

Joint Submission in Response to the Youth Justice Model of Care

April 2026

About the organisations



This submission is made in partnership by the Tasmanian Council of Social Service (TasCOSS), the Youth Network of Tasmania (YNOT), the CREATE Foundation, and the Centre for Excellence in Child and Family Welfare Tas/Vic.

The Tasmanian Council of Social Service (TasCOSS) is the peak body for the community services industry in Tasmania. Together, we advocate to challenge and change the systems, behaviours and attitudes that create poverty, inequality and exclusion, to ensure all Tasmanians have the same opportunity to live a good life.

YNOT is the peak body representing young people aged 12–25 and the youth sector in Tasmania. YNOT are committed to amplifying young people's views, rights and leadership, and empowering them to share their perspectives, influence decisions that affect their lives and actively participate in their communities.

The CREATE Foundation operates independent of government and service providers as the national peak body representing children and young people with a lived experience of out-of-home care.

As the leader and peak body in child and family services in Victoria and Tasmania, the Centre for Excellence in Child and Family Welfare Tas/Vic 'the Centre' proudly represents over 150 organisations, spanning the entire sector from early intervention to the critical provision of out-of-home care.

Together, these organisations bring complementary expertise in social policy, youth participation, lived experience, and child and family service systems.

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Statement on ‘youth detention’

The partner organisations to this submission share a common position that incarceration is not a humane or effective response to crimes committed, or alleged to have been committed, by children and young people in Tasmania.

This position is grounded in compelling and consistent evidence. Detention causes harm,¹ does not reliably reduce reoffending,² and disproportionately punishes children and young people who are overwhelmingly victims of trauma, neglect, abuse and systemic failure.³ The children and young people most likely to be detained are those the system has already failed, repeatedly, before their first contact with the justice system.⁴

The partnership believes that investment in early intervention, community-based supports, therapeutic services, housing, family strengthening, and culturally grounded care will always produce better outcomes than a custodial response. Where any deprivation of liberty is considered, it should be an absolute last resort, for the shortest possible time, and subject to the most rigorous rights-based protections available.

This submission should be read as an effort to achieve the best possible outcomes within the constraints of current government policy. It is not an endorsement of youth detention. We oppose it, and will continue to advocate for the systemic changes necessary to end its routine use in Tasmania.

¹ Mendel, R (2023), *‘Why Youth Incarceration Fails: An Updated Review of the Evidence,’* Washington DC: The Sentencing Project. The report synthesises evidence that incarceration harms young people’s physical and mental health, impedes educational and career success, and frequently exposes them to further abuse. See also, Dolan, M et al. (2013), ‘The impact of incarceration on juvenile offenders,’ *Clinical Psychology Review*, vol. 33, no. 3, pp. 448-59; Australian Institute of Criminology (2020), ‘Youth justice in Australia: Themes from recent inquiries,’ *Trends and Issues in Crime and Criminal Justice*, no. 605 (finding that across Australian state and territory reviews, detention ‘is often detrimental and has little benefit in reducing reoffending,’ particularly for children and young people with histories of trauma, abuse and neglect).

² Australian Institute of Health and Welfare (2025), *‘Young People Returning to Sentenced Youth Justice Supervision (2023-24),’* Canberra: AIHW. Of those released from sentenced detention in Australia in 2022-23, 70% returned to supervision within 6 months and 84% within 12 months. The MoC itself notes that 50% of young people released from sentenced supervision in Tasmania returned within 12 months.

³ Australian Institute of Health and Welfare (2023), *‘Young People Returning to Sentenced Youth Justice Supervision (2023-24),’* Canberra: AIHW. Approximately half of young people in detention had been the subject of a substantiated notification for abuse or neglect. See also, Mendel (2023), above n.1 (up to one-third of youth in secure custody meet criteria for post-traumatic stress disorder; exposure to multiple types of trauma impedes healthy brain development and heightens risk of offending behaviour).

⁴ Tait, M (2025), *‘Community Support Models Preventing the Care Criminalisation of Children and Young People,’* Gallagher Bequest Churchill Fellowship Report, Winston Churchill Memorial Trust, vol. 8 (noting that the majority of children and young people coming into conflict with the law in Tasmania have experience of the care system, and significant and ongoing trauma of removal from their family, often compounded by poverty and housing insecurity).

Language used in this submission

- **Children and young people, youth, young people:** The youth justice facility will detain people under the age of 18. The United Nations age definition for children and young people is up to the age of 18 years,⁵ while the age definition for 'youth' is 15-24 years.⁶ In Australia (for example, Australian Institute of Health and Welfare (AIHW) data), the definition of youth is in the range of 12-24 years. Accordingly, in this submission we refer to people subject to the Model of Care in a youth justice facility as 'children and young people' in the collective and 'child and young person' in the singular.
- **Tasmanian Aboriginal people; Aboriginal and Torres Strait Islander people; First Nations people; Aboriginal people:** In this submission 'Aboriginal people' is used in general contexts, and 'Tasmanian Aboriginal people' is used in contexts relating to people appropriately recognised as Aboriginal people from *Lutruwita*/Tasmania.

