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THE PARLIAMENTARY JOINT SESSIONAL COMMITTEE MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON THURSDAY 14 NOVEMBER 2024

RECOMMENDATIONS OF FINAL REPORT OF THE COMMISSION OF INQUIRY

The committee met at 9.05 a.m.

Hon ROGER JAENSCH MP, MINISTER FOR CHILDREN AND YOUTH, MINISTER FOR MENTAL HEALTH AND WELLBEING, WAS CALLED AND WAS EXAMINED.

CHAIR (Ms Forrest) - Minister, I'd say welcome back but you're also here for Mental Health and Wellbeing this morning. That hasn't been scrutinised to date because the last hearing where the previous minister was postponed due to the storm event, so it was rescheduled. You're here for that, and Children and Youth a bit later.

I will make a brief opening comment, minister, if I might. This is an open and public hearing. It is being broadcast and transcribed by Hansard using voice to text, so please make sure you use your microphones. Everything you say is covered by parliamentary privilege while you are before this committee, but may not extend to comments made outside the committee hearing. If there was any confidential information you wish to share with the committee, you can make that request. Otherwise it's all public.

I will note that we are discussing some pretty sensitive matters here that may be triggering and traumatic for some people in the room, but also people who may be watching online. I acknowledge the victim/survivors who bravely shared their experiences with the commission of inquiry and thank them for their courage. I remind those on both sides of the table to keep this in mind and take a trauma-informed approach to questions being asked and responses being provided.

I also encourage anyone who may be impacted by the content matter this hearing covers to make contact with support services. These include our statewide sexual assault support line, SASS and Laurel House, on 1800 697 877 or 1800 MYSUPPORT, Lifeline on 13 11 14, Tasmanian Lifeline on 1800 98 44 34, 13 YARN for Aboriginal and Torres Strait Islander people on 13 92 76, and Relationships Australia Tasmania, Monday to Friday, 9 to 5, on 1300 364 277.

With that, minister, I will ask you to introduce the members of your team at the table and ask them to take the statutory declaration. Then I invite you to make any opening comments you wish before we start into the area of Mental Health and Wellbeing.

Mr JAENSCH - Thank you, Chair. With me at the table today: Dale Webster, secretary for the Department of Health; Michelle Searle, deputy secretary, Community, Mental Health and Wellbeing; and Professor Brett McDermott, statewide director, Child and Youth Mental Health Service.

Mr DALE WEBSTER, SECRETARY, **Ms MICHELLE SEARLE**, DEPUTY SECRETARY FOR COMMUNITY, MENTAL HEALTH AND WELLBEING, and **Prof BRETT McDERMOTT**, STATEWIDE DIRECTOR FOR CHILD AND YOUTH MENTAL

HEALTH SERVICE, DEPARTMENT FOR HEALTH, WERE CALLED, MADE THE STATUTORY DECLARATION, AND WERE EXAMINED.

Mr JAENSCH - Thank you, Chair, and thank you, committee members, for the invitation to come back again here today. I thank my new colleagues in my new portfolio for supporting me at the table here today. I may be leaning on them a little bit more than I have in previous hearings, as I've only had the portfolio for a couple of weeks, but I'm getting my head around it. I also thank and acknowledge former ministers with this portfolio, Guy Barnett and before him, the Premier, Mr Rockliff, who established the portfolio for the first time, which has initiated a substantial program of reform in this sector over recent years.

Over the past decade, our government has delivered record funding of more than \$614 million to transform our mental health and alcohol and drug service systems. Through our overarching mental health plan, Rethink 2020, and the 10-year reform agenda for the alcohol and other drugs sector, we are taking a best-practice approach to delivering a contemporary and accessible statewide model of mental health and alcohol and drugs care, including more community-based options and a focus on early intervention and prevention.

The report of the Commission of Inquiry into the Tasmanian Government's responses to Child Sexual Abuse in Institutional Settings is a serious account of failures that must, and will, be fixed.

Child sexual abuse within the health sector is a deeply distressing matter that not only compromises the trust and safety of vulnerable individuals, but also undermines the core values of our healthcare system. It's our collective responsibility as leaders to acknowledge past failures and to take decisive action to prevent such harm from ever happening again.

We are deeply committed to taking all necessary measures to ensure the safety and wellbeing of children and young people in healthcare settings, and we are committed to implementing all of the commission's recommendations.

The Department of Health is the lead agency for 24 of those recommendations, including 13 short-term recommendations, nine medium-term recommendations, and two longer-term recommendations. Three of those 24 recommendations sit within the Mental Health and Wellbeing portfolio as medium- and longer-term recommendations.

These include:

- Medium-term Recommendations 9.24: To enhance the capacity of the Child and Youth Mental Health Services Out-of-Home Care reform activity and enable a comprehensive Out-of-Home Care Mental Health Service response.
- Recommendation 12.21: To expand the existing model of care for Correctional Primary Health Services to provide in-reach services to support the state's current and future youth justice detention model.
- Long-term Recommendation 12.20: To enhance the Child and Youth Mental Health Service Youth Forensic Mental Health Service to enable

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specialist mental health assessment and treatment at key points of intervention for youth in detention.

Implementing this recommendation will also deliver a new 12-bed adolescent inpatient unit for young people 12 to 18 years of age to provide short-term specialist care during a period of acuity or exacerbation of mental illness.

The Department of Health received a total of \$44.9 million in funding in the 2024-25 State Budget for the implementation of mental health related commission of inquiry activities. The department previously received \$1.965 million of commission of inquiry funding in 2023-24 toward mental health related activities.

We acknowledge there's a lot more work to do, but as incoming minister, I have been hugely impressed by the substantial program of reform already underway, and I will do my best to ensure that we maintain the pace of that work and ensure the timely delivery of quality services to Tasmanians, as soon as possible.

I note I am also appearing here today as Minister for Children and Youth, specifically Youth Justice, and note that I have already provided the committee with updates on relevant recommendations, but in both portfolios. I look forward to assisting the committee with its scrutiny and thank you for the opportunity.

CHAIR - We will go to 9.24, which is, in numerical order, the first of the recommendations that sit under this portfolio.

You've talked about the \$44.9 million additional funding in this financial year, this year's Budget, and the \$1-point - near enough to \$2 million in the year before. Can you, and I know it is a Phase 2, so it's not the earlier, the first up delivery timeline for this, but can you explain to the Committee, or provide evidence more than an explanation perhaps, as to how this funding is actually directly intending to address the very real matters that were raised during the commission of inquiry?

Mr JAENSCH - I'll provide some overview and then maybe Mr Webster can assist.

In your reference to funding, in relation to Recommendation 9.24, funding allocated is \$11.6 million over the next four years. That was in the Budget Papers, to support the implementation of this. It's spread out across the Forward Estimates \$298,000 in this financial year, and climbing to a bit over \$4 million in 2027-28 at the other end.

I'm interested in what the particular deliverables are for the funding - this increase in funding - to meet the recommendation.

Mr JAENSCH - Would you like to commence with that one, Dale?

Mr WEBSTER - The CYMHS reforms - Child and Youth Mental Health reforms - that have been underway now for four years, one of the programs identified in those reforms was the fact that we weren't providing sufficient services to out-of-home care. So, we've started a program within CYMHS and we've employed specialist consultant psychiatrists in the space to start working with out-of-home care kids. In 2024-25, the current financial year, we're

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revisiting that program and aligning it with changes that are happening in out-of-home care programs, which are also being reviewed and updated post-commission of inquiry.

If you like, there's a review period in this financial year. Then, in the out years, it's building the out-of-home care team to match the needs across the state of out-of-home care kids, with the intent, as the reforms were intended, is that any child that has trauma has some level of access to CYMHS services. We've clearly identified out-of-home care as children that could possibly be in trauma. In fact, there's almost an underlying assumption that they will be, hence we need to build the services to actually match the need for that area.

In a sense, we're four years ahead of the commission of inquiry in that we actually started our out-of-home care reform program as soon as it was funded, approximately four years ago now.

CHAIR - This is mostly people being employed, if I understand? Can you give us the staffing numbers prior to the introduction of these measures, and what the current levels are, and then over the next two to three years, as to the actual staffing numbers? We do need to go back, before-

Mr JAENSCH - Yes, I'll just hand you some of those notes. I've got heaps of them here.

Ms O'CONNOR - Would some of them be tendered services?

CHAIR - Well, he can come to that. Just get the numbers first so we can break them down further.

Ms O'CONNOR - In the department, you're talking about the numbers?

CHAIR - Well, let's see what we get. I'm trying to understand how the money is being spent.

Mr WEBSTER - Through you, minister, the intent is to actually build the team by a further 28 FTEs. At the moment, I think it's sitting at three or four.

Prof McDERMOTT - I think the helpful figure - with your permission, minister - the helpful figure is the out-of-home care service had an FTE of zero. There was no out-of-home care service and, in fact, there was a model -

CHAIR - What year are we talking, just for the record. Let's be clear about the timelines.

Prof McDERMOTT - Well, probably 2022, 2023, there was no child and youth mental health out-of-care service, and the model was built based on its then-finances and had no capacity to provide service to this group.

In the first round of the reforms, this had increased to approximately 12 FTEs.

CHAIR - In what year was that?

Prof McDERMOTT - That was 2023-24 funding and recruiting to that at the moment. So of that, we approximately have six people at the moment.

Ms WEBB - Is that six FTEs?

Prof McDERMOTT - Six FTEs, thank you. By the end of this financial year, we are aiming to have 12 and these FTE, the 28 just mentioned, are over and above that.

CHAIR - What are the skills of the people who have been employed?

Ms LOVELL - Sorry, can I just clarify a number? You said by the end of this financial year you are aiming for 12 FTEs. What was the bit - it was something over and above that?

Prof McDERMOTT - The 28 mentioned by the secretary and minister is over and above that.

Ms LOVELL - What's the timeline for the 28 FTEs?

Mr WEBSTER - In the forward estimates it builds in 2026-27 to that number.

Ms WEBB - Twelve plus 28?

Ms LOVELL - So at the end of the 2026-27 financial year, the aim is to have 40 FTE, specifically children and youth mental health services working within out-of-home care?

Mr WEBSTER - Yes.

Mr JAENSCH - You'll see in the Budget papers, although this isn't Budget scrutiny, but you'll see the profile reflected building 2024-25 up to about \$3 million into 2025-26 hitting a bit over \$4 million then for the two following years.

Ms WHITE - Through you, Chair, if I may ask a question, you mentioned that there had previously been zero. Wasn't the government contracting providers to deliver those services - the Australian Children's Foundation - that was one that I remember -

Mr WEBSTER - Through you minister, zero within the Department of Health. It sat outside the then CAMHS model of care so Child and Youth Services, back then, had separate contracts to deliver that service, so it actually sat outside the CAMHS model of care at that point. Part of the reforms was to say that every child who has trauma should be a potential client of CAMHS - CYMHS as it is now - hence the growing of this service in this way.

CHAIR - Can we go back to the skills of the people who have been and are being employed?

Prof McDERMOTT - Chair, the skills reflect the new model of care. The new model of care is intensive, up to two to three times per week. In the past you might have been seen once a fortnight; so it's intensive and it's much greater duration. In the past you might get six weeks of care. I am extremely comfortable with people getting one to two years of care and it's a much greater role in terms of intersectoral collaboration with our forensic team, our future inpatient day program with department of Education.

These people clearly need to have core child and adolescent mental health skills. We need a group who have more seniority because these people, these consumers, generally have more complex needs. We need people with probably greater parent effectiveness and caregiver effectiveness skills because you can't just intervene with the young person, you will intervene with their system and you need to help their parents.

By the way, the rate of mental health issues amongst parents of these children is very high. So, we're looking for a very skilled workforce and, of course, therein lies somewhat of a problem in Tasmania, getting that workforce, but a skilled workforce that is non-clinic based, that is mobile, that will go to the consumer and will do very comprehensive child and family work.

CHAIR - You've only got a relatively small team just yet, but more than you had. Where are they geographically located? If they're doing outreach to the child and the family, where are they?

Prof McDERMOTT - Our general model is a population-based model: 50 per cent south, 25 per cent north-west, and 25 per cent north. That's as a generalisation. There is generally somewhat of a loading to the north-west because of -

CHAIR - The obvious reasons.

Prof McDERMOTT - issues we know. Also, there are economies of scale in the south where we have bigger other services, but it is generally a 50 per cent, 25, 25 model.

Mr JAENSCH - In Professor McDermott's references to the needs of the cohort that we're talking about in out-of-home care, almost by definition, a very high proportion of the young people we're talking about have trauma in their lives and in terms of the relationships that we need to work through in their case management, in a lot of cases it's not parents. They've been removed from the care of their parents. They will have primary carers in foster care or/and care teams. I understand that these services will work in as part of a multidisciplinary individualised case management for those young people, but with more resources to bring to that task than we've been able to have before.

Ms WEBB - Thank you. As you said, the challenge here is going to be recruiting appropriately trained, qualified and experienced staff. It sounds like the funding that was available for 2023-24, which we're well out of, was for 12 FTE. You've only recruited six. Does that already indicate that we're struggling to meet the goals here for workforce? If that's so, realistically looking ahead at adding another 28 plus the six we're behind on already, seems ambitious.

Are we offering, minister, particular sorts of inducements to have people come to the state for these particular roles? Are we recruiting out of the NGO sector actually, and perhaps depleting the workforce there in certain areas? It's particularly sensitive in the north-west, that often when government goes into recruit new positions within government, it pulls wonderful people out of the NGO sector and leaves them a bit bereft.

Mr JAENSCH - Thank you. You would have seen across out-of-home care as well as in our health system, we continue to innovate the way we package and promote and incentivise our recruitment programs to overcome some staffing challenges that are being felt right around

the country at the moment. We'll continue to do that to ensure that we're competitive in the market.

One of the things that I was briefed on when I first arrived in the portfolio is that possibly the key strategy that the department, before my time, has engaged to ensure that we can attract quality people is sitting at the table here in the form of Professor McDermott himself. His reputation, the body of other work and experience that he brings and the reforms that are underway here are known nationally as part of a practice that people are going to want to be part of. There's an attraction for people to come and work here under his leadership as well to be part of a very innovative program of reform, particularly for mental health concerning young people. I might ask Dale to speak to that. I won't necessarily ask Professor McDermott to speak to those matters.

Mr WEBSTER - The minister's right. We needed to build reputation for our services. CYMHS is one of those areas where we went about rebuilding the reputation of the service. It was a brand new model of care for Tasmania that we've built over the last few years and that's starting to have effect on attracting people.

The other important role that we identified - in fact, Brett identified early in his tenure - was we needed a chair of psychiatry at University of Tasmania. We've worked with the university to bring in David Castle to be the chair of psychiatry there so that we can lift the reputation of the medical school in psychiatry. Also, that's allowed us to create a centre for mental health service innovation at the university with David and Brett as co-directors of that. That's a collaboration.

All of that is about growing workforce and growing innovation within mental health services, including CYMHS, so there's that part of it. I should point out the reason for the upscaling of the budget is acknowledgement of we wouldn't get the recruitment, so why would we get the money early? We've actually said very clearly to Treasury, we need to scale-up the money to match our ability to recruit rather than give us all the money and then not be able to spend it in those first couple of years. There is a scale up in the Budget which reflects our need to recruit and the fact that it takes a while.

The other thing I'd say in terms of attracting people is that within mental health services, because of the amount of reform across all areas of mental health services, we have our own workforce development unit. Part of their role is attracting international medical graduates, international nursing graduates and allied health graduates, I should add as well, but also looking at innovative ways such as, as Ruth would know, mental health nursing is a postgraduate qualification. So we're doing things like bringing in graduate nurses and actually putting them through the postgraduate while they're working for us. All different ways of growing work -

CHAIR - Are you funding that?

Mr WEBSTER - and funding those postgraduate activity as part of our workforce development.

All of those things in addition to the award-type of things of the incentive payments for nurses to come to Tasmania from interstate universities. Same with allied health, they all apply across mental health as well. We're doing a whole suite of things.

Ms WEBB - Can I ask on that question of funding, and you said about the ramping up in this space, is there ramping down on the existing services that were being delivered by non-government services as we go through, or how is that balance looking in this space. Is there ramping down on the existing services that were being delivered by non-government services as we go through? How is that balance looking, so that as we slowly ramp up on the government side, we're not, effectively, withdrawing service and leaving less of a service in the meantime for the space?

Mr WEBSTER - In fact, at the same time as we're ramping up on the government side, we've worked with the federal government through the mental health federal funding agreement to increase services on the non-government side of that. In the most recent mental health FFA, the federal government put in \$55 million for the non-government sector, or the community sector to grow services. Some of those, the ones, Kids Head to Health, I think it's still called, it's the state government that's actually delivering Kids Head to Health, but we're delivering it within a community setting. In other states, that's a community sector one.

Ms WEBB - If I can drill in there, though, we're talking about services to kids in out-of-home care that we're responsible for, so specifically. Not broad-based funding that's community-wide, but in terms of services directed to kids in out-of-home care, which is what the intent of the recommendation is. Are we maintaining a level of service to them currently while we're looking to ramp up to meet this recommendation?

Mr WEBSTER - Yes. In fact, I would have thought over the last two years it's an increased level of service as we've built this service and kept other services going.

Ms O'CONNOR - I'm new to this committee, and this might sound like a really basic question. We've heard a lot of 'will': that things 'will' happen and change is coming. Given that the stated intent is that any child with trauma in out-of-home care has some level of access to services, when will that intent be fulfilled?

Mr WEBSTER - The reform agenda that we set had three major stages. The first two of them were fully funded from 2022-23, so they're already rolling out. The third stage actually matches to the commission of inquiry (COI) recommendations in that the CYMHS inpatient unit extending out-of-home care so it's fully comprehensive, as well as extending our youth forensic mental health.

I have to emphasise that the recommendations of the COI in this space actually match to reforms that were already underway. It's an ability to supercharge them, if you like. In terms of having that, obviously, the word is giving access to them. We would be confident with once we open the 12-bed unit, then we're probably getting to the point where we can actually say, 'Let's look at what's the next step', if you like, because I don't think we'll ever stop needing to move forward in this space with models of care to match to current need and things like that.

Our aim is to deliver the services to, every kid with trauma can get access. Then once we've actually got all the built environment as well as service environment in place, we'd probably give that a tick. I don't think we can stop there, is what I'm trying to say. The answer is never, in a sense. But being able to say we've got the services we've designed in place and now we've got to grow the awareness, we've got to re-adapt the models and things like that. It's almost an aspiration that we'll never achieve, but we will continue to build towards.

Ms O'CONNOR - Thank you, Mr Webster. That's an interesting -

Prof McDERMOTT - Could I just add something? Thank you for the question. I think children in out-of-home care are, as of today, getting much more services than they were in the last two or three decades. I can give you some practical examples.

CHAIR - That would be helpful because that's where we're probably going. That's where my questions were going to go.

Prof McDERMOTT - A practical example is that when I arrived in Tasmania, in the south, we had one child psychiatrist in public service. We now have eight.

CHAIR - When did you arrive?

Prof McDERMOTT - I don't know - 2021.

CHAIR - You can't remember?

Prof McDERMOTT - I can't remember. Pre-COVID.

CHAIR - It's helpful to have a bit of a timeline here.

Prof McDERMOTT - I understand the question. We now have eight. In the last 18 months we've employed 75 CYMHS staff, overwhelmingly clinical. Okay. Now, with that sort of - another practical example is I was on multi-disciplinary team meetings on the north-west with three practitioners, and over the last month I've been on those meetings with 12 or 13 CYMHS practitioners. So, our capacity in our current reform is possibly not exponentially but has a major increase. Most of those patients, because of need, are complex care patients, many of those out-of-home care.

CHAIR - Have we got data on episodes of care? Having people in place is one thing, but delivering the actual care and sessions with these young people, have we got data on that?

Prof McDERMOTT - We could provide data, but these 75 new people are seeing patients. This is a substantial increase.

CHAIR - I don't doubt that. We don't not believe you. It's that if you can provide some data of episodes of care.

Prof McDERMOTT - We could find that data.

Ms O'CONNOR - Thank you for that. It is really encouraging. To go back to the secretary's earlier statement, we've got a stated intent. What I was looking for was timelines for when the aspiration might be achieved. But if we take on board what the secretary said, it may never be achieved. Is that a resourcing issue, or is that because the need will always be great?

Mr JAENSCH - My understanding of what the secretary said is: are we ever going to draw a line that says enough care, or everyone's fixed, or there are no new complexities emerging in our population? I don't think that's ever going to happen.

Ms O'CONNOR - Sure, but that wasn't the question.

Mr JAENSCH - We're going to need to keep reviewing and reforming and responding. It's a demand-driven thing, and we're going to always need to be chasing enough. I don't think we'll ever get there.

Mr WEBSTER - But if the question is, 'If that's the aspiration of the current reforms, what is the timeline?', then we're on a timeline to have everything that we've set out to roll out by 2029.

Ms O'CONNOR - 2029, okay, thank you.

Mr JAENSCH - I can give a little bit more detail that might assist with that, I think. The recruitment has commenced and is underway to support this timeline and deliver the model of care. That's been supported in the Budget. The first tranche of specialist out-of-home care multidisciplinary positions has been established, and recruitment is occurring through a phased approach.

