

Hear Me Out

INQUIRY INTO IMPLEMENTATION
PROGRESS FOR BANKSIA HILL'S
MODEL OF CARE INSTRUCTION



Acknowledgements

Acknowledgement of children and young people

I acknowledge the strength and voices of the 43 children and young people, across both juvenile detention facilities, who consented to being interviewed for this inquiry. Thank you for your willingness to share your valuable insights, reflections, thoughts and ideas. The report shares your perspectives with the aim of improving youth detention outcomes. Your voices must be heard by government and community.

Acknowledgement of Cleveland Dodd

I acknowledge the tragic death of Cleveland Dodd – may he rest in eternal peace. I offer sincere condolences to his family, friends and community. The tragedy of a loss of such a young life cannot be overstated.

We must never again lose one of our children while they are in the care of the State.

Acknowledgement of Country

I proudly acknowledge and pay respects to the Traditional Custodians of the lands across Western Australia and acknowledge the Whadjuk people of the Noongar nation upon whose lands my office is located. I recognise the continuing connection to culture, lands, skies and waters, families and communities of all Aboriginal peoples. Together, my team and I, also pay our respects to Elders, past and present and emerging young leaders. We recognise the knowledge, insights and capabilities of Aboriginal people, and pay respect to Aboriginal ways of knowing, being and doing.

Language

For the purposes of this report, the term Aboriginal encompasses Western Australia's diverse language groups and also recognises Torres Strait Islanders who live in Western Australia. The use of the term Aboriginal in this way is not intended to imply equivalence between Aboriginal and Torres Strait Islander cultures, although similarities do exist.

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Warning

This report contains words directly spoken by children and young people who are sharing their own experiences. Some parts of the report may be upsetting or cause strong emotions for some readers.

Disclaimer

This report includes a selection of quotations on the relevant topics. The quotations are generally unedited to ensure the voice of the child or young person is authentically represented. Editing has only been done when necessary for clarity, understanding or confidentiality. In such instances, any changes or omissions have been marked with an ellipsis (...) to indicate a partial reproduction of the quote.

Definition of children and young people

There are varying definitions for what defines a child or young person, including age-based approaches. The Australian Bureau of Statistics collates data into five-year age categories to align more closely with developmental stages of adolescence.

The **Young Offenders Act 1994** refers to ‘a young person who has reached the age of 18 years ...’ as a young person. Conversely, the **Criminal Code Act Compilation Act 1913** refers to ‘... Child under 13; child of or over 13 and under 16, child of or over 16 ...’

The United Nations Convention on the Rights of the Child states ‘a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier’. The United Nations defines youth as those aged 15–24 years.

For the purposes of this report, the definition of ‘children and young people’ is that contained within the **Commissioner for Children and Young People Act 2006**, which refers to people under 18 years of age as children and young people.

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Shortened forms

AOD	Alcohol and other drugs
ARMS	At-Risk Management System
BHDC	Banksia Hill Detention Centre
CCYP Act	Commissioner for Children and Young People Act 2006 (WA)
COAG	Council of Australian Governments
CSD	Corrective Services Division of the Department of Justice
ISU	Intensive Supervision Unit
MoCi	Model of care instruction
MOU	Memorandum of understanding
NMHC	National Mental Health Commission
OICS	Office of the Inspector of Custodial Services
OPSM	Operating philosophy and service model
RCIRCSA	Royal Commission into Institutional Responses to Child Sexual Abuse
TOMS	Total Offender Management System
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WA	Western Australia
YCO	Youth custodial officer
YOA	Young Offenders Act 1974 (WA)

Commissioner's Foreword



Since commencing as the Commissioner for Children and Young People (Western Australia) in January 2022, I have found the issues surrounding youth crime and youth detention in WA have been a key topic of conversation in community, government and media. However, the focus is often on the behaviours exhibited by children and young people, rather than on addressing their high and complex needs.

The legislation I operate under, the Commissioner for Children and Young People Act 2006 (WA) (the CCYP Act)¹, outlines a range of functions including promoting and monitoring the health and wellbeing of children and young people. Section 19(f) of the CCYP Act states that the Commissioner ‘... is able to initiate and conduct inquiries into any matter, including any written law or any practice, procedure or service, affecting the wellbeing of children and young people’.

In Section 20(1)(b), it states that in performing the Commissioner’s functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child. Accordingly, the ‘Inquiry into implementation progress for Banksia Hills’ model of care instruction’ (the inquiry) sought to assess the model of care and its implementation plan in that regard.

In 2021, the Corrective Services Division of the Department of Justice (the department) contracted Nous Group (management consultants) to inform development of a new operating philosophy and service model² for Banksia Hill Detention Centre.

The department subsequently developed a model of care instruction (MoCi) for Banksia Hill Detention Centre, informed by the overarching philosophy authored by the Nous Group. The purpose of the MoCi is to guide the operations of the detention centre, and to direct policy and provide instruction of care. In early 2023, the department put the new MoCi into effect.

In July 2022, primarily in response to several critical incidents causing harm to young people, staff and infrastructure, the department gazetted a unit at the Casuarina adult maximum-security prison as a juvenile detention centre (Unit 18).

On 3 October 2023, at a meeting with the Hon. Minister for Police, Corrective Services, Racing and Gaming, Defence Industry and Veterans Issues, I verbally advised that my office would undertake an inquiry into the progress of implementation of the MoCi, in accordance with the functions outlined in Section 19 of the CCYP Act. This was confirmed, in writing, on 27 October 2023, including advising the Attorney General and the Commissioner for Corrective Services.

Following that meeting, I contacted the Director General, Department of Justice via telephone to ensure he was aware of the pending Inquiry.

The limited-scope inquiry focused on progress of the implementation of the MoCi at both the Banksia Hill Detention Centre and Unit 18.

We were advised, post the review completion, that the MoCi was never intended to be used for Unit 18 and that it “has its own unique operating environment and in some instances supports provided at Unit 18 will necessarily go beyond what is provided at BHDC”. Whilst acknowledging the unique environment at Unit 18, there is a critical need to ensure an instruction and model is in place that provides guidance on implementation of the service standards across all youth detention facilities.

On 19 October 2023, 16-year-old Cleveland Dodd died in hospital after self-harming (alleged suicide) in his cell at Unit 18 on 12 October. Western Australia experienced its first recorded death in custody of a minor child and a family was left to grieve the loss of their child.

It is difficult to imagine a more urgent or critical issue requiring an inquiry than that of the detention practices and processes for children and young people. Children and young people involved in

the youth justice system commonly have significant, multiple, high and complex needs. Regrettably, the prevailing discourse often focuses on the behaviours exhibited by those in detention, while failing to give due consideration to their urgent and pressing needs.

Inspections undertaken by the Office of the Inspector of Custodial Services (OICS) have consistently identified a range of practices, services and programs that are failing to provide the necessary support and care for children and young people in detention.³ Former Commissioners for Children and Young People in WA have also reported on the use of juvenile detention and the failure to protect our children and young people from further harm.⁴

While the Department of Justice is not responsible for the decision on whether a child or young person will be placed in detention, they are required to ensure their safety and wellbeing whilst there.

The current inquiry, while valuable, has limited scope and did not include a review of the broader youth justice strategy within its terms of reference. However, it is crucial to acknowledge the need for action in developing and implementing a holistic approach that supports children, young people, their families and communities. This approach should prioritise prevention, intervention, diversion, rehabilitation and restorative practices.

In undertaking the inquiry, it was critical to uphold the requirements of the CCYP Act, including to consult with children and young people, to prioritise the needs of Aboriginal children and young people, vulnerable and disadvantaged children, and to have regard to the United Nations Convention on the Rights of the Child (UNCRC).

It has been critical and central to the inquiry to hear the voices of children and

“

..people make mistakes, learn from [those] mistakes and keep moving on.. ”

”

young people in the juvenile detention system, enabling them to have their voices heard by entering the discussion on services that directly impact them.

If the MoCi's guiding principles and supporting standards are to be recognised, it is crucial to consider the broader framework of standards and rights, including the National Standards for Youth Justice in Australia.

The prevalence of intergenerational trauma, disability and impairment underscores the vulnerability of children and young people in juvenile detention in WA. Through facility visits and interviews with detained youth during this inquiry, it is clear more support is needed while they are in detention. This can be accomplished by providing staff with the necessary training and professional development, identifying each young person's needs for specific supports and services, and driving cultural change throughout the system.

I thank the staff of the Department of Justice for providing information to assist in the inquiry, and the Corrective Services Division for their support in providing access to Banksia Hill Detention Centre

and Unit 18, and the provision of additional information.

I also thank the inquiry team, led by Sharon Davis, for their dedication and commitment to undertaking the inquiry and giving voice to children and young people in detention. I also acknowledge the significant work undertaken by all staff in my office to support the inquiry team. Specialist assistance was provided by the Office of the Inspector of Custodial Services, and I am grateful for their support.

In closing, I urge everyone to understand that detention (deprivation of liberty) is a child's punishment. They are 'not sent to detention to be further punished, treated inhumanely or unlawfully, or have their human rights breached'.⁵

Jacqueline McGowan-Jones

Commissioner for Children and Young People (WA)

Executive Summary

The inquiry has produced 16 findings and recommendations regarding the progress of implementing the model of care instruction (MoCi) for Banksia Hill Detention Centre (BHDC). Additional findings on related matters that emerged during the inquiry have been included where it is believed they would improve the implementation of the MoCi.

The MoCi and implementation plan referred to in this document were created to guide operations, direct policy and to provide instruction for BHDC. They were submitted to the Commissioner on 2 January 2024.

The plan specifies service principles and supporting standards, and outlines actions from 2023 to 2026. An updated version was provided to the Commissioner in February 2024, detailing progress in 2023 and plans for 2024.

The MoCi emphasises the need for a thorough project planning approach to effectively manage fundamental change. Such an approach necessitates a staged implementation.

