, it is primarily about what a child needs.

41. Following assessment that entails hearing the perspectives of all key adults, gathering a clear understanding of the child's wishes and/or needs (either from directly engaging with the child, or indirectly from the adults if they are all consistent in conveying the child's views), then I provide recommendations based on this assessment.
42. It is from engaging in this level of assessment of a child's circumstances that I can determine who I am best placed to advocate to (either a person/programme/service), what is the best argument to present, and how to present it, so as to maximise the opportunity for the child's needs and/or wishes to be met.
43. How individual advocacy looks in practice is difficult to capture succinctly in writing. Every single matter is unique and requires a highly individualised approach to work towards ensuring the rights and best interests of the child are met.
44. To give an idea of typical generalised examples, I will use the Charter of Rights as a frame of reference. Given the oversight and monitoring function this role performs as it relates specifically to the CSS and OOHC system, I will refer to the rights specifically linked to that system. In italics I will share phrases that I regularly repeat in my advice to teams of adults working/caring for a child.
45. The right to be safe and feel safe: Often referrals require a focus on a child transitioning between placements or a move to restore them to natural family. In these circumstances, I believe the nuances in the planning cannot be prescriptive, and if done so rigidly, can be detrimental to the ultimate success of the transition to the next home. Often the planning needs to either speed up or slow down *so that it is at the child's pace*. Knowing what this pace is can be determined through assessment, conversations with the child, and/or monitoring their behaviour and providing attuned support in response. To feel safe in this change process, *the child needs to feel a degree of control, and this can be created by including them in the planning and decision making*. Even when risk issues are present, I will often encourage adults around the child to

engage in creative, thorough and inclusive planning, with collective decisions made regarding how these plans can effectively monitor the child's safety, and indeed, ensure the safety plan is produced in a format that is understood for that particular child.

46. The right to be consulted and listened to seriously about decisions that affect me: This permeates all individual advocacy and for appropriate reason. I often state that when engaging with children effectively in all our work, *we are all advocates for children.....the child needs us to be strong enough to deeply listen, and wise enough to drop our own agenda.* This is what I consider to be pivotal to child-centred practice. When reviewing a child's file, I will always look for reference to the quality and quantity of engagement a worker has had with a child. Following my direct work with a child, I can advocate for adults to action what the child's wishes are on a matter, even if it means contradicting the procedure. An example of this might relate to how frequently a young person may want to have meetings with their worker. Even though the policy states this needs to be every 6 weeks, for some children or young people this is agony. They do not want this level of interface with the system. A dutiful worker will follow this procedure without question, compromising the child's right to have a say in how the relationship is structured. Instead, I might encourage an alternative approach. If the Care Team around the child is working effectively, the monitoring of the child's safety can fall to a member of the team of the child's choosing who other adults also endorse. With appropriate agreements and boundaries in place regarding the expectations of this person, this can be a far more positive experience for the child. So rather than every 6 weeks, it may be that the CSO only need engage with the child on an annual basis for care planning purposes.
47. The right to have regular meetings alone with my worker: This right is potentially a reflection of the point in time when the Charter was created, in 2008. With a review, I imagine the wording of this right will change. However, what it does draw attention to, are the matters I work on that relate to a child's relationship with their CSO, and/or their experience of CSS broadly. Being raised in bureaucracy is a very sad reality, and frequently I provide advice that relates to the ways in which a worker can connect with a child to foster the most natural relationships, despite this bureaucratic context. Children have

often repeated that they just want their worker to connect with them as a person first, not a “child in care”. Often, I orientate professionals to *commence building connections with a child that limits the power differential*. As an example, encouraging the worker to share the process of organising how they will meet: “where would you like to meet?” “when suits you?” “this is a little bit about me”. *Starting from a place that provides the child choice means they can experience feeling like their views matter from the outset, and that they will be heard*. In this way, building a connection with their worker is an empowering process, one in which their participation in that relationship ultimately serves to garner their protection.