A dedicated out-of-home care consultant psychiatrist has been appointed to the CYMHS south region. Recruitment of a north and north-west out-of-home care consultant psychiatrist is a priority. Recruitment is underway for CYMHS's out-of-home care lead practitioner positions, one FTE each for CYMHS's north, northwest and south regions.

Out-of-home care mental health clinician/therapist physicians in the south have commenced recruitment. That's three FTEs. Recruitment will commence shortly for the north, three FTEs, and two FTEs for the north-west. Regional complex care coordinator positions have been appointed to the north-west and south, and are under recruitment in the north. These positions provide specialist clinical coordination for children and/or young people who have multi-systemic needs, et cetera.

So, there's a rolling program of actual appointment underway at the moment. There's this list of specific workforce profile here that I can go through, but I expect that we're recruiting from the top so that those people will have roles in recruiting those below them.

Ms O'CONNOR - Okay. We heard earlier that there's a review underway of the reforms that were already in train before the commission of inquiry. How long is that review expected to take? Is it going to have an impact on delaying the implementation of some aspects of recommendations?

Mr WEBSTER - To answer the last point, we don't believe it will delay. The reason I say that is because of the recruitment lag. We need this year to catch up and make sure we're advertising next year's lot. It will in advance. We designed it as we needed a pause to actually catch up with the recruitment. We're taking that opportunity then. Brett is on the expert panel for designing the multidisciplinary process and things like that. It's not really a review. It's fine tuning to make sure we're matching what we're doing with what Children and Young Persons is doing because we don't want to have two systems that don't work together.

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We don't see it as a delay. We see it as part of a process this year while we're catching up on recruitment: let's take the opportunity to make sure our models of service and models of care actually align as we recruit the next group.

Mr JAENSCH - There will also be alignment then with models of care emerging from the reforms of out of home care system and Tasmania's youth justice system. There's this cross-agency engagement to ensure we're using the same approaches with young people who may pass through all of these systems. They need to have the same language and approach to understanding the rights of the child, the intent of the system to do that. Intensive, individual complex case management needs based care for kids.

Ms WEBB - I wanted to elaborate on the request for some data we put in before, which we would send through as a question to you after the session. It's because this is a specific recommendation relating to children in care, in out-of-home care. The data we would like to see would be looking back and then looking at the current: how many children in and out of home care have received specialist trauma therapy services and mental health services in, say, the last four years? Then how many now that we're transitioning into this new model and recruiting in this new space. How many in this last year that we can report on in out-of-home care received episodes of care?

CHAIR - I've already sent that question through to the secretary.

Ms WEBB - We talked before about 75 Child and Youth Mental Health Service staff. It's not episodes of care from the 75 CYMHS staff to the broader community, but kids in out-of-home care that would be captured by this recommendation.

Mr JAENSCH - Can I check something please, Chair? Does this work like Estimates in that there's a sort of a -

CHAIR - We'll send you a letter with all the questions on notice here. Is that what you mean?

Mr JAENSCH - No, generally, we need to accept the question at the table.

CHAIR - Yes, that's the approach we're taking here. We're agreeing that we'll send that question through. I thought we'd already agreed with that.

Mr JAENSCH - We'd agreed that you're going to ask for it and that we can provide it. We have to authorise anything we're taking on notice. So is that going to be sent to us after the hearing?

CHAIR - One assumes you don't have that data now.

Mr JAENSCH - No. Well, unless we do, no.

CHAIR - No. I think Professor McDermott said you don't actually have it now.

Mr JAENSCH - Yes, just if we're taking it on notice, normally we'd have had an Estimates hearing written request and I'd accept it as a we don't have to take on notice.

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CHAIR - In our House, we don't do that, minister. You would be aware of that. We just agree across the table.

Mr JAENSCH - This is both Houses.

CHAIR - Yes, I know, but it's administered from our House. Okay, we will get a verbal agreement across the table and we'll write to you.

Mr JAENSCH - Okay.

CHAIR - Are you happy with that?

Mr JAENSCH - I am, yes.

CHAIR - Yes, sure.

Mr JAENSCH - The record will show that.

CHAIR - Okay. Minister, you and your staff have talked about that this includes community-based care. We all know that for young people with mental health challenges, hospital or facilities are often the worst place for them, unless they're in a critical part of their illness. Can you outline what additional community-based care is being provided? This is not the people, but the actual services based in the community. Obviously, there's some individual support and episodes of care, but I'm trying to understand the model here you're implementing and what it looks like.

Mr JAENSCH - Are you asking the settings in which the care will be provided?

CHAIR - Yes, and what sort of community-based care is being provided? It's important we understand what care is available for these young people.

Mr JAENSCH - I expect our specialist staff would be part of care teams for these young people and be providing care and support for them where they live, in their communities. I would be happy to get more detail from the secretary.

CHAIR - To be clear, I'm asking about the early intervention: preventative stuff to try to prevent people needing that 12-bed acute unit. That'd be the ultimate aim, surely.

Mr WEBSTER - I mentioned the federal funding agreement we have with the Commonwealth. Under that agreement, one of the programs that's funded by the Commonwealth is called Head to Health Kids. The idea of that is that's the psychosocial area. There's Head to Health Kids. The next age group up is headspace. Then we have the Medicare Mental Health Centres or units that are the adult part of that. Head to Health Kids is the younger age group up to 12. The state government has the contract to deliver Head to Health Kids in Tasmania. Through CYMHS we deliver that through child and family learning centres. We have Bridgewater, Burnie and Ravenswood. That's the first thing.

CHAIR - And children can just walk into those services?

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Mr WEBSTER - That's a service that's delivered in the same way as we deliver child and family learning service centres. The staff are there and the families are already going into that area, so there's interaction that way as well as being able to deliberately access the service.

CHAIR - Is there a plan to expand that into other areas? The areas that it's in are obviously targeted for the reasons we understand. It doesn't actually have barriers to need.

Mr WEBSTER - It's important with those services that whilst they're targeted because of where we've put them.

CHAIR - Identified the need.

Mr WEBSTER - You can actually come from out of area. They're not area based. They're broad based.

CHAIR - I understand that.

Mr WEBSTER - Whereas the child and family learning centres are area based.

Mr JAENSCH - These services might not be bound to those same restrictions.

CHAIR - Is there any plan to expand them into other family and child centres, knowing that there are more being built - a very good thing.

Mr JAENSCH - There are four of them at the moment. You listed them earlier. Are there plans to extend it beyond there?

Mr WEBSTER - Not at this stage. It's balancing the recruitment and the programs of the reform, those sorts of things. It's a very targeted program to high needs areas. As I said, it does cover the state in the sense that it's not just delivering services to a small geographic - it delivers to that region.

Ms WEBB - Those centres are, as the minister rightly said, location based. They don't encourage or necessarily accept people out of area to come in. If you do have to come into the centre to access a service to the region, your understanding could well be that you're not supposed to come into that centre if you're not in the local area where it's based.

Mr JAENSCH - Would the referral not come through the care team?

Mr WEBSTER - Yes. It's slightly different within health services within child and family learning centres. For instance, our CHaP service that's there is broader than just the area of the child and family learning centres. We have a slightly different geographic model than the child family and learning centres within the health services we provide. We've been doing that almost since they were established. It's well established that we don't exactly match the model for the health services.

Ms ROSOL - I have a question on how the six FTEs currently in place and how those services are accessed. What are the pathways into those services at the moment for children in care? Given we've agreed that pretty much every child in care will have some kind of trauma

that needs support, care and therapy, how are you triaging those services at the moment, and in going forward?

Prof McDERMOTT - Through you, minister, at the moment, the recruitment strategy is to recruit senior people, team leaders and clinical leads. Those people are then giving us more capacity to recruit others. At the moment there is a relative emphasis on people in leadership positions. We anticipate that, again, over the next 12 months most of those clinicians will be employed. The service is strongly integrated with CAMHS. There is now a statewide CAMHS referral line. Anyone can ring that. If you're an out-of-home care consumer, you'll go straight to that team.

We are also reforming our assessment structures. In the past there have been very lengthy assessments. In fact, some people had five hours of assessment, which, in my view, is incredibly inefficient. We are now having an internationally-benchmarked assessment where on the mainland and New Zealand, and other places, it has eliminated waiting lists for CAHMS. You can get an assessment that is one hour through two clinicians and that can be presented to a child psychiatrist. We hope the overall system will be incredibly more efficient, no waiting lists and out-of-home care people will be identified easily and quickly and sent directly to their team.

CHAIR - Is that it, Cecily?

Ms ROSOL - Yes, thanks.

Ms WEBB - The pathway is through the CAHMS service broadly the same way other members of the community -

Prof McDERMOTT - Just to qualify that, I don't have the documentation in front of me, but the pathways will be more complicated in out-of-home care. There will be, also, a panel where child safety police - mental health people will be on a panel to quickly stream people into that service. A GP or a consumer can self-refer or there'll be a panel which can get you also in that way as well.

Ms WEBB - Can I clarify that a 'consumer', which I find an unusual word to use in the out-of-home care space, are we referring to the child, or are we referring to their foster carers? Who are we referring to as the 'consumer' who is seeking to utilise this pathway?

Prof McDERMOTT - A consumer could be a young person - I'm completely comfortable with that - or it could be a caregiver, it could be a foster parent. It could be -

Ms WEBB - So they have to apply to the panel?

Prof McDERMOTT - No, there are two paths. You can ring a referral line or if there is someone in particular need, their service can send them to a panel and that can streamline the process.

Ms WEBB - That service being any health service they're accessing?

Prof McDERMOTT - Yes.

PUBLIC

Mr JAENSCH - The consumer, ultimately is the recipient of the service, but there are people who are acting on behalf of the young people.

Ms O'CONNOR - It's totally neoliberal language to describe a child in out-of-home care as a 'consumer'.

Mr JAENSCH - You can take that up with the professor.

Ms O'CONNOR - I'm sure in academia this has become the new language, but a child does not 'consume' out-of-home care. Anyway, moving right along -

Mr WEBSTER - Through you, minister, to defend the professor, in the mental health field -

Ms O'CONNOR - I'm not having a crack at the professor.

Mr JAENSCH - You are.

Ms O'CONNOR - No, I'm having a crack at the language which is now the lingo.

CHAIR - Order.

Mr WEBSTER - In the mental health field, the word 'consumer' is well established from our lived experience people as the preferred word over 'patient'.

Ms O'CONNOR - What about 'participant'?

Mr WEBSTER - We're not actually using the word 'consumer' in terms of their 'consuming' out-of-home care. We're talking about consuming mental health services. That is the word our lived experience people use.

Ms O'CONNOR - Sure.

Ms WEBB - Accepted in the adult space.

Can I just check, though? The foster carers, for example, across the state who are caring for children who, as Cecily quite rightly said, and you've said as well, minister, are highly likely to be in need of these services, most of them, how would they know right now how to access support for the children in the care? Have you communicated with them directly and provided all of them, consistently, with information about this service and how it's evolving and growing?

Mr JAENSCH - Those primary carers are absolutely central to the child's wellbeing and them being loved and safe and having their domains of wellbeing met as the recipients of that care. But those carers aren't alone in the management of the case and the care of that young person. There is a range of people who are important to that child's life, stage of life and their particular needs. If they have -

Ms WEBB - Can I just say, minister, I know we've got time limits so -

Mr JAENSCH - No, I don't want to waste your time. I'm just saying that all children in out-of-home care have a team of people around them who are there to understand the child's needs and ensure they're connected. The foster carer, I'm saying, doesn't need to be the one who knows all the links. They know the child. The child's needs and wellbeing are met through a team of people who are well networked into all these services and pathways.

Ms WEBB - I'm asking about communication with the foster carers, minister. If I'm a foster carer out there in the community, have you told me how to access these services if I feel the child in my care requires specialist therapy for their trauma? Do I know how to access that? The question is about communication. What communication has occurred?

Mr WEBSTER- It's important that the two systems integrate, which is why we're working to make sure that we are fully integrated. As part of that, as the minister said, part of the team that supports the foster care, we're making sure that we're talking to the team within DECYP that can pass on that information.

Do we actually communicate direct to the foster carers? Probably the answer is 'no' at this point, but as we integrate our systems - we're both changing our systems and model of care at the moment - that's how we need to build those sorts of things into it. What we're saying is, the commission of inquiry said and in fact the reform report said we've got a flawed system, so we're actually rebuilding. The idea of it is to make sure we're integrated so there isn't a gap the foster carer has to find out about the health service. It's actually part of what they're told about in terms of the support services that are available.

Ms O'CONNOR - The question is right now if a foster carer felt a child needed specialist support or intervention of some sort, for example, do all caregivers, foster carers know what the CAHMS referral line number is?

Mr JAENSCH - If they don't, I think their primary contact would be the child safety worker who has carriage of case management of a young person.

CHAIR - Is this better dealt with under your children and youth portfolio area?

Mr JAENSCH - We could revisit it there if needed, although, we're onto youth justice. No, I think we'd better deal with it here.

Ms O'CONNOR - I'm curious to know, because you would think it was a basic thing, there's almost a kit that would be provided to caregivers formal or informal, and one part of that would be 'here are the numbers to call should you or the child in your care need some support'.

Mr JAENSCH - There are handbooks for the carers, yes. Professor McDermott?

Prof McDERMOTT - In my view, there's nothing worse than not meeting someone's expectations and we are managing that. As we increase our capacity, we will be much more broadly advertising these services. At the moment I would advise caregivers and foster parents to go through their typical lines and talk to their child safety/child protection workers because at the moment our capacity is emerging.

PUBLIC

Ms O'CONNOR - So if someone knows what the statewide CAHMS referral line number is now and they bypass their caseworker in child safety, what happens? What's the response? How is that as, back to Cecily's question, it's a triage issue partly as well.

Mr JAENSCH - My hope would be, and I'll ask professor to respond in terms of practice as he sees it, that the system should know the child and so there should be a feedback so that there's no wrong door into these services for children. The whole idea of aligning models of care and networking services is that child is known by everyone involved with their care.

Prof McDERMOTT - Another reform, in the last 12 months we've had two child mental health professionals manning that helpline and so they would be answered by a clinician and they would be triaged, irrespective of their background.

Ms O'CONNOR - When you say 'irrespective of their background', whether or not they're a foster carer or out-of-home carer or -

Prof McDERMOTT - Absolutely. Completely irrespective of their background.

Ms O'CONNOR - Anywhere, any person?

Prof McDERMOTT - They would be triaged.

Ms O'CONNOR - Thank you.

Ms LOVELL - We've spoken about the pathway and the information that's been given to foster carers, and the plan for that. What about information directly to young people in out-of-home care? Are they given this information about where they can contact services directly themselves?

Mr JAENSCH - It is very important that children and young people, wherever possible, have the opportunity to have their voice heard in decision-making that affects their lives. That's a fundamental principle. It's embedded in our approach to models of care these days. Not all children, given the age range we deal with, will have capacity to do that. Again, it's an approach that we're trying to foster that young people have agency and their ability to access services they need as well.

Ms LOVELL - My question specifically is, what steps are taken to make sure that those young people know where they can turn for help if they need these services - what numbers they can call, that sort of thing.

Mr JAENSCH - I think it would be a similar answer to that regarding how they're closest to carer can access that. There's information available to them. There is a care team approach they participate in. I would say for most of those children, particularly younger ones, it would be by asking the trusted adults around them who are involved in their care, their foster carer, their caseworkers.

Ms LOVELL - When young people are coming into care, particularly older children, because there are a number of older children who might not feel comfortable going to their carer, are they given an information kit or something where they are directly given numbers

for these sorts of support services? Healthcare, mental healthcare, anything, but mental health care specifically.

Mr JAENSCH - I will ask what those at the table can tell us about that, and I'll check with people closer to out-of-home care.

Prof McDERMOTT - Minister, that's outside my brief. I don't know what's given to kids coming into care.

CHAIR - Maybe that's under the Children and Youth portfolio.

Ms LOVELL - He's already said that we are going into Youth Justice under that and we're not coming back to Children and Youth.

Mr JAENSCH - Chair, with your agreement, I'd like to invite Claire Lovell to the table to speak briefly to this information.

Ms LOVELL - I'm happy to limit it to Child and Youth Mental Health Services. That's what we're talking about.

Mr JAENSCH - We'll bring the out-of-home care end of the story to the table if we can.

Ms CLAIRE LOVELL, EXECUTIVE DIRECTOR, DECYP, WAS CALLED, MADE THE STATUTORY DECLARATION, AND WAS EXAMINED.

Mr JAENSCH - Could you also introduce yourself to the committee in the role you're in today, please, Claire?

Ms C LOVELL - The role I am in today is executive director, services to children and families.

Ms LOVELL - The question was fairly specific. Are young people in care given the information about how they can directly contact Child and Youth Mental Health Services themselves?

Ms C LOVELL - The point that children and young people would receive that would be where they're doing their transition to independence work. As adolescents, they would be provided that directly. Most children and young people enter care as very young children, rather than adolescents, so that wouldn't be suitable information for us to provide directly to a child upon entering care. As they do become older, they are provided with that information on an individual basis. But there is no point where we hand out a package that tells them that. It tends to be on an individualised basis, through their care team and directly through their child safety officer.

Ms LOVELL - That answers my question.

CHAIR - We'll move on to the other two recommendations of the commission of inquiry. You did this out of order, 20.20, 12.21 then 12.20. Is there a preference to do them in that order?

PUBLIC

Mr JAENSCH - I think that they would possibly put in phasing of delivery order. If you want to take them in numerical order, we're happy.

CHAIR - We'll take them with numerical order. We'll go with 12.20.

Mr JAENSCH - Which is number 6 in my book, because it's the longer term.

CHAIR - I'm sorry, Cecily. I didn't see it.

Ms LOVELL - Just unmute and say something, Cecily, so we can hear you as well.

Ms ROSOL - I was hoping to ask -

CHAIR - Use the hands up thing. I do look at the screen.

Ms ROSOL - That's okay. I was hoping to ask a question while Claire was at the table in relation to what we were talking about previously. Is it still okay to do that?

CHAIR - She can come back to the table if, minister - yes, thank you. Go ahead, Cecily.

Ms ROSOL - Thank you. We've talked about the pathways into the mental health care for children in out-of-home care. It's been said that if foster carers don't know about the services they should go to the child's safety officer. From previous hearings we know that there are many children in care - I think 658 children in care came up in the previous hearing - who don't have an allocated child safety officer. Many children, well below 50 per cent, are not being visited and seen within the required time. How will they get the information they need? How will they raise their concerns if they have mental health issues that need seeing? What pathway should they use when there are limited staff for them to be able to raise concerns and seek help through?

Ms C LOVELL - Although not every child has their own individual child safety officer, there are staff available in every child safety service who can be contacted for advice about how to respond to the needs of each individual child and young person in out-of-home care. So, there are arrangements in place so that all carers can make contact and ask exactly that sort of information.

Carers also access that type of information from their general practitioners as well when they have concerns about mental health of children. These children also access mental healthcare plans, so that direct advice is given to carers through that avenue as well.

Ms ROSOL - I guess the follow-up question to that then is, we've talked about how information will be disseminated to carers and to children in care. How will the information be disseminated to GPs and primary health practitioners?

Prof McDERMOTT - We plan to have quite a comprehensive marketing strategy once we feel that we have capacity to meet that need. We have ongoing relationships with Primary Health Tasmania, which, of course, is the major GP peak body. We feel that in a place like Tasmania, we could reach every GP with that knowledge once these teams have capacity.

PUBLIC

CHAIR - We might then move to 12.20, which is a later phase 3 recommendation. Can you update the committee on the progress, noting that some of the recommendations aren't set for delivery just yet? Where are you at with this particular recommendation? Again, it probably comes to some of the staffing matters you've raised. If you could clarify the progress on this and what the expectation is?

Mr JAENSCH - I'd ask if Mr Webster can start us on this one.

Mr WEBSTER - This is another area of the reform that was already identified. We've already actually appointed our first clinical consultant in forensic youth mental health, so a psychiatrist in that space. So, we've got a head start. What we're doing at the moment is, again, making sure we're aligning with youth justice reforms and then, as the forward Estimates show, we then grow the service and it grows to match the changing service model within Youth Justice over the forward Estimates. At the moment, the focus of the model has been on Ashley but, obviously, as the model changes and we see services delivered more across the state, then we actually grow the services to match what's happening across the state.

CHAIR - What are the staffing expectations? You've talked about having recruited your forensic mental health psychiatrist. Can you give us a profile of that expectation and the funding that sits in this particular area?

Mr JAENSCH - The budget provided \$9.8 million to fund enhancements in the Child and Adolescent Youth Forensic Mental Health Service aligned with this recommendation. The allocations are \$298,000 in the current financial year, rising to \$2.3 million in next financial year; \$3.2 million and then \$3.9 million in the subsequent years. The funding reflects a phasing-in of the FTE requirement over the Forward Estimates. Out of the full 65 FTEs required, 26 FTEs will be onboarded by the end of 2027-28.

Ms O'CONNOR - What did you say, 26?

Mr JAENSCH - Of the 65 FTEs required, 26 will be onboarded by the end of 2027-28, with the full 65 from 2028-29.

Ms O'CONNOR - You expect to recruit almost 40 more staff in the last year?

Mr WEBSTER - Yes. That last bit aligns with the build of the inpatient unit. We'll need to start recruitment and have them onboard, ready to run the unit when it's finished being built. Initially the ask, if you like, in the community is 20 FTE, but as soon as we open that inpatient unit we'll need 45 staff to staff the unit.