It is acknowledged that the department's Corrective Services Division (CSD) has made significant efforts to expand the programs, services and supports for detained children and young people in WA in the implementation phase.

While efforts have been made to provide recreational activities and health and mental health support, the plan lacks a process for identifying individual needs and engaging relevant services for each child.

In November 2022, the then Corrective Services Minister acknowledged that staff shortages led to prolonged confinement of individuals in Unit 18 ('...

continued to be confined to their cells longer than we'd like them to be each day'.⁶) Unfortunately, insufficient staffing, particularly in youth custodial roles, remains a significant issue at both BHDC and Unit 18.

Work has begun to address infrastructure damage at both Unit 18 and BHDC following incidents in mid-2023. However, children and young people in detention in WA continued to face lockdowns throughout 2023 and 2024.

As part of my advocacy for children and young people, this report amplifies their voices. It includes their own words, shared during our visits to BHDC and Unit 18 in January and February 2024. The report also incorporates feedback from staff and service providers. Feedback from children and young people, staff and service providers are reported as stated. It is noted that often comments may lack context or present an individual view or understanding, rather than evidence-based comments.

Assessment framework

The model of care instruction (MoCi) serves as a guiding framework that establishes the principles and standards for BHDC. The implementation plan, on the other hand, outlines the practical steps and actions necessary to put the MoCi into practice. An inquiry into the implementation progress therefore requires an assessment of both documents.

A key focus was assessment of the implementation plan to determine whether it effectively aligns with and adheres to the principles and standards set forth in the MoCi.

As required by the CCYP Act (Section 20(b)), regard was given to the United Nations Convention on the Rights of the Child (UNCRC).

The MoCi states that it is informed by the philosophy authored by the Nous Group, which states it was founded on national and international principles and standards, human rights mechanisms (including the National Principles for Child Safe Organisations⁷) and the Young Offenders Act 1994. Accordingly, the implementation plan actions were also considered in this context.

Recommendations

Based on the findings of this inquiry, 16 recommendations have been made. These recommendations will support the department, and the CSD in particular, to monitor, review and evaluate progress of implementing the MoCi. It is noted that the department has engaged a full-time program director to undertake this role.

While initial work has commenced on some areas, expansion is required to fully meet the aims and objectives of the MoCi. However, certain areas cannot wait another three years for action.

The Department of Justice and Corrective Services Division are requested to provide their formal responses to the Parliament of Western Australia on the recommendations and findings no later than **15 November 2024**.

Additionally, I request the government to table six-monthly progress reports to parliament against the findings and recommendations.

Table 1: Findings and recommendations

Findings	Recommendations
<p>Finding 1</p> <p>The implementation plan fails to address all the supporting standards referred to in the MoCi, resulting in significant gaps. This includes:</p> <ul style="list-style-type: none"> • Young people will be meaningfully involved in planning and decision-making • Child-safe behaviour management practices will uphold the rights of young people 	<p>Recommendation 1a</p> <p>Expand the implementation plan to cover all supporting standards.</p> <p>Recommendation 1b</p> <p>Expand engagement of children and young people in decisions affecting them while in detention, including support and advice regarding their rights.</p>
<p>Finding 2a</p> <p>The model of care instruction (MoCi) and implementation plan provided to the inquiry, did not contain a defined approach for monitoring, reviewing and evaluating to ensure ongoing alignment with best practice and responsiveness to emerging needs during the implementation phase.</p>	<p>Recommendation 2a</p> <ul style="list-style-type: none"> • Develop a monitoring and evaluation framework that will enable responsiveness to identified needs and best practice.
<p>Finding 2b</p> <p>The implementation plan provided to the inquiry lacks timelines for achieving actions, identification of those responsible for overseeing each action, and a process for reviewing and/or revising timelines and actions to address emerging needs and/or operational challenges.</p>	<p>Recommendation 2b</p> <ul style="list-style-type: none"> • Schedule regular reviews of progress against the MoCi project and implementation plans. • Update the implementation plan to identify timelines for actions and responsible persons. • Update the plan to include a process for reviewing and assessing timelines and actions to respond to emerging needs and/or operational challenges.
<p>Finding 3</p> <p>Although progress has been made on implementing changes within detention facilities, the approach is fragmented and has primarily focused on programmatic responses rather than structured, system-wide reform.</p>	<p>Recommendation 3</p> <p>Review the implementation plan urgently to include actions for embedding system reform.</p>

Findings	Recommendations
<p>Finding 4</p> <p>The MoCi refers to the need for relational, physical and procedural security. However, the implementation plan does not include any specific actions to address the component of relational security other than to stabilise staffing.</p>	<p>Recommendation 4</p> <p>Review the implementation plan to identify actions to enact the supporting standards for relational security, particularly focusing on each of the supporting standards, and developing relationships.</p>
<p>Finding 5</p> <p>The actions outlined in the implementation plan fail to address the stated need in the MoCi to accommodate the diverse and complex needs of young people at BHDC.</p>	<p>Recommendation 5</p> <p>Include actions in the implementation plan to address the diversity and complexity of needs of children and young people, focusing on delivering individualised, developmentally appropriate supports.</p>
<p>Finding 6</p> <p>Despite the MoCi's reference to the need for a balanced approach to safety and security, the implementation plan does not include specific actions to address relational security, except for stabilising staffing.</p>	<p>Recommendation 6</p> <p>Review the implementation plan to identify steps for supporting relational security standards, ensuring continuity and consistency in building strong relationships.</p>
<p>Finding 7</p> <p>The complaints process for children and young people is included in an orientation booklet, which many young people reported not receiving. The process is limited to verbal complaints through staff and does not provide external mechanisms.</p>	<p>Recommendation 7</p> <p>Review the complaints process in line with the Child friendly complaints guidelines (available on the website for the Commissioner for Children and Young People at ccyp.wa.gov.au/our-work/child-safe-organisations-wa/child-friendly-complaint-processes-and-reporting/)</p>
<p>Finding 8</p> <p>The MoCi and implementation plan do not reference the National Principles for Child Safe Organisations, although some supporting standards align with the principles' objectives.</p>	<p>Recommendation 8</p> <p>Regularly review and improve implementation of national child safe principles in accordance with Principle 9 in the MoCi.</p>

Findings	Recommendations
<p>Finding 9</p> <p>There have been extensive delays in conducting a comprehensive review of the Young Offenders Act 1994, which was first announced in 2017.</p>	<p>Recommendation 9</p> <ul style="list-style-type: none"> • Prioritise review of the Young Offenders Act 1994. • Commence public consultation in 2024.
<p>Finding 10</p> <p>The Certificate III in Correctional Practice does not equip youth custodial officers (YCOs) with the full range of knowledge and understanding required to work effectively with children and young people who have multiple, high and complex needs. Continuous professional development is necessary for staff.</p>	<p>Recommendation 10</p> <p>Develop a structured plan for ongoing critical training to YCOs (and potentially other staff) to support them in working individually with children and young people with multiple, high and complex needs.</p>
<p>Finding 11</p> <p>Despite referring to children and young people in detention, the MoCi for Banksia Hill Detention Centre and its associated implementation plan do not extend to Unit 18.</p>	<p>Recommendation 11</p> <ul style="list-style-type: none"> • Develop a Model of Care Instruction for Unit 18, that includes actions to achieve the service standards. • Develop a specific implementation plan to address the highly complex and multiple needs of detainees.
<p>Finding 12</p> <p>The Department of Justice, Corrective Services Division (CSD) will require support and commitment from other WA Government agencies to ensure the implementation of a therapeutic model of care, quality throughcare planning and delivery of necessary supports and services to detainees.</p>	<p>Recommendation 12a</p> <p>Seek agreement from the state government to develop a formal agreement (MOU) with at least the Departments of Education, Communities, Health, Training and Workforce Development (at a minimum) to work together on high-quality throughcare plans for children and young people in detention facilities and post-release.</p> <p>Recommendation 12b</p> <p>The MOU should include terms of reference (purpose and scope), roles and responsibilities of each agency and expectations for each agency. Focus on ensuring MoCi principles and actions provide holistic, individualised and child-centred support.</p>

Findings	Recommendations
<p>Finding 13a</p> <p>The existing YCO staffing model is inadequate for providing an individualised, holistic and child-centred service model, notwithstanding staff shortages.</p> <p>Finding 13b</p> <p>The current YCO staffing model contributes to staff feeling unsafe and unsupported in their roles.</p>	<p>Recommendation 13a</p> <p>Review and revise the YCO staffing ratio to enable staff to provide individualised support and engagement to detainees.</p> <p>Recommendation 13b</p> <p>When implementing revised YCO staffing ratios, account for leave coverage, professional development and the individual needs of detainees to maintain the safety of children, young people and staff.</p>
<p>Finding 14a</p> <p>There appears to be no formalised approach to defining the purpose, goals and objectives of programs offered in detention facilities.</p> <p>Finding 14b</p> <p>There seems to be an absence of a formalised evaluation process to assess the efficacy and effectiveness of programs delivered by external service providers.</p>	<p>Recommendation 14a</p> <p>Include clear expectations in service contracts on the services to be delivered, purpose, goals and objectives.</p> <p>Recommendation 14b</p> <p>Develop an annual (at minimum) evaluation framework to review program/ service efficacy and effectiveness and identify potential changes for evolving needs.</p>
<p>Finding 15</p> <p>Not all staff and detainees are aware of the existence of the MoCi and its associated implementation plan.</p>	<p>Recommendation 15a</p> <p>Schedule regular (monthly) sessions for all staff cohorts to discuss the MoCi and implementation plan.</p> <ul style="list-style-type: none"> • Provide guidance on their implementation. • Seek feedback and suggestions for improvements from the staff. • Hold sessions at various times over the month to maximise attendance. <p>Recommendation 15b</p> <p>Provide children and young people with age and developmentally appropriate information so they are able to understand changes and provide feedback and suggestions.</p>

Findings	Recommendations
<p>Finding 16</p> <p>The Total Offender Management System (TOMS) is unsuitable for case management of children and young people. Although the system can generate reports aligned with efficiency and effectiveness key performance indicators for government and for the National Minimum Data Set, it has substantial limitations in accurately recording and reporting all relevant information pertaining to a child or young person in detention.</p>	<p>Recommendation 16</p> <p>Undertake system enhancements to enable automatic individualised reporting on key wellbeing indicators of children and young people in detention, including but not limited to:</p> <ul style="list-style-type: none"> • hours out of cell and hours outdoors • number of family visits and/or contacts • number of legal visits and/or contacts • number of health and mental health visits and/or health/mental health-related incidents (by classification e.g. nurse, doctor, mental health worker) • hours of education received • program engagement – hours, program type. <p>Reasons for any cancellation of planned education, programs, supports or visits should be recorded.</p> <p>Include accessibility to individual case management plans, with controls on who can make changes or access private and confidential information.</p>

Purpose of the Inquiry

In 2021, the Department of Justice (the department) contracted the Nous Group to develop a draft operating philosophy and service model (OPSM) for Banksia Hill Detention Centre (BHDC).