48. The right to be treated fairly and with respect for who I am: To a large extent, adultism is not a widely known concept, yet it is essentially what permeates all referrals that come to my attention. Regardless of a child’s age or stage of development, they all have a voice, and we need to remember that a child’s behaviour is their language. However a child’s developmental immaturity means they are vulnerable to prejudice, and their inability to not-yet-communicate on equal terms with adults means they are relatively defenceless when *adults localise the issue in the child*. For example, when faced with an intolerable level of discomfort, adults can easily externalise this by placing blame on the child for their ‘naughty’ behaviour, without acknowledging it may be the way they are interacting with the child that is causing the behaviour. *Children are a barometer of what is going on around them*. As a result, it is beholden on us as adults to recognise the ‘noise’ of our adult world. By this I mean how our adult perspectives, constructs, values, biases, obligations and agendas can impinge on being present with children. I consider this to be at the heart of what prevents adults listening authentically to children. A core focus I bring to all advocacy work is identifying and communicating what these adult-imposed barriers are on a child, and both challenging and helping adults to navigate around them so that the child and their needs can be seen and held above all the adult noise. Another key phrase to quote a long-standing wise Child Safety Manager is, “*children change, when the adults around children change*”.
49. I have the right to identify with my culture and community and to observe my chosen religion: During the process of creating the questions for the online

questionnaire Viewpoint in 2020, a dedicated consultation took place with young people in care who identify as Aboriginal. It also included an elder from an Aboriginal organisation. Some of the core themes summarised from that consultation:

- (a) It's your choice how strongly you identify or don't identify with being Aboriginal.
 - (b) You need opportunities to connect with culture and learn about your history.
 - (c) Workers need to ask the right questions to help you explore your identity.
 - (d) Workers need to help you connect to Aboriginal culture if you want to, not make it harder for you to.
 - (e) It's also your choice when, with who, and how much you connect.
 - (f) Workers need to ask about the challenges you face with identifying as Aboriginal.
 - (g) You need to feel safe to explore and connect with being Aboriginal and with Aboriginal culture.
50. The right to have safe contact with my family and people who matter to me: It can be distressing to see children's connections with people who matter to them suffer because of the difficulties that are encountered in enabling it to occur safely. *If children are fully included in the planning and decision-making process that informs aspects of the who, when, where and how often of family time*, then the quality of time spent together and the strengthening of connections can be fantastic. If this is then accompanied by sufficient resourcing, adequate safety planning, sequencing of the contact, and skill in the adults present, then the repair that can occur in relationships, even if an adult has been a source of harm for the child, is truly reparative. Referrals I receive regarding this issue requires me to encourage a lot of creative thinking in professionals, orientation to trauma-informed practice, as well as support to ensure the planning is inclusive of the people whose lives it involves.
51. The right to have my privacy respected: "It's your job, but it's my life". This short yet incredibly powerful statement was said by a young person during a

systemic consultation in early 2021. As professionals, it reminds us that *the work we do is only one aspect of our life, yet the impact of our work permeates through every layer of a child's*. I have observed circumstances whereby harm is caused, either directly or indirectly, by the way in which information is either written about a child, how they are spoken of, how their views are disregarded, or how their views are shared with others. I cannot overemphasise how frequently children and young people ask me the question, "*where is this information going to go...who else will hear it?*" When a child experiences information being misused in a manner that is outside of their control, the impact is disempowering, fractures positive working relationships, and at worst is re-traumatising. In writing a child's views down, even with very young children, I will always request their consent to do so; share with them what I have written; check and double check both what I have written and who they want it shared with, or who they do not want that shared with; and mutually agree on how I will convey it to adults. The feedback loop back to the child after I have shared their views with others is also another critical dimension in advocating for children safely. All of these steps are precisely what I also advocate for others to embrace in their work with children and young people, encouraging ways for the steps to be nuanced for that particular child.

52. In summary, there are essentially two core pathways of work that a matter is likely to take in individual advocacy. My focus is either supporting adults to understand what children who don't have a voice are trying to say, or alternatively, I am challenging adults about why they are not listening to children who are clearly expressing themselves. As mentioned previously, this work requires me to directly link with children approximately 30% of the time. In all of the work, it requires communicating with adults through various approaches of online, face-to-face and phone conversations. I generally remain involved in a matter for as long as needed to be assured that the direction is child-centred and in the child's best interests.
53. If I consider the CSS is not responding appropriately to an issue that I am advocating on, I continue to escalate the issue up the line of management within the Department. I have not had many instances where I have had to escalate issues and I will always aim for resolution to be at the local level and at the lowest levels within the organisational structure. I try to work with

personnel in the Department and collaborate with them to achieve an outcome where they agree with my recommended course of action, or I gather further information to understand why they are making their decision. On occasion I may need to progress an issue to Director or Executive Director level, but this is not often. Furthermore, if needed, I will liaise directly with the Deputy Secretary and Secretary if I consider resolution is achievable at that delegation, or indeed, if I consider it a necessary avenue to access an outcome for a child that requires working across to the senior management of another government portfolio or agency.