CHAIR - Can you give us the skill mix of the workers that you have appointed, and are seeking to recruit?

Mr WEBSTER - I'll pass to Professor McDermott for the 'have recruited', but the workforce profile for youth forensic will be a consultant psychiatrist lead, include clinical leads, which is senior allied health; four specialist nurse or allied health professionals; four registered nurse level or allied health professionals, also base level; four youth workers; three lived experience and then support staff for those.

CHAIR - Does that include staff to cover the inpatient unit?

Mr WEBSTER - No. The inpatient unit, separately. Obviously, nurse unit manager (one); five nurse unit assistant or associate nurse unit managers; 10 registered nurses; 10 enrolled nurses; 1.5 assistants in nursing; 1.5 consultant psychiatrists; two registrars in psychiatry; 1.5 psychologists, 1.5 OTs; two diversional therapies; 1.5 social workers; two lived experience and peer workers, and then support staff.

CHAIR - Are there any other questions on this? It is a bit further future-looking.

Mr WEBSTER - The question about, are we expecting to recruit them all in one year, the answer to that is no. The unit actually opens the year after the forward Estimates. There is another step up one year out from the forward Estimates.

Ms O'CONNOR - Oh, okay. That aligns with the 2029 reform finalisation timeline.

Mr WEBSTER - Yes, that's right.

Ms WHITE - Do you imagine that you'll open all the beds at once?

Mr WEBSTER - Our normal process in commissioning a unit is to grow it over a period of time. We haven't done the planning of how quickly we'll grow this unit, but if we take the Peacock unit, which is our most recent, we grew that over an eight-month period to full strength.

CHAIR - We'll move to 2021. This is with regard to children and young people in detention receiving mental and physical health assessments on admission and access to medical care. Minister, can you inform the committee as to any data that would demonstrate that we're progressing this, in terms of the access to physical and mental health assessments for children and young people in the detention centre facility?

Mr JAENSCH - Thank you. I'll give an overview and then we can follow up any more detail that you seek. The department, through the Correctional Primary Health Service, provides primary health services to children and young people in detention, in this case the Ashley Youth Detention Centre.

Children and young people have access to 24/7 medical care through a nurse, available 12 hours per day and on-call for the remaining 12 hours of the day. General Practice clinics are held weekly at Ashley Youth Detention Centre for approximately 2.5 hours per week. Children and young people in detention also have access to a psychiatrist one day per month utilising the commission of inquiry funding so far.

A specialist youth forensic clinical psychologist 0.5 FTE position was created and has been filled in the north to provide in-reach services to young people in Ashley. This will continue, with funding allocated through the Correctional Primary Health Service. This model will be expanded to provide in-reach services to fit the new youth justice reform model of care as well. This will see an expansion of the current workforce to include 1.5 FTE GPs with a special interest in child health assessments, and six FTE registered nurses to support a statewide service model. There will be administrative supports for those as well.

CHAIR - What's the timeline for the recruitment of those staff, or have you already recruited some of them?

Mr WEBSTER - For Ashley, we don't need all of those, though as we expand across the state we'll increase staff. At the moment, through Correctional Primary Health we have just over three FTEs of RN, we have 0.2 of a nurse unit manager, and 0.2 of a GP.

In addition to the Correctional Primary Health Services, we're also supplementing services at Ashley from within CYMHS. So, in addition to the one day a month that the minister mentioned, CYMHS is providing one day a fortnight of a psychiatrist. We also have 0.5 of a psychologist attached now to Ashley Youth Detention Centre. We've grown the services in CYMHS, too, as we've grown the services in correctional primary health.

CHAIR - This may be a question for another minister, but it's your portfolio - in terms of the physical health assessment, do you have data on the numbers of young people who enter Ashley - do they all have a physical health assessment?

Mr WEBSTER - Yes, and because we've now expanded our services so we have nurses on site we can say with certainty that seven days a week we're having that physical assessment. We've increased the services. Originally it was three hours a day delivered from Launceston Remand Centre, but we've actually now attached nurses direct to the centre.

CHAIR - You're confident that's being delivered?

Ms LOVELL - Can I ask a follow-up? Going back to the psychiatry services, so there's a psychiatrist there one day a month, and then in addition to that, through CYMHS, there's an additional one day a fortnight service. Is there a waitlist for accessing those services currently, or is that meeting the needs of young people in detention? How long are people waiting before they can access those services?

Mr WEBSTER - Through you, minister - and also a psychologist on site 50 per cent of the working week, if you like. So 0.5 are psychologists, it's not just psychiatry services. In terms of a waitlist, given the number, I don't think there is one. Confirmed by Professor McDermott, there's no waitlist there.

Ms WEBB - To be very clear on it, a psychiatrist one day a month, plus another one day a fortnight. The psychologist 0.5: the minister mentioned a 0.5 psychologist and you mentioned a 0.5 psychologist. Is that one and the same, or in addition?

Mr WEBSTER - It's the same.

Ms WEBB - Okay. You said there's no waitlist. The way we were discussing before, children in out-of-home care are likely to have experienced trauma and have a need for mental health assistance. Children who are incarcerated in Ashley are highly likely to be in need of those services. Are you saying that every child there is receiving all the mental health support they need through a psychiatrist and a psychologist under the current arrangement?

Mr WEBSTER - I'm definitely not saying that, but I'm going to go to the clinician to answer the question.

Ms WEBB - I think that was the intent of the question -

Prof McDERMOTT - If I can clarify that. In terms of intensive trauma therapy, you could strongly argue you should not get that at Ashley because the length of time you are there is so brief. For trauma therapy you need to make a really strong, trusting therapeutic relationship. You can't suddenly do that and then be sent away from the centre. There is no waitlist for a comprehensive assessment and needs analysis and working out a therapeutic program. Intensive trauma therapy should happen back in the community.

Ms WEBB - Then, under the current arrangements, noting that staffing that's there doing those assessments and apparently doing them with no waitlist, therefore everyone's being assessed as required, what then are we doing to make sure those assessments on children exiting Ashley go out with them and they are linked directly to a service and trauma therapy is delivered to them?

Prof McDERMOTT - One of the fantastic things about starting the reform before the commission of inquiry is the forensic psychiatrist that does those assessments is sitting eight feet away from the out-of-home care team at Watchorn Street here in Hobart in the same service. There is no service gap. There is no place that you can fall. That person, our forensic psychiatrist, is integrated in the new CAMHS, the new CYMHS. We anticipate there will be no loss. If there is a loss, I'm responsible for both teams.

Ms WEBB - We're not just talking about kids who would be exiting into an out-of-home care system -

Prof McDERMOTT - No, I know the forensics psychiatrist has visibility, physical visibility, to the out-of-home care team, the youth team, the community team, all in CYMHS. It is one service.

Ms WEBB - I'm trying to understand. You're saying that no child who's being exited from Ashley into the community having been thoroughly assessed and have a plan clearly laid out for what trauma therapy they need - no child is being exited and not delivered a service?

Prof McDERMOTT - No child that is assessed by the forensic youth psychiatrist, who has service needs, are not offered those needs.

Ms WEBB - This is different then. What does, 'offered' look like?

Prof McDERMOTT - 'Offered' means that a consumer is within their rights to accept or not accept what is offered. They would be offered services commensurate with that assessment.

Ms WEBB - Currently then, for example -

Mr JAENSCH - A really important principle of the model of care being developed through the youth justice reforms is the principle of 'through care'. So we are able to provide young people with supports, therapeutic care in various settings, within our system that also can go with them back to the community.

At the end of the day, however, we are still at the moment dealing with young people exiting our youth justice system who when they don't have obligations to that system anymore,

they are free people. They have the option of making their own decisions of the options provided to them and the supports that are available to them that they utilise. It's important that we are, wherever we can, ensuring that those supports go with them back into life in the community. We cannot compel them, because once they're out of that system -

Ms WEBB - I'm very familiar with the labelling of, especially children, in these complex situations as being self-selecting, choosing not to access certain services rather than us, as the state, taking responsibility for providing those in a way that is acceptable and able to be accessed. Probably that data that would help, then, is do we know, for example, over the last year that we would have data for, how many children exiting Ashley who had an assessment for requiring mental health and trauma support and a plan laid out, how many took that up and are being provided a service through any of the relevant areas whether they're out-of-home care or not, in the community subsequent to exiting Ashley?

Mr JAENSCH - Is it possible to track that?

Prof McDERMOTT - It's possible.

Ms WEBB - Could we please have that data if you've got it?

Mr JAENSCH - Is it feasible?

Prof McDERMOTT - If the minister asked me to do that then I will certainly do that.

Mr JAENSCH - Is it feasible to do? What I'm conscious of is what is the likely quality of that data in terms of how we would track each case where we've had an assessment and what their obligations are to have registered with any other service so that we know, because they may also assess access services outside of our -

Ms WEBB - Provisos on the data is fine, but data you have available.

Prof McDERMOTT - If I can assure the committee as of yesterday - and I'm under oath here - as of yesterday, the forensic psychiatrist asked my permission to audit every case they've seen at Ashley over the last 12 months, to which I roundly said absolutely. So, they have ongoing quality assurance processes to audit every case and see the outcome of every case. This is not an unusual quest. This is something that we ourselves are incredibly interested in finding out and I approved that audit.

CHAIR - Would that audit data be made public in any way?

Prof McDERMOTT - Well, there's processes with this and, as you can imagine, there's very high-level ethical issues because the numbers are so small. This is potentially very identifiable but at a setting - well, this is an open public setting - we'd have to think through those.

Ms WEBB - We can reach that data in a confidential way as a committee because we're doing the scrutiny. We can do it confidentially or in public.

Prof McDERMOTT - Our service is undertaking - and this will be ongoing - I anticipate we'll be doing this at least yearly, if not six monthly to see how our new system works.

Ms WEBB - It's good to hear that.

Mr JAENSCH - Can I reflect on another distinction the professor made in terms of our detention setting being the appropriate setting for provision of that sort of therapeutic treatment and care?

This also goes to the intentions of our reform at the moment regarding detention. I have not today's numbers with me, but at the moment there's something like 15 or 16 young people in Ashley, one of whom is sentenced, and others are on remand for varying periods of time for a range of different reasons. We've explored that before. I'm sure we'll talk about it more again today. There's a very high churn though. There's lots of young people who are spending a relatively short period in there, maybe fresh from their offending or offending behaviours, without us knowing a whole lot about their background, but conducting assessments of them. Those who are in detention for longer periods of time will have, in the future, the opportunity of a therapeutic program of care which will include these elements.

Ms O'CONNOR - On site?

Mr JAENSCH - Yes, what we need to be able to do is to divert as many of those current remandees from being in the detention environment, enable the detention environment to be the site for more of the delivery of the therapeutic care. That's clearly not something which is the normal business at the moment but needs to be in the future for a far smaller group of people. As you'll see through these discussions, these mental health interventions need to happen at multiple points in our youth justice system.

CHAIR - Can I clarify whether we're putting a question on notice here or not? Minister, is there data that could be provided to the committee in confidence or otherwise that shows or demonstrates the flow through of that care for young people who exit Ashley?

Mr JAENSCH - I know that you said you'd provide anything that I asked you to provide, which is wonderful to hear.

CHAIR - Very brave.

Mr JAENSCH - However, I'm just seeking the professor's thoughts on the quality of data, the completeness of it and the confidence in it. Would it be useful data that we have available to us at the moment?

Prof McDERMOTT - My impression is that it will be baseline data and it would be much more useful to use it as a baseline year-on-year and to demonstrate an emerging, mature, better system.

CHAIR - Which is fine.

Prof McDERMOTT - It would be very baseline at the moment because we've had our forensic psychiatrist for probably eight months.

PUBLIC

CHAIR - That would be helpful in that this is not a short-term process as everyone's well aware. You can put those caveats on that, that it is a baseline, and we would hope that it would improve over time potentially. As staffing increases.

Mr JAENSCH - Yes, and a small-numbers caveat I think we would need to have.

CHAIR - If there's a risk of identification, then we're happy to take it in confidence. So we will write to that minister with that question.

Mr WEBSTER - Through you, minister, given that we're about to do that audit, it may be that when we're next coming here, it's almost we foreshadow that we'll then have a session where we can talk about the audit and what happened. Obviously, some of it in camera -

Ms WEBB - We will need to get the baseline and we can do that.

Mr WEBSTER - so that you've got that picture as well.

CHAIR - Minister, if you're happy, we'll write to you and get what's available at the moment that provides that baseline.

Mr JAENSCH - Yes, thank you, accepted.

Ms O'CONNOR - Thank you, Chair. I'm interested to understand how you measure success. One way of tracking cases, for example, is recidivism, the return to Ashley - and we know that's an issue. I hate the term KPIs, but what kind of indicators do you have in place to measure not just the service system's capacity and success, but the actual social outcomes?

Mr JAENSCH - I'm happy for the secretary and Professor McDermott to respond. I would expect that there would be a range of factors that might drive recidivism, which may not have to do with the mental health and wellbeing of young people. This has more to do with that same issue of being able to track independent individuals beyond their period of incarceration, or being on orders of different kinds where the state may have a role as their guardian as well. That's the grey area that I can't speak a lot for, but it may be that between them the secretary and Professor McDermott could offer some more of an answer.

Mr WEBSTER - Through you, minister, in this program area, specific things we're measuring are the percentage who don't get rearrested. We have that rather than recidivism, it's the rearrest, with a target of 90 per cent and currently running at 79.63.

Ms O'CONNOR - So 80 per cent are not being rearrested currently, within what, a 12-month period or -

Prof McDERMOTT - There is a 130-day treatment average.

Mr WEBSTER - So during that 130-day treatment program.

Ms O'CONNOR - So within about four months, about 80 per cent of the young people who were released did not get rearrested. That's one short-term measure. It's not really an outcomes measure, but it would be something to aspire towards.

Mr WEBSTER - Percentage completing the treatment programs that we've designed for them. The percentage discharged due to lack of engagement, which obviously we are targeting as a low percentage, the percentage that are living in a stable home, the percentage of the young people in the programs that are engaged in school and/or employment. Also we monitor the length of the intervention.

Ms O'CONNOR - Okay, so when did this set of indicators come into effect? Are you saying that the department already has some data attached to those indicators?

Mr JAENSCH - Yes.

Mr WEBSTER - Through the minister, 1 January 2023 we started tracking it and yes, we already have data against those.

Ms O'CONNOR - Is there any relevant data that you wish to share with us to show some positive outcomes or any hints of change?

Mr WEBSTER - Through you, minister, 94.4 per cent of participants have completed treatment; the rate of discharge due to lack of engagement is at 3.23 per cent; stable home 92.59 per cent in the program; and the number of young people engaged in school or employment is 68.52 per cent.

Ms O'CONNOR - It's disappointing, isn't it?

Mr WEBSTER - Yes, and the average length of the intervention with the young person is 130.94 days, so 130-odd days.

Ms O'CONNOR - Thank you for that. That was really interesting. I want to ask a question about a deeply related matter and that is the government's plans to close Ashley and move towards a more -

CHAIR - I think that's probably best left to our next -

Ms O'CONNOR - Well, I'm not sure that it is, so just hear me out, thanks, Chair - to this new therapeutic model. As you would be aware, minister, built environment has a very significant impact on mental health and wellbeing. It is connected to this recommendation because within those new facilities, these services and connections will be provided. What planning is underway in relation to making sure that the built environment in the new facility or facilities actually is part of improving the mental health and wellbeing of people who come through?

Mr JAENSCH - Thank you for the question, it's a very important one. We're likely to talk about it more through today as well. As per the commission of inquiry recommendation and our Youth Justice blueprint, and the model of care that's being finalised right now, the intention is for our new youth justice facility to be designed and delivered with a built form that supports a therapeutic approach to the care of young people, and which is built around a relational security rather than relying on physical security of the institutional environment.

It's going to be a very challenging project, but it is a worthwhile one because this will also be our only detention facility. We are going to have an intake to that facility of young

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people who have come fresh from their offending behaviours and will need to be brought into a therapeutic model of care and settled into that environment and then supported through a program of care, which may mean that the facility needs to have the ability to receive people into a more secure environment and progress them into a progressively more therapeutic setting as their state of mind, their health and their care enables them to be focusing more on where they're going, than where they've been.

Ms O'CONNOR - Okay, thank you for that. It's now nearly three years, isn't it, since the promise was made -

CHAIR - I think we need to leave this to the next portfolio -

Ms O'CONNOR - No, no, I know. Can I just please finish my question before I'm cut off here? I want to understand whether any work has been undertaken - are there any designs, has there been any architectural work that has applied to it the lens of making sure the built environment enhances the mental health and wellbeing of detainees? Any drawings, any plans, anything?

CHAIR - Can I just ask the minister, is this more appropriate in this line item or this recommendation or in the youth justice one, only because it's areas where we'll be crossing over.

Mr JAENSCH - I would say it links one to the other. I don't want to avoid the conversation at all. I'd say at this point not so much as drawings, more of model of care intent.

Ms O'CONNOR - Like the concept of a plan?

Mr JAENSCH - No, more like a written model of care informed by an expert panel with international experience in designing these things, so we can instruct the architect on what to develop.

Ms O'CONNOR - Gee, that's slow.

Mr JAENSCH - At the same time, there has been both visits to new facilities and engagement with the designers of facilities elsewhere in Australia who have attempted or delivered components of this to wherever possible adopt elements of their design so that we don't have to recreate it and we can deliver that in our site. We don't have a drawing yet, but what we're assembling is the clear instruction for the designer.

Mr WEBSTER - The clinical advisory group, in terms of the functional specification and build of the youth justice centre, includes Professor McDermott.

CHAIR - Cecily, can you use the hand up function if you want to ask a question. I can't keep an eye on the screen all the time. If you wouldn't mind. If you've got a question, I'm happy to go to you.

Ms ROSOL - It's fine. I think the secretary just answered what I was going to ask.

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CHAIR - To wrap that up, minister, on your expert panel that's looking at the design, do they have mental health expertise in that? Designing a mental health facility encompassed in a youth -

Mr JAENSCH - Professor McDermott is a member of that expert panel.

CHAIR - Thank you. Are there any other questions on this line? We'll close off.

Minister, we do have a couple of questions to send to you which we will do. Thank you for your appearance in the mental health and wellbeing area. We will have a 15-minute break and then come back for your youth justice responsibilities and let some of your team go.

Mr JAENSCH - I thank the team at the table who've supported through the scrutiny process for all their work. I thank them for being here today.

CHAIR - Thanks, minister.

THE WITNESSES WITHDREW.

The committee suspended at 10.43 a.m.

The committee resumed at 11 a.m.

CHAIR - Thank you, minister, and welcome back to your youth justice portfolio areas. We've made the initial comment about this being a very triggering content matter we'll be looking at. I did give those numbers people can call previously, but also remind members to be conscious of that and take a trauma informed approach to our questions and answers.

Because we've got a fair bit to get through and a relatively short time, please keep responses succinct and we'll keep our questions succinct on this side to try to facilitate as many questions as we can.

Minister, I'll ask you to introduce the team at your table and ask those who are new to the table, which I think is all of them, to take the statutory declaration.

Mr JAENSCH - Thank you very much, Chair. Thank you, committee, I am delighted to introduce to the table our Acting Secretary for the Department for Education, Children and Young People, Ginna Webster; Courtney Hurworth, the Chief Reform Lead - Keeping Children Safe DPAC; and Mr Shane Gregory, Associate Secretary DPAC.

Mr SHANE GREGORY, ASSOCIATE SECRETARY, DPAC, **Ms GINNA MARIA WEBSTER**, ACTING SECRETARY, DECYP, AND **Ms COURTNEY HURWORTH**, CHIEF REFORM LEAD - KEEPING CHILDREN SAFE, DPAC, WERE CALLED, MADE THE STATUTORY DECLARATION, AND WERE EXAMINED.

CHAIR - Minister, we were part way through your portfolio. We got to 12.1 which relates to Ashley. Do you want to provide us an update of progress since our last hearing on the closure and timelines now?

Mr JAENSCH - I'm happy, given this is a carry on from the previous hearing - no overview statement. I'm happy for us to go directly to recommendations.

CHAIR - Do you want a question on this one, Meg or Cassy?

Ms WEBB - Do you want to jump back in to follow on from what you were doing before, Cassy?

Ms O'CONNOR - I'm very happy to. When are we likely to see some architectural designs and plans for the new therapeutic youth detention facility?

Mr JAENSCH - As we were discussing earlier, there has been a model of care developed, an expert panel assembled, a stakeholder community reference group. We also have advisory structures also involving Aboriginal stakeholders to assist with those elements of design of the model of care and the facility we are going to need. There has been some preliminary engagement with architects and - is it Courtney or Shane to report on where we're at with engaging the people who will be able to give us a picture of the physical form of the new youth justice facility?

Ms O'CONNOR - And some timeline expectations.

Mr JAENSCH - Around around delivery of that, yes.

Mr GREGORY - We actually have an architect on board at the moment. Their task has been to reach out nationally and internationally to look at best practice in terms of youth detention facilities. They are very broad in their range of designs and scale. Our initial architect is gathering that information, taking into account feedback from the expert panel and then looking at the various designs from across the country and internationally, Europe and the US, to look at which elements of those facilities are appropriate in terms of the models of care and the scale.