On 17 May 2022, the OPSM was provided to the department. Subsequently, the department developed and commenced implementation of a model of care instruction (MoCi) and implementation plan to embed the MoCi operationally at BHDC. In early 2023, the government announced the engagement of a

contracted project manager to lead the implementation process. In October 2023, the WA Government announced the appointment of a Program Director, Model of Care Implementation to continue the implementation work.

Due to ongoing concerns regarding children and young people in detention in WA, the Commissioner for Children and Young People WA ('the Commissioner') determined it critical to review the progress of implementing the MoCi.

Scope

The inquiry focused on the implementation progress of the MoCi at two juvenile detention centres in WA⁸, namely the Banksia Hill Detention Centre and Unit 18 at Casuarina adult maximum-security prison. Both facilities are managed by the department.

Once provided with the MoCi, it was noted that it did not apply to Unit 18. Post the review, the department advised the MoCi was never intended to be used for Unit 18 and that it “has its own unique operating environment and in some instances supports provided at Unit 18 will necessarily go beyond what is provided at BHDC”. Whilst acknowledging the unique environment at Unit 18, there is a critical need to ensure an instruction and model is in place that provides guidance on implementation of the service standards across all youth detention facilities.

The inquiry was informed by:

- the voices of children and young people in detention
- data and documentation provided by the department
- the voices of staff and service providers
- observations of the inquiry team members.

The services provided by the Departments of Health and Communities were not assessed independently as part of the inquiry. However, it should be noted that provision of a therapeutic approach to children and young people while they are in detention requires a holistic, whole-of-government approach. Such an approach would provide greater scope for children and young people to receive intensive supports while in detention, but also through to release and post-release, also called ‘throughcare’.

The objective for children and young people while in detention should be to ensure their wellbeing and to provide therapeutic opportunities for improvements in their physical, cultural, social and emotional health and wellbeing. There should also be a focus on restorative practice and rehabilitation with the aim of reducing recidivism.

Model of Care Instruction for Banksia Hill Detention Centre

The MoCi for Banksia Hill Detention Centre was informed by the overarching OPSM (Attachment 1). The MoCi states that the 'overarching aim is to provide support and interventions that build and nurture young people's skills and individual strengths to maximise their potential to lead meaningful lives, away from offending, when they leave BHDC'.

The MoCi overview states that 'it describes the way care is provided to young people and their family and extended families, and the role of staff and partners in the young person's time in detention'. It considers the three key stages of the young person's journey:

- entry and assessment (including for those on remand)
- care coordination and rehabilitation support
- exit and community reintegration.

Service principles and supporting standards

The MoCi also states that 'at the heart of the model of care are eight (8) service principles, each with supporting standards that guide the way care is provided to young people and their families'.

The service principles and supporting standards are:

- Elevate and respect young people's voices:
 - » Young people will be treated with dignity and respect at all times.
 - » Young people will be meaningfully involved in planning and decision-making.
 - » Young people will have child-safe avenues to voice opinions, complaints and suggestions.
 - » Young people will have input into design and efficacy of services and programs.
- Foster structure and consistency for young people:
 - » Each day will be structured with a set of engaging and constructive activities for every young person.
 - » Structure and consistency will be applied throughout all aspects of services and care.
- Ensure cultural safety and strength for Aboriginal children and young people:
 - » Young people will have access to culturally safe and responsive programs, services and facilities.
 - » Staff will seek guidance from and encourage the involvement of Aboriginal Elders and cultural leaders.
 - » Staff will develop and maintain a culturally responsive and supportive workforce.
 - » Policies, procedures and processes will support continuous improvement in Aboriginal cultural security.

- Connect young people with family, kin and community:
 - » Staff will facilitate ongoing and frequent contact and involvement between young people and their family, friends and support organisations.
 - » Staff will ensure that young people have access to trusted adults and role models.
 - » Staff will communicate regularly with family.
- Foster a throughcare-focused approach to the care for children and young people:
 - » Staff will plan for successful transition of the young person back to the community on entry.
 - » Integrated case planning will support throughcare.
- Embed developmentally appropriate and needs-informed healing approaches:
 - » All young people will have access to the level of child-safe therapeutic care required to meet their unique needs.
 - » Staff will provide an environment where all young people feel safe and welcome to engage in a rehabilitative process.
 - » Staff will be prepared and supported to provide child-safe therapeutic environment and services.
- Apply restorative approaches to discipline:
 - » Child-safe behaviour management practices will uphold the rights of young people.
 - » Training, processes and

procedures will reinforce consistent behavioural expectations for both young people and staff.

- » Staff will maintain and reinforce consistent expectations and logical, clearly understood and needs-informed consequences.
 - » Relapses and setbacks in behaviour will be reframed and addressed by staff as opportunities to learn and grow.
 - » Positive changes in behaviour will be regularly recognised and celebrated.
- Promote a culture of appreciation, care and support for staff:
 - » Staff will be supported and have the often-challenging nature of their role recognised.
 - » Staff will actively invest in building and maintaining a positive workplace culture.
 - » Staff will foster transparency and open lines of communication.

Program areas and supporting standards

The program areas and supporting standards in the MoCi are:

- **Individualised programs and support** (assessment planning, case management, programming and treatment) – to address individualised needs, criminogenic factors and offending behaviour.
 - » Staff will apply a clear child-safe intake and assessment process.
 - » Staff will apply a rigorous and ongoing case management process.

- » Young people on remand will be provided with supports required to meet their period of detention.
- **Physical, mental and spiritual wellbeing** – including addressing substance misuse, physical and mental health, trauma, respectful relationships and strengthening connection to culture, family and community.
 - » The health and wellbeing needs of young people will be addressed through comprehensive wraparound supports.
 - » Health and wellbeing services will be culturally safe and tailored to the young person.
 - » Young people will have access to specialised services and supports, including evidence-based alcohol and other drugs (AOD) treatment and rehabilitation, mental health and disability support.
 - » All young people will be afforded opportunities to express and develop their spiritual identity.
- **Learning, development and life skills** – including developing literacy and numeracy, vocational and life skills.
 - » All young people will participate in enriching programs and activities that support their individual learning, development and life skills.
 - » All young people will have access to a quality education.
 - » Young people will be provided with formal and informal supports to develop life skills.
 - » Young people will have opportunities to engage in recreational activities aligned to

their strengths and interests.

- » Staff will be supported with the resources and supports to deliver effective learning and development opportunities to young people.

A balanced approach to safety and security

The MoCi states that ‘safety is the foundation on which the MoCi is built at BHDC’, and the ‘safety of young people, staff and partners is ensured through a multidimensional approach to security at the centre, including:

- **Relational security** – the understanding and knowledge staff have of young people, and how this informs the management and escalation of security incidents
 - » Staff will promote continuity and consistency in young people’s relationships with peers, staff and other service providers.
 - » BHDC processes will support achievement of relational security outcomes.
 - » Staff will respond dynamically to the needs and risks young people present by leveraging strong relationships.
- **Physical security** – the aspects of the facility design that support a sense of security and create a feeling of emotional safety through normalised environments.
- **Procedural security** – the processes and policies that outline facility operational information in line with legislation and other operational security requirements.

To ensure a safe and supportive environment, the following supporting standards for physical and procedural security should be upheld:

- Young people will be grouped based on their needs and risks (within infrastructure and operational constraints).
- Young people's physical autonomy and privacy will be respected and upheld, where safe to do so.
- BHDC will maintain physical security while enabling a normalised routine using infrastructure, technology and equipment.
- BHDC will maintain policies, processes and guidelines aligned to the model of care.
- Procedures will be safe for young people and will 'do no harm'.
- Staff will be supported to access and apply these policies, processes and guidelines, including through reflective practice.

The components and supporting standards are expected to operate in a balanced manner with no single element dominating or compensating for another.

Implementation

The Department of Justice provided the inquiry team with an (undated) copy of the **Model of care instruction for Banksia Hill Detention Centre and the implementation plan 2023–2026** (received 2 January 2024). On 2 February 2024, the department provided an updated plan for 2023 and 2024. The latter version outlined actions progressed over 2023 and forward planning for 2024 against each of the supporting standards and service principles.

While there is evidence that some actions progressed in 2023, they were limited in scope and focused on the whole population (one size fits all) rather than addressing the specific, individual needs of children and young people.

The actions also did not address all supporting standards aligned with each service principle. In the initial plan provided, some supporting standards were omitted, such as 'young people will be treated with respect and dignity at all times' under Principle 1 – Elevate and respect young people's voices. This was addressed in the later version of the plan received in February 2024.

The review of each service principle and supporting standard revealed numerous areas still requiring significant action.

Furthermore, the plan lacked details on action responsibilities, monitoring and evaluation.