⁵ United Nations Convention on the Rights of the Child, 1577 UNTS 3, Article 1.

⁶ United Nations, 'Youth,' *Global Issues*, un.org/en/global-issues/youth.

Introduction

The organisations making this submission acknowledge the Consultation Draft as a commitment by the Tasmanian Government to reform youth detention following the *Report of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (2024)*.

We note the aspirational values underpinning the Model of Care (MoC), including being 'child-centred,' 'rights-based,' 'therapeutic' and 'culturally safe,' and recognise the genuine effort to adopt better practices than those which have done so much harm to date.

However, in its current form, the MoC only articulates an aspiration of what the facility should be, without yet specifying how that will be achieved, measured or enforced. Perhaps most importantly, it does not commit to ensuring that children and young people leave the youth justice facility no worse off than when they entered.

Our submission addresses nine aspects of the draft MoC, namely:

- 1. Strategic intent;**
- 2. Structural coherence;**
- 3. Tasmanian Aboriginal children and young people;**
- 4. Lived expertise in design, governance and evaluation;**
- 5. The Model of Care within a whole-of-government care continuum;**
- 6. Strategic context and legislative alignment;**
- 7. Accountability and measurement;**
- 8. The Model of Care's 'Relational pathway' and 'Practice standards;' and**
- 9. The Model of Care's 'Organisational framework.'**

1. Strategic intent

The fundamental strategic intent of the MoC should be that children and young people are measurably better off when they leave detention than when they arrived. This should set the standard for all other content in the MoC.

Vision

The current vision in the MoC is:

“To enable an environment where children and young people experience the highest standards of child-centred, rights-based therapeutic care and education, services and opportunities, supporting them to enhance connections and return and remain successfully in the community.”

This is well-intentioned but falls short of what a truly transformative facility requires. This draft vision is more *facility-centred* rather than *child and young person-centred*, describing inputs and settings rather than focusing on outcomes for children and young people.

An improved vision would centre the young person’s experience and trajectory, and name the three goals that matter most:

- *That each and every child and young person leaves better off.*
- *That no child or young person returns to youth detention or adult imprisonment.*
- *That the human rights of every child and young person are upheld at all times.*

A vision of this kind sends a signal that every decision about practice, staffing, programs and governance must be traceable to whether it advances or undermines outcomes for each and every child and young person.

Purpose

The MoC’s purpose statement lists four elements, each framed around what the facility will ‘provide’. Again, this framing places the facility at the centre of the purpose, rather than each child and young person.

The partner organisations recommend the following statements be considered in the primary purpose of the MoC:

That each and every child and young person in the facility:

- *Is safe at all times;*
- *Spends the minimum possible period in detention;*
- *Can make meaningful decisions about their own care;*
- *Maintains and celebrates their identity and cultural connections;*

- *Is protected from physical and sexual abuse;*
- *Is able to exercise and uphold their human rights; and*
- *Leaves better off than when they entered.*

Purpose statements shape culture. If the stated purpose is to ‘provide a safe, secure and rehabilitative environment’ the culture will orientate to the *facility*. If the stated purpose is to return each child and young person to community better off than when they arrived, the culture will orient toward what happens to *children and young people*.

The secondary purpose elements in the current draft MoC, such as ‘community safety,’ ‘confidence in the system,’ ‘staff and visitor safety,’ should follow a child-centred primary purpose.

The partnership recommends:

- 1. The vision statement be revised to centre the primary goals for each and every child and young person.**
- 2. The purpose statement be revised to centre the facility’s obligation to each and every child and young person.**
- 3. Both the vision and purpose be tested with people who have lived experience of the Tasmanian youth justice system before the final MoC is published, to ensure they reflect what matters most to those the facility will serve.**
- 4. The MoC commit to longitudinal outcome tracking for all children and young people who pass through the facility, with data collected at defined intervals after release, disaggregated by Aboriginal status, gender, age and presenting need, and that this data is published annually.**

2. Structural coherence

Theory of Change and Outcomes Framework

The MoC states that a Theory of Change and Outcomes Framework are ‘*foundational elements*’ of the MoC, yet states they ‘are in development’ and will be finalised after consultation. These documents are the logical and evaluative core of any credible Model of Care. Without them, Tasmanians are being asked to endorse a model without knowing what outcomes the facility is expected to produce, how change is theorised to occur, or what will be measured. These should be developed in a transparent co-design process with people with lived expertise and practice wisdom as a matter of urgency, and then used to inform the next draft of the MoC.