Systemic advocacy

54. Given that there are other roles and services that have systemic advocacy functions, such as the CREATE Foundation and the Commissioner for Children and Young People, the uniqueness of the Child Advocate role placed within government provides a different set of opportunities to influence systemic change. After approximately two years in the role, the gradual maturation of the role's development helped to highlight the most effective approaches to meet the systemic obligations outlined in the Statement of Duties. The following categories are the three key areas of systemic advocacy work that are now clearly defined:

(a) **Capacity Building:**

- (i) Broadly speaking, systems working with children have a way to go to effectively embed the principle of child participation in practice and uphold children's rights to participate. Misnomers such as, "the child is too young to be consulted", or "she makes up stories", can still abound, and delegated decision makers need to be alert to the areas of professional practice where confidence and competence is lacking when listening to children. Given the extent of support the Child Advocate provides professionals to enact approaches to engage children in planning and decision making, each individual matter provides opportunity to influence the confidence and capacity of others to consult with children. In recognising the need to enact

this on a systemic level, I developed a training package which I began to deliver in mid-2021.

- (ii) This training helps to increase understanding of not only the legal, ethical and moral obligations of professionals to consult with children, but also the manner in which principles of child participation can be translated into practice. This day of training helps centre professionals' reflection and practice on the Tasmanian adaptation of Professor Lundy's model of child participation.

(b) **Youth Consultation:**

- (i) As stated above, the Child Advocate role worked in partnership with the CREATE Foundation to establish and support the facilitation of a youth consultation forum.
- (ii) The Youth Change Makers, as they called themselves, provided outstanding input into systemic changes underway within the Department. The engagement of up to 33 young people worked with the CREATE Policy and Engagement Officer and myself, contributing their wisdom on how to co-create and co-design systemic change.
- (iii) A summary of the topics that were covered during this period were:
 - (A) Youth Change Makers were the 'engineers' of the new Viewpoint online questionnaire – a new tool to provide children aged 5-17 with an alternative way to share their views in Care Teams and Care Plans.
 - (B) Input into the Transition to Independence (T2i) programme: marketing strategy, logo, tagline and design of brochures/forms.
 - (C) With the Commissioner for Children and Young People: consultations relating to the impact of COVID, and for the Commissioner's OOHC Monitoring programme.
 - (D) Aboriginal and Torres Strait Islander focus group.

- (E) Disability focus group.
 - (F) Input into the Care Team-Care Plan suite of tools, with significant contribution into the Care Team Brochure.
 - (G) Procedure relating to family contact/access: Family Time.
 - (H) Third Party Guardianship focus group.
 - (I) Wellbeing Strategy – contributing to the design of the postcard for a state-wide consultation.
 - (J) Draft Child Safe Organisations Bill.
 - (K) Draft Out of Home Care Standards.
 - (L) Legal representation for children and young people in Child Safety proceedings.
- (iv) In preparation for the new Child Advocate Liaison role to onboard, this contract of support from CREATE reached its conclusion in mid-2021. Since then I have endeavoured to evolve the approach to youth consultation, through direct linkages with key OOHC service providers, including CREATE.
- (c) **Resource Development:**
- (i) Another remit of the Child Advocate role is to help various methods of communication to be understood and developed in a manner that helps to 'de-bureaucratise' the experiences of children in care, and ensure that the views and needs of children and young people are integrated into all relevant systemic change processes.
 - (ii) Immediately upon commencing in the role of Child Advocate I sought to have an online questionnaire created. This is to see the participation and voice of children and young people (between the ages of 5-17) in their Care Planning vastly increased and improved. Realising the embedding of this tool, Viewpoint, into CSS practice has been convoluted and challenging. Given the pending departmental changes, I have

commenced conversation with the Department of Education personnel responsible for the oversight of the annual Wellbeing Survey conducted with children in Tasmanian schools. Recognising the synergies in this work is invaluable to anticipate a smoother process to achieve successful implementation. It is my view that this questionnaire, with questions intricately designed by young people with a care experience, will contribute to substantial changes in the ability of the system to monitor the safety and wellbeing of children. This monitoring capacity extends not only to individual children, but also in its capacity to generate aggregate systemic data.