Limited/inequitable implementation of the new model of care

The MoCi titled **Model of care instruction for Banksia Hill Detention Centre** specifically mentions Banksia Hill but does not mention Unit 18. The department advised: 'Unit 18 has its own unique operating environment and in some instances supports provided at Unit 18 will necessarily go beyond what is provided at BHDC.' Assessment has been based upon the MoCi and the implementation plan.

As part of their response to the first draft report, the department outlined a number of actions undertaken at Unit 18. Between 20 July 2022 and 31 December 2023, Unit 18 housed between 8% and 26% of all children and young people in detention on any one day. Between 1 January and 31 December 2023, Unit 18 had an average daily population of 14 young people.

The Minister for Corrective Services has publicly stated '... Unit 18 will need to continue to operate for the foreseeable future as BHDC would be unable to safely and securely accommodate the young people who present as high risk and with complex behaviour'. This has been reiterated by the department. As the children and young people in Unit 18 arguably have the most complex needs resulting in multiple, complicated behaviours, individualised therapeutic programs and supports are even more critical for providing a safe, secure and therapeutic environment for this vulnerable population.

Meaningful participation

The participation guidelines developed by the Commissioner’s office include a hierarchy of levels of participation.⁹ However, the actions proposed in the implementation plan primarily fall within the lower levels of this hierarchy, which are characterised as ‘doing to’ and ‘doing for’.

These lower levels involve informing, consulting and some engagement with

participants, rather than fostering higher levels of participation and collaboration. Examples of these lower levels include ‘survey’ students at the end of each school year to inform planning for the following year; and ‘pilot’ a separate feedback mechanism for young females at BHDC. The purpose of this pilot was to increase the engagement of young females in planning and decision-making processes. Due to the success of the pilot, a separate youth leadership council for females was established.

Figure 1: Levels of participation



However, the outyears of the plan focused on continuing these existing initiatives rather than exploring new ways to not only 'seek the views' of detainees but also to ensure their views are genuinely considered and that the children and young people are meaningfully engaged in design and decision-making.

The above examples are complicated because children and young people usually only stay in detention for a very short time. For instance, at the two leadership council meetings attended by the Commissioner in 2022 and 2023, the membership was completely different on each occasion. In addition, the plan does not identify how to include those who are not involved in the leadership council. This means many children and young people may not get a real opportunity to take part and speak up.

Timelines

It is noted that the actions outlined for 2023 are predominantly extended into the outyears rather than building on the foundations to ensure each of the service principles and supporting standards are implemented in their entirety. As an example, Principle 3 – Ensure cultural safety and strength for Aboriginal children and young people – has actions including:

- Establish an Aboriginal Services Unit.
- Develop a model to establish an Aboriginal Community Controlled Organisation (ACCO) primary healthcare service.
- Develop a model to engage Aboriginal Elders.
- Establish a pool of Aboriginal mentors.

For each of the above actions, the commentary for the first two years (2023 and 2024) was to 'establish' or 'develop'. In most cases, the commentary for outyears to 2026, contained statements such as 'continue operation/delivery'. There appears to be limited evaluation of the actions to embed change, and a lack of emphasis on continuous improvement.

The focus on throughcare in the implementation plan is disappointingly limited to the release phase of detention. A 2013 report by the Scottish Centre for Crime and Justice Research identified several key elements of effective throughcare.¹⁰ The report found that early contact with detainees upon entry to custody, involving them in support plans and programs to meet their needs, and consistent staffing to enable relationship development were critical factors for success. By neglecting these crucial factors and concentrating solely on the release process, the implementation plan falls short in its approach to throughcare.

Specific reference was made to the fact that programs provided in detention have greater impact if stable accommodation and employment/education opportunities are available in the community. They also noted that reductions in reoffending appear to be directly related to the availability of support following release. International evidence has identified aftercare as being as important as the services delivered while in detention.

A full analysis of each service principle and the relevant supporting standards is outlined in Table 2.

Table 2: Implementation plan review and analysis

Service principle 1: Elevate and respect young people’s voices.	
Supporting standards	Analysis
<ul style="list-style-type: none"> • Young people will be treated with respect and dignity at all times. • Young people will be meaningfully involved in planning and decision-making. • Young people will have effective child-safe avenues to voice opinions, complaints and suggestions. • Young people will have input into the design and efficacy of services and programs. 	<ul style="list-style-type: none"> • There are no actions specifically designed to ensure young people will be treated with dignity and respect at all times. • The actions outlined in the plan are primarily at Level 3 of the participation hierarchy of ‘informing and consulting’, rather than addressing the need for meaningful involvement in planning and decision-making. • It is critical that the National Child Safe Principles are embedded in all aspects of the detention environment and this is not clear in the actions in the implementation plan. • While surveys are being conducted regarding education and other programs, it is not apparent what requirements are in place to ensure their input is valued and included. Efficacy has not been addressed at all in the plan.
Service principle 2: Foster structure and consistency for young people.	
Supporting standards	Analysis
<ul style="list-style-type: none"> • Each day will be structured with a set of engaging and constructive activities for every young person. • Structure and consistency will be applied throughout all aspects of services and care. 	<ul style="list-style-type: none"> • The primary action in 2023 was to stabilise staffing levels and the built environment to enable a structured day. • In 2024, stabilisation of staffing is still required, and the focus is on implementing a structured day for young people that ‘responds to individual and collective needs and considers feedback from young people’. • In 2025 and 2026, the action is to continue with the structured day. • However, the actions regarding programs and initiatives and the structured day, all point to a ‘collective’ approach rather than meeting individualised needs. • There do not appear to be any actions included that will meet the second service standard.

Service principle 3: Ensure cultural safety and strength for Aboriginal young people.

Supporting standards

- Young people will have access to culturally safe and responsive programs, services and facilities.
- Staff will seek guidance from and encourage the involvement of Aboriginal Elders and cultural leaders.
- Staff will develop and maintain a culturally responsive and supportive workforce.
- Policies, procedures and processes will support continuous involvement in Aboriginal cultural security.

Analysis

- A significant amount of work has commenced with the establishment of the Aboriginal Services Unit and the engagement of Aboriginal mentors (via contracted organisations).
- It is not clear how successful engagement of the mentors by staff to seek guidance has been and no specific actions appear to impress the need for staff to respond.
- The action to establish an Aboriginal community-controlled primary health service is progressing, with a view to commencing in 2024. There are no actions outlined for 2025 and 2026 in relation to this service.
- Developing and engaging Aboriginal Elders and leaders is progressing. However, it is noted that this action continues through to 2026 and it is unclear how the involvement of organisations, Elders and leaders is being included.
- Engagement of Aboriginal services has increased, including to address individual needs.
- Action to improve access to interpreters is identified, although it is unclear what progress has been made at this time.
- The creation and maintenance of dedicated cultural spaces and places is an action that is identified from 2023 to 2026. It is not clear in which year this will commence. It is recommended that the action to co-design with young people at BHDC is prioritised as this will also build cultural safety.
- Actions to participate in NAIDOC and Reconciliation weeks and to ensure events are culturally appropriate and support cultural awareness and safety at BHDC are admirable. It is recommended that participation extends to other dates of cultural significance throughout the year and provides opportunities for cultural learning in the outyears, rather than focusing on 2 events each year.
- It is pleasing to see that a review of all policies and procedures to ensure cultural safety and security as part of the day-to-day operations of BHDC is included in the plan.

Service principle 4: Connect young people with family, kin and community.

Supporting standards

- Staff will facilitate ongoing and frequent contact and involvement between young people and their family, friends and support organisations.
- Staff will ensure that young people have access to trusted adults and role models.
- Staff will communicate regularly with family.

Analysis

- It is disappointing that these actions are primarily allocated to the Aboriginal youth support officers and case planning officers (including community based youth justice officers) to achieve rather than focusing on building the skills and capabilities of the youth custodial officers (YCOs) and other staff to undertake this work in the outyears.
- The action to preserve cultural identify and prepare genograms ('map family, kin and community') is to be congratulated. However, as with the above, it is critical that this does not always rely upon Aboriginal staff and/or service providers. Fostering strong working relationships with staff (relational security) can be enhanced through their engagement in these actions.
- While review of opportunities to increase connections of young people with family, kin and community is ongoing (acknowledging that the use of information technology systems is not yet fully operational), it is concerning that there are no additional actions planned for 2025–26.

Service principle 5: Foster a throughcare-focused approach to care for young people.

Supporting standards

- Staff will plan for successful transition of the young person back to the community on entry.
- Integrated case planning will support throughcare.

Analysis

- Actions focus on the collaborative arrangements required across government and with the community and Aboriginal community-controlled sectors to plan for release.
- All agencies including the Department of Communities (Child Protection and Housing), Education, Justice, Training and Workforce Development must be involved in meaningful ways to ensure throughcare plans are comprehensive and meet individual needs.
- While the actions are important, there is no mention of directly engaging the young person or significant family or community in the planning, which may result in disengagement from the process once released.
- There is no clarity on when the throughcare planning process will commence, but it must commence upon entry to detention and be adjusted according to individual needs as required.

Service principle 6: Embed developmentally appropriate and needs-informed approaches.

Supporting standards

- All young people will have access to the level of child-safe therapeutic care required to meet their unique needs.
- Staff will provide an environment where all young people feel safe and welcome to engage in a rehabilitative process.
- Staff will be prepared and supported to provide a child-safe therapeutic environment and services.

Analysis

- Significant work has commenced in this regard, including the development of a clinical model to embed a health team to provide multidisciplinary health services and supports. It is noted that not all positions on the team have been successfully filled at the time of reporting.
- The plan includes a review of the embedded health team in 2025, with a focus on refining and enhancing the model as may be required in 2026.
- The action to seek advice and support to identify initiatives supporting children and young people in detention with foetal alcohol spectrum disorder (FASD) and other neurodevelopmental conditions is long overdue, and it is understood negotiations with a provider have commenced.
- The inclusion of additional training for staff to assist them in working with young people to reframe their behaviours and respond appropriately to their needs is a critical component of the plan. This training has commenced and the plan states this will continue in the outyears.
- The plan does not specify actions for ensuring children and young people will have access to the care required to meet their unique needs in any detail.
- The plan includes research and does not specify how Indigenous data sovereignty principles will be applied to the research or how consent from the children and young people will be obtained.