Proposed structural architecture

A related concern is the internal coherence of the MoC. The draft document contains seven Practice Standards, eight Objectives, 13 Foundations, five Domains (in the Relational Pathway), and the nine Principles of the overarching Youth Justice Model of Care incorporated by reference. This creates duplicative references to child-centred care, trauma-informed practice, cultural safety and throughcare, with little explanation of their relationship to one another.

An alternative would be one in which each layer is derived from and accountable to the layer above it, as follows:

Layer	Question Answered	In Current MoC
1. Purpose	Why does this facility exist and how will it benefit children and young people?	Vision + Purpose statements
2. Rights and Obligations	What are the non-negotiable rights of children and young people and obligations on the facility?	Legislation appendix
3. Principles	What values guide every decision?	Thirteen Foundations + Eight Objectives + YJ MoC Principles (incorporated by reference)
4. Theory of Change	Who is change for? How does change happen? What does success look like?	Currently absent
5a. Practice Standards	What must always happen at the facility to achieve 1-4 above?	Seven Practice Standards
5b. Service Model	How are the standards delivered for each child and young person?	Relational pathway/service model

6. Enablers	What conditions make standards achievable?	Organisational framework
7. Outcomes Framework	How do we know if it's working?	Currently absent

The partnership recommends:

- 5. The Theory of Change and Outcomes Framework be developed and published as foundational documents prior to the finalisation of the MoC, and that they are developed through genuine and transparent co-design with Tasmanian Aboriginal organisations; people with lived experience; people with practice wisdom from the community services industry; and independent researchers.**
- 6. The MoC be restructured to achieve a coherent hierarchy where each element is derived from and accountable to the layer above it.**

3. Tasmanian Aboriginal children and young people

Practice Standard 3 and Domain 4 of the Relational Pathway contain substantive content on cultural safety, including acknowledging the impacts of colonisation and historical trauma, a commitment to Aboriginal-led interventions, and provisions for Aboriginal staff. We welcome this. However, the MoC's provisions in relation to Aboriginal children and young people have significant gaps.

These gaps could be addressed by incorporating key approaches from the Nukara Strategy;⁷ ensuring complete alignment with the aims and outcomes of the Tasmanian Aboriginal Youth Justice Strategy;⁸ and including evidence of what works in other jurisdictions when responsibility for youth justice is devolved to First Nations organisations.⁹

Over-representation

The MoC acknowledges Aboriginal over-representation but does not analyse it, contest it, or commit to reducing it. Its response is primarily activity and staff-based: yarning spaces, cultural mentors, Aboriginal staff recruitment. Each of these is necessary, but none address the structural conditions that produce over-representation such as intergenerational dispossession, institutional racism, removal of children and young people from families and Country, poverty, inadequate housing, and under-resourced community services.

The MoC references Closing the Gap Target 11 (a 30% reduction in Aboriginal young people aged 10-17 in detention by 2031) but makes no commitment to meeting it, and does not explain what responsibility the facility has for reducing the proportion of Aboriginal children and young people being detained.

⁷ Tasmanian Aboriginal Centre (2025) *'Nukara Strategy: Weaving a Wise, Bold and Strong Basket to Safely Hold Aboriginal Children and Young People and their Families,'* Nipaluna/Hobart, Tasmanian Aboriginal Centre.

⁸ See decyp.tas.gov.au/safe-children-and-young-people/youth-justice-services/youth-justice-reform-in-tasmania/tasmanian-aboriginal-youth-justice-strategy, which includes the goal “to reduce the over-representation of Aboriginal children and young people in the youth justice system to zero.”

⁹ Tait, M (2025), *'Community Support Models Preventing the Care Criminalisation of Children and Young People,'* Gallagher Bequest Churchill Fellowship Report, pp. 16-17, 43 (documenting the effectiveness of devolution of statutory functions to Māori community-controlled organisations in Aotearoa, and explicitly referencing the Tasmanian Aboriginal Centre's Nukara strategy as a relevant local model; recommending that any early intervention initiative for care-experienced children and young people in Tasmania be guided by Aboriginal ways of working and developed using the expertise of Aboriginal community-controlled organisations).

Governance and self-determination

The MoC commits to an Aboriginal advisory group but does not specify its composition, authority, resourcing or terms of reference. It does not specify how Aboriginal communities were substantively involved in developing the draft MoC or how Aboriginal Community Controlled Organisations will be authorised and funded to participate in the facility's future design, operation or review.

Cultural safety designed for Aboriginal people rather than by them is inadequate. This distinction is fundamental to self-determination under UNDRIP, an instrument the MoC claims alignment with.