- (iii) Other work I prioritised early in the life of the role was a child-friendly version of the CSS complaint process. Acknowledging the imperative for children to know this process, I developed and distributed a child-friendly flip card to explain the existing complaint process, being aware that this procedure was not publicly available. This was mailed out to all children and young people in care, including those on Third Party Guardianship, in March 2020.
- (iv) Under the banner of Resource Development, I also include the work that sees me participate in, and provide advice on, various working groups and projects. The more significant pieces of work to date in this regard have included:
 - (A) The Care Team-Care Plan project: to develop a suite of child and family friendly collaboration and planning tools.
 - (B) Transition to Independence program design.
 - (C) Third Party Guardianship project.
 - (D) Legal Aid Steering Committee, participating in the creation of Practice Standards for Separate Representatives in child safety legal proceedings.
 - (E) An ongoing and fixed committee that I am a member of in the CYF Executive is the Practice, Performance and Governance Committee. This provides significant

oversight and awareness of projects, policies and procedures under change in the Department.

SYSTEMIC RECOMMENDATIONS

55. As I mentioned in paragraph 16 above, I prepare biannual reports on the individual and systemic advocacy activity I engage in. When I undertake individual advocacy, I note the commonalities that emerge across workers, teams and regions. It is these themes that feed into what I advocate for on a systemic level. This is the primary advantage to having the two forms of advocacy combined.
56. Attached to this statement marked **SPJ-13** are the systemic recommendations I have made since the role commenced in June 2018. These are the recommendations that have been omitted from the Annual Activity Statements previously and only shared internally in the biannual reports up until this point (although they are shared externally with the Minister and Commissioner for Children and Young People).
57. In reading this as a collated snapshot, it is apparent how the nature of my reporting has evolved over time. I became aware that some of the issues I was reporting on in my earlier recommendations were issues the Department was already fully aware of and recommendations of a similar nature were being made from multiple sources over many years to the Department. I stopped repeating those recommendations over again as I considered it was not as productive or helpful for the Department to continue receiving a similar focus from the Child Advocate role as well. Consequently, my recommendations have shifted to a focus on child safety practice, capacity-building and awareness-raising.

WORK ACHIEVED OR ONGOING

58. I am pleased to state that there are significant bodies of work that have been completed, or are underway, that are actively addressing many recommendations made. This is demonstrated in the areas set out below.

- (a) **Communication and relationships:** the Care Team and Care Plan changes underway are showing clear signs of helping to ameliorate these challenges.
- (b) **Governance/CSS Programme Support:** the redesign of CSS in 2021 created many shifts in this regard, and a number of substantial structural changes are still progressing.
- (c) **Provision of health care for children and young people in OOHC:** the current up and coming expansion of the OOHC Paediatric Clinic will likely create outstanding changes in this regard.
- (d) **Role of CSOs:** the understanding of what is required in the skills and attributes of CSOs continues to grow, and is only further strengthened by the current leadership's frontline experiences.
- (e) **Strategic alignment of projects:** this has recently begun to form, following the upheaval of the redesign and the reorientation and familiarisation of senior operational roles.
- (f) **Kinship care:** a comprehensive review has been conducted and recommendations accepted by the Department.
- (g) **Mental health services:** similarly to paediatric care, this will be a first for Tasmania and will be exciting to see this specialised service for Tasmania's vulnerable children.
- (h) **Operationalising the Inter-Agency Collaboration Strategy:** significant work has been progressed by the Board of Exceptional Needs in this regard.
- (i) **Legislative principles of sections 10E versus 10F:** this is something that I have addressed in detail in the training package developed.
- (j) **Planning and decision-making processes for children:** the Care Team – Care Plan project has been a long and winding piece of work. I am confident in saying that the focus, goodwill and coordination required for full implementation to be realised has emerged in the last 6 months. In addition to this, a significant body of work is underway to develop a new Practice & Decision-making Framework. This will

incorporate work to refine much of what I detailed in the January-March 2020 systemic recommendations, relating to the various assessment, planning and collaborative tasks required of a CSO.