Service principle 7: Apply positive restorative approaches to discipline.

Supporting standards

- Child-safe behaviour management practices will uphold the rights of young people.
- Training, processes and procedures will reinforce consistent behavioural expectations for both young people and staff.
- Staff will maintain and reinforce consistent expectations and logical, clearly understood and needs-informed consequences.
- Relapses and setbacks in behaviour will be reframed and addressed by staff as opportunities to learn and grow.
- Positive changes in behaviour will be regularly recognised and celebrated.

Analysis

- Again, this action is stated as being reliant upon stabilisation of staffing and the built environment, although some actions have commenced, including a rewards program.
- The development of a model of restorative practice is listed as a key action, and both this and the incentives and rewards program are to be piloted in 2024. Refining of the model and programs are to occur in 2025, and these are to be embedded in 2026.
- There is a critical need to identify how Principle 7 of the National Principles for Child Safe Organisations will proceed – that is, staff and volunteers will be equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
- Policies and procedures documenting how the organisation is safe for children and young people must be developed and implemented as a priority.
- Children and young people must be meaningfully engaged in the development of the rewards/incentives program and model of restorative practice in age and developmentally appropriate ways.

Service principle 8: Promote culture of appreciation, care and support for staff.

Supporting standards

- Staff will be supported and have the often-challenging nature of their role recognised.
- Staff will actively invest in building and maintaining a positive workforce culture.
- Staff will foster transparency and open lines of communication.
- Staff will be regularly and frequently recognised for their efforts.

Analysis

- The actions identified against this principle for 2023 were access to the Department of Justice staff welfare team, reestablishment of staff-led informal support networks, and staff events to recognise long service and excellence.
- In 2024, this expands to seeking feedback from staff regarding what will help them to meet the supporting standards.
- In 2025 and 2026, these actions are to be continued.
- While these actions are a good start, it is important for both recognition and appreciation to be individually focused. Listening to staff, telling staff what is valuable about them and checking in on staff to see how they are doing are all critical components of a culture of appreciation, care and support.

Inquiry Authorising Environment

The inquiry was undertaken in accordance with Part 3, Section 19 of the **Commissioner for Children and Young People Act 2006** (the CCYP Act)¹¹:

- 19 (b)** to promote the participation of children and young people in the making of decisions that affect their lives and to encourage government and non-government agencies to seek the participation of children and young people appropriate to their age and maturity;
- 19(c)** to promote and monitor the wellbeing of children and young people generally;
- 19(f)** to initiate and conduct inquiries into any matter, including any written law or any practice, procedure or service, affecting wellbeing of children and young people;
- 19(g)** to monitor and review written laws, drafts laws, policies, practices and services affecting the wellbeing of children and young people; and
- 19(h)** to promote public awareness and understanding of matters relating to the wellbeing of children and young people;
- 19(k)** on the Commissioner's own initiative or at the request of the Minister or the Standing Committee, to advise the Minister on any matter relating to the wellbeing of children and young people

The Commissioner, while administering the Act, must observe the following principles as outlined in Part 2, Section 4 of the Act:

- a. Children and young people are entitled to live in a caring and nurturing environment and to be protected from harm and exploitation;
- b. The contributions made by children and young people to the community should be recognised for their value and merit;
- c. The views of children and young people on all matters affecting them should be given serious consideration and taken into account;
- d. Parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in carrying out their role.

Part 3, Section 20 of the Act also states that the Commissioner must:

- a. Give priority to, and have special regard to, the interests and needs of –
 - i. Aboriginal children and young people and Torres Strait Islander children and young people;
 - ii. And children and young people who are vulnerable or disadvantaged for any reason; and
- c. have regard to the United Nations Convention on the Rights of the Child.

Background

During 2022, children and young people in juvenile detention in WA experienced a significant number of lockdowns (where detainees are confined to their sleeping quarters, effectively in isolation) and this continued into 2023 and beyond. The department advised that lockdowns occur for multiple reasons, including, for example, COVID, emergency management and staff training.

In June 2022, the government announced they were establishing a more secure facility for 'the most disruptive' detainees from BHDC, and this resulted in Unit 18 at Casuarina Prison – an adult maximum-security prison for males – being gazetted as a juvenile detention facility. This was a 'temporary' measure, noting that it remains in place and in use at the time of this inquiry.

In May 2023, a major incident at BHDC resulted in extensive damage to infrastructure caused by children and young people in BHDC. This incident jeopardised the safety of staff and detainees at the centre.

On 3 October 2023, at a meeting with the Minister for Police, Corrective Services, Racing and Gaming, Defence Industry and Veterans Issues, the Commissioner advised that her office would undertake an Inquiry into the progress of implementation of the MoCi, in accordance with the functions outlined in section 19 of the CCYP Act. Following that meeting, the Commissioner contacted the Director General, Department of Justice via telephone to ensure he was aware of the pending Inquiry. This was confirmed, in writing, on 27 October 2023, including advising the Attorney General and the Commissioner for Corrective Services. The limited-scope inquiry focused on

progress of the implementation of the MoCi at both BHDC and Unit 18. We were subsequently advised that the MoCi does not apply to Unit 18. No documentation was provided to demonstrate how the service standards are implemented, monitored and evaluated at Unit 18.

On 19 October 2023, 16-year-old Cleveland Dodd (rest in peace) died in hospital after self-harming (alleged suicide) in his cell at Unit 18 on 12 October. WA experienced its first reported death in custody of a minor child and a family was left to grieve the loss of their child. These events also impacted the social and emotional wellbeing of other children and young people and staff.

Methodology

The inquiry reviewed a significant number of documents and data provided by the department. These documents are listed in Attachment 2. The inquiry team also reviewed:

- legislation, including, but not limited to, the **Young Offenders Act 1994**; the **Criminal Code Act Compilation Act 2013**; and the **Young Offender Regulations 1995 (WA)**;
- rights frameworks, including the United Nations Conventions on the Rights of the Child and of Persons with Disabilities, the Declaration on the Rights of Indigenous Peoples and the United Nations Rules for Protection of Juveniles Deprived of their Liberty
- the National Standards for Youth Justice in Australia (2023)¹²
- Australia and New Zealand School of Government (ANZSOG) **10 pillars of youth justice**¹³.

The department does not have a legal obligation to have regard to international declarations, conventions and associated rules as they have not been enacted into domestic law.

While this is the case, it is the view of the Commissioner that the functions within the CCYP Act clearly provide scope for 'best practice' to be considered as part of the inquiry.

Western Australia is, however, a signatory to the National Standards for Youth Justice In Australia. These standards are described as 'a set of aspirational standards of practice required for child-centred youth justice services in Australia ... young people are different to adults, with different needs, vulnerabilities and behaviours that require understanding and empathy. A principal purpose of the youth justice system is to support children and young people ... progressive youth justice systems focus on a path of growth for each child or young person, tailoring services and supports to meet individual needs'.¹⁴

The standards are described '... not prescriptive. They are aspirational benchmarks for complex youth justice systems. As a result, jurisdictions have agreed to a peer review protocol to hold each other accountable on progress towards these aspirational standards of practice'.¹⁵ It is therefore reasonable, that these are considered as part of this inquiry.

It is noted that much of the information requested from the department was not available at the level of detail requested. The department advised that this was due, in part, to the time frames for collating the requested information (noting they were also providing

information for other purposes, including a coronial inquiry). A full list of the information requested is in Attachment 2.

Information sessions were delivered to staff and service providers by the inquiry team to outline the scope and context of the inquiry and respond to any queries. In addition, staff and service providers were provided with an anonymous online survey for completion (voluntary participation). CSD leadership supported staff to attend interviews and/or information sessions during work hours.

Some who attended information sessions provided feedback at that time regarding their concerns and observations. Surveys were completed by 40 staff and 20 service providers (noting that seven service providers completed the staff survey rather than the service provider survey. Their responses were used. However, some questions were not answered as they were not relevant, and those from the provider survey that were relevant could not be included).

A questionnaire was used to guide interviews, held in January and February 2024, with 43 children and young people detained in both BHDC and Unit 18, to ensure consistency of information and approach.

Analysis of the qualitative and quantitative data was undertaken to identify key themes against the scope and context of the inquiry.

Table 3: Number of interviews with children and young people in detention in Western Australia

Interviews of children and young people (CYP) in WA detention			
Youth detention centre	CYP detained	Number of CYP interviewed	Percentage*
BHDC	59 to 76	32	47%
Unit 18	10 to 14	11	85%

*This percentage compares the number of interviewed children and young people to the average number of CYP in the same detention centre (in early 2024). The Commissioner does not have access to the TOMS system and relies upon ‘average’ data supplied by the department.

To ensure compliance with the Commissioner’s participation policy, all children and young people were required to complete a consent form prior to interviews. For those aged under 16, parental or guardian consent was also required (see Attachment 3 and Attachment 4).

While under no obligation to compensate them for their time, the Commissioner values the time and opinions of children and young people. Accordingly, young people who participated in interviews were provided with a canteen voucher (provided by the department).

Participation by staff and service providers was voluntary.

The detention centres

In WA, the two youth detention centres are the Banksia Hill Detention Centre (BHDC) and Unit 18 (gazetted youth detention centre at the Casuarina adult maximum-security prison). Both facilities are located in the Perth metropolitan area and provide detention for those aged 10 to 17 years.¹⁶

BHDC houses children and young people from across the state who have either committed an offence or are alleged to have committed an offence, with a diversity of ages, genders, cultural identity and background. Those detained include those arrested and awaiting a court hearing regarding bail, those who have been denied bail or those who have been sentenced to a custodial sentence. In many cases, children and young people who have been granted bail, while a ‘safe place’ or ‘responsible adult’ is identified. Many of those on remand do not receive a custodial sentence.