Where the MoC does commit to partnering with Aboriginal organisations, it does not specify that those partnerships should be structured in accordance with the *Priority Reforms of the National Agreement on Closing the Gap*, which is the agreed national framework for how governments must work with Aboriginal and Torres Strait Islander communities and organisations. The *Priority Reforms* are binding commitments that should be the structural baseline for the facility's engagement with Tasmanian Aboriginal people.¹⁰

Cultural safety

The MoC frames cultural safety primarily as a therapeutic and rehabilitative resource. This is incomplete. Cultural connection is a *right*, and for many Tasmanian Aboriginal children and young people, something the state has actively and systematically undermined across generations. The facility does not begin from a neutral position in relation to cultural safety. A genuinely rights-based approach would position cultural authority with Aboriginal communities and would commit that nothing in the facility's daily operations, including disciplinary responses, communications with families, and documentation practices, further erodes any child or young person's cultural identity.

On staff cultural capability, the MoC describes required cultural attributes in detail, but without minimum qualification requirements, consequences for culturally unsafe practice, or mechanisms for Aboriginal community members to assess staff practice. Commitments to recruit and retain Aboriginal staff are not supported by targets or tailored strategies.

The partnership recommends:

- 7. Aboriginal over-representation be established as a primary indicator in the facility's governance and performance reporting framework, tracked and publicly reported at least annually.**

¹⁰ Tasmanian Aboriginal Centre (2025) '*Nukara Strategy: Weaving a Wise, Bold and Strong Basket to Safely Hold Aboriginal Children and Young People and their Families*,' Nipaluna/Hobart, Tasmanian Aboriginal Centre, pp. 17, 20-21 (the *Nukara* strategy refers to the Priority Reforms and the National Agreement; and argues that meaningful change requires transforming not only structures and policies but also the implicit beliefs and mental models of institutions).

- 8. The MoC documents the extent to which Tasmanian Aboriginal communities, families and organisations were involved in its development, and commit to genuine co-design of all operational policies, programs and cultural safety frameworks before the facility opens.**
- 9. The Aboriginal advisory group be given formal authority over cultural safety standards, culturally specific programs and the recruitment and retention of Aboriginal staff, with composition, resourcing and terms of reference published as part of the final MoC.**
- 10. The relationship between the MoC and the Tasmanian Aboriginal Youth Justice Strategy be explicitly articulated, with the Strategy recognised as a key governing document for all matters affecting Aboriginal children and young people in the facility.**
- 11. Cultural safety be reframed in the MoC as a right rather than a therapeutic modality, grounded explicitly in UNDRIP.**
- 12. Minimum standards for cultural expertise within the facility be established, with targets for Tasmanian Aboriginal staff recruitment and retention set and publicly reported, and an independent mechanism through which Tasmanian Aboriginal community members can assess, report on, and seek remedy for culturally unsafe practice.**
- 13. The MoC reconsider its use of the term 'Aboriginal' in contexts where it should more appropriately refer to 'Tasmanian Aboriginal people'.**

4. Lived expertise in design, governance and evaluation

This submission uses the term ‘lived experience’ to encompass children and young people with direct experience of the Tasmanian youth justice system; families and carers of these children and young people; adults who experienced the system as children and young people; Aboriginal community members carrying intergenerational contact with punitive systems; and children and young people who have experienced (or are experiencing) the child protection, out-of-home care, mental health and housing systems that feed disproportionately into youth justice. Within this broad range of lived expertise, primacy should be given to children and young people with current or recent experience of the youth justice system.

The MoC acknowledges the value of lived experience without demonstrating that a broad range of lived expertise (as defined above) has substantively shaped the document and without specifying how lived experience will have an authoritative and independent role in governance, monitoring and accountability.¹¹

The MoC states it has been ‘informed by the lived experiences’ of detained children and young people and by Aboriginal communities, but provides no detail of who was consulted, through what processes, or how their input shaped the MoC content. Several provisions in the document suggest that lived experience, had it been centred, would have produced a different result. For example, the relational pathway describes repeatedly what staff will be expected to do, but little on what children and young people will choose or determine. A ‘young people’s forum’ is mentioned in the Organisational Framework, but with no connection to the formal governance structure; and there is no clear pathway through which a child or young person’s assessment of their own care can reach those with authority to change it. And critically, there are no specific provisions in the MoC relating to child sexual abuse (this is explored further at 8.1 below).

In addition to references to lived experience in other recommendations, the partnership recommends:

- 14. The Department of Education, Children and Young People (DECYP) publishes a co-design account alongside the final MoC, documenting who was involved in its**

¹¹ For an example of where this is being done in a related context, please see Tait, M (2025), ‘*Community Support Models Preventing the Care Criminalisation of Children and Young People*,’ Gallagher Bequest Churchill Fellowship Report, pp. 34–35 (documenting how Scotland’s Independent Care Review and The Promise were developed through extensive consultation with care-experienced children and young people and are now overseen by a body comprised primarily of people with lived experience).

development, through what processes, and how lived experience input shaped each of the MoC's key components.