- (k) **Pandemic influences on practice:** the somewhat long-winded recommendations I made in the April – June 2020 report are difficult to gauge in terms of their uptake. However I am aware that there is certainly a lot more flexibility in terms of the online mechanisms of engagement with children and young people, which is positive.
- (l) **Enhancing cross-agency Transition to Independence support:** the creation of the Sure Start project early in 2022 is a very exciting project to watch unfolding. This is another project I have joined as a member of the cross-agency working group.
- (m) **Child's rights vs Parent's rights:** child safety work is complex, and it is a very positive step that the reflective practice approaches integral to the redesign now exist for practice wisdom such as this piece I wrote to have organisational time sanctioned to be discussed.
- (n) **Understanding funding and the family budget:** the CYF Executive have work underway that is reviewing the funding processes for family-based carers.
- (o) **'Normalising' childhood and reducing bureaucratic process:** work is progressing to review the delegations for permissions regarding children's participation in activities. There continues to be an increase in Third Party Guardianship planning, and further dedicated roles are being appointed to progress this work. I also understand that CSOs are engaging in more deliberate planning around where they meet with children, not just automatically at school.
- (p) **Creating stability in chaos:** the first step in addressing influences that make integrative change so challenging is recognising the need for cultural change. This reflective piece airs what I notice about power structures and traumatised systems in an attempt to start making sense of how these impact children and young people.

- (q) **Changes to the Care Concern process:** in late 2020 I read the first draft of the future Wellbeing in Care process and it is excellent. I am aware that this is one of the top projects currently prioritised for implementation, and its roll out has been held up due to redesign priorities in 2021.
- (r) **Consultation strategy:** A recommendation that I have not written about previously but have regularly spoken of internally, is the organisational need to improve approaches to consultation and the inclusion of our people (children and families) in service design, co-production and evaluation. I am aware that work is being undertaken in the Quality Improvement Framework being developed that substantially factors this in.
- (s) **OOHC Standards and Carer's Register:** these are two significant bodies of work and yes, their development has been ongoing for a very long time. I know that the OOHC Standards are very close to finalisation and the Carer Register is also a part of this process. I have been regularly consulted on the work as it has progressed between three different people in the time I have been in this role.

WORK OUTSTANDING

59. I can report that the following areas of need are acknowledged by the CYF Executive. They may already be on work plans, form part of strategic directions or have already had some work devoted to them. I am not certain of the progress the CYF Executive has made in implementing these changes.

Ambiguity and conflict within procedural advice guiding practice

60. Significant work had progressed around this prior to the redesign that rolled out in 2021, however I am unclear where this up to currently. However as stated in paragraph 58(j), this will be an element of that project work in creating the Practice and Decision-making framework.

Service provider contracting

61. The need for a team of staff that can effectively coordinate all aspects of outsourcing/strategic commissioning has been an outstanding need for a very

long time. I am aware that this has been asked for multiple times and I struggle to comprehend how the full breadth, and risk, of this work sits within a single person-dependent role.

Accommodation / care options for two high-risk cohorts of children and young people

62. It is fortuitous that this issue is on the radar for CAMHS and the future directions the service is taking. For our Aboriginal and high-risk youth who can interface with the Ashley Youth Detention Centre, shelters, or those who have accessed the Many Colours 1 Direction programme in the Northern Territory - despite the Expert Panel process in 2021, I am uncertain as to where this planning currently stands and it is something I need to re-enquire about.

Complaint processes

63. The lack of a formal complaints unit within the organisation is something I do genuinely find bewildering. This is the area of change I keep reiterating is the primary need for our children and young people. Coupled with this, the lack of structures that offer a formal appeals process further heightens this concern.
64. I am aware that there was funding granted to design and implement a whole-of Department of Communities complaint unit, and so the CYF portfolio were reliant on that for some time. Whilst I am unaware of where that got to, I imagine it is now obsolete given the pending dissolution of the Department.
65. Essentially the functions of complaints and appeals sit with two single person-dependent roles. That is myself, and the Client Liaison Officer. Having said that, the Client Liaison role did not exist in the first two years I was in the Child Advocate role, and after its creation it made a significant, positive, difference in how my role operates. It is also worthy to note that both of these roles did not exist four years ago at all, and their creation is an encouraging reflection that government acknowledges and is gradually acting on the changes required to strengthen the oversight and monitoring functions.
66. The prioritising of work to redevelop the existing complaint procedure currently sits on the publicly available Strategic Directions for 2021-2024, under 'Building a strong and accountable system'. Given this, I am confident that the development of a child and youth friendly complaint process is pending.