The Banksia Hill Detention Centre has a number of separate units:

Male:

- Murchison
- Turner
- Lenard
- Serpentine (self-care)
- Ravensthorpe (self-care)
- Urquhart
- Jasper
- Karakin
- Intensive Supervision Unit (ISU)

Female:

- Yeeda
- Peel (self-care)
- Cue (intensive support)

The detention centre also has education, music, creative arts and sport and recreation facilities, including indoor and outdoor sports, a cafe (used for hospitality training) and administration facilities.

Unit 18 was gazetted as a juvenile facility to house young offenders with high, multiple and complicated needs and who exhibit complex behaviours. Originally expected to be a short-term solution, extensive damage caused in May 2023 to the BHDC infrastructure, necessitated continued use of Unit 18. It is understood this will continue until a new facility has been completed.

This facility continues to be used until such time as infrastructure works can be completed to provide alternative accommodation. The unit has four wings, three of which accommodate young people.

Unit 18 comprises three accommodation wings, open living areas, a full-sized basketball court, a grassed external yard and two dedicated spaces for education and programs. There is a central room that was being used for meals and activities. However, during our visits, this was also being used by staff and for storage by contractors. The indoor space is also used for recreation and activities provided by staff. Health and Mental Health services are delivered within the unit.

The National Standards¹⁷, released in October 2023, outlines a range of standards for facilities and other resources required to deliver effective youth justice services.

Key features include:

- Youth custodial facilities are designed and/or improved to reflect the community environment as much as possible.
- Physical resources, facilities and online spaces provide a physically, spiritually and psychologically safe environment.
- Physical resources support safe and positive environments for staff, children and young people.

It is acknowledged that the state government has completed an infrastructure review. Significant infrastructure remedial works are underway at BHDC and Unit 18. In November 2023, the government announced they would 'build a new facility for high security and therapeutic needs of complex, often violent young people', although it is not sure when this will occur.

In upholding the UNCRC, it is recommended the state government reviews best practices both nationally and internationally, including the Australasian Youth Justice Administrators (AYJA) standards, when developing current or future sites to be used for youth detention purposes. This review is critical to ensure the safety and security of children, young people and staff. Moreover, the implementation plan highlights the necessity of creating fit-for-purpose facilities that serve as enablers of the MoCi.

In addition, the National Principles for Child Safe Organisations, developed in response to the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA), and endorsed by the Council of Australian Governments (COAG), include the requirement for physical environments to promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

Juvenile Detention in Western Australia

Who are the children and young people in juvenile detention in WA?

Western Australia is home to 644,468 children and young people aged 0 to 17. Of these, approximately 14% (46,000) are Aboriginal. Despite comprising only 14% of the total youth population, on 31 October 2023, Aboriginal children and young people made up 62% of the total population of children and young people in detention.

We must address the longer-term, multi-factoral causes of youth crime, including poverty, socio-economic disadvantage, disengagement from school, lack of access to health and mental health supports, alcohol and drug abuse, and family and domestic violence if we are to see a reduction in the numbers of children and young people entering the youth justice system.

The long history of Aboriginal overrepresentation in youth justice led to the development of Outcome 11 of the National Agreement on Closing the Gap (National Agreement).

The National Agreement targets a reduction in the rate of Aboriginal young people in detention from 31.9% per 10,000 people to 22.3% per 10,000 by 2030 to 2031.¹⁸ While the rate of young Aboriginal people in detention does vary in WA, the state still has the third highest rate of Aboriginal juvenile detention in Australia.

Minimum requirements for juvenile detention

The National Standards¹⁹, endorsed by Western Australia, outline standards across 12 domains:

- » Cultural responsiveness and safety.
- » Prevention, early support and diversion.
- » Family and community.
- » Partnerships.
- » Health and wellbeing.
- » Informed advice.
- » Procedural fairness.
- » Accountability and transparency.
- » Service delivery.
- » Workforce, organisational culture and staff wellbeing.
- » Safety and security.
- » Infrastructure.

While each of the domains has standards relating to physical environments, Domain 12 specifically outlines that 'youth custodial facilities are designed and/or improved to reflect the community environment as much as possible, and should provide opportunities to support skills development for successful reintegration'.

Domain 12 also states that 'physical resources ... provide a physically, spiritually and psychologically safe environment' and '... support safe and positive environments for staff, children and young people'.

The United Nations Convention on the Rights of the Child (UNCRC) states that children and young people, no matter where they are, have the right to the best health care possible, safe water to drink and a clean and safe place to stay. Children and young people, no matter where they are, also have the right to rest, relax, play and take part in cultural and creative activities.²⁰

While all articles under UNCRC should be recognised, the Commissioner considers the articles most relevant to children and young people in juvenile detention are articles 1, 2, 3, 12, 16, 19, 28, 31, 37 and, most importantly, 40 – children who are accused of breaking the law should receive legal help.

Detention sentences for children should only be used for the most serious offences and as a last resort.

In Australia, children and young people do not get sentenced to prison, rather they are placed into youth detention. There is a critical difference, but during the inquiry, the team observed an almost 'prison-like' approach to youth detention, particularly at Unit 18.

In addition to UNCRC, Article 11 of the Convention on the Rights of Persons with Disabilities (UNCRPD) states that parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.²¹

In 2020, the Australia and New Zealand School of Government developed a research paper titled **10 pillars of youth justice**, based upon distillation of the best available evidence at that time.²²

This paper states that 'the primary focus of custodial facilities is to deliver education, training and intensive therapeutic services that address the drivers of offending and improve life prospects for children and young people'.

In practical terms, 'therapeutic' would generally be focused on supporting children and young people to undertake behaviour change and to support their emotional, personal and physical development. In addition, children and young people in juvenile detention facilities require access to allied, mental and general health support. They should also be allowed to engage in activities that maintain their physical and mental wellbeing. The operational policies and practices should acknowledge and support the neurodiversity of children and young people and the food provided should meet their nutritional needs.

To achieve the desired outcomes for children in youth detention, it is critical that staffing ratios are sufficient to provide the necessary individualised care and attention required. This is particularly the case where children and young people have exceptionally high and diverse needs. Current staffing challenges in youth detention in WA impact the safety and wellbeing of staff, children and young people.

It is noted the model of staffing is to provide a range of different staff and functions to support detainees and is not confined to youth custodial officers.

The Legislative Framework

The youth justice legislative framework²³ is comprised of the **Young Offenders Act 1994** (YOA) as well as the following pieces of state legislation:

- **Bail Act 1982**
- **Children and Community Services Act 2004**
- **Children’s Court of Western Australia Act 1988**
- **Criminal Code 1913**
- **Sentencing Act 1995**
- **Sentence Administration Act 2003**
- **Young Offenders Regulations (1995).**

One of the objectives of the YOA is to ensure that the legal rights of young people involved in the criminal justice system are observed.²⁴ The YOA also provides that detention should be considered a last resort for children and young people and, if imposed, should be for as short a time as possible.²⁵ However, the YOA is silent on UNCRC, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the UNCRPD. In 2016, a review of the YOA commenced but was put on hold. A green paper was released by the Department of Corrective Services identifying issues in the legislation and proposing actions to address them.²⁶ The Aboriginal Legal Service of WA Inc. and the former Commissioner for Children and Young People provided submissions to the review in 2017.

On 4 October 2022, the then Minister for Corrective Services announced a review of the YOA was to be undertaken. On 15 August 2023, the parliament was advised that the Department of Justice is ‘continuing development of an issues paper, which will facilitate stakeholder

consultation and inform the next steps of the review’.²⁷

This matter is critical and urgent. The YOA is now 30 years old and must be reviewed to align with contemporaneous best practice, and to address the differing contexts for children and young people who offend. Many of the human rights declarations came into existence after the establishment of the YOA, and the review should include reference to these, particularly the UNCRC, as a matter of priority.

In January 2013, the then Minister for Corrective Services directed the Office of the Inspector of Custodial Services (OICS) to undertake a full investigation into a critical incident at BHDC. At that time, the OICS review paper into the legal and administrative context²⁸ recognised that the YOA does not provide guidance on the characteristics of a youth detention facility. For example, the YOA, while clearly stipulating a distinction between a youth detention centre and an adult prison, does little to define the characteristics that lead to that distinction.²⁹

Relevant frameworks

The WA Government has a statutory obligation to ‘deliver services to young people in accordance with the **Young Offenders Act 1994**’ and other relevant legislation as noted above. In addition, the government has committed to ensuring departments that engage with children and young people also take steps to be child-safe organisations.

As part of this inquiry, several frameworks and approaches were reviewed to identify those rights-based frameworks and guidelines that would support the

development of best practices in juvenile detention centres in WA. It is important to note that many of these frameworks and guidelines were established after the YOA was enacted. As a result, the frameworks and guidelines are not statutory obligations.

Documentation reviewed included the United Nations Rules for the Protection of Juveniles Deprived of their Liberty³⁰, the National Standards for Youth Justice in Australia (2023)³¹, the Design Guidelines for Juvenile Justice Facilities in Australia and New Zealand³², and the United Nations Guidelines for Action on Children in the Criminal Justice System (1997)³³.

The Voices of Children and Young People in Detention

During a five-week period over January and February 2023, the inquiry team interviewed 43 children and young people at both BHDC and Unit 18. Before starting the interviews, the team organised group discussions with the children and young people to explain the purpose of the interviews and give them a chance to ask questions for clarification. The interviews were conducted face-to-face with children and young people.

The department assisted the team with this process, led by support staff prior to arrival. This gave the team an opportunity to introduce themselves before starting the formal interview process.

The 43 children and young people were approximately 50% of the total population at BHDC and 85% of those at Unit 18. At their request, three young people returned for a second interview with the team.

A series of questions were developed to lead the discussions with the participants that aligned with the service principles and supporting standards outlined in the MoCi (see Attachment 5 (Banksia Hill) and Attachment 6 (Unit 18)).