15. The final MoC be subject to structured review by a lived experience reference group before it is finalised, with that group's findings published alongside the document.
16. All operational policies, programs and practice frameworks developed under the MoC be co-designed with people with relevant lived experience as a condition of their adoption.
17. Lived experience roles in governance carry formal authority, with published selection processes, resourcing and cultural support arrangements; and that a formal, documented pathway be established through which the facility's young people's forum can raise concerns that reach the facility's governance and oversight bodies, with responses required to be published.
18. An independent lived experience assessment mechanism be established to publicly assess and report on the facility's performance.

5. The Model of Care within a whole-of-government care continuum

Most of the children and young people who pass through the youth justice facility will have engaged with overlapping Tasmanian Government systems before they arrive. And most will achieve better life outcomes if they are appropriately and consistently supported by systems after they leave. The MoC does not adequately place the facility within this continuum of care.

On arrival and during detention

Each child and young person will arrive at the facility with a unique history of strengths, harm, family, culture, vulnerabilities and expectations. Many will have been known to multiple government and community-based services for years before and during their engagement with the justice system.

The MoC commits to reviewing all available information before a child or young person's arrival, and to family members, community workers and services remaining engaged as 'key contributors' throughout the child or young person's time in detention. We welcome this commitment to continuity, but recommend that it go further and incorporate a positive obligation on the facility to identify and preserve what has already worked, including trusted relationships, cultural connections, and community programs that have made a difference.

For example, if a child or young person has a trusted relationship with a community youth worker or an Aboriginal elder, that relationship should be proactively identified in assessment processes and its continuity should be resourced from facility operational funds. Any procedural or logistical barriers to maintaining the continuity of this relationship should be actively addressed by facility staff and management.

In addition, a child or young person may well be in the midst of a therapeutic intervention relating to physical health, mental health, harmful sexual behaviours and/or disability when they enter detention. None of these should pause during detention, and every effort should be made to ensure existing therapeutic relationships are maintained, including through dedicated funding from the facility to service providers.

The MoC should also include a specific requirement in the assessment process to understand why and how the youth justice system has failed to prevent the child or young person entering (or returning to) youth detention. In addition to ensuring improved individual outcomes, this analysis could identify systemic gaps in early intervention, diversion, rehabilitation and

reintegration pathways. It could also identify opportunities for targeted investment in evidence-based child and family services that keep children and young people out of detention.

After the facility

The MoC's throughcare provisions are among its stronger sections. However, the current 50% reoffending rate within 12 months of release cited in the MoC reflects both what happens inside the facility, and what happens in the community after release: whether housing was stable, whether education or employment was accessible, whether health supports were in place, whether family relationships and cultural connections sustained identity and belonging.

The MoC describes what the facility will do to prepare a child or young person to leave, but does not describe what the whole-of-government system will provide afterward, or what recourse exists if the post-release system fails to deliver what the transition plan anticipated. Among other things, the MoC is silent on the current lack of capacity and coordination across the Tasmanian housing, youth services, mental health, education and employment sectors to provide quality 'throughcare' after a child or young person leaves the facility.

The partnership recommends:

- 19. The assessment process at arrival includes an explicit strengths and connections inventory, with pre-existing trusted relationships treated as primary assets to be resourced and sustained from the first day of detention.**
- 20. A formal post-release monitoring protocol be established, with structured contact at defined intervals (e.g. one week, one month, three and six months post-release) to assess whether transition plan commitments have been delivered and to identify and escalate emerging risks.**
- 21. A post-release accountability mechanism be established through which failures by receiving systems to deliver transition plan commitments can be escalated to senior government levels and addressed within defined timeframes, with the child or young person's key worker holding explicit authority to trigger that escalation.**

6. Strategic context and legislative alignment

The MoC's strategic context is too narrowly focused on the *Youth Justice Blueprint*.

A more complete articulation would include the entire *Keeping Children Safe* framework; the *Child and Youth Wellbeing Framework*; the *Change for Children Strategy*; the Commission of Inquiry into the *Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings Final Report* and all 39 recommendations specific to youth detention; *Survivors at the Centre*; the *Youth Jobs Strategy*; the *Tasmanian Skills Plan*; and strategies/frameworks relating to out-of-home care; Harmful Sexual Behaviours; youth mental health; and youth homelessness.

To avoid confusion, there should be greater clarity about the relationship between the *Youth Justice Model of Care* (released December 2024) and this Youth Justice Facility MoC.

The MoC asserts alignment with the *UN Convention on the Rights of the Child*, OPCAT, the Havana Rules, UNDRIP and the Convention on the Rights of Persons with Disabilities. This is a significant claim that requires substantiation. For example, the MoC does not acknowledge the tension between its declared international obligations and Tasmania's minimum age of criminal responsibility, which is currently below the standard of at least 14 years recommended by the *UN Committee on the Rights of the Child*. This tension requires honest acknowledgement, even if legislative reform is beyond the scope of the MoC.