67. In line with this, it is relevant to reiterate a recommendation from the aforementioned 2013 report *Advocacy for Children in Tasmania Committee: Report and Recommendations*, it stated:

In consultation with the Office of the Ombudsman, the Commissioner for Children and any other relevant authority, DHHS to ensure the internal complaints mechanisms are accessible to children and young people in contact with statutory services and their families. A component of this assessment is to ensure complainants are being provided with detailed feedback about outcomes and the reasons for these, and;

- (a) develop a communication strategy to ensure information about internal complaints mechanisms are provided to children, young people and their families in user friendly language and style.*
- (b) the appropriate independent body undertake an audit of the new DHHS complaints protocols to ascertain how these protocols are used as well as their outcomes for children and young people in care and detention.*
- (c) ensure the Commissioner for Children continues to sit on the regular review of concerns and complaints within DHHS and receives all relevant data in order to assist the office to understand and monitor any systemic issues that arise.*

Change processes

68. What I see currently in the CYF portfolio is that there are key senior personnel who know child safety practice in Tasmania intimately. This is invaluable in helping to guide future change processes, ensuring these changes are being insightfully and effectively prioritised and coordinated. However, this is still a new structure, and what I hold concerns about is the extent with which external scrutiny can compromise achieving stability of the portfolio's leadership.
69. I have observed that the corporate structure of the portfolio is highly under resourced. For example, it is only in recent times that dedicated HR has been created to specifically help with workforce challenges in CSS. Another example is that I have frequently observed that the leadership knows what is required to achieve effective change for children in OOHC, but are consistently pulled

away from direct operational, strategic work, so as to provide answers and justification to processes external to the portfolio.

70. As an example, for some time there has been an acknowledged need for key senior roles to be freed up to engage in strategically aligning multiple projects so that the synergies between them can be efficiently coordinated and successful implementation realised. A date was set, and I was excited to be a part of a dozen key personnel to work on the first of several strategic planning days to engage in this coordination. Unfortunately, it was cancelled the day before. Without wanting to minimise the absolute importance of the work the Commission of Inquiry is tasked with undertaking, this cancellation was because of the sheer volume of work required to provide information to the Department's Commission of Inquiry Support Unit, at very short notice. There is simply not the resource for the breadth of roles in the portfolio to perform all corporate functions. Consequently, it naturally falls to key operational leadership positions, distracting them away from operationally leading.
71. I have heard it said that 'Tasmania is guilty of partial reform'. I agree with this observation, and consider that this is in part due to the significant leadership churn from Deputy Secretaries, Secretaries and Ministers. Because of this flux, it would appear that the countless cross-sectorial consultations, reviews and recommendations that have occurred in the 15 plus years I am aware of, are potentially interpreted by key decision-makers as if they are new. It is as though there is a perspective lacking on the significant pattern and history in these multiple suggested reforms of the Child Safety and OOHC systems. As an example, I am aware that the idea of decentralising the Child Safety workforce into community-based multi-disciplinary hubs has been a grass-roots recommendation on at least two major reform projects.
72. Something I find myself often repeating is that, "we need doers not reviewers". As mentioned previously, the Executive knows what needs to be done. It is as though there needs to be a pause on external entities consistently suggesting ways that they can do things differently, and instead let them get on with the job of being internally focussed, to prioritise and coordinate change processes and fully implement without distraction. An opportunity to create a team within the corporate structure that oversees and coordinates all change processes, separate to operationally delegated leadership roles, and consisting of cross-

disciplinary business expertise (not just practice orientated) could be an advantage.

73. Another reason I would attribute to the challenges of achieving full implementation of change processes has been inadequate funding. Whilst my role is not across the intricacies of funding, to my knowledge, historically government has funded systemic OOHC reform with a pre-allocated amount before commencing the design of required reforms. However, to me it makes more logical sense to engage in designing a system that shapes the best possible service to meet the needs of children and families, and then determine its overall cost. Instead, proposed reforms are having to fit within an insufficient budget and therefore challenges are encountered in achieving the best possible outcomes.