There are some facilities that have very interesting features, but they are on a completely different scale to what we're talking about. For example, a lot of the US facilities are on a much, much larger scale than we are talking about.

That's the piece of work that's currently underway. That will inform the next piece of work by our lead architect, who will work through picking up all the key elements and working through what the next design looks like. That will be working very closely with the expert panel and the reference groups.

We would be looking to see some initial concepts early in 2025 and moving towards a development application by the end of the first half of 2025.

Mr JAENSCH - One of the things that Mr Gregory referred to there is looking at those other facilities elsewhere, Ms O'Connor. In the case examples that we've been given, that I've seen and that I've been briefed on, the small, therapeutically relational security-based units, or settings, are a smaller part of a larger system -

Ms O'CONNOR - Of course.

Mr JAENSCH - whereas here, it's going to be the whole thing. This adds a complexity, but this has to be incorporated in the design so that there may be ways that we can have some different approaches in different parts of this design, to deal with young people who are at different stages of their therapeutic care. It's a tricky thing.

Some of the fantastic Scandinavian models we've been given to understand are terrific, because they're small and home-like and all the rest. However, there is another conventional, traditional institutional system sitting behind it for a far larger number of young people. This is the dilemma. I think the opportunity with Tasmania, the reforms we're undertaking here, the numbers are so small. We can really only focus on there being one detention facility, but it's going to have to be very carefully designed and delivered so that we can deal with a number of young people in different stages of their journey in one facility which is designed for the therapeutic approach.

Ms O'CONNOR - Thank you. When you say 'relational security', you mean a home-like environment, do you?

Mr JAENSCH - A home-like environment is what the commission of inquiry referred to. There is, it has to be said, a fair bit of work going on to unpack that definition, including with the advice of our expert panel, which includes one of our former commissioners, so that we have some access to the intent behind the recommendations and the wording in there.

As I understand it - I'm not trained in this area - but as it's been explained to me, to make a therapeutic care approach work, we need to have the young people who are entering this system from the beginning brought into a situation where they have a level of trust in key people involved in their care - who they can then accept care from and who can go with them through their journey.

The idea is that we are building up a team of people who the young people accept are there to help them and to make sure that they're safe, rather than people who are there to contain them and keep other people safe from them. Rather than relying on the physical security of a prison-like environment, a therapeutic facility needs to be able to support and uphold that relational security that we're trying to introduce.

Ms O'CONNOR - It's now nearly the end of November. Mr Gregory said before that there was an expectation that some architectural design work on the new facility, with a particular lens on a therapeutic response, and making sure we're looking after the mental health and wellbeing of young people. It should be available to you, I presume, in early 2025. Are we talking over the next two or three months this architectural work being finalised?

Mr JAENSCH - To be able to present something to me early next year, it has to be finalised -

Ms O'CONNOR - The DA, in the middle of the year?

Mr JAENSCH - I should imagine we'll work through iterations. I also understand that there is a difference between sufficient information to inform what we're going to need to commence a planning approval process, which is a little bit different from all the detail of what happens inside the volume that we're going to need to place on that site for the purpose of planning.

Ms O'CONNOR - It'll be your expectation that it would go through a proper planning process rather than having a bill developed to fast track it as your colleague, Mr Ellis, is doing with Stony Rise?

Mr JAENSCH - We're mapping out those planning processes now. I've asked the department for timelines and all the 'what ifs' that come with a normal planning process because it's a discretionary use under the zoning that we've got for this site, which means it has to be subject to public processes because they could be appealed. It can also have councils and others asking for more information, but it's a good issue that you raise because, given the very strong support, I think, for this to be done as quickly as possible, if I thought that there was support for an expedited process that had safeguards built into it and that had support - was likely to be supported in the parliament - I'd grab it.

Ms O'CONNOR - Well, don't you look at that Stony Rise legislation for an example, because it completely bypasses the planning system and that wouldn't have brought support across the parliament. Thanks, Chair

Mr JAENSCH - Sorry, I don't know - there's not a piece of legislation to look at there.

Ms O'CONNOR - You know what it will be.

Mr JAENSCH - My question to you is -

Ms O'CONNOR - I'm not here to answer your questions, thanks very much, minister.

Mr JAENSCH - My hypothetical question -

Ms O'CONNOR - No.

Mr JAENSCH - is if I thought there would be support across the parliament for an expedited planning approval process for this facility so it could be done as soon as possible, I would engage across the parliament and bring something that could be supported that got this job done as soon as possible -

Ms O'CONNOR - After your years of dithering.

CHAIR - On that, if I might, minister, I think at a previous hearing you were talking about assessments of the proposed site, including Aboriginal heritage and other assessments. Where has that progressed? If you're considering that sort of approach, I think parliament would need to be assured that those matters have been fully considered.

Mr JAENSCH - Those matters are largely concluded, I believe. I will ask Mr Gregory to give us some detail.

Mr GREGORY - Through you, minister, that's correct. Those assessments are largely complete and it is now more about feeding the outcome of those assessments into the planning for the site. I would use the small 'p' planning rather than the statutory planning term there. It is really about thinking about how those assessments impact on our design. So, the assessments are essentially complete.

CHAIR - So, in realistic terms then, early next year we get the concept drawings, designs and then lodging under the usual process - lodging a DA by May, June perhaps - that's according to what you've said. How long would you expect a regular development application process to take at that point?

Mr JAENSCH - We're in the middle of that conversation right now because Mr Gregory's brought me a timeframe which includes a very long time in parliament, which we couldn't account for properly, we had to get some more advice on it.

CHAIR - Can you provide that sort of timeline to the committee?

Ms O'CONNOR - Why would it be a long time in parliament?

Mr JAENSCH - I'm sorry, not parliament, in council processes.

Ms O'CONNOR - In planning.

Mr GREGORY - Through you, minister, we would be seeking to work through the normal statutory planning timeframes of the 42 days. What the minister is referring to is that we've provided a timeline that suggests, given the nature of the facility, that there are likely to be submissions and given it's a discretionary use, it is quite possible that there would be -

CHAIR - It would take longer.

Mr GREGORY - It'll take longer. We have factored in that there may be appeals that we would have to work our way through. Now, if we're able to work really effectively with stakeholders, and through that process of consultation during the design development -

CHAIR - Particularly neighbours.

Mr GREGORY - Particularly neighbours - that we're able to work through that effectively, we certainly minimise the risk that there are appeals. I don't think that can ever be eliminated, given the nature of the facility.

CHAIR - Can you provide that proposed timeline to the committee, acknowledging that there's a lot of uncertainty in it?

Mr JAENSCH - I think when it's refined, yes. I've still got some questions about the timeframes.

CHAIR - Can you commit to providing that to the committee once you've had those discussions and finalised it to a degree? We know there are always unforeseen things that can occur.

Mr GREGORY - I'm not sure how soon we'll have that resolved. I've committed previously to updating the parliament on the likely timeframe for delivery, that would be a component of it.

CHAIR - The question, will you provide it to the committee? As you know, the committee is doing the work on behalf of the parliament here, so will you provide that to the committee?

Mr GREGORY - Yes, I can undertake to do that when we believe we've got it resolved. I'll just reiterate the point, if in conversation across the parliament, if there was a will or an interest in pursuing project specific legislation for this to get it done as soon as possible and to ensure that all parties were fairly considered and the process was rigorous, I'm open to that, but -

CHAIR - Actually, if we could see the proposed timeline, we might understand how long it's likely to take.

Mr GREGORY - I'm happy to get some estimates of that we could discuss.

CHAIR - Yes, that would be helpful. We'll write to you on that.

Ms WHITE - Thanks, Chair. Minister, I wanted to ask about the consultation with young people through the design phase. You've spoken about some of the people you are taking advice from, but there are at Ashley currently different opportunities to engage those young people, whether it's through the advocate for young people in detention or whether you're using the Commissioner for Children and Young People to help gather information. If you want to create a home-like environment, perhaps the best people to ask about what that looks like and how

you create a trusting environment are the young people who are currently detained. Do you intend to consult with them?

Mr JAENSCH - Yes. The voices of young people are critical to this, including those who've lived experience and who are in our processes at the moment. I'm thinking, Courtney, where are the points with voices of young people and are you happy to speak to them? I'd ask Ms Hurworth to speak to this point please.

Ms HURWORTH - Specifically, in relation to the facility, we've already had some engagement with young people at Ashley on some early matters, particularly how they want such a facility to be described, and how they think it needs to be conceptualised for people to understand and what that would mean for them.

In terms of the forward planning for the facility, of course we'll be engaging with children and young people. As part of the overall implementation of the commission of inquiry, we have provided funding to the Commissioner for Children and Young People to establish the Voices for Tasmanian Youth as a way for us to have direct engagement with young people. We intend to work with her and that group throughout all different elements of the commission of inquiry.

We also work directly with young people on the model of care, which is in its final stages, to get their thoughts on what a whole-of-youth justice system model of care should look like. We're working directly with young people on the diversion framework that will look at pro social pathways and ways to make sure that young people avoid engaging in the youth justice system.

Ms WHITE - Is it your intention to include education facilities in the new design?

Mr JAENSCH - Education services, definitely, and facilities to support them, yes. A critical part of it is to maintain young people's opportunities to keep learning as they do in Ashley now with the school out there. One of the other aspects of home-like that has been discussed in the process so far is that this facility, and given its location within 30 minutes of Hobart, one of our options is to access more services or a wider range of services in the community with young people and that the facility is a place that they return home to at the end of their day.

That is also about maintaining their experience of being in the community as part of it with supports in place around them, whether that's to attend medical, educational, work, a haircut or something like that, rather than needing to have that all within an institutional setting.

As we've seen elsewhere, as I understand it, that is part of helping to normalise their behaviour and their operation in the world. It gives us greater ability to support their through-care back into those community settings as well.

Ms WHITE - Thank you. In your response, through you, minister, you talked about some of the other funded services the government is supporting to prevent young people engaging in detention in the youth justice system and, potentially, end up in detention in the first place. Minister, is it possible to get an update from you on the progress of funding the organisations that you made commitments to at the last election? It doesn't specifically fit here, but because we've talked a little bit about it, I feel it might be an alright place to ask the question.

Mr JAENSCH - Yes, JCP in particular?

Ms WHITE - Yes.

Mr JAENSCH - Yes, I'm very happy to provide an update on that. I'll just reach for the appropriate direction.

Ms WEBSTER - Through you, minister. I thought it would be useful to talk about the diversion framework before we talk about specific funded services. A diversion framework is being developed as one of the recommendations of the commission of inquiry to have a shared and joint understanding of what we mean when we talk about diversion and what the best, most evidence-based and quality approach to those services can be. We've been co-designing a framework with the community services sector, funded services, experts and academics in children and young people to develop that framework.

The intention of which is then when we fund services to deliver those things, they use the framework as a way of making sure that they're quality and they deliver outcomes. We're doing that at the same time as delivering on some of the commitments you referred to in your question, but our expectation will be that the services that receive funding through those commitments, that their service models align with the divergent framework and they sit within a broad spectrum of services in an integrated system.

Mr JAENSCH - I'm also advised that we are progressing through the process of contracting JCP Youth. We made a commitment - \$3.7 million over three years - to book more places and capacity in their programs to make them available statewide as well. They have a great track record and sometimes have been successful where other services and more traditional approaches have failed. We're very -

Ms O'CONNOR - Is that for remandees? Sorry to interrupt. That contract, is that for young people in remand? What cohort of people will JCP have responsibility for?

Mr JAENSCH - There's some detail probably to come out from Ginna in terms of the contracting process, but they're not in the business of providing a secure, non-detention environment. It's more about supporting young people to meet their obligations under bail orders or in a diversion setting or an exiting detention setting to keep them on track, meet their obligations, and continue there to connect with their supports. Ginna, do you want to speak more about that?

Ms WEBB - Excuse me minister, before Ms Webster does that, presumably, you're about to read out a description of the sorts of services that are going to be contracted from JCP with this funding?

Mr JAENSCH - I was just going to answer the question.

Ms WEBB - Yes. Can that be tabled, so we can have it in front of us to look at as well as we ask questions on this?

Mr JAENSCH - I'll let Ms Webster speak to the progress that we are making with the contracting of JCP Youth and their services and she can take that from there.

Ms WEBSTER - Thank you. Through you, minister. To answer Ms O'Connor's question, the program that JCP Youth deliver is the BEAST Program. They work with young people who are on bail, but they also work and deliver statewide interventions for children and young people, providing outreach and mentorship 24 hours a day.

We're currently working with JCP Youth to implement a wider service delivery early in 2025. In terms of the specifics of the program, we can certainly provide more specific detail about the program, but we are working with them currently to determine what and how we'll deliver that statewide early in 2025. We might be able to provide that a bit later on and get that information.

Ms WEBB - I'll have more questions on that, but happy to -

Mrs PENTLAND - Sorry, is this part of the 9.3 recommendation? Just looking at this, I'm sorry, I'm trying to follow up. If you have a look at 9.3, it talks about funding agreements with non-government and out-of-home care providers that set 'quality and accountability requirements including'. Is that part of that as well, or is that different?

Ms WEBSTER - Through you, minister, it's really in response to recommendation 12.13, diversionary services.

Mrs PENTLAND - That's different funding then? 12.13 would be different funding to 9.3?

CHAIR - We'll come to that a little bit later. We'll try to progress through these.

Mr JAENSCH - We're up to 12.6, I think.

Ms WEBB - No, we're still on 12.1 actually, minister.

Mr JAENSCH - Sorry?

Ms WEBB - We're still on 12.1.

Mr JAENSCH - I thought we examined that and moved past it?

Ms WEBB - No, we have not because I haven't asked my set of questions. Can we come back to the JCP then under 12.13 when we get to that?

12.1 is about the closure of Ashley. We've mostly talked in the questions about the building of a new facility in the south. That isn't the only parameter that needs to be met in order for Ashley to close.

Mr JAENSCH - That's right.

Ms WEBB - As you've already said, the timelines have been bumped out because it's not just a matter of building one facility to replace the first -

Mr JAENSCH - Yes.

Ms WEBB - It's the whole model, including the support-of-bail facilities in the regions. My question is, can you give us a definitive list of things that need to be achieved and in place in order for Ashley to close? Of course, the new facility in the south is one, but what else is on the list that we need to tick off to reach the day we can say Ashley's closing? Can you give a definitive list of those things? I'm looking for a fairly straightforward answer, not a description of the new model. We don't need that in this place.

Mr JAENSCH - Thank you for the question. I'll take the opportunity though in - you mentioned development of other facilities in that model. At the last version of this, or in Estimates, we had quite a long conversation about that because the process that's underway at the moment is looking at how we divert young people from detention, making detention the last resort. When we first launched the Youth Justice Blueprint, we also released a facilities plan that referred to where else young people may be supported while they're awaiting the outcome of their legal processes, et cetera. There was, initially, a proposal to develop a new bail house or supported-bail facilities in different parts of the state.

In discussion with non-government service providers, we believe that a better approach might be to work with a range of service providers who already exist and grow their capacity to provide a service response for individual young people rather than building a new government building somewhere and filling it with young people and have some of the same issues as we currently experience when we have those same cohorts together in Ashley.

That's the path that we've been on. We are aiming to build a facility for a smaller number of young people, predominantly those who have been sentenced to detention by the courts and cohorts that fit with the proposed minimum age of criminal responsibility and detention. We need to see people who don't fit that description able to be provided for by other service responses. That's where the work that's been done on diversion - and an intensive case management kicks in. That's where the taskforce has been putting a lot of its effort of late.

I know you like definitive lists. On this one, I don't have a definitive list for you. The cohort of young people who are currently in detention needs to be smaller. There needs to be fewer people in there who could be supported outside of a detention environment, particularly for younger age groups as well. That's where the majority of our effort and resources are going right now, to assess not only the capacity in the service sector to provide that, but also the pathways by which the needs of young people are assessed and the referrals are made, and those sets of supports are being brokered.

Ms WEBB - That's absolutely fine. To be clear, though, that's positive, of course, and I'm pleased to hear that you're not going to do bail facilities run by the government and you're going to support the NGO sector to do that. I think that's really good. The thing is, this recommendation says 'as soon as possible'.

Mr JAENSCH - Yes.

Ms WEBB - It was made years ago now. We're going to be years past. Forever, we could say: 'We're not quite there yet, we haven't quite got everything lined up yet, we haven't quite got this to the extent we need.' I want to know what's the extent that we need those things you just described, what's the extent we need them to be done to be completed in order to say, yes, we can close the door at Ashley with no one in it anymore? It's a given that the building and

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the new facility in the south is one. What else is on that list from the things you described? What will be the point at which we can say the service system is sufficiently in place? We know we have our other elements. I'd like something definitive about that. Otherwise, we're trying to hold you to account to 'as soon as possible' in this recommendation. You could spend the next 20 years saying you're meeting this recommendation and yet not close Ashley.

CHAIR - Let's get to the point. You get to the point, minister.

Mr JAENSCH - I really have to invite you to come on the journey with us. I could say, to answer your question in an empirical way, that once we've got the number of young people down to 10 in Ashley, then that'll be the time to make the move because we have a new facility that's been built just for 10, or optimally for 10. The thing is, this system, we don't control all the numbers in it because it can go from 10 to 16 overnight. We know that. We need to be able to have pathways for young people, who would have traditionally gone to Ashley, well established and working. We also need to have our new facility ready. We also need to have staff and models of care ready to accept young people into that new setting and a therapeutic approach.

These things have to happen in parallel. The answer to your question is not a simple list and a set of numbers. It's bringing together several streams of work. That's why we have an unprecedented, I think, governance and authorising environment that has been established by the secretary of DPAC to work across all government agencies - this taskforce that we have - to ensure that the work is coordinated from DECYP to DPAC to police to health, education, to deliver these several streams of work in a coordinated way. They're on an intensive 12-month program, but they have pathways to repatriate that work to the responsible agencies driven by the people who are sitting around that table.

Ms WEBB - The point I'm making is, what - for example, the pathways matter, having the service systems in place for those pathways for young people to be supported who aren't going to be in detention. When will we be at the point, when will you be able to point to, 'Here's our service system in place with sufficient pathways for that'? What are criteria to say, 'Tick, that element is done', for example? It's not a building, you know; a building we can see.

Mr JAENSCH - What I want to see with that is that the arrangements that we are developing with those service providers are being used as soon as they are ready to roll. In a lot of cases, they will be better than the default that we have now.

Ms WEBB - I'm not asking for a description.

Mr JAENSCH - I expect to see - there's not a date when we just turn on those extra services. They will commence as soon as they're able.

Ms WEBB - What are the criteria? That they have capacity to service 25 kids through those pathways? That there are X number of services with X number of staff ready to go?

CHAIR - Is there a measure?

Ms WEBB - That there are contracts in place with X number of NGOs across the state with a footprint that covers every - what are the criteria that mean you will be able to say, 'Yes,

we have that service system in place, we can close Ashley', given we'll have a building in the south as well?

Ms LOVELL - What is the plan that you're working to? You must have a plan for all these things that you're outlining.

Ms WEBB - I don't mean a description of the plan. We mean, when will you know you've done it?

Ms O'CONNOR - Timelines.

Ms LOVELL - All the pieces of work and what timelines.

Mr JAENSCH - Let me speak to the action plan. I'll ask Ms Hurworth to give us a run-through with our action plan and its timelines for the youth justice taskforce.

CHAIR - Before she starts, if I might, minister - is there a type of Gantt chart, or something like that, you could provide that depicts the timelines that Ms Hurworth will respond to?

Mr JAENSCH - I think you're about to see part of that.

CHAIR - Right.

Ms HURWORTH - Through you, minister, we have put out a Youth Justice Taskforce Action Plan, which is online. It does provide a range of timeframes and deliverable dates related to the sorts of outputs we've been talking about. It doesn't go to the level of what Ms Webb is asking. However, it will when the things come out. I don't know if that makes sense. For example, I think what you're talking about is, how will we know that we have an integrated system that's working? One of the things we are doing is looking at what integrated case management looks like across our entire system -

Ms WEBB - We don't need to discuss - I'm sorry to interrupt you, Ms Hurworth. I'm not looking for a description of what we're doing. We're really clear on that, and we can access information about it.

How will you know, minister, when you can close the door on Ashley for the final time with no children in it? How will you know we've reached that point? I'm asking about that specifically. How will we know that the service systems are in place? What will you need to tick off, that that's the case, before you close the door on Ashley? I'm asking you: how will you know?

Mr JAENSCH - When we can be confident that the combination of the facilities and services that we have available present a safe and improved therapeutic environment for us to use instead of Ashley. As soon as something better than Ashley is ready to go is when we close Ashley.

Ms WEBB - It's not quite that, though, is it, 'as soon as something that's better'?

Mr JAENSCH - You've asked me the question. I've given you an answer. You're saying no.

Ms WEBB - What I'm concerned about is, we're here to scrutinise whether you're delivering on these recommendations. This recommendation says 'as soon as possible'. What you're describing provides us with nothing definite to hook onto, to hold you to account to. You could keep continuing to be delivering on this recommendation for the next 20 years and still be saying the same things you're saying: 'One day when we've got this in place to the extent that we need it to be, we will do it.' Unless we know what is the extent you need it to be. What are the specific things that have to be there and present for you to tick off on?

CHAIR - I think the minister has already said that there are no specifics.

Ms WEBB - We can't hold him to account for anything in this space? It's just frustrating, Chair. I understand, it's fine.