The partnership recommends:

- 22. The strategic context section be expanded to situate the facility within the full range of relevant Tasmanian and Commonwealth frameworks.**
- 23. The claim of alignment with international human rights instruments be supported by a schedule or table demonstrating, for each instrument, how alignment is achieved in practice or, where full alignment is not yet achieved, what the identified gap is and how it will be addressed.**
- 24. The MoC explicitly acknowledges the tension between its declared international obligations and Tasmania's minimum age of criminal responsibility.**

7. Accountability and measurement

The quality indicators attached to each practice standard describe what good practice looks like, but do not specify measurable thresholds, what constitutes a breach, or consequences for non-compliance. These should be linked to each Practice Standard, including by reference to the relevant section of the proposed Outcomes Framework.

Of particular concern is that the MoC defers all specific practice, policies and procedures regarding restrictive practices — including use of force, restraint, isolation and searches — to a future date. Given that restrictive practices are directly linked to egregious historical rights violations, and given the Commission of Inquiry’s specific findings in this area, we consider this an essential element that must be transparently developed before the MoC is finalised. At minimum, the MoC should articulate binding principles governing restrictive practices and a firm commitment to publish the detailed framework within a specified timeframe before the facility opens.

It is also critically important that the final MoC and all ancillary documents are made publicly available, along with regular reporting on MoC compliance and performance.

The partnership recommends:

- 25. Each practice standard be accompanied by explicit, measurable quality indicators specifying what meeting the standard looks like in observable practice and what constitutes a breach.**
- 26. A clear monitoring and review framework be included in the MoC specifying who is responsible for oversight; how performance data will be collected; at what frequency performance will be reviewed; and how findings will be reported publicly.**
- 27. Draft principles for restrictive practices be included in the final MoC, with a firm commitment to publish the detailed practice, policy and procedure framework before the facility opens.**

8. The Model of Care’s ‘Relational pathway’ and ‘Practice standards’

The partnership supports the framework of practice standards that inform the implementation of a relational pathway service model and acknowledges that much of the content in these MoC sections is informed by evidence, and is sound in intent. However, as outlined above, these sections would be improved by:

- Being accountable to a child-centred Vision, Purpose and Theory of Change;
- Including measurable thresholds, what constitutes a breach, and consequences for non-compliance;
- Sitting within a whole-of-government care continuum and broader strategic context;
- Being better informed by — and more accountable to — Tasmanian Aboriginal people and people with lived experience
- Being linked and accountable to an Outcomes Framework.

In addition, several additional practice-level gaps have been identified as set out below.

Preventing and responding to child sexual abuse in the facility

While the MoC is referred to as arising from the *Commission of Inquiry into the Tasmanian Government’s Responses to Child Sexual Abuse in Institutional Settings* (2024), and one of the stated purposes of the MoC is to ensure the facility ‘protects children and young people against the risks of child sexual abuse,’ there are no specific approaches to preventing or responding to child sexual abuse in the current MoC practice standards or the relational pathway. There is no content on the risks of staff ‘grooming’ or ‘sexual harassment’ of children and young people, and no detail on the consequences for staff who engage in such behaviours.

Given the documented history of child sexual abuse that has occurred in youth detention in Tasmania, it is not adequate for the MoC to assume that general commitments to ‘safety’ and ‘protection’ cover the need to proactively prevent, comprehensively respond to, and continuously monitor the risk of child sexual abuse in the youth justice facility.

Arguably, a stand-alone section of the MoC practice standards should be focussed on ensuring no child is sexually abused in the facility, and that any substantive risk of child sexual abuse is immediately identified and addressed. This section should cover the various forms of child sexual abuse; the drivers of child sexual abuse in institutional settings; a ‘zero tolerance’ to any form of predatory or sexually inappropriate behaviour by staff; the types of harmful sexual behaviours (HSB) that may be displayed by children and young people (and the difference between most HSB and sexual abuse); and pathways for victim-survivors of child sexual abuse within the facility to access protection, support and redress.

Children and young people with neurodivergence and psychosocial disability

The MoC acknowledges that approximately 21% of children and young people in care in Tasmania have a stated disability, and that over-representation of children and young people with cognitive disability, mental health conditions and alcohol, tobacco and other drugs use associated with harm is a defining characteristic of the detained population. It notes that assessment will include educational needs, speech and language, occupational therapy and functional capacity evaluation, and that the facility will include sensory spaces. The Disability Royal Commission's three recommendations on youth detention concerning solitary confinement, disability screening and staff training, are referenced in the appendix.

However, the MoC does not substantively address the needs of children and young people with neurodivergence (including ADHD, autism spectrum conditions, FASD, acquired brain injury and learning disabilities), or psychosocial disability.