At the department's request and with their agreement, the interviews proceeded with minimal disruption to operations and the usual routines for children and young people. Each interview was entirely voluntary and confidential, unless concerns for the child or young person were evident. After each day's interviews, the inquiry team met with the assistant superintendent of each facility to raise any concerns for follow-up by the department.

The quotes within this report represent the views of the children and young people. It is crucial to understand that these views reflect their reality. While they may not be an exact description of an event or circumstance, their perception is their truth. In many cases, their recollections clearly highlighted the need to consider the impact on children and young people of events, such as self-harm incidents among their peers, ensuring necessary support is available. Where a child or young person identified a key issue of concern, this was discussed with the department at the end of the daily interviews. However, we did not seek to 'verify' comments provided by respondents, as we considered their perspectives and experiences to be true from their point of view.

The inquiry team were verbally advised by the Corrective Services Division that they were not permitted to electronically record interviews, so the team took written notes during interviews.

What did we hear?

When speaking with children and young people, it was evident that they often could not associate their actions with consequences. This is to be expected given the ages of some of the participants in relation to their neurodevelopment. For others, it was clear they had complex needs that may have included intellectual disability, cognitive impairment, developmental delay, neurodivergence or challenges including foetal alcohol spectrum disorder.

In some cases, the children and young people made statements that, when discussions progressed, were found to be the personal perception or understanding of the interviewee.

It is critical to understand that a perception becomes a person's reality and without the opportunity to have longer discussions, those listening to comments may not be gaining the full context or understanding. This is particularly important for staff to understand and is foundational for the development of relational security.

We heard from staff that 'these kids lie'. While that may be the case, during our discussions, we discovered that what may appear as an untruth could actually stem from the child's perception, a lack of cognitive ability to connect actions and consequences, or a language disorder. While some instances may involve deception, it is crucial to recognise that apparent untruths may have underlying causes beyond wilful lying. As an example, a young person complained about cold toast for breakfast, but also advised he slept late. He was not able to

connect the delay in eating to the reason for his toast being cold.

The children and young people interviewed did not all respond to all questions.

Themes

Where they come from

All interviewees identified where they came from and where they grew up. Most stated they were from the metropolitan area. Others named the regional towns they originally came from, where they would normally live or where they have family (cultural) ties. Many spoke of living with significant family, extended family members and/or significant others. Some identified staying in residential care or with foster families.

Several Aboriginal children and young people broadly identified their language or cultural group, indicating that several metropolitan-based detainees were originally from other areas of the state. Although not directly asked, it became apparent during conversation that many were unaware of their extended family connections.

Contact with family

Most children and young people interviewed said they contacted significant family members at least once a day by phone, and sometimes more than once a day.

They informed us there is a limit to the number of phone calls they can receive in a week and, if they exceed that limit, they have to pay.

Some look forward to face-to-face visits with significant family members who resided in the metropolitan area or those who travelled to Perth. Unfortunately, they noted that visits were cancelled during lockdowns or 'code red' situations, which are initiated when an incident occurs or in an emergency. Having family visits cancelled was quite distressing.

The department advised that sometimes visits do not occur because family members do not attend.

'... family come all this way to visit, why can't they lock down the area where the boys are playing up, even if we haven't been involved ...'

Some felt a sense of shame:

'... I don't really want my family to see me like this in here [BHDC] ...'

Some young people with family in regional or remote areas indicated contact occurred by phone, and in-person or video opportunities were rare.

In Unit 18, most children and young people interviewed did not have as much contact with family members as those in BHDC, but did not explain the reasons. However, responses showed a small number do have some phone contact with family. A staff member indicated that sometimes when young people get upset during a phone conversation – whether with family, legal

“ ...When there's a code red, even if you don't do anything wrong, we ALL get locked down. Family who come visit us get turned away and visits are cancelled. ”

representatives, partners, youth justice officers or someone they cannot reach – they may lash out and damage the phones. Consequently, phones are then out of order until they can be repaired.

Based on the information given, it appears that young people in Unit 18 had access to telephones when they were allowed out of their cells. Clearly, phone damage may impact everyone's ability to talk to their families and other people who matter to them.

It was also reported that when a child or young person knows a family member is incarcerated elsewhere, they ask staff to submit a request for contact with that family member.

A staff member anecdotally reported they would always try to facilitate video contact between a child or young person and an incarcerated family member in an adult prison facility. One young person indicated looking forward to a video session with an imprisoned family member.

Entry into detention

Most interviewees advised they had received an orientation book upon entry to detention. However, a number advised this only occurs on their first visit. Some recalled that for those who have had more than one period of detention, then it is assumed you would already know what happens at BHDC. Others advised that, in some instances, staff would come and see them either days or weeks later.

Comments from the interviewees regarding this process clearly demonstrated a lack of consistency in approach for entering detention. However, this may be a method of accommodating individual need.

The responses from children and young people varied widely. Some said they received no explanation at all when they entered detention, while others mentioned a staff member sat with them to explain their responsibilities and review the orientation booklet during the admission process.

Given the low levels of literacy of many children and young people entering juvenile detention, there is concern they may not be able to fully comprehend the orientation booklet.

'... placed into ISU on entry with no explanation ...'

'... first arrival get book, others who have been here before don't get orientation ...'

'... explained things and went through a checklist, didn't receive any paperwork ...'

'... no information when I came in - I had to learn ...'

The plan states the department is currently reviewing the booklet and developing orientation videos (including in Aboriginal languages) to assist young people. The plan also states that work has commenced to engage interpreting services for children and young people when required. The review of orientation processes appears to be well advanced at BHDC.



“ ... multiple times at BHDC, I had to learn, no-one explained, I had to learn from the other boys ... ”

Placement at Unit 18

While some interviewees at Unit 18 stated they knew why they were transferred from BHDC, others indicated they did not know the reasons for the transfer. It is noted they may not have been willing to disclose the reasons; however, generally the children and young people were very open about their behaviours in detention. In at least one case, if a young person has previously been in detention and housed at Unit 18, they were immediately sent to Unit 18 upon re-entry to detention.

More broadly, it appeared that some of those interviewed were unable to connect their actions and/or behaviours to consequences. That is, if they were exhibiting high, multiple and complex needs and associated behaviours, they were transferred.

Those housed at Unit 18 did not report receiving an orientation specific to that unit. The orientation process for Unit 18 appears to need further development to ensure children and young people understand why they are transferred there, what they can expect during their stay, the rules they must follow and other key information.

A typical day

It was clear from the interviews that a 'typical day' varies between BHDC and Unit 18, as well as between the different units at BHDC. Young people advised that those in Murchison or self-care were allowed outdoors time after school, had access to a greater range of activities, and in some cases, were designated as 'peers support' to assist and guide other young people within the facility.

In response to the question, 'What does a typical day look like for you?', many pointed to school and other activities and programs. One young person described their usual routine in detail, from times usually awake and integrity checks in the morning, breakfast time, school start time, lunch hour and lockdown times so staff could take their break, the time school resumes in the afternoon until dinner, then lockdowns for the night. Others discussed matters such as 'how well you have cleaned your room', helping others to keep the common areas clean, the period for school, programs and activities, the time available for phone calls to family and the time identified for lockdowns at night.

For young people housed in some units (typically Serpentine and Ravensthorpe), the night-time routine can include shooting hoops, use of any play equipment or playing footy in their units after lockdown. Most children and young people in detention do not have significant time out of their cell after dinner and are locked down in their cells at 6.45 pm. They have televisions in their room for night-time viewing.

The responses indicate that those detainees who are 'better behaved' have access to additional time out of their cell and programs – likely a rewards and incentives approach. Ensuring the detainees fully comprehend these opportunities is a priority.

The cells

When asked if they were happy with their cells, BHDC residents raised common concerns about plumbing issues – toilets not flushing, only hot water and no cold (in summer), showers unexpectedly turning off and lack of water pressure.

Many described cells with graffiti being ‘unclean’, and advised they were responsible for cleaning their cells when they moved in. In some wings, young people identified there were no mirrors (understandable given the potential for self-harm or harming others).

One young person said the ‘bed was not comfortable’.

Most young people at BHDC raised concerns about lack of ventilation (unless they had a small portable fan, which not all young people did due to risk), particularly in the intensive supervision unit (ISU). Many commented on extreme heat and lack of air-conditioning, with some relating this to inability to sleep or get comfortable. These feelings are worse during lockdowns. (It should be noted that the department advised all BHDC units have air-conditioning.)

Importantly, no children and young people are required to share a cell, and all have their own space. During most visits, the Commissioner met detainees in their units (including ISU). However, for the purposes of this inquiry, the children and young people were brought to a central location for their interviews. Accordingly, because of this change in location, the Commissioner is unable to personally verify or refute any complaints made during these interviews, as they were not conducted in the detainees’ usual environment. The department advised

this would have far less impact on other young people and ensure confidentiality.

Discussions with children and young people in the ISU identified several concerns about their cells. It is believed these may be addressed through the program of infrastructure works currently underway.

The inquiry team were not able to access the ISU to interview those children and young people – and it is assumed this is due to their high level of risk. Rather, they were brought to the administrative wing for their interviews.

The team observed that, for those housed in Unit 18, there were significant concerns regarding the lack of access to fresh air and ventilation. This is of particular concern as those detainees have far less access to the outdoors (or out-of-cell time). The cells were extremely hot during the period of the inquiry (due to a heatwave). The team observed there were no opening windows in the facility or within individual cells. Some of those interviewed advised they had a small portable fan in their cell, where this is not deemed a risk.

There is a significant opportunity during the infrastructure development currently underway to provide accommodation that meets the needs of all those detained.

“Officers come to our unit and tell us that there’s a program happening that day and our names are already on the list or they ask who wants to join in.”