Ms O'CONNOR - We'll keep trying, though.

Mr JAENSCH - Ginna, do you have any more information that you could use to try to answer Ms Webb's question?

Ms WEBSTER - I think one of the ways of doing that is actually through the individual recommendations. What we've heard this morning around mental health support starts to do that. There are very clear accountabilities and FTEs and appointment of staff that we can actually work to: drug and alcohol services, bail diversion, the JCP model of youth that we're talking about, and the other diversionary services.

The commission of inquiry has given us timeframes for those that will be in place and are being monitored. We also have the implementation monitor who will do that as well.

I think all those points - we are being held to account to those points, but they all actually lead to the building blocks of the system. As individual recommendations, we are scrutinising them, obviously individually, but they actually lead to a better system. There are very clear accountabilities under each of those.

The release of the Youth Justice Reform Action Plan actually does have completion dates under it. As we work through those, the Department of Premier and Cabinet, in partnership with the Department for Education, Children and Young People will also be held to account around those outputs.

I'm not sure if it does go to the level of detail that you require, but as we go through those outputs and we talk through some of these recommendations, it may give you a little bit more comfort that there are clear indicators and clear steps that we're taking that lead us to that piece of work.

Ms WEBB - I absolutely accept that there are clear steps laid out across the suite of recommendations, and they're excellent ones, but a lot of them are in Phase 3, that aren't deliverable by 2029. This particular one that we're talking about - closure of Ashley - is actually in Phase 2, deliverable by 2026. Yes, of course, as we see all the other recommendations

implemented, that will demonstrate progress towards a service system that facilitates the closure of Ashley.

My question is, I guess, to the fact that we have to wait until all those ones are in place, for example, because some of them aren't delivering until 2029. The review of the act, for example, is not delivering until then, or various others. That's where my question was going: What are the clear and specific things that we definitely need to tick off to say, yes, it's time to close the door? We may not have further answers to provide on this question, by the sound of it here, so I'm happy to move on.

CHAIR - We do need to move on.

Ms WEBB - This is a matter of frustration, because the Tasmanian community has already seen it kicked down the road.

CHAIR - That's a statement, rather than a question.

Mr JAENSCH - I would like to table the Youth Justice Reform Taskforce Action Plan 2024-25, which is a public document. I table it for the committee's reference. It does include timeframes for various elements of the taskforce's work which are directly related to the recommendations sought.

The other thing that I will add is I would expect that our new youth justice facility, apart from all these system elements being in place, will also need to satisfy some other requirements. For example, a custodial inspector will need to be satisfied that the facility and the services provided are fit for purpose to be commissioned as a detention facility, et cetera. There is a range of technical matters that need to be dealt with, as well as system reforms, that change the workflow and the journeys that young people take through our youth justice system.

I'm sorry if you're frustrated by that. It's a complex reform that we're looking to make. It would be far different if we were building a building to replace Ashley, doing the same things. What we are doing instead is reforming the whole system, closing Ashley and commissioning a new detention facility that plays a different role in a reformed system. It is a far more complex job. I can't make it as simple as you would like it to be for the purpose of scrutiny.

Ms WEBB - I'm certainly not - you're actually verballing me.

CHAIR - Let's just move on. We've only got one hour left.

Ms WEBB - You're misrepresenting what I'm asking.

CHAIR - We have a lot of matters to get to. Unless there are any pressing ones on this?

Ms O'CONNOR - To check, if you don't mind, Chair, I thought the timeline for closing Ashley was about the middle of 2026?

Mr JAENSCH - That's what the commission's recommendation is. We've accepted that recommendation and will do everything we can to deliver the youth justice facility as soon as possible.

PUBLIC

Ms WEBB - It's not just that, is it? It's the other elements.

Mr JAENSCH - It's all the other elements of the system.

CHAIR - I think we've prosecuted the issue. It is going to be repetitive now. What time is it?

Ms WEBB - We have two hours.

CHAIR - We still have a lot of recommendations to get through.

Mr JAENSCH - We don't have to have two hours. We could just have one.

CHAIR - We will have two hours, minister.

Ms WEBB - At least we don't have to worry about running out of time.

CHAIR - That's right. If we can move on. I know you started your update from 12.6, but I read that 12.4 is also your recommendation. Am I correct? There was a bit of confusion about some of these.

Mr JAENSCH - Yes. The Department of Justice is the collaborator on that, but I think it is ours as well.

Ms WEBSTER - It is, yes.

CHAIR - We probably should spend time, a short amount of time, on this one. When you said that the Department of Justice is the lead on it, what's the responsibility?

Mr JAENSCH - Collaborate.

CHAIR - Oh, collaborate.

Mr JAENSCH - Justice is a collaborator on this, yes.

CHAIR - What work are you doing specifically to address this - another 2026 Phase 2 expectation - around record management of our young people at Ashley?

Mr JAENSCH - Yes, the department is working closely with the Office of the State Archivist to establish a comprehensive process for recovering, restoring, digitising all historical records relating to Ashley Youth Detention Centre. This initiative is critical to ensuring that records are preserved, accessible and secure, particularly those that are essential for victim/survivors seeking redress or pursuing legal actions.

The department has undertaken an audit to identify the state of record-keeping practices and hard copy record management for children in state care - a related matter.

We've made substantial progress with the majority of records held in the Tasmanian Archives relating to Ashley Youth Detention Centre already digitised. This digitisation effort

addresses the past inadequacies by ensuring that records are now searchable, retrievable and protected against loss or corruption.

In addition to digitising records, we are storing and retaining surveillance data - CCTV - records from Ashley, in line with established retention periods. The data is vital for both historical and current accountabilities.

There is also an integrated IT system under way for Ashley, replacing our current IT systems. Through the implementation of these changes, procedures and processes that currently involve capturing and recording data offline will be reduced. Relevant policies and procedures and related documents will be updated to align with the new Youth Justice Plus processes, and staff will need to be inducted to their use.

That will give us a unified data set and provide an integrated view of the young person, across both the community and custodial youth justice services.

CHAIR - On that, minister, if I might - can you outline the budget allocation directly for that? There's obviously a large amount of work, and I want to point out the budget allocation, but also the specific amount of money that's being spent, as I understand from what you said, at Ashley itself, in terms of the IT systems there?

Mr JAENSCH - As I understand it, the work that's being undertaken will have been done with the capital funds provided interim.

Ms WEBSTER - Through you, minister. That work was already underway before the previous allocation, so there is still a lot of scoping work that needs to occur in relation to that. But there is capital funding that's been provided to the department around IT systems, particularly around the child protection and CARDI systems - the older systems. The work that we're doing to digitise is in addition to that. Then we're still currently looking at what do we need to do to make sure that records are searchable in the future. It's one matter to have them digitised and another matter to have them searchable. I think there's around \$10 million that's been allocated overall to IT systems, capital systems.

CHAIR - Will that investment in IT, in this area, also be able to be part of the new system as well? Is this just money as a holding pattern, or part of the future as well?

Mr JAENSCH - As I understand it, these systems are for the youth justice system entirely. It's not Ashley-specific, but Ashley is where we've got history, and so we need to be able to - as the commission of inquiry has shown us, have data in a form that can be searched as a system, not manual record matching.

Ms WEBSTER - It's across our Child and Family Services systems, and it's 'child-centric', if you like, in making sure they all line up, as well as getting advice from the State Archivist about what is the best approach to record keeping, ensuring we comply with legislation, but also being able to search very significant volumes of records, easily, if someone asked for their own records, for example, in the future.

CHAIR - Sure. Any other questions on that one from members? If not, we'll go to 12.6.

PUBLIC

On that one, minister, you did provide an update. It was provided a short time ago. Can I ask if the creation of the Executive Director, Youth Justice Operations - you said it was underway - has that been completed, or is that still in progress?

Mr JAENSCH - I'll ask the secretary to update, please.

Ms WEBSTER - Through you, minister. The statement of duties has been finalised, and we're in the process of creating the office through the normal process that we need to create an SES office.

CHAIR - And then you'll recruit after that?

Ms WEBSTER - Correct, that's right.

CHAIR - What's the timeline for that recruitment?

Ms WEBSTER - Well, as soon as the office is created and we've got that advice. We will advertise that as soon as possible. Obviously, it depends on the numbers of applications we get and all that. That sort of thing is a priority for us.

CHAIR - Is there an expectation that this person will be recruited by early next year?

Ms WEBSTER - Early in the new year.

Ms LOVELL - You mentioned in that update the leadership training for managers and supervisors in youth detention occurring next year. Can you elaborate on what that training will look like and assuming or hoping that there's specific training to working in a trauma-informed youth justice environment. Can you outline a bit more on that please?

Mr JAENSCH - Could I invite Craig Woodfall to the table? Craig is Director of Community and Custodial Youth Justice.

CHAIR - You'll just need to make the statutory declaration.

Mr CRAIG WOODFALL, DIRECTOR OF COMMUNITY AND CUSTODIAL YOUTH JUSTICE, DPAC WAS CALLED, MADE THE STATUTORY DECLARATION, AND WAS EXAMINED.

Mr WOODFALL - So, for me, this sits in changing the aptitudes and approach to the culture in - sorry, I wasn't sure who asked the question?

Ms LOVELL - That was me.

Mr WOODFALL - Oh, thanks, and that's where it all sits. So it's part of a broader package where not only leadership, but all staff are engaging in that leadership training and trauma-informed training and probably some of the immediate actions because ultimately, we want to get to an end point, but it is a continuum. The immediate actions that have occurred is that we've brought two ex-education principals and leaders have come into the youth justice space who are part of the leadership team at Ashley. They are working there at different levels,

but certainly the current principal of school is part of the leadership team. We've put in an assistant principal at the school to allow him to be able to be more part of the leadership team.

That development of all staff is what we're working on including leaders and staff and the tangible things that are occurring and have occurred is the youth worker training that's occurring currently right now, which is seeing tangible benefits too.

Ms LOVELL - Two questions: who's delivering the youth worker training, and then who delivers the leadership training that we talked about?

Mr WOODFALL - The youth work training has been the focus of the initial thing and we know that we're moving towards cert for training as well. That's now in place and we've secured people to do - and I won't mention numbers because I need my data in front of me. But by the end of 2024, we will have people who have completed that and it will be rolling through with the notion that we would want all youth workers to have participated in Certificate IV training. The other training -

Ms LOVELL - Sorry to interrupt, so who's delivering that Cert IV training?

Mr WOODFALL - The Cert IV training - I just looked that up for you quickly, thank you, and I did, no - I will come back to that, sorry. I have a name on the top of my list, but I don't want to get that wrong.

The other training for youth workers, it's across. For example, we're bringing in the appropriate people at the appropriate time. We've got someone from workplace safety who's now come on board. They deliver the workplace safety. We have just had trauma informed practice which was delivered by the Australian Childhood Foundation. So we're getting the, I guess, subject matter expertise and those with deep understanding to do that training.

The Circular Head Aboriginal Corporation worked with the inductees around cultural awareness. We've had the Office of Ombudsman come in and they deliver their - the custodial inspector and health complaints commissioner come and talk about their roles and their expectations.

The managers will meet with the youth workers and talk about our roles, our expectations and what change we want to see. And I guess suicide and self-harm. We've got the health service, correctional, primary health nurses and I guess it goes along this first aid fire warden training operation. So all that is -

Ms LOVELL - So that's all part of your ongoing regular training package. The program, the leadership training that's been referenced in this update from the minister, which I appreciate you might not have with you - leadership training for managers and supervisors in youth detention. Is that included in what you've been talking about now, or is that something in addition?

Mr WOODFALL - Yes. Frontline Mind is undertaking the leadership training. I couldn't think of the company delivering it at the centre. I think it's also a - once again, it's a continuum. One of the things we want to do is to have those relevant people with experience who can impart knowledge to deliver that training as we go all the time leadership by walking around. But the formal training is Frontline Mind.

Ms LOVELL - Thank you.

Ms WEBSTER - Sorry, just through you, minister. The Australian Childhood Foundation also assist with the delivery of training to youth workers as well.

Ms WEBB - To follow up on that, I probably need to state some following up because the recommendation is about 'appropriate process in place to ensure leaders in youth detention have the knowledge, skills, aptitude and core capability requirements to effectively manage people and lead a child-safe organisation'. So training of leaders to be able to do those things is different from leadership training. Just now, when you were talking about the frontline organisation, who's delivering? Are they delivering leadership training, or are they delivering training in the aptitude and core capability requirements for leading a child-safe organisation and managing people?

Mr WOODFALL - That is leadership training and what I think the experienced staff who have come into or have strengthened the leadership through a Director of Community and Custodial Youth Justice. The principal position we talked about, they are certainly on the ground building leadership, and those leaders in particular have had extensive experience in working in environments, schools in this instance, with at risk or dysregulated young people on a number of different fronts, but that disability Tier 4 -

Ms WEBB - To be honest, the principal coming in is probably the one I'm not so much interested to hear about in detail around background because we could probably understand what the background was for that principal.

Perhaps I'll come at another way too. At the present time, the most senior on the ground role at Ashley is which position?

Mr WOODFALL - That would be the Acting Director of Youth Detention depending on whether I am considered on the ground role at three days a week or not, so I'm not sure.

Ms WEBB - Let's go with the position you just mentioned, the Acting Director of Youth Detention. What are the knowledge, skills and qualifications expected in that role?

Mr WOODFALL - In that statement of duties, off the top of my head, there's certainly a strong emphasis on culture and developing culture, building culture, but also oversight of the effective running of the centre and yes, that's where I -

Ms WEBB - Is there a qualification in that role that's expected to be held in order to be well-equipped to do it?

Mr WOODFALL - I'm not sure what the qualifications for SES positions are other than to meet the essential criteria, the leadership capabilities.

Ms WEBSTER - There's obviously an SES leadership capability framework that we have as well.

The other thing I would say that the leadership and culture, and absolutely picking up your point that the strategic leadership piece and training for that is different from leadership

and management training on the ground. Those sorts of things that Mr Woodfall mentioned are really important. Some of that leadership development work was being led by our People and Culture branch. So what are the skills and qualities that we want? It's across the agency because we want that consistency across the agency and then specialisation in areas like youth justice services and child safety and education. We're currently doing that work with that training to kick off in 2025 and that's being managed by the People and Culture branch. It is broader than that very specific training.

In terms of SES though, as I said, there is a leadership capability framework for SES and then it's a matter of working through and the department itself has a number of principles and pillars that we expect our leaders to maintain. I'm sorry, I don't have them off the top of my head. That's the sort of work that we're doing.

Ms WEBB - In terms of that role currently being filled in an acting capacity, is it expected that the person who's currently fulfilling that role in an acting capacity has that level of qualification and skills and experience?

Ms WEBSTER - It would be expected that anyone who's doing an acting role would be able to make the current statement of duties. That's not to say that over time that the statement of duties for these roles may change. We may be bringing in things like culture and obviously enhancing and strengthening things like trauma-informed practice, mentoring and coaching. Absolutely the expectation that anyone who's acting in a leadership role or a more senior role meets the qualifications of the current statement of duties.

Ms WEBB - How long has the role been acting?

Ms WEBSTER - I'm sorry, I don't have that information.

Ms WEBB - I'd like to understand if it's been an acting, in that status, as an acting role for an extended period of time. I'd also like to know what's the plan for it becoming a permanent role or being recruited for in a way that moves it out of the acting status.

Ms WEBSTER - I don't have that, minister, but I can certainly -

Mr JAENSCH - Probably leave that one with the secretary.

Ms WEBB - We'll take it as a question on notice.

Ms WEBSTER - I might be able to get it for you.

Ms WEBB - I'm interested to know if there are other senior leaders' positions on site at Ashley that are also acting roles, or are the rest of them permanent roles currently filled?

Mr JAENSCH - We'll take that on notice as well.

I think the purpose of the recommendation here is one that turns up throughout the commission of inquiry's recommendations for reform that go to a change of culture being needed, as well as built environments, systems, curriculum, training, et cetera. There is a very strong theme throughout the commission of inquiry that a change of culture which is aligned to a child-centred approach where the rights of the child are upheld, the voices of the child are

heard, et cetera. That is infused throughout a lot of the recommendations. This is one of the specific recommendations that goes to that.

Ms WEBB - I completely agree with you.

Mr JAENSCH - I think that's the important part.

Ms WEBB - I absolutely agree with that. That's the angle of my questioning. I'm interested in the senior leadership on the ground at the moment and questions in relation to qualifications and to the appointment of those roles. As you would understand, if those roles are currently filled by people who have been employed at Ashley in senior roles or otherwise from before the time of the commission of inquiry and they are now at the top leadership, of course people would have in their minds, 'How will those people, having been there, since we now understand a whole range of inappropriate cultural and abuse situations that occurred, how can we have confidence that they are appropriate to the senior roles they are in now?'. I'm not asking this as a reflection on those people personally. I don't know them.

CHAIR - Could I ask a question that backs it up, perhaps? How are you measuring the cultural change?

Ms WEBB - That comes up in another recommendation.

CHAIR - Yes, but we're talking about it right here, so maybe we can -

Ms WEBB - It does divert. Can I stay with this for a second? I'm trying to understand. As you said, minister, that the culture change is the key of intent here. In terms of the senior leadership roles and our confidence that they have, as this recommendation says, 'the knowledge, skills, aptitude and core capability to effectively manage people who need a child safe organisation', if those roles are all currently still held, for example - I don't know whether they are, you can clarify- by people who have been employed at Ashley since before the commission of inquiry was held, and therefore across the time that we now know a dreadful culture that perpetrated abuse against children was in place, they are the people now expected to lead culture change. It doesn't give me enough confidence hearing your answers about this, that and the other training being done, if those people haven't in other ways been assessed as being appropriate.

Mr JAENSCH - We've got across our service and across any sector, including our parliament. We've got people who've served for differing periods of time. Some have been in the parliament for a lot longer than I have and the world has changed around us and the expectations. Inquiries have introduced new ways of working and new ways of being safe and set new standards for us all to work by. It's no different than any in any workforce.

The Ashley Youth Detention Centre and the youth justice system that we have now, compared to the majority of the period that was examined by the commission of inquiry, is a transformed place in terms of the scrutiny, the oversight, the compliance requirements that sit around it. When we talk about child and youth safe organisations, that framework has only existed in a formal sense for a period of months. All our workforce and all the workforces that we deal with are expected to comply with it. We evolve and change, we train, we change culture and we bring people through that change as well.

It's not a case of every time we have a new set of expectations that we change all the people and introduce new ones because we don't know where they've come from either.

Ms WEBB - I'm not suggesting that. The question didn't suggest that.

Mr JAENSCH - We have a responsibility and the secretary has the responsibility of making sure that people in the various roles that we have are adequately qualified for those roles, that they're suitable people -

Ms WEBB - That's what I'm asking.

Mr JAENSCH - We will also continue to invest in our people as we learn more about what their roles require and will support them to meet our expectations and the community's expectations.

Ms WEBSTER - If I can add two things, minister, regarding the people and leadership at the top. Can I just say that there have been two really tangible examples with the addition of the Director Community and Custodial Youth Justice, a senior level, which is Mr Woodfall's position. I know, Ms Webb, you mentioned the assistant principal, but that is a really important role because it allows the principal to then focus on leadership. They are part of the team of improving culture and leadership at the centre. The other position that I neglected to mention is the Director of Clinical Services. I'm not sure if the minister mentioned that at the last scrutiny hearing, but that position is key in the development and implementation of the therapeutic models of care in Ashley Youth Detention Centre. That does go to culture quite clearly because the implementation of those models is really important.

The next most important position, I believe, is the recruitment of that Executive Director of Youth Justice Operations. We have just recruited the Executive Director of Child Safety Services. We've just finished that and that person will commence next week. We are working through that process. We want to get it right. We want to make sure that the right people are in the roles. I wish it could be sooner, but we are working through that. I know that Mr Woodfall had something to add about that as well.

Mr WOODFALL - The other tangible example I can probably give is that as former principal, director of student support, I studied with Bruce Perry's Child Trauma Academy, graduate certificate in neuro-sequential modelling, so I do understand trauma work very, very well. The leaders underneath me are my direct responsibility. In our department we have professional development plans where we work with them on development plans and leadership and we take that responsibility very clearly. That leadership through the centre, including that of the principal that works in that way, is how we're effecting cultural change and building the capacity of leaders underneath us.

Ms O'CONNOR - Minister, how many complaints have been made by detainees about staff at Ashley Youth Detention Centre since the commission of inquiry handed down its report? As you know, cultural change has multiple dimensions. I was really pleased to hear you talk about Ashley as a transformed place. I don't know how you can turn a century-old hellhole into the kind of transformed place it needs to be, but we should thank the whistleblowers who helped Tasmanians understand what was happening inside Ashley Youth Detention Centre. In terms of the staff on ground there, the youth workers who are working with these young people,

have there been complaints lodged? Have there been serious allegations made? If so, how have they been handled?

Mr JAENSCH - Thank you. I'll ask the secretary or relevant staff to get some specific answers to those questions for you. While they're doing that, what I'd like to point to is it's very important that young people who are in Ashley can raise concerns.

Ms O'CONNOR - That's right.

Mr JAENSCH - One of the most powerful impacts, for me, of reading the commission of inquiry's case studies and the themes they drew out, were the references to circumstances where at various times young people have felt there was no-one who they could tell. The only people they could tell were the people who their concern was about, and the feeling of helplessness was the thing that probably had the biggest emotional resonance for me - I felt that, reading it.