Research consistently shows that neurodivergent children and young people are significantly over-represented in youth justice systems; that unidentified or unsupported neurodivergence is itself a driver of justice involvement; and that conventional therapeutic and behavioural approaches frequently fail or cause additional harm when applied without appropriate adjustment to this group.¹² Children in the out-of-home care system with a disability and/or neurodivergence are a particularly vulnerable group with complex trauma and intersecting needs.

The silence on neurodivergence and psychosocial disability is significant across several aspects of the MoC. The relational pathway makes no reference to how practice will be adapted for children and young people whose capacity to engage with verbal, relational and group-based approaches may be fundamentally shaped by the way their brains process information, regulate emotion or experience sensory environments. The practice standards, including those covering therapeutic care, participation and agency, and throughcare, are written as though they will apply uniformly, with no acknowledgement that neurodivergent children and young people may require different communication approaches, different pacing, different physical environments, or different support structures to access the same standard of care. The commitment to multidisciplinary assessment is necessary, but the MoC also requires a commitment to implementing different models of care once this assessment is made.

¹² See for example, Bower, C et al. (2018), '*Fetal Alcohol Spectrum Disorder and Youth Justice: a prevalence study among young people sentenced to detention in Western Australia*', *BMJ Open*, vol. 8 (89% of young people at Banksia Hill Detention Centre had at least one domain of severe neurodevelopmental impairment; 36% were diagnosed with FASD, the vast majority previously unidentified despite multiple government contacts); Rowe, R et al. (2015), '*Contact with the Juvenile Justice System in Children and Young People Treated with Stimulant Medication for ADHD: a population study*', *The Lancet Psychiatry*, vol. 2, no. 9, pp. 801-806 (Western Australian cohort study finding children and young people with ADHD were 2.5-times more likely to have a community correction record than matched controls); Day, AM (2022), '*Disabling and Criminalising Systems?*', *International Journal of Educational Research Open*, vol. 3 (finding education and justice systems label, stigmatise and harm neurodivergent children and young people through unadjusted responses to behaviour driven by unmet neurological needs).

Children and young people with psychosocial disability raise a further and distinct concern. The MoC's approach to mental health is primarily framed through trauma and therapeutic care, which is appropriate but insufficient. Psychosocial disability is a human rights category with its own obligations under the *Convention on the Rights of Persons with Disabilities*, which the MoC claims alignment with. The practical implications for facility design, staffing, restrictive practice and discharge planning in relation to disability are not addressed. There is no discussion of how the facility will respond when a child or young person's psychosocial disability means they cannot safely remain in the general detention environment, nor of what alternatives to restrictive practice will be available when conventional co-regulation approaches are ineffective for a particular child or young person's challenges.

The facility should build neurodivergence-affirming and psychosocial disability-responsive practice into its model from the outset to prevent unfair and harmful behavioural and disciplinary responses.

Preventing further criminalisation within the facility

A significant gap in the MoC is its failure to address the risk of further criminalisation occurring within the facility itself. Research consistently shows that behaviours arising from trauma or distress in custodial and residential settings can trigger justice responses that would not occur in family environments¹³. When this happens, children and young people already in detention become further entrenched in justice pathways. The MoC is silent on this risk. It commits to therapeutic and trauma-transformative practice, de-escalation and co-regulation but does not establish any framework governing when and how justice actors (including police) are engaged in response to behaviour within the facility, nor any oversight mechanism for monitoring such referrals. Without explicit policy and oversight, the default in moments of crisis will be determined by individual staff judgment and institutional culture, neither of which is a reliable safeguard.

In addition to requiring formal monitoring and recording of each instance of a child or young person experiencing additional criminalisation within the facility, the MoC should include a process by which children and young people can provide their own story on how further criminalisation has occurred, and how it can be prevented into the future.

The MoC 'throughcare' and 'staff training' elements could also be improved by acknowledging the higher risk of criminalisation of children and young people in the out-of-home care sector, including specific measures to help ensure that transition out of the youth justice facility and into out-of-home care does not result in the child or young person entering a cycle of detention.

¹³ Victorian Sentencing Advisory Council (2019), *'Crossover Kids': Vulnerable Children and young people in the Youth Justice System*, Report 2; McFarlane, K (2018), *'Care-Criminalisation: the involvement of children and young people in out-of-home care in the New South Wales criminal justice system'*, *Australian & New Zealand Journal of Criminology*, vol. 51, no. 3, pp. 412-433; Tait, M (2025), *'Community Support Models Preventing the Care Criminalisation of Children and Young People'*, Gallagher Bequest Churchill Fellowship Report, p. 8 (finding that early involvement with police not only fails to deter future problem behaviour but actively increases the likelihood of ongoing justice system involvement).