Policy position on restraint

74. In the July-September 2019 report, I wrote: *“Both chemical and physical restraint can occur to children and young people under the custody/guardianship of the Secretary. At times, this may be necessary for the safety of the child or others. However, if there was an occasion where this was not planned, endorsed, or administered correctly, and without the child/young person’s awareness or consent, then a violation of rights can result. As both a provider and outsourcer of Out of Home Care, the Child Advocate considers it a matter of priority for the Department to develop a policy position”*.
75. I am aware the Department takes this very seriously, and has made effort to progress the development of this policy position. I have had several conversations with the Executive about the recognised need, however I have not yet sought an update on this in recent times.

Salaried Care

76. I wrote about this in my July-September 2019 report, and in the recently finalised July-December 2021 report. Without wanting to rehash that here given it is accessible in the attachment, it has most certainly been a long-regarded need to infill the gaps in the service continuum of OOHC options for children. A pilot programme has recently commenced, with a partnership between the Department and two NGOs, so it will be exciting to see how this progresses.

Demystifying CSS

77. This is an acknowledged need, but I am not sure where thinking may currently be at. No one can deny that the service has a long-standing negative reputation, and that increasing its transparency would potentially help. A focus that could consider, for example: publicly sharing the positive stories; work to create a simple visual map that explains its structure and processes; and work to make all relevant policies and procedures publicly available online, will go a long way in helping to demystify the service and considerably help people to navigate it.

Confidentiality provisions

78. I frequently encounter a need to improve either the understanding and/or interpretation of confidentiality provisions for children and young people, although this is not something I have yet raised with the Department. There are clear examples whereby I have noted that harm has been caused because section 103 of the CYPF Act has been breached – such as late 2020 with the significant media coverage of the Many Colours 1 Direction programme. Conversely, I also see harm when practitioners apply principles of confidentiality so rigidly that adequate information is not shared about a child's trauma history. I believe a carer absolutely needs to know relevant information to provide adequate care and attuned responses for that child to recover from the effects of trauma.

DEFICIENCIES IN THE CHILD ADVOCATE ROLE

79. To date there are three areas that cause me the most concern, as my capacity to address them continues to be inadequate.

Monitoring the implementation of my recommendations on individual matters

80. As a single person role, this has been incredibly difficult as my focus is always distracted by the next, new incoming enquiry. Significant work took place during 2019-2020 for the role to be more closely aligned with the former Clinical Practice support team. However the Clinical Practice roles were significantly changed within the redesign during 2021, and as such alternative

mechanisms that provide me with the assurance I need that recommendations are being implemented, are still lacking.

Record keeping

81. For some individual advocacy I write my formal recommendations on letterhead and forward it to all of the parties involved. While I can access and read notes on the CPIS system, I cannot add my notes to a child's file on that system, and this was created as such in line with the semi-independent nature of the role. I ask other people within the Department to put my recommendations and any notes on CPIS. As I can access the system, I can monitor that my recommendations and notes are going onto the system. All Child Safety staff are obligated to put my emails onto the CPIS system. So, sometimes I will put my recommendations into bullet points in an email to the Child Safety staff. That email then would be stored on the CPIS system.
82. I maintain an email folder on my computer in relation to each child I have received a referral for. This periodically is uploaded to the 'O' drive of the Department. That drive is accessible by permissions from the Secretary or myself.
83. I also have handwritten notes for every child I receive a referral for and I maintain that in a hardcopy file in alphabetical order. To date I have now had two administrators tasked with the scanning of this handwritten documentation to store on the system, however they have left the organisation before getting started. Several months ago this was planned to commence with a third person, however all of the recent departmental office moves have caused this to be set back again. I explain this detail purely for the purposes of once again drawing attention to the fact that it is frequently the case that core, critical work that needs to get done gets pushed back because of reactive change process demands.

Evaluation

84. The third issue relates to evaluation mechanisms. In the initial months of the role as it was being created, it became operational in response to need very quickly. As such, the essential nature of a structured feedback process has not eventuated. However I do need to create a simple one so that I can receive

constructive feedback on what worked well, what did not, and what could I have done differently.