What we have at the moment in Ashley are multiple avenues through which young people can raise concerns with the presence of the Commissioner for Children and Youth advocate in Ashley, with the Australian Childhood Foundation having a presence in Ashley, with there being routine inspections and unannounced arrivals of custodial inspectors. There are many, many layers at the moment and direct avenues for young people to make contact and raise concerns, not having to go through the management structure of the place as well.

I am, frankly, pleased that there is traffic in this area of concern raising and that there are mechanisms for dealing with it because the evidence we've seen suggests that wasn't the case in the past and that wasn't because there weren't things to complain about.

Ms O'CONNOR - And we're talking about the recent past too, of course.

Mr JAENSCH - All the time, every day.

Ms O'CONNOR - This is not a sledging of you but let's be realistic about this: it wasn't that long ago.

Mr JAENSCH - And so I want there to be voice given to concerns and process for dealing with it and not single points of failure in the carriage of those messages from young people to someone who is responsible for addressing them.

Ms O'CONNOR - I absolutely hear that and that was well said. I am trying to understand because the effect of true cultural change will be experienced most and in a most life-changing way for the young people who are in that place. The question is, since the COI, what kind of complaints, how many complaints are we hearing about staff or issues there that would give rise to concern or intervention, potentially?

Ms WEBSTER - We're just getting that data for you. I think we should have the numbers of complaints. We may not be able to break it down into specific detail, but we should be able to provide you the data around complaints.

To add though, obviously this goes to another recommendation about complaints management and oversight for young people in detention. We have a project officer who's

commenced the work for a new complaints management oversight unit. One of the key issues for complaints management is oversight and making sure that they're triaged and appointed to the right person. One of the other concerns was getting back to the complainant no matter who they are. So, doing that work.

We have a help form for children; we will implement a help form for children and young people to enable them to make a complaint. There's also an additional children's commissioner person on site who can help them with that. But, having a system that can capture those complaints will tell us, perhaps, where we need to focus our effort as well. It's not just an isolated incident; there might be more complaints about a similar thing.

Those sorts of complaints are dealt with and Mr Woodfall might have some information about the specifics around complaint processes at Ashley Youth Detention Centre. In terms of any serious complaints about child sexual abuse -

Ms O'CONNOR - Sorry, Ms Webster, not just child sexual abuse, but abuse.

Ms WEBSTER - Yes, and I'm sorry to use that term, I did mean a more generic - obviously, if there were allegations relating to staff, there's a process for that and the seriousness of that would be to remove a staff member from anywhere within any department if that is the case and that process of a code of conduct investigation would take place. But, the most important thing would be to make sure that the children and young people are not in harm's way.

Ms O'CONNOR - Was there data attached to that, or information relating to complaints?

Ms WEBSTER - Yes, we're just seeking the data around children and young people making complaints at Ashley.

Through you, minister, were you asking about codes of conduct?

Ms O'CONNOR - I was just about to go there, because it's the logical next question, but, since the handing down of the commission of inquiry report, have there been ED5s or removals of any staff at Ashley, and if so, how many?

Ms WEBSTER - I can certainly tell you that currently - and obviously there's been a referral of all Ashley-related matters to the head of the State Service. There was an instrument of referral undertaken in September, I think -

Ms O'CONNOR - Of this year? Is that right?

Ms WEBSTER - Yes. All complaints in relation to the Ashley Youth Detention Centre and abuse were actually referred to the head of the State Service, who has a process underway to review those complaints and has Ms Regina Weiss working on that process to make sure that any new information that might be there or that those processes were undertaken properly.

I can't necessarily tell you whether or not it was before the commission of inquiry was handed down, but I do have the data on the number of current codes of conduct in relation to Ashley Youth Detention Centre.

PUBLIC

Ms O'CONNOR - Thank you, Ms Webster. The question related to the time period since, presumably, there was some significant changes made on the ground at Ashley, and whether or not there have been significant issues with any staff.

Ms WEBSTER - Yes, if I can just answer that question?

Mr JAENSCH - As you're able, yes.

Ms WEBSTER - There have been, certainly, complaints made since the handing down of the commission of inquiry. I reviewed the data quite recently and, yes, there have been.

Ms O'CONNOR - These would be complaints, without going into any unnecessary detail, that are made by detainees towards staff, or staff towards other staff, or staff about, potentially, even detainees?

Ms WEBSTER - They could come in a variety of ways, yes. And they're not - I should say, not all the ones that I review are related to abuse or child sexual abuse. Obviously, as the secretary, I'm responsible for -

Ms O'CONNOR - Misconduct and other allegations that may be made.

Ms WEBSTER - That's right, yes.

Ms O'CONNOR - Do we have that data that we were looking for before?

Ms WEBSTER - Not just yet. In terms of that specific data around codes of conduct, that may be something that the committee may need to see confidentially, in terms of that.

Ms O'CONNOR - And complaints. Thanks, Ms Webster. Can I just check, is AYDC fully staffed at the moment?

Mr WOODFALL - Yes. There's an ongoing recruitment program. I think we've had six youth worker recruitment induction programs, but it's tough work. We do have a natural attrition of people thinking, 'This is not for us'. So, we're always recruiting, but at the moment, for example, the SITREP today, says we have sufficient youth workers and that's been pretty well the pattern all the way through in recent times. So, yes. But, in saying that, I think, 'What is fully staffed?' Yes, it's functional and operating, but it would be good to continue to develop a larger number of youth workers on site.

Ms O'CONNOR - Thank you, Mr Woodfall. Can I just unpack that a bit, then? How many FTEs are working at Ashley? They don't have to be working today, but what's the FTE complement of staff at Ashley from senior management to youth workers? Do we have that number?

Mr JAENSCH - I'm happy for the department to provide that.

Ms WEBSTER - Through you, minister, for custodial youth justice, the current FTE, as of 6 November, is 102.38, and that headcount is 108. For, custodial youth justice.

Ms O'CONNOR - Thank you.

PUBLIC

CHAIR - Can we just clarify - before I come to you, Meg. There was a suggestion that we might put the question on notice to you about the number of complaints and you said it might need to be taken in confidence. Is that - are we agreeing to that? I want to clarify -

Ms O'CONNOR - I didn't hear that - to take the complaints -

CHAIR - Well, it was in response to your question.

Ms O'CONNOR - To give it to us in confidence?

Ms WEBB - Why would it need to be in confidence?

Ms WEBSTER - Sorry. Through you, minister - only if it related to ED5 or code of conduct, but not the general complaints.

Ms O'CONNOR - Okay, thank you.

CHAIR - We need to clarify what the question is. Can you clarify the question you're seeking the answer to?

Ms O'CONNOR - The question is, since the final report of the commission of inquiry was delivered, how many complaints or allegations have been made by detainees at Ashley Youth Detention Centre about staff at the centre? Is there any information you can provide on the outcome of those complaints?

Ms WEBSTER - We will need to take that on notice, minister.

Mr JAENSCH - I'm happy to take that on notice.

CHAIR - And the code of conduct matters?

Ms O'CONNOR - Yes, but didn't Ms Webster say that could be provided as long as it's de-identified?

Ms WEBSTER - Yes, we can do that.

CHAIR - I'm clarifying what they're being asked.

Ms O'CONNOR - That would have slipped from me, so thank you. How do we capture that?

CHAIR - You'll send an email to the secretary.

Ms WEBB - I want to pick up and clarify something that was mentioned in answer to Ms O'Connor's question around the ED5 code-of-conduct investigations and the fact that DPAC has set up the process that Regina Weiss is undertaking to relook at those. I want to clarify firmly that all ED5 matters, investigations that are current, relating to Ashley Youth Detention Centre, have been shifted into that process.

Ms WEBSTER - Yes, they have. I don't want to speak for the head of the State Service, but, yes, that's correct.

Ms WEBB - Thank you. That's all I wanted to clarify.

CHAIR - Are there any other questions on this one?

Mr JAENSCH - I don't know which one we think we're on.

CHAIR - 12.6.

Mr JAENSCH - We also went to 35.

CHAIR - We did, yes. So, 12.7, minister. Questions on that.

Ms WEBB - I'll reiterate the Chair's question from the last one, which was about measuring and monitoring cultural change in youth detention at the current time and how you're tangibly going about doing that.

Mr JAENSCH - As an operational matter, I'll refer to the secretary in the first instance and see where she takes that. Thank you.

Ms WEBSTER - In terms of the personnel and the culture change, I think some of the matters and some of the answers to the former questions relate to this. One of the things that the Department of Premier and Cabinet is doing with their youth justice reform and our youth justice blueprint will actually have key indicators in there regarding improvements at Ashley that we will have to monitor and evaluate against. I think we also have a governance framework that supports the implementation and monitoring of the youth justice blueprint and there's a program of work that currently sits within DPAC.

Through all that work, and I don't want to speak for DPAC, but part of that will be a monitoring and evaluation framework, and part of that will be our input into the cultural change. They are interrelated and we are working with DPAC as they develop things like the model of care, working in the Youth Justice Reform Action Plan, but all of that will include a monitoring and evaluation framework.

Ms WEBB - That sounds good and is pleasing to hear. I'm interested in, right now, given that we have a detention centre that's still open, that's under a massive cloud from the commission of inquiry and a lot of that's to do with an entrenched culture of abuse of children, how are we monitoring and evaluating cultural change currently? I'm not interested in what we're going to do in the future, or what will happen under a new framework or blueprint, but right now. How are you monitoring that culture is changing and has changed at Ashley?

Mr JAENSCH - Do you have a system of performance that you're using?

Ms WEBSTER - There are a range of measures that we would use and one of them is what we just talked about regarding complaints. I think if young people and staff are happy to speak up and say where things aren't working, whether they are minor things in procedure and practice, or more serious things, then we would like to see initially that people are coming forward and saying if they're not comfortable or if they're making a complaint. Mr Woodfall

might be able to talk about certain things about - there is a number of forums that are in place in terms of asking young people because it really is important to ask the people who are in the centre if they believe that things have improved. I think there's a range of measures, including datasets, that we can look to, including the number of complaints that are raised, how quickly they might be resolved, how they're resolved to the satisfaction of the person who's making the complaint, how we're interacting with Ashley School - for example, the number of young people engaging in those sorts of activities.

So, there is a range of that data that we already collect. I think it is a matter of bringing that together and developing, as it says within the recommendation before us, how that all fits together in terms of the indicators that we are seeing, where we're seeing improvement regarding that sort of behaviour.

Ms WEBB - I'm particularly interested to hear about how we're measuring and monitoring culture change amongst staff and the staff group. For example, in that respect, I'd be interested to hear about exit interviews being done by staff who are leaving - especially who have been recruited and then left in recent times; numbers of staff on workers' compensation and whether that's moving over time; people returning to the workforce from workers' compensation because they feel they can return to the workplace. Those kinds of indicators about staff culture. Clearly, staff culture was an issue that was raised in the commission's work.

Ms WEBSTER - Through you, minister. There are a couple of things. One is the Whole of State Service Survey.

Ms WEBB - It's not granular enough, though.

Ms WEBSTER - No, no, I had a little bit more to go.

Ms WEBB - Sorry.

Ms WEBSTER - Then there is also a survey - a staff engagement and wellbeing survey - that the Department for Education, Children and Young People also do. My understanding is that's undertaken each year. There is that survey, where we can measure staff satisfaction and staff engagement from work area to work area.

In terms of separations, resignations and retirements in - I was going to say induction interviews - but separation interviews are undertaken. Obviously, not everyone that separates from the department wants to undertake an exit interview, but many do. In terms of the custodial youth justice, and I mean across the youth justice continuum, between 1 October 2023 to 31 October 2024 we have had 16 separations - resignations. That's by headcount. We've had two retirements and one person move to another agency.

That information is tracked and, as I said, we do have that individual agency staff engagement and wellbeing survey as well.

Ms WEBB - I'm particularly interested in the AYDC situation and staff culture change there. Are these sufficient measures, do you think, to be monitoring whether culture change is occurring, and has occurred already, minister? Are you satisfied that we have enough measures in place to track that and understand whether it has occurred?

Mr JAENSCH - It's an important area of work. It is clearly referenced in the recommendation. The recommendation also recommends a delivery of 2026 for this. You've had advice from the department today about steps that have been taken and work yet to be done as well. This is a work in progress, on track as far as the commission of inquiry's recommendation goes. It's the sort of thing which will need to be continually evolving and being refined.

Ms WEBB - Naturally.

Mr JAENSCH - Whilst there's reference to work that has been undertaken, there has also been - and as my previous responses after our last hearing referred to - positions being created and systems being generated. We will continue that work, with a view to being able to have that in place and operating as soon as possible, and clearly before the required timeframe from the commission.

Ms WEBB - My question isn't about descriptions about what's been put in place to help culture change happen, although that's important and good. The question is about how we give ourselves confidence that it has occurred. I'm asking about monitoring and evaluation and purposeful tracking of that - not necessarily just through general surveys.

Mr JAENSCH - Also, I note that, specifically, monitoring and evaluation is a component of the recommendation -

Ms WEBB - That's why I'm asking about it.

Mr JAENSCH - for which the commission has given an indicative timeframe by which that should be -

CHAIR - I think there's someone at the table who might have some answers, minister.

Mr JAENSCH - Yes, but I am also putting the committee member's question in context, because we're speaking about something which is an evolving response to a future delivery date. It's not necessarily all there yet, and it will probably always be subject to review and refinement. If there is more information to be provided at the table, I'm happy to hear it.

Mr WOODFALL - Yes, we certainly understand it's on the continuum and it's a work in progress. The monitoring will require: what are we monitoring, how we're monitoring, and the foundation of cultural change. We are looking at introducing - we are introducing, while on that continuum, a positive behaviour support system within the place where we're rewarding positive behaviours. We've flipped that around to make those cultural drivers. That was led by the principal of the school, where he consulted with cafeteria staff, youth workers, young people.

I think Ms Webster referred to opportunities for young people. I co-chair a young person consultative group with ACF, and the principal was also there, that was consulted, and we came up with four cultural drivers: respect, safety - which are quite obvious ones - but we also came up with communication and consistency. That was really from the young people, who say they want communication, they want to understand, and they want consistency of responses across youth workers and things. That's about culture. The communication and the consistency, for

dysregulated young people, that gives them the repetition and the certainty that they need to co-regulate. That's the culture we're doing.

I'd finally say that, while no formal monitoring and processes are in place to do that yet, we are seeing improvements throughout IRC, which will probably come up later, which is our incident review committee. We're just seeing the responses of youth workers changing in the way that they deal with situations. I think that's a great measure of cultural change.

CHAIR - I have a couple of questions I'd like to follow up with. Following on from that, engagement with children and young people, obviously, is central to this. What actual mechanisms are used to engage the young children? Is it informal, formal, or a mixture of both? I'm interested in how that's actually done.

Mr JAENSCH - Mr Woodfall has a good story to tell here.

Mr WOODFALL - I'm happy to do that. One of the commission of inquiry recommendations - I'm not familiar what number it is - is that we would revise the resident advisory group. We've done that. The terms of reference, that's been consulted with all the relevant stakeholders - commissioner for children advocate, Custodial Inspector - but mostly the young people, so that young persons can advise. A young person consultation group occurs monthly, and young people are elected to it and they come. We have found that often our system wants lots of answers and feedback. We're trying to scale that back a little bit and find the balance so that we're actually hearing from the young people: 'What do you want to talk about?'

CHAIR - The data's collected from those meetings - that's one of the mechanisms?

Mr WOODFALL - Yes, the minutes are -

CHAIR - I'm trying to understand how you actually collect the data to then see how the culture's changing from the young person's perspective.

Mr WOODFALL - Yes, certainly, that's one avenue. We know that we've just authorised, and we've spoken to the children's commissioner about their young people's voices project. I might have the name incorrect - but certainly we've agreed to fully participate in that. We've done one previously. That's about to commence.

Then we also have the advocate from the commissioner for children, who's onsite three days a week and constantly engaging those conversations, reporting back and collecting data that goes through. Then we also have the custodial inspectors who have free range of the centre and speak to young people, and that data is collected and brought back. They put that in their reports, like the Custodial Inspector reports talk about what they're seeing and changes in culture and changes in practice.

CHAIR - Is all this data sort of synthesised into a report reflecting the views of children and young people in the centre, or engaging with the service, I guess, or the centre? Such that there's a consolidated report that helps you track whether the young people are noticing a cultural change? We're talking about cultural change.

PUBLIC

Mr JAENSCH - We also have a lot of churn of young people through the centre, so in terms of them being able to reflect on cultural change there's some limitations to that because -

CHAIR - We do have a few that cycle back through, too, though.

Mr JAENSCH - Yes, some do.

Mrs PENTLAND - How many do you have that have been going through the process - that have been there prior to the commission of inquiry coming down? How many detainees would you have there who have been through it, of the people who are there now?

Mr JAENSCH - Who have been in Ashley for -

Mrs PENTLAND - Yes, but prior to the commission of inquiry report coming down, and going through the recommendations now - how many detainees would be there for a longer period of time and would know if there has been cultural change or not?

Mr JAENSCH - I don't know. Ginna, what can you say?

Ms WEBSTER - I do have the data there somewhere regarding the latest numbers around returns to Ashley. I'll find those in a moment, but I think the vast majority have one episode in Ashley per year. That's my recollection of those figures.

We are now going back a little, as well, in terms of time. It may be that many of those young people are not, hopefully not, returning to Ashley, but they're actually over the age of 18 anyway so it would be difficult.

Through you, minister, to go to Ms Forrest's question around what you are doing to develop a report, I think this very much goes to the heart of this recommendation. We do have current data that we can use as a baseline - that's really important - but we may have gaps in that data that we need to collect. I think bringing all that together - and a report may be one way we do that as part of measuring that culture change; certainly regular reports, as you know, from the Commissioner for Children and Young People, also the Custodial Inspector reports, are another way of monitoring that.

I know that Mr Woodfall meets regularly with a custodial inspector. I haven't met with him in the last five weeks. I have met once with the Children's Commissioner and I'm meeting with her again this afternoon, where I would expect that there are also conversations generally about Ashley and -

CHAIR - When we hear from you again, next year some time, in relation to the progress of these recommendations, could we reasonably expect to see - rather than just the baseline data that's already been collected - some progress on this?

Mr JAENSCH - This is a program of work we have that we will report against every recommendation - this is one of them. There are things in place now and there's been, in the update I gave before, a preview of work to come as well. We'll always update on that and you'll be able to see the progression of that work, including what we are monitoring regarding feedback.

CHAIR - It would be helpful to have that, actually, in the quarterly reports. These sorts of evidence - even if there's no evidence of change, that's an indicator in itself.

Mr JAENSCH - I think that's where the independent monitors' role, and how they gather that information, is going to be important.

I want to put one more thing on the table about the culture and the experience of being in Ashley. The culture of the staff and the management of the place, the programs, the models of care, and the therapeutic approach to managing young people and their behaviours, is the critical part of this that we control.

We must accept also that this is a place where the young people who are coming into Ashley are quite often there because of their dysregulated behaviour; the risk they present to themselves and others in the community. Magistrates or JPs or others have deemed that this is a place where they need to be to be safe and to be safe in themselves and to keep others safe as well. The experience of being in Ashley is partly about how we deal with those young people. It is also a challenging environment because of those behaviours, both for staff and for other detainees. The interventions that are needed to keep it safe make it an unusual environment; it's a different sort of workplace.

It has a lot of people in it with trauma in their background. We have to have very specialised staff who are also assaulted and threatened, who face those difficulties in their work. Their experience of the workplace, as well as that of the young people, has those overlays that most of us don't see in our daily lives.

CHAIR - I accept that, yes.

Mr JAENSCH - Culture, in how we deal with it, is really important. A person's experience - 'how was your time in Ashley?' - is going to be reflective of the space that they're in with other people who are traumatised and dysregulated, as well as their experience of feeling safe and managed and looked after by the people who are in there.

This goes for our staff as well. We can give them the tools; we can support them. Some of those people are going to be assaulted and have to take time off work and that's traumatic for them. We will prevent that wherever we can. Sometimes, and this is my observation as someone who sits outside the service, when I've been taken through reviews of incidents, I believe that we've probably got staff who, in the course of living their training about how to respond to young people who have escalated behaviours, have probably put themselves in harm's way because they haven't put their self-defence or containment of that situation, seeking to get control of that, which in the past has perhaps been the way we've approached it, but which is seen to be heavy-handed and to have added to the trauma for young people, sometimes that's added to the trauma for our staff as well. We need to keep working on getting that balance right. It's a very difficult operating environment.

Ms WEBSTER - I wanted to cover your question. I did find those stats. I should know them off the top of my head. About 50 per cent last financial year, 2023-24, individuals, 49 per cent of young people coming into Ashley only came in once that year. That gives you an indication of the return rate and what we might need to seek in terms of that experience. I just wanted to let you know that.

PUBLIC

Ms O'CONNOR - Is that a 50 per cent recidivism rate?

Ms WEBSTER - No, it's young people in Ashley by number of episodes of time in Ashley, if that makes sense. How many times someone comes into Ashley, 50 per cent of the admissions were only one-off individuals. Does that make sense?

Ms O'CONNOR - Yes, which means an equal number of them were two or more.

Ms WEBSTER - That's right, yes. The next highest would be two, obviously.