Environmental requirements

The MoC practice standards contain no provisions for ensuring the facility creates a physical and sensory environment for children and young people to stabilise, heal, recover and learn. In particular, there are no provisions relating to exposure to noise, odours or sights that may have a negative impact on vulnerable and traumatised children and young people.

This is particularly important if the new facility is located at Pontville, which is near to both a shooting range, and the TasBotanics medicinal cannabis glasshouse.

Structure of the relational pathway and practice standards

Within the relational pathway, 'arrival' and 'transition' are positioned outside the five care domains, which is difficult to reconcile with the MoC's stated commitment to throughcare. These are moments of particular therapeutic significance and should be fully integrated into the model.

As noted above, the practice standards currently function only as statements of intent rather than operational guides. Without the accompanying Theory of Change, Outcomes Framework and key initiatives, there is no basis for understanding how each standard will be operationalised, which staff roles carry responsibility for which standards, or what recourse exists when a standard is not met. The partnership also notes that 'Staff support and wellbeing' is arguably an enabler of good practice rather than a child-centred practice standard in its own right.

The partnership recommends:

- 28. The next draft of the MoC include specific and detailed practice standards relating to preventing and responding to all forms of child sexual abuse in the facility.**
- 29. The next draft of the MoC include a dedicated section addressing the needs of children and young people with neurodivergence and psychosocial disability, specifying how the relational pathway, practice standards and physical environment will be adapted to be genuinely accessible and effective for this group.**
- 30. The multidisciplinary assessment process be strengthened to require that identification of neurodivergence or psychosocial disability trigger documented, individualised practice adjustments across all relevant care domains.**
- 31. The restrictive practices framework (when developed) address specifically the circumstances of children and young people with psychosocial disability and neurodivergence, including alternatives to conventional co-regulation approaches, and protocols for when a child or young person's disability profile means that standard responses are inappropriate or harmful.**
- 32. The MoC establish a clear policy framework governing when and how police are engaged in response to behaviour within the facility, requiring that therapeutic crisis intervention and de-escalation be exhausted before any police referral; that internal behavioural response frameworks minimise reliance on external justice processes;**

and that an oversight mechanism monitor and publicly report on all incidents involving police engagement within the facility.

33. Arrival and transition planning be repositioned as integrated components of the relational pathway.

34. Each practice standard be accompanied by a description of its primary operational mechanisms, specifying key practices, role responsibilities and accountability arrangements through which the standard will be achieved.

9. The Model of Care’s ‘Organisational Framework’

The partnership supports the six elements of the MoC’s organisational framework but notes significant gaps in operational detail.

For example, the MoC describes required staff attributes comprehensively and notes a minimum Certificate IV qualification for youth workers, but does not address staff-to-young-person ratios, remuneration benchmarks, qualification pathways for other roles, supervision arrangements or workforce development timelines. It is also silent on critical aspects of staff training, such as working effectively with children and young people who are neurodivergent, and children and young people who are traumatised by adverse out-of-home care experiences.

On governance, the MoC commits to Aboriginal representation and a lived experience mechanism but does not specify the authority, composition or terms of reference for these bodies, nor does it clarify the relationship between internal governance and the multiple external oversight bodies referenced (Commissioner for Children and Young People, Office of the Independent Regulator, Custodial Inspector, Ombudsman, Independent Monitor, Integrity Commission).

On monitoring, reporting and evaluation, the MoC does not include any detail on what outcomes for children and young people will be measured, including to determine whether each child or young person leaves the facility better or worse off. The current, known gaps in data collection and analysis required to measure the ‘throughcare’ process are also not addressed.

The partnership recommends:

- 35. The workforce section be substantially expanded to address projected staff numbers and ratios; a recruitment and retention strategy responsive to Tasmania’s labour market context; qualification requirements across all roles; remuneration benchmarks; supervision arrangements; and a workforce development timeline with milestones before the facility opens.**
- 36. The governance section specify the composition, authority and terms of reference for the Aboriginal advisory group, the facility’s ‘children and young people forum,’ and lived experience group in the facility’s governance, and clarify the relationship between these bodies and the facility’s external oversight framework.**
- 37. The monitoring, reporting and evaluation section include details on the key outcomes for children and young people that will be measured, and how existing data deficiencies will be addressed.**

Conclusion

The partnership acknowledges the effort to develop a MoC that is child-centred, rights-based, therapeutic and culturally safe. However, the MoC in its current form describes only a care *intent*. The Tasmanian community, and most importantly the children and young people who live in this facility, deserve more than aspirational language. They deserve a model that specifies clearly what will happen, how it will be measured, and who is accountable when it falls short.

Above all, they deserve a facility that measures its success on whether the children and young people who stay there are better off when they leave than when they arrived.

The partnership remains willing, subject to appropriate resourcing, to engage further with DECYP in the development of the final MoC and its associated frameworks, including facilitating ongoing co-design processes.