FUTURE FOCUS

85. The work I undertake in an attempt to fulfil the obligations of the role continue to be a point of conjecture to the extent that I am not sure they are achieved well within the existing resource.
86. There is merit in undertaking further work to understand what the configuration of advocacy services needs to be moving forward. Children and young people need to be integral to this work.
87. Some ideas worthy of consideration are:
 - (a) An additional role of an Aboriginal Advocate. I believe that what this looks like should be fully abdicated by government, and the role/team be solely created by Aboriginal organisations and children so it is the best fit for their needs.
 - (b) I fully concur with other prior recommendations regarding a tribunal, or other appeal-type process being established.
 - (c) Ensuring permanency of the existing Child Advocate Liaison role across the north and northwest beyond March 2023 is a priority. I have had no capacity to effectively meet the needs of children across this region in the same way I can in the south. Children need timely, responsive and sometimes repetitive points of contact with their advocate for the service to be effective. Potentially replicating this role in the south could also be an advantage.
 - (d) I also consider the balance between the individual and systemic advocacy functions requires further work. Potentially another Band 6 position that can assist with the bulk of systemic advocacy work would be beneficial to ensure that the work progresses. In this way my existing role would still have the combined oversight of both individual and systemic advocacy, where the complimentary nature of having them combined continues to be of noticeable benefit.

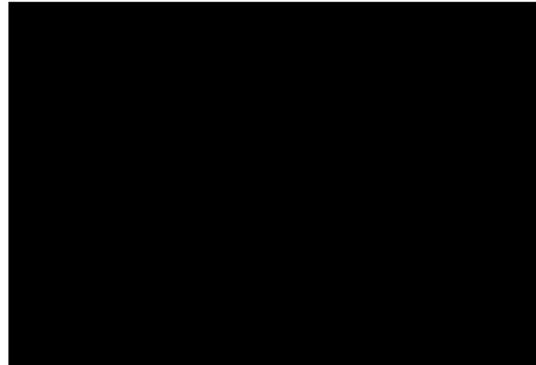
CONCLUDING COMMENTS

88. In summary, the Child Advocate role in individual advocacy matters is primarily interested in identifying issues of: 1.) why have child's views not been sought, and/or 2.) why are they not given due weight. The reasons for this are incredibly broad, but the core themes that frequently emerge are:
- (a) When adults have divergent views relating to a child, this impacts negatively on the child who experiences this conflict and mixed messages.
 - (b) There can be a lack of confidence/competence in identifying the needs of the child amongst dominating or competing adult needs, agendas and tensions.
 - (c) There is a lack of confidence and/or competence in involving children/young people in decision making processes, especially as it relates to their age and stage of development.
 - (d) There is a lack of awareness of the imperative need, and obligation, to uphold the principle of child participation.
89. If the CSS and OOHC service system continues its efforts in prioritising and integrating change efforts in coordinated and transparent ways, then outcomes for children will certainly continue to improve.
90. I believe that my work in advocating for our most vulnerable children requires challenging and supporting adults to acknowledge and sit with the discomfort that arises when we hear the child's truth. Unless that discomfort is known and exposed, then blockages to deeply listening to children will remain.
91. Points of reference I will continue to draw attention to in my work will be for adults to focus on:
- (a) Practicing from principles not procedures.
 - (b) The idea that children change when the adults around children change.
 - (c) And in all contexts, encourage others to ask, "whose needs are being met?" If it is not primarily the child, then we are not engaging in child-centred ways.

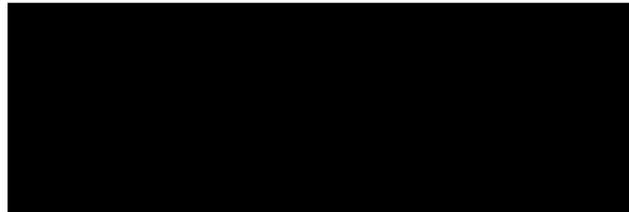
I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at Hobart
on 16 June 2022

Before me



[Full name of Justice, Commissioner for Declarations or Authorised Person]



This Declaration was witnessed by audio-visual means in accordance with the 'Notice Under Section 17' dated 4 September 2021, as authorised by the COVID-19 Disease (Miscellaneous Provisions) Act 2020.