Mrs PENTLAND - Does an overall number of those individuals who have -

Ms WEBSTER - The distinct number of young people is 38.

Mrs PENTLAND - That have come in again?

Ms WEBSTER - No, they've come in once.

Mrs PENTLAND - Then you can say the same for the other, thereabouts.

CHAIR - Has the cultural change lead been appointed yet? That was in your update. Where is that at? It is obviously an important role. Are you actively recruiting?

Ms WEBSTER - I can get you that information. It's certainly on our list to recruit five. I don't know off the top of my head where it's at.

Mrs PENTLAND - The 38 who are the repeat people coming in, when they exit, do you do some kind of survey? When you're talking about culture, is there an exit survey or interview? Something to gather that kind of information to see if there's a cultural change.

Mr WOODFALL - I should know but I'll take that question on notice and get back to you. They do a lot with case management, noting that some people may appear after hours on a Friday and be out Monday morning. Case management does make contact with them and talk to them. I will need to check whether it's a formal, 'How was your stay? How did you find it?' It's a good point.

Mr JAENSCH - Might not be their highest priority for some of them.

CHAIR - I'll move to 12.8.

Mr JAENSCH - There have been some references to this already in Mr Woodfall's and my prior response.

CHAIR - If there are no questions we'll move to 12.9.

In your update on this one -

Mr JAENSCH - Which one was that?

CHAIR - It is 12.9. You said:

Recent staffing changes result in shift in staffing demographic relating to change, cultural diversity, age, gender, qualifications and experience, particularly at the Ashley Youth Detention Centre.

Can you elaborate on that bit more fully as to - I mean that's a fairly broad range of diversity and it's not massive staff in terms of the whole of the department. I'm interested in what you've done to actually change this from a cultural diversity point of view.

Mr JAENSCH - Craig is very in touch with the recruiting and the workforce. I'm happy for him to provide a comment here.

Mr WOODFALL - Certainly the previous five recruitment campaigns have recruited quite a culturally diverse workforce, many people from many different nationalities. We have noticed that the last recruitment program, although it hasn't gone through the assessment process to see who will advance through, it appears to be attracting some more local people maybe to say as in from, you know, Launceston and Hobart, but you previously have attracted people from interstate in different places.

One point I would like to make, the cultural diversity has at times caused challenges with racism and challenges at the site. However, a really pleasing initiative through programs is we're looking at that as an opportunity so that we can work with those workers and the young people to create programs to better understand cultural diversity. It's another example of a great life skill, I think, which young people will take back into the community with them.

I think the cultural diversity is hopefully contributing to better outcomes and better life skills for the young people in that sense.

Ms ROSOL - I have a question about the clinical support, including supervision that's mentioned in the information we received. I am wondering if you could give some information about what that supervision involves, how often it happens, who provides it - what it looks like and if staff are required to participate in that?

Mr WOODFALL - One of the recommendations was to put this into place and employ our own staff to do that. We made an operational decision to outsource that to ACF because we thought there was greater transparency. We have two staff onsite. We have a person who works with young people, and we have a support person from ACF who supports staff. The thinking behind that was it stays outside the workplace; it's a step removed; they can probably have more open conversations with that person.

Certainly in speaking to the ACF staff members at times, we're still developing the culture that people want to go in and speak about what's happening for them, and so we've asked leaders to model that and have those conversations. Yes, that's how it happens, Ms Rosol.

Ms ROSOL - A question about the EAP as well. Just curious about how many staff are accessing EAP and if you're seeing any changes in the patterns or the numbers of staff who are accessing it?

Ms WEBSTER - Firstly, we certainly would have broad information on accessing EAP. When you get down to smaller work groups, we have to be really careful about what we request

or what we receive in relation to those sorts of things because it might discourage people from accessing those supports if they think there's some sort of scrutiny around them. I guess my experience in this has been that we would get advice from the EAP or the wellbeing unit around areas that we should focus on as an executive and where we should put our effort. We need to be really careful, I guess, about breaking - you know, asking too many questions or receiving too much information. I don't know if Mr Woodfall is able to answer in terms of what he may observe or request for those sorts of support.

The other point is that the agency would provide that support to staff if, say for example, we had to do a critical debrief if there's an incident. There might be specific supports that we're able to give psychologists and counsellors who might be on the ground who can support staff immediately and then referral to EAP. It might be a 'one size doesn't fit all' necessarily for staff.

My previous experience in other departments has been that people may have their own psychologists or counsellors that they wish to go to. My experience has been that we have funded those as required. I don't know if Mr Woodfall -

Mr WOODFALL - Certainly, qualitative feedback is that some people feel, with no disrespect to EAP, it's a bit generic and sometimes the staff they're dealing with don't really understand the context. They don't really want to tell their story and they don't have the relationship. Certainly, that's what we've talked about. Can we refer to - can we fund or support staff members through their own support?

One of the things we are exploring under Dr Kristen Webb's leadership as Director of Clinical Services is, can we provide support, supervision through that team and what that would look like. We have recruited some positions for that team, but we're still determining what is the most effective makeup of that team and how we get the best bang for buck, I guess, for young people, staff, et cetera.

Ms WEBB - One follow-up there and the answers around clinical supervision. I may have missed it in the answer. I apologise if I did. It's not compulsory for all staff to participate in clinical supervision sessions on a regular basis?

Mr WOODFALL - It's compulsory to - clinical supervision, if we're talking about wellbeing and welfare, no. In relation to practice with the briefings and the updates and the meetings with their operations coordinators, yes, definitely compulsory.

Ms WEBB - I'm making a distinction between - I'm not talking about performance management, which would happen through your line manager. That's a very different thing and needs to happen appropriately, of course.

Clinical supervision and, as you've described, can appropriately be done by an outside entity because it's about how you go about your work and do it well, not in a performance way, but in terms of your understanding of the things you need to apply when you're doing your role and how you need to bring a thoughtful approach to trauma-informed care, for example. That sort of supervision - clinical supervision. Is everyone required to do that on a regular basis across the staff team?

Mr WOODFALL - Everyone is exposed to that in their morning meetings. What's the priority, what we need to be aware of, reminding of focuses of the work, what the correct

trauma-informed response to a certain situation which might evolve today. That's practice reminders.

In terms of specific wellbeing, 'I am struggling. I would like some support on that', that part is not compulsory. The practice part is in part of the normal structures and operating of the centre.

Ms WEBB - I'm struggling to make this distinction for you. It's not that I'm talking about - it's clinical supervision. The way I understand this coming from a different background, say, for example, social workers who might be working a particular service for an organisation. If they're managed in a performance way by their manager, their practicalities of what they're doing day-to-day through their manager. But they would, as a matter of course, because of the professionalism of their role, undergo clinical supervision in a different way, which is about ensuring that they're coming at their job correctly and are able to be assisted to understand how to approach different situations in their job. It's more of professional development sort of side of things. Do you have that in place for all staff that they are expected to go through and undertake?

Mr WOODFALL - We have a staff support person. They're an experienced previous OPS coordinator. Their sole role is to work with staff on the floor at the elbow, when anything's occurred. If we feel someone might be a bit dysregulated or a bit off or we're not sure, we would ask that person to check in with them and work with them at their elbow, have those conversations.

But would it be compulsory, I don't think we've had that that challenge. When we've asked someone to be supported because we've spotted something, but it wouldn't be necessarily regular or timetabled -

Ms WEBB - What I'm asking about, in other situations, say social workers out working in programs, is not so much to respond to particular situations or particular challenges, is actually to ensure that people are kept up to a good standard and have professional support and challenge as well, as they undertake their role, so that we don't find things going astray. It doesn't sound like that is the arrangement that's here from what I gather. Thank you for clarifying.

Ms WEBSTER - If I can just understand - I don't want to speak for you Ms Webb, but I think you're talking about clinical supervision for social workers, counsellors, psychologists - that is a requirement -

Ms WEBB - That sort of model.

Ms WEBSTER - That sort of model. I think, not wanting to put words in Mr Woodfall's mouth, but he has described a more informal model of that, noting that youth workers do not come under that occupation class. What Mr Woodfall, I think, is explaining is that it's a much more hands-on interaction as you're working with a young person.

It could be something that we take as part of the culture change and part of the working with young people. That is a model we could implement that actually does mirror what social workers, counsellors, psychologists are required to do. It is something that we could mirror as

part of working out through that culture change and supervision. Absolutely not ruling it out, but I think what Mr Woodfall's describing is an informal way of doing that.

Ms WEBB - Thank you, and I appreciate the clarification. I understand, and I'm not making a criticism about the fact that it's not occurring now. I appreciate the explanation of what it is, but I particularly appreciate your indication that it could be considered as something going forward. From my point of view, that would be a really important piece of the puzzle.

Ms WEBSTER - A structured model is what you're referring to?

Ms WEBB - Yes, that's right.

CHAIR - Any other questions? If not, we'll move to 12.10. Any questions on 12.10?

Ms ROSOL - In the information we were provided, it says a professional learning module will be developed in the second half of 2024. We're well into the second half of 2024, so I'm wondering if you can give an update on that professional learning module, and if it's being finished and introduced, or what's happening with it, please?

Mr JAENSCH - Thank you for the question. I'm happy to ask the secretary, if she can update us?

Ms WEBSTER - Through you, minister. My understanding is that professional training module to support the delivery of the conduct and behaviour policy and standards for staff is still currently under development and is expected to roll out in early 2025.

Ms WEBB - Is this where we would revisit where we mentioned before around the funding that was committed to in the election, and the things that are being rolled out now, under that umbrella of diversion for JCP Youth?

Mr JAENSCH - No.

Ms WEBB - No? Not 12.13 - oh, sorry, I've opened the wrong page. It's fine. I'll wait until we get to 12.13.

CHAIR - Any other questions on 12.10?

Ms O'CONNOR - Can I ask on 12.10 - and this relates in part to Cecily's question - '(a) separate professional conduct policy for staff who have contact with children and young people in detention ... and other residential youth justice facilities'. Can we have some detailed update on that? I know we've been presented with some documentation, but for the committee broadly. Is that in place?

Ms WEBSTER - Yes, it is - through you, minister, sorry - and that policy is on the department's website, Ms O'Connor.

Ms O'CONNOR - Thanks, Ms Webster. How does that work in practice? Is it a policy that staff are told is there for them to look at? Or, is there a higher level of expectation for staff that they read this professional conduct policy? How can you make sure they are?

Ms WEBSTER - Certainly, my expectation - and Mr Woodfall might be able to talk about what happens with induction for staff at Ashley Youth Detention Centre - that staff would be made aware of it as part of the induction, but the training module that's rolling out to accompany that is scheduled for implementation in 2025 - early 2025.

Ms O'CONNOR - Early 2025. Is that intended to meet point (a) of this recommendation? So, you have a policy, and then you have a training module, and then you make sure that all staff who are coming through Ashley read the policy, commit to adhering to it, and undertake the training?

Ms WEBSTER - That would be my expectation - through you, minister - and also that it's not just a 'set and forget', because some people might come into the organisation and three years later, and it's a bit like when we sign into our computers, there's a reminder that we have to do and comply with certain things. There's obviously mandatory training that we undertake now through child safeguarding and mandatory reporting, work health and safety.

My understanding would be that would be part of a suite of training that's provided specifically for youth workers working in Ashley Youth Detention Centre, which might be different from a teacher working in a school or something like that, different. They're bits of training that's across the department and then bits that are specific to particular work areas. This is one that's specific to Ashley Youth Detention Centre.

Ms O'CONNOR - Thank you. Finally, how do you have oversight to ensure that staff actually understand the policy and are doing whatever refreshers in training that they need?

Ms WEBSTER - We have an electronic training system that tracks whether you've actually done the training; that's one way. You asked about understanding and complying and that's really on the ground supervisors, the leaders of the centre, the culture change that we're doing and identifying where there are people who may need to have a refresher training and those sorts of things. The performance development plan that people have - within my expectation and my previous experience - has been that each person has certain training that they're required to do each cycle of their performance development plan. It would be captured in those sorts of things.

CHAIR - We'll move on then to 12.11 - noting this one needs to be completed in 1 July 2029. Is there anything to add further from your update, minister?

Mr JAENSCH - The lead is Justice on this one.

CHAIR - Sorry.

Mr JAENSCH - As I've mentioned earlier, our planning and trajectory for reform and the specifications for our new youth justice facility assume that we are working to a smaller cohort with changed minimum age being a factor in reducing that cohort. All the discussion around diversion, et cetera -

CHAIR - In light of time. We don't need to repeat that, minister. It's on the record. We might move on.

Ms O'CONNOR - With respect, I'd like to understand why this recommendation is going to take more than five years to implement when it's a legislative response that a number of other jurisdictions have implemented or are implementing. Why does it take five years to introduce legislation to increase the minimum age of criminal responsibility?

Mr JAENSCH - Well, this is detention, this one.

Ms O'CONNOR - Recommendation 12.11?

Ms WEBB - Well, it's about minimum age of criminal responsibility to 14 years.

Mr JAENSCH - Recommendation 12.11?

Ms O'CONNOR - Recommendation '12.11 a. introduce legislation to increase the minimum age of criminal responsibility to 14 years, without exception'.

What we've been provided with by you, or your department, is that that's going to take five years. Why?

Mr JAENSCH - I think that the commission of inquiry set the timeframes. I think that's what's reported in their report, our responses and with phasing of our responses. To achieve it, Ms O'Connor, we need to ensure that we have developed, as the recommendation also goes to, alternative mechanisms for dealing with young people below 16 and below 14 who have offended and who have caused harm, who have offending behaviours, because the offending still happens, the damage is still done and the factors that have driven those behaviours are still there.

We need to deal with them and we need to have adequate ways of dealing with them that keep the community safe and that offer those young people an appropriate way of addressing the fact of their offending and the causes of it.

We don't have all that in place just yet. What we're going to need to be able to do by the time we turn off a detention as an option, we're going to need to be able to convince our community. Our community needs to be confident that that doesn't just mean that offending behaviour isn't responded to, that there will be more offending, that there will be young people with no consequences from the community's perspective of offending. That's a real concern that we're going to need to deal with as a parliament when this matter is before us.

By the time we get there we need to be able to show the community we've got better ways: intercepting those young people earlier; intervening; diverting them from offending; addressing the causes of their offending behaviour so that the matter of whether offences are recorded as a criminal act or how that young person is responded to becomes less the most important thing. The thing we have to deal with is how do we prevent offending and how do we deal with offending behaviour in young people at age 14-15 that works better than what we've got now.

Ms O'CONNOR - Thirteen even.

Mr JAENSCH - Thirteen. Ten. Yes.

CHAIR - We'll move on then to 12.12. Any questions on that further to the information provided? We'll move to 12.13. I think you have something there immediately.

Ms WEBB - Thank you. I wanted to follow up on the things we made reference to earlier and could pick up again here around that election commitment funding. I think it was \$3.7 million over three years - it sounded like to extend programs that are already in existence rather than to implement new programs, as I understand it. I think the program is called the BEAST program that you mentioned. I wanted to clarify - you mentioned that it applied to young people who are on bail but also, potentially in a broader sense, it was an outreach and mentorship program. I want to be really clear about who this program applies to and how it intersects into the youth detention and the youth justice system?

Mr JAENSCH - I'll ask Ms Hurworth to provide a response specifically around JCP, which I think you've been looking at. This sits in the context of around \$15 million investment in intervention and diversion. So this doesn't sit alone. There's \$3.757 million for the expansion of and building the capacity of one service and one provider to be able to provide that more - where that's the right solution. There needs to be a range of other solutions and interventions as well.

The Youth Justice Task Force also has resources to invest in intervention and diversion solutions in different settings with other service providers. Our Youth Justice Task Force and Mr Harbottle has been leading a lot of that work. We also have an allocation in the Budget of \$2.3 million for what we're calling place-based initiatives, which is another way for us to respond because the JCP solution may not be the solution everywhere. Glenorchy and Brighton, where there is evidence of our high levels of youth offending which has come to the attention of the community and has been in the media which police are dealing with, is an area we need to look at - not a solution-led approach but rather a place-based approach. What is the cohort of young people, what are the driving factors for their offending and what interventions do we need there?

The JCP \$3.7 million contract is something which has a track record which in a number of settings and circumstances is the right solution, and we want to be able to do more of that with a known, proven response which works across, currently, youth justice and some of our child safety services, but it's not the only thing.

Ms WEBSTER - I might talk about JCP Youth and Ms Hurworth can talk about the other diversion. If you're comfortable with me just giving you an overview, is that what you're requesting? I want to answer the specific question.

Ms WEBB - Yes. Thank you. I appreciate that because the question was - if we could just drill down into - who specifically is the cohort that this program will work with. You mentioned young people on bail or what sounded like a more generalised outreach or mentorship sort of space. Who specifically is being worked with and how would those people enter the program without having to talk about the whole program in detail?

Ms WEBSTER - Yes, certainly. What we're doing is expanding the current program. We are currently working with JCP to make sure that we can get the program across the state and deliver those services through additional placements. They deliver to young people who are at risk or vulnerable in the community.

I can provide a little bit more detail later around what that criteria specifically looks like, but I hope that it will be a fairly open criteria because I imagine that those who are at risk or vulnerable can change at times, but it certainly includes young people who may be on bail and it's open to males aged 11 to 17 years.

Ms WEBB - Will we be directing it at times? If so, whose decision is it to direct young people on bail into the program? The pathways in, for example. I'm particularly interested in the ones that connect to our youth justice system.

Ms WEBSTER - That is, to my understanding, working with the youth worker and their case manager directing them to a variety of programs. It could be that - and this is where the connect is between the work that DPAC is doing with other diversionary services, making sure - and the way we've discussed it is, there's a filter of young people who come into our system who are at risk or vulnerable and one size doesn't fit all. What we need is a continuum of service where every young person has an option for them. The pathway to JCP Youth will be through a referral process. My understanding is it could come from Ashley Youth Detention Centre; it could come from a case manager. I'm not sure if they come from the courts at the moment, so I don't want to mislead the committee. What the program offers young people is access to mentorship, outdoor recreation programs, and community-based support, seven days a week, 24 hours a day.

Ms WEBB - Is it a child-safe accredited organisation?

Ms WEBSTER - I'd have to check that. We have been using them so they would fulfil certain criteria, but I'd have to check on their accreditation details.

Ms WEBB - I'd appreciate if you would. Do they use what we would understand to be a therapeutic model?

Ms WEBSTER - That is my understanding, yes.

Ms WEBB - Is it a requirement of the funding that they do?

Ms WEBSTER - The requirements of the funding would be that they are a therapeutic, trauma-informed organisation. That's my understanding.

Ms WEBB - Is there a picture you can give us of the staffing of that program around qualifications and accreditation of staff, particularly child-safe accreditation?

Ms WEBSTER - Not here in front of me.

Ms WEBB - Can I put questions through on notice?

Mr JAENSCH - I'm happy with that. I expect that, as with any service that our department engages to provide services to young people, it would meet all the requirements of them. It would need to, to be funded.

Ms WEBB - You mentioned the service being able to support young people 24/7. Does it involve providing accommodation for young people?

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Ms WEBSTER - Yes, emergency and respite accommodation.

Ms WEBB - In what context is that provided? Where do the kids go to sleep?

Ms WEBSTER - I don't have that information on me, but we can certainly provide that on notice.

Ms WEBB - Is it in private residences at times?

Ms WEBSTER - I don't have that information on me, Ms Webb. I'm sorry. I'm happy to provide it, but I just don't have it in the brief in front of me.

Ms WEBB - It's not something that you're aware of, minister, that you're contracting a service that -

CHAIR - Do you want to take it on notice?

Ms WEBB - Yes, I'm happy to send it through on notice. I would be very interested to hear.

Ms WEBSTER - We might be able to provide it. I just don't have it in my particular brief.

CHAIR - If you can, provide it before we finish.

Mr JAENSCH - I'm aware that the JCP has some accommodation it uses for this purpose, but they are not principally an accommodation provider. More of a program provider.

Ms WEBSTER - I should say that what we're looking at the moment, what I'm describing is the future. We're negotiating a future model as well. Some of what I described and because I don't have that brief on me may be what they currently provide versus what we're looking at in the future. We're currently negotiating with them with that extra funding.

Ms WEBB - My questions will be in relation to what we're expecting to contract them, either what we're already contracting them to do or expecting to contract them to do with the additional funding - around that mix of things and those details.

Ms O'CONNOR - Also oversight of JCP.

Ms WEBB - Can we put a series of questions through to you about details relating to that program?

Mr JAENSCH - I ask if you could flesh those details out during the hearing so that we know what we're accepting.

Ms WEBB - I've already mentioned: are they child-safe accredited? Do they use the therapeutic model? If so, what is it? What are the qualifications of their staff that we expect them to have? Do they provide overnight accommodation to young people? If so, in what settings do they provide that? What is the departmental oversight of the organisation and the

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services it's providing expected to be under the contracted services? It'll be relating to those areas.

Ms O'CONNOR - Because we remember Safe Pathways.

Ms WEBB - We do remember Safe Pathways.

CHAIR - I'm going to go to Cecily.

Mr JAENSCH - Sorry, just given that comment, this is not about engagement of JCP as an out-of-home care partner.

Ms O'CONNOR - No, I understand that completely.

Mr JAENSCH - It's a service provider, which is a different story.

Ms WEBB - If public money is being spent to contract services that involve looking after children overnight, it's entirely in our remit to be interested.

Mr JAENSCH - I hear you, but just in relation to the reference to previous episodes.

Ms ROSOL - My question has been partly covered because I'm interested to know what the research base or the evidence base is for the work that JCP does. I think it's probably covered by the question Ms Webb asked about the therapeutic model, but I'm wondering if you have any information about the evidence and research base that JCP uses in its programs or to develop its programs, please?

Mr WOODFALL - All programs require risk management and certainly, not to be unfair, but external programs, external agency, I think that we have to have greater rigour around that. Our lead director of clinical services is working with JCP. Our procurement services are working on how we fund the program and the risk management around that, around the evidence base, what the key indicators will be, what their evidence base is to their work, how we can be sure it's child safe - all those parts of due diligence because, ultimately, we feel responsible, as we're referring young people on to a service like that.

Furthermore, we know we have young people in our care who are currently engaging with that service and there have been some really good programs. And the referral process is likely, as we get better at working together with children and families, and it's what we currently do, we would have those escalated cases where we would consider that's where the referral would sit between children and families and [inaudible] for young people at risk.

But, we're doing all the due diligence and that's why it probably won't be signed or ready until February 25th once I have all that ticked off and we're really comfortable.

CHAIR - February 2025 rather than February 25th.

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

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

Every young person is different and we're dealing with young people with very complex lives and behaviours. We need access to a wide range of different solutions. Not forever, but for the moment, and JCP has been a solution where nothing else has worked on a number of occasions. We want access to more of that while we're building all of the far more permanent structures around because we're always going to need to deal with these very dynamic situations. This is one of them.

Mrs PENTLAND - You said that JCP Youth is going to cater for males, 11 to 17; are you looking at diversion programs that will cater for females?

Mr JAENSCH - Similarly, we already have a number of providers that offer services and supports for very specific groups of people, including Karinya, who you'd be aware of in the Launceston area, that I visited recently, which provide specialised services for young women and girls and those who are young mums as well. We need to have a range of services in place for different cohorts. It may be that Ms Hurworth can refer to some more of them.

Ms HURWORTH - Yes, absolutely. Can you just repeat the question?

Mrs PENTLAND - If you're catering for boys, 11 to 17 for JCP Youth, what diversion programs would you have in place for females of the same age?

Ms HURWORTH - There is currently a range of diversion programs: 54 Reasons runs some and they include girls in their cohort. One of the things that our diversion framework is focusing on is how to better equip services to work with diversity, so it's not only girls and boys, but a whole range of diversity that is starting to come through. Most certainly, it's an area that we need to build in capacity.

Ms WEBB - Can I clarify on the record? I appreciate what you said, minister, that we do need a range of services and, as you said, we have a range of services that are in similar spaces already. The ones I'm most familiar with over time have been the TYSS and SYP programs for highly vulnerable kids out there in difficult circumstances. Their funding was always restricted, I believe, within work hours, not necessarily for picking kids up in the middle of the night, for example. I'm interested in a service that does pick kids up in the middle of the night that we fund.

This was an election commitment. I'm trying to confirm. Was there some due consideration given to describing what the service gap was and then providing some sort of open and transparent way that a range of service providers might tender for that service gap and be able to, for example, in a very transparent way, put forward their model of care, their

staffing arrangements, their accreditations and that sort of thing and be selected as the most appropriate? I'm assuming 'no' because it was an election commitment.

Mr JAENSCH - In the context of an election, we wanted as a government to put out a package there that showed Tasmanians that, as part of our policy platform and what we intended to deliver, we were not only going to embark on a wholesome reform of the whole youth justice system and develop a model of care and a therapeutic this and that, we were also committed to taking action to deal - in the 'right now' - with those complex situations where we had young people at risk and in need of supports, including investment in being able to go into areas that have had a particular peak of youth offending and concern. That's what our place-based initiatives were about; including also the ability to take something that has been outside of the government's service provision with child safety and youth justice, et cetera; a model that has been a solution for a number of young people, which has transformed lives and has succeeded where our institutional responses and our traditional service provision has failed -

Ms WEBB - Not failed. We don't actually fund our services to pick kids up in the middle of the night, for example.

Mr JAENSCH - Where young people have chosen not to respond to - find something that they can respond to.

Now, JCP has a track record of being able to do that. We want more of that. To have that available to fill those gaps and to deal with those young people who have not been responsive to the other programs and services that we've offered. We make no apology for that.

Matters regarding their accreditation, the circumstances under which we engage them, the rules of providing services that are funded by the government, are matters that will be dealt with through the contracting process the department is in now.

Ms WEBB - Make no apologies that they didn't have to do this through a competitive process. The leader of JCP is -

Mr JAENSCH - The election is a fairly competitive process.

Ms WEBB - Sorry. What I meant was not competitive in a popular sense during election, competitive in terms of putting forward the best model to fill an identified gap in government-delivered services with public money; which is normally what we expect a government of the day to do when it comes to sensitive areas like this and the expenditure of public money, minister.

Mr JAENSCH - There are millions and millions of dollars being invested; unprecedented investment, \$15 million in diversion and early intervention under our current Budget. We are in the process of developing all the right pathways and recruitment, but we need to act now with things that work.

Ms WEBB - Sure, \$3.7 million is a great amount of money. You could have tendered for it and seen what came out of the woodwork in terms of an offer. It may have been that JCP Youth put forward the best arrangement. It would have been great to be able to see that happen through an identified appropriate process.

CHAIR - This a statement, is it?

Ms WEBB - Yes. Particularly when we see the leader of JCP Youth putting op eds in the paper in the north of the state accusing young people of making false allegations for money and revenge.

Ms O'CONNOR - They're getting in behind the staff instead of the kids.

Mr JAENSCH - Is there a question there?

Ms WEBB - I'm wondering was that considered when allocating this sort of money, or will it be considered when we put certain arrangements in place or requirements in place with the contracting?

Mr JAENSCH - People are entitled to have their own statements in the press. We all value their freedom to express themselves based on their experience.

Ms WEBB - It's telling, though, isn't it?

Mr JAENSCH - I don't know what it's telling you.

Ms LOVELL - I think that's interesting. I mean this is the same individual who effectively saw Paul Reynolds prosecuted. I think that's worth putting on the record.

Ms WEBB - Sure, absolutely. I'm not saying anything all bad or all good.

CHAIR -Let's not reflect on individuals at the table, please. It's not appropriate.

Ms WEBB - I wasn't doing that.

CHAIR - No. Are there other questions on this recommendation? If not, we'll move to 12.14, which I note the Department of Justice is the lead agency on.

If there's no question on that one, we'll go to 12.15. Any questions? If not, we'll go to 12.16. We actually did some of this one at the last hearing.

Mr JAENSCH - And this morning.

CHAIR - Yes. It has been fairly well -

Ms WEBB - Does this cover things to do with security currently happening at Ashley or where is that?

Mr JAENSCH - This is about the new facility.

CHAIR - Are there any further questions on this one? No? We'll move to 12.17.

Ms WEBB - This is what I'm thinking of. Sorry.

CHAIR - Did you have a question on this one?

Ms WEBB - Yes. Regarding the body-worn cameras that are being introduced, are they thoroughly implemented now, a policy in place, regularly being worn, always being used, what we would consider to be bedded down and implemented consistently in a way you can demonstrate?

Mr JAENSCH - I'm happy for people closer to the action to provide detail on this. Mr Woodfall?

Mr WOODFALL - Yes, body-worn cameras are part of everyday operation practice. In fact, I don't recall seeing a youth worker or anyone working directly with young people apart from roles like mine where there are youth workers in the presence not wearing one.

There's a review because it is a trial, and currently there is an external review being conducted by a consultant on how well they're being received, what is the purpose of them, and that will include the voice of young people.

Ms WEBB - It's a trial, but everybody is wearing them and using them all the time?

Mr WOODFALL - Yes, using them. Certainly, a lot of work on procedures and policies to enable them to be allowed to be used. When we say using them on all time, they're on all the time, but they have to notify a young person when they're going to put them on. They have to activate them, yes.

Ms WEBB - When I'm saying 'are they on all the time?', I'm asking about operational. Not just that they're sitting on a piece of clothing, but they're actually being used as in they are recording. No? They are just recording when they're activated.

Mr WOODFALL - Yes, when they are activated. That's out of respect for the young person. They have to advise the young person when they're turning them on. That was the legal advice you received.

Ms WEBB - There's a policy on when it's expected they will be turned on?

Mr WOODFALL - Yes.

Ms WEBB - How is it being monitored that that is being complied with?

Mr WOODFALL - Whenever there's any form of incident through IRC, all that footage would be checked and reviewed. If there are - I mean, we're talking with people, we're only as strong as, you know, if someone hasn't activated a body-worn camera, admittedly there'll be two or three others. Often, it's when there's a lot happening, they'll say 'Oh, I forgot', but at those times there are two or three others with their body-worn camera on.

Ms WEBB - Are we capturing how reliably they're being turned on under the trial at the present time? Can you give us a bit of an indication?

Mr WOODFALL - It would be a qualitative assessment, but I feel in the current climate youth workers would almost like to use them more than what they're allowed, because I feel

they often feel at risk themselves. I feel they feel very strongly about using them. I would definitely say they are well used. But are we measuring that? Only through the IRC or through events and when we get feedback. But, certainly used a lot.

I guess we would be able to find the data because all that footage is extracted and kept, so it would be in evidence.com, I believe. We would be able to get that data about how many times they've been activated and used, but I don't have it on me.

Ms WEBB - Would the evaluation of the trial, in some sense, evaluate the effectiveness of the body-worn cameras and any 'skewing' that may occur? Of course, it's useful to record an incident - but at what point in the incident you turn it on and at what point in the incident you turn it off is, of course, critical as to how well it fully provides us with information about the incident. If you turn it on well into an incident at the time that a child is absolutely going into some form of meltdown, without having seen what led to that point, it could be easy for that footage to portray that child as very -

Mr JAENSCH - Misrepresent it.

Ms WEBB - Yes, misrepresent the child's situation. Do the policies and the training for this address that, and are we evaluating that?

Mr JAENSCH - And the technology does too, I think. Mr Woodfall, do you want to comment on this one?

Mr WOODFALL - Certainly, in that there's over 170 CCTV cameras onsite now at the centre, so there's not an un - I guess - un -

Mr JAENSCH - Unmonitored?

Mr WOODFALL - Monitored - that would be the word - site in the centre. Therefore, all forms of footage are used, both -

Ms WEBB - Cross checked.

Mr WOODFALL - Yes, cross checks. And so, that would indicate, 'Well, why at that point wasn't a body-worn camera turned on? Obviously, it was getting tense, or something was happening, and it should have been turned on'. That independent review committee is chaired by independent people, independent chair, who offer frank and fearless advice about what we should have done better.

Ms WEBB - Good to hear. I've got questions about the CCTV, but if others want to go ahead at all?

CHAIR - I think you've got this; it says questions on the next one, if we get to that.

Ms WEBB - Okay. The CCTV that's being installed now around the centre - is there monitoring of that from an offsite location, or is there only monitoring of that at an onsite location?

Mr WOODFALL - That's different to storage; talking about monitoring -

Ms WEBB - Yes, I'm talking about monitoring.

Mr WOODFALL - Yes, monitored onsite. Very limited people have access to that monitoring of the offsite footage that's stored - that is very difficult to access. Three or so people - I shouldn't have put a number there - limited people have access to be able to retract that footage, for good reason.

The live footage that's happening around the place - once again, that's from a control room - a temporary control room, while those works occur - and if there's a code called, because there are new emergency management procedures coming in, whoever is the leader of that emergency management would go into that room and say, 'I need these cameras here, here', and the person who's got access to that would bring those up and we'd be watching those.

Ms WEBB - So, the room is staffed constantly, and then during an incident, someone goes in to direct where to be looking? Or it's not staffed?

Mr WOODFALL - No, the room isn't staffed constantly. The control room which we're implementing - that is what we're implementing in the new model, and I would suspect the new detention centre would look at having.

Ms WEBB - Okay. So, in terms of access to the control room at the present time, is a record kept of who accesses the control room and spends time in there?

Mr WOODFALL - Yes.

CHAIR - Any other questions on this one? We'll move to 12.18, and to Sarah. I do know that we've only got 10 minutes left of the hearing.

Ms LOVELL - Thank you, Chair. I had a question in relation to 12.19. In the update provided to us by the minister, there's -

Mr JAENSCH - Nineteen?

Ms LOVELL - Eighteen - 12.18. There is a mention of engagement with other non-government organisations and service providers to provide support for young people. I know there's been some work done with a number of organisations like ACF, Laurel House, SASS, and others. Can you provide an update on what's happening with getting those services on the ground into Ashley, both for staff training and for engagement with young people?

Ms WEBSTER - Through you, minister, I think you mean the future youth justice model. That is probably for Premier and Cabinet to answer what they're doing in terms of engaging for the future model for youth justice. Is that what you're asking?

Ms LOVELL - No. I was asking about: 'Model of Care: We're working closely with the community services sector ... A model of care being developed with children and young people, Aboriginal communities, and staff from -'

Ms WEBSTER - Yes.

Ms HURWORTH - To clarify, you're asking who we've engaged with to develop the Model of Care?

Ms LOVELL - Yes, who you've engaged with and what stage that's at in terms of getting services into the centre and what's available for young people at the moment.

Ms HURWORTH - Just to clarify, the Model of Care is a whole-of-youth justice system model of care, so it's not only focused on detention. It covers everything from the minute the young person has contact with police for the first time all the way through to if they ended up being sentenced. Tasmania will be the first state to have a model of care that attempts to integrate that system together in a meaningful way.

We have a community engagement reference group that's been formed, which has about 32 community sector organisations on it. They've met three times to co-design the Model of Care and provide feedback. We have a youth justice expert panel, which is chaired by Robert Benjamin, who has a number of expert members. They've met multiple times to discuss the Model of Care. They have also provided us with extensive, detailed, written feedback on the Model of Care, which has been incorporated into the final version.

DECYP contracted KPMG to do some of the work around the Model of Care. They interacted directly with children and young people. We concluded at the time that the work came to DPAC. We concluded that engagement with KPMG and took on the role of finishing that directly with the community services sector, and with our experts ourselves. The final version was circulated to all those groups.

I should also mention that we've been working closely with our Aboriginal reference group as well, and with the Tasmanian Aboriginal Centre, which is developing its own model of care and practice framework to make sure that the overarching model of care aligns. We're at the stage now where the model of care is final, and we're in design.

Ms LOVELL - Whilst that work is underway and being finalised and then implemented, what services are available at the moment? Is there any in-reach into Ashley with any of those organisations?

Mr JAENSCH - The model of care is not a recipe for services; it's a set of design principles that are to be upheld consistently throughout the continuum of care.

Ms LOVELL - I'm not talking about the Model of Care. I'm talking about now. What's happening currently with services that are available?

Mr JAENSCH - Which aspect of 12.18 is that? Are we looking at the right one, the same recommendation?

Ms LOVELL - Well, I would assume so. I mean, I'm just conscious of the time. If it fits within another recommendation, I can ask it in another recommendation, but I suspect we're going to run out of time and we're talking about it now, so I would've thought that -

Mr JAENSCH - I think we've probably been talking about the Model of Care, which is 12.18, which is where we were.

PUBLIC

Ms LOVELL - Yes. I said, putting that aside whilst that work is underway and that design work is happening, what's currently available for young people, particularly in Ashley, but within the youth justice system, in terms of services from some of those community service organisations that have been involved in this?

Mr JAENSCH - The ACF and others, what services are they providing in Ashley right now? External providers providing services in Ashley?

CHAIR - Beyond what's listed in recommendation 12.22.

Mr JAENSCH - We weren't up to that yet. Okay, if we want to go to that.

CHAIR - I know, but I think there's a lot of information there that's relevant to this question, as I understand it.

Mr JAENSCH - There is.

Ms WEBB - It doesn't talk about external agencies, I think.

Ms LOVELL - No. It's not entirely what's in 12.22. It doesn't really fit anywhere, I think, in terms of any specific recommendation.

Mr JAENSCH - Would you like Mr Woodfall to talk about what external service providers provide services in Ashley?

Mr WOODFALL - Yes, and there's every chance I'm going to forget some, because it's off the top of my head. We know ACF staff, student support. We know we've got CHaPS and there'll be people thinking, why did you miss that? It goes right down to case management and programs bringing a wide variety- HOOPS 4 Life, and I know there's -

Ms LOVELL - Sorry to interrupt. If you're trying to do this off the top of your head, and being conscious of the time, minister, would you be happy to take this on notice?

Mr JAENSCH - I need you to be quite specific. Are you asking for a list of external service providers who provide services at Ashley?

Ms LOVELL - Yes.

Mr JAENSCH - Yes, we can provide that.

Ms WEBB - To clarify, not just a list of the service providers, but what service they provide, how often they're on site in Ashley. Basically give us a picture of the scope of the service currently being provided at Ashley. External service providers.

Mr JAENSCH - Not including the Corrections, primary health, psychologists, et cetera that we talked about earlier in the day? Do you want those?

Ms LOVELL - No, not including those that we've already talked about.

Mr JAENSCH - Non-government or other service providers.

Ms LOVELL - Yes.

Mr JAENSCH - Happy to provide those.

CHAIR - We have time for one more question, if there's one on this - 12.18.

Ms WEBB - It relates to behaviour programs, doesn't it? The use of behaviour development program to be discontinued at Ashley. The commission report, as we are aware, highlighted a lot of issues about behaviour management programs that were being used. Are there any behaviour management programs currently being used that put kids into different categories and then that determines, for example, any particular privileges they have, or arrangements for their day? I'll give you a specific example - that they're put into a category and that determines what their bedtime is.

Mr WOODFALL - I can speak to that. Although it would be a passion of mine, but Dr Kristen Webb is leading and supporting that. It is well supported by the principal of school across the leadership of the centre, because he would be extremely experienced in positive behaviour support. The future of the behaviour development program is one of PBS (positive behaviour support), where we put in support positive behavioural expectations, so everything's framed in the positive, and everyone in the centre would be expected to behave in those ways. Because of the crossover, we have named them as cultural drivers. Our positive expectations are respect, safety, communication and consistency. We unpack what all those things mean for young people and then incentives, or rewards, or encouragements can be gained from people who actually exhibit or act in those positive ways, which is the basis of PBS, positive behaviour support.

In relation to the bedtime question, the standard room time, which I prefer to call it because I don't know that they go to bed - there are movies and there's food delivered after that time and all that sort of thing, but room time is a set time. However, if you've been able to lift your behaviour colour, which that's been consulted with the young people, we looked at changing that. They're very comfortable - they want to stay with colours, they understand it. They're a little bit competitive about that and they aim for it. If someone is able to improve the colour they're on, then they can receive extra time. That's a reward for positive behaviour, rather than looking at the other way, as a punishment for negative behaviour.

Ms WEBB - What is the standard room time, where people are then confined into their rooms?

Mr WOODFALL - Since COVID it's been 6.00 p.m., and that stays consistent.

Ms WEBB - The standard is 6.00 p.m., and if you've exhibited good behaviours, you might be able to stay outside your room for longer?

Mr WOODFALL - In most cases, nearly in all cases, the operations of the centre does allow that, but it's subject to operational constraints and what's happening. Yes, generally that's been the case. You've earned extra time and, therefore, other programs outside of your own basketball, maybe extended time in the pool or something, yes.

PUBLIC

Ms WEBB - Is there any acknowledgement that other factors that may restrict 'outside of room or unit time' for kids during the day, like staffing issues or the light that we've heard about in times past, might warrant an extension of the 'in room' standard time of 6.00 p.m. in order to comply with human rights obligations that children are allowed an acceptable time outside their room or unit during the day?

Mr JAENSCH - I don't quite understand that connection.

Mr WOODFALL - If we're into the area of isolation, and that's what we're talking about, there's a review on that. One of those reviews is that isolation recurs for a variety of reasons and, I think, before the practice was that, when it was occurring for either therapeutic or self-selection reasons, or a whole lot of reasons, it wasn't being recorded as isolation and that was the noncompliance.

It is now all being recorded as isolation, but the revised policies and procedures will show that there are all those reasons why isolation might occur and there are, at times, very strong reasons for isolation to occur, as in therapeutic.

Ms WEBB - Yes, I know we talked about isolation at 12.32, but we haven't had a chance, I'm sorry, I would like to come back to it at some stage.

Mr JAENSCH - Just to be clear for the record again the programs that Mr Woodfall referred to are trauma-informed, therapeutic, and non-punitive. This is not a punishment or a denial of rights under any circumstances. It's about a positive behaviour reinforcement, strength based and seems to be well supported by the young people as well.

So, in terms of the matter that the commission of inquiry recommended about behaviour management, the process that Mr Woodfall has referred to is clearly not being used as a form of disciplinary action, it's about developing positive behaviour programs and respectful conduct of young people in the centre, which are good life skills for them, too.

Ms WEBB - Have there been any complaints about that?

CHAIR - Thank you, minister. We are out of time, so I will wrap the hearing up at this point. Thank you for your appearance today.

Mr JAENSCH - Thank you very much. Thank you, committee, and thank you very much to all the staff who have assisted me at the table and those who prepared our briefs and done the work that we've been talking about. Thank you to everybody.

THE WITNESSES WITHDREW.

The committee adjourned at 1.48 p.m.