Access to programs and activities

Every attempt was made to ensure that our interviews caused minimal disruption to the children and young people’s day-to-day activities. While we were usually successful in this endeavour, sometimes interviews were scheduled during programs. During one interview, a young person repeatedly asked, ‘What the time?’ as they realised during our interview that a program or activity was scheduled, for example:

‘Banksia Beats is on now and I wanna go ...’

This speaks to how much the young person was looking forward to being involved in the program. Sometimes, young people recalled that programs were offered to them directly by the officers on the morning of the program and sometimes they did not know what was being offered. However, some young people advised they did not know what programs were scheduled or when.

Detainee knowledge of programs on offer at BHDC was inconsistent. Some appeared to understand some specifics about what the programs were about and how it could be beneficial to them. However, others spoke more broadly about programs as distinct from school – for example, Banksia Beats hip hop, water sports or a footy game – rather than understanding the purpose of the program.

Children and young people indicated there is a process to access a lawyer or youth justice officer, but some appear a little unclear about what that entails.

It is apparent that there is a ‘reward/incentive’ approach for children and young people at both BHDC and Unit 18 where they can progress to different units and gain greater privileges, including additional time out of cell and access to additional activities and programs.

Many young people at BHDC ‘aspire’ to work their way to Ravensthorpe or Serpentine (self-care). Those in self-care can become peer support for others and are not restricted to the same routine as others in units across the centre. Although some young people perceived there was no self-care unit for girls, the department advised that Peel Unit is used for this purpose.

‘I am a peer support, I like cooking in a group, I stay up most days and do my own washing ...’

‘I help to set up activities, involved in woodwork and horticulture.’

‘... I’ve done most programs, I’m hoping to get to self-care to do the barista course.’

A school holiday program was available, including activities such as water sports, hip hop/dance, use of the gaming bus, dodgeball and other activities, some facilitated on the oval area. Most young people said they enjoyed the activities of the holiday program, while others said they participate in programs 'to have something to do to get you through time'.

Young people expressed disappointment and frustration about the unexplained cancellation of activities and programs.

'... there are a few programs, and they often get cancelled. Football and basketball last Thursday and Friday was cancelled for no reason ...'

'No options for girls, and no 'self-care' unit for girls. The girls do sport and/or other programs.'

'There are no programs for the girls to prepare for release into the community. There is a Keys for Life program and girls can put down for Banksia Beans (a barista course), but it has strict requirements including being 16 or older, sentenced and available to self-care detainees ...'

Programs and activities for those housed at Unit 18 are significantly less than those available at BHDC, which the department advised is due to the smaller cohort. Most of the young people advised they had one hour per day out of cell (but not outdoors), and they would like more activities. Most talked about only being able to play cards, watch TV or, if allowed outdoors, play basketball.

There has been a significant increase in the number of programs and activities available, predominantly at BHDC, as part of the implementation plan to embed the MoCi. These have provided greater

options for children and young people to improve their physical, social and emotional wellbeing.

However, at the present time, it appears some of the programs offered are generic, even if they are designed to address criminogenic needs. We were advised that programs have "some criteria, however any young person who shows an interest will be considered". Some children and young people felt that they could only attend if they were meeting behavioural requirements and this was perceived as a "reward" or "incentive" to improve behaviour. Instead of being tailored to each young person's individual needs throughout their time in detention, as outlined in the program area of the MoCi. It is noted, however, that the MoCi and plan do not fully address best practices, which were described in greater detail and context within the Nous-authored OPSM.

Education

Many children and young people who enter detention have been disengaged from school prior to becoming involved in the youth justice system.

Interviews for this inquiry were conducted in January when it is typically school holiday period, and some young people in BHDC identified the school program as being the usual day (summer school ran for three weeks in January). Most of those interviewed at Unit 18 advised there was no education or school – however, the department advised they delivered school holiday programs at both centres.

Comments from young people regarding education included:

‘... no programs, no education ...’

‘... don’t do schooling – nothing here to do.’

‘... there is no regular schooling – sometimes teachers come over from Banksia ...’

One participant noted that education was ‘primary school level’, whereas another would have liked access to online training because ‘... that’s how things are these days, everything’s online.’

Another responded that when he went to mainstream school (on the outside), ‘... I really liked maths and I was really good at it.’

Education is a fundamental human right and is enshrined in the UNCR. ³⁴ The department advised they deliver vocational courses in pre-Certificate 1 Entry in General Education (CGEA), which has been created to address significant

gaps in numeracy and literacy. This is a nationally accredited course. However, interviewees advised that they ‘do the same thing every day’ and this was literacy and numeracy. A few commented that education is not consistently available.

At BHDC, several young people advised they had undertaken ‘white card’ [general construction] training, and some referred to the barista program, woodwork, horticulture, ‘Keys for Life’ and trades ‘taster’ programs. However, these options are not all available to all young people and those interviewed were not always sure about how to become involved in alternative educational activities. It does appear that ‘good behaviour’ provides a broader range of options.

Comments from young people at BHDC included:

‘... no school – I want general education to year 10 but they say there isn’t enough time or resources.’

‘... school easy ...’

‘... need online training ... that’s how things are now, everything’s online.’

‘... at mainstream school I really liked math and I was really good at it ... I need that.’

The department provided documents about the learning needs assessment done for children and young people

“ I did not like the food ... I had not eaten the food for 2 weeks, eating only cereal and Weet-Bix. I wanted to see more vegetables in meals ... ”

when they start education in detention. The Department of Education has an MOU in place to support their transition post-detention. We also understand that the Department of Education is collaborating to review educational options and approaches.

The food

Dietary and nutrition requirements for adolescents are varied. However, it is commonly recognised that eating healthy food is especially important for teenagers. It is vital that adolescents have enough good-quality food and the right foods to meet energy and nutritional needs.

While recognising that meals cannot be individualised, there is no doubt that variety, quantity and quality are key issues for those housed at BHDC. In most cases, children and young people at Unit 18 were far more positive about their food – including the fact that typically you would receive a hot meal at dinner time.

“...all of these officers in here, they just don't trust you, even if you are being good (sic.behave well), they still talk rubbish way to you...”

“... cereal, toast, fruit, sometime food good, hot dinner – sometimes good but ugly too, can take sugar, cereal and milk into the cell if you're still hungry ...”

'I get a better feed here at Unit 18, get fruit sometimes ...'

'... food is good, no snacks at night. Dinner is lovely and it's a big feed, gets salad rolls. Food on Christmas Day was good.'

Interviewee responses from BHDC varied, but sadly most often the commentary was that food was poor, and insufficient in quantity.

'... food is poor ... are flooded with oil and fat ... roast every Sunday which most of us don't eat ... mostly make noodles but also a sandwich or cereal ... half chicken in a box. The insides of the chicken are not cleaned out and are black. Fruit is available but is often mouldy.'

'... food is bad. There is nothing good about it ... staff get better food.'

'I only eat Weet-Bix. You can cook noodles from the canteen.'

'... food ok, hot lunch – fish rolls, breakfast, rice and peanut butter...'

Many of the interviewees advised they prefer to just eat noodles or cereal than the meals provided.

Given the majority of responses from BHDC detainees was negative, the team requested a copy of the menus and details of prepared meals at both BHDC and Unit 18. The menus provided showed a variety of hot meals for both lunch and dinner at Unit 18, cooked by prisoners (adults – under supervision of qualified chefs). BHDC uses a catering firm, and the choices were not as broad. Menu plans showed that, in one week, there were four pasta meals on the menu. The department advised they are reviewing options for provision of meals at BHDC.

Relationships with staff

Quality relationships with staff are essential for creating a therapeutic environment that helps children and young people learn to manage their emotions and behaviours and change the trajectory of their lives.

The MoCi acknowledges the importance of routine and consistency in building trust. The children and young people we spoke to indicated that building rapport and trust was something many of them valued.

Children and young people raised the importance of building good relationships with staff. They also spoke poorly of the staff they felt were not engaging or that they could not approach. Further, in response to a question about whether you can speak to

an officer or staff if you're worried about something, a young person explained:

'... this officer, he follows up on requests ... he will take boys out for phone call and they stop stressing out because he listens'

When asked about the staff, common responses were that many were good, but many were not so good. Many felt that there is a significant lack of trust, both from staff towards the children and young people and vice versa.

'... some guards, they want us to show them respect – respect goes two ways ...'

The detainees were also very concerned about the lack of staffing, particularly as this causes lockdowns. Some young people referred to the fact that when there is a 'code red', they are all treated the same – even if they were not involved in the incident.

'... staff don't trust us after the riot ...'

'... code red officers treat everyone the same, regardless of who caused it ...'

'... all boys treated the same, doesn't matter if bad or good ...'

Conversely, most young people identified they had good relationships with the Aboriginal youth support officers and mentors and felt supported by them. Nonetheless, some advised they had not met or spoken with Aboriginal workers.

A number of those interviewed also identified some youth custodial officers and unit managers as being supportive and, in one case, spoke very highly of a unit manager.

When asking questions related to staff relationships, several young people said that staff don't assist them or explain matters (including induction and orientation) to them.

'... nobody really sits down and tells you things, including what happens with going to court ...'

Children and young people in Unit 18 were far less complimentary in their assessment of relationships with staff, particularly custodial officers. They cited instances of being treated poorly, not being listened to, some overly familiar approaches and staff being controlling.

'... guards treat us like shit ...'

'... some guards have a yarn and some laugh at you if you are crying ...'

'... I can talk, but they don't listen. I don't ask for anything anymore as nothing happens ...'

'... you have to wait for them to talk to you ...'

'... YJO treats me like one of her kids – I don't like how she talks to me ...'

'... officers are controlling, and they don't trust us at all ... even if we go to (good) wing ...'

Some young people also talked about racism impacting relationships.

'... us (Aboriginal) kids get treated worse than white boys – it's the little things. I'll ask for something and won't get it, but if a white boy asks, they get it. All us Aboriginal boys ask white boys to ask for things as they'll (staff) jump to it ...'

'... I still talk about my culture – I don't care what they (staff) think, I'll still talk about my culture.'

A review of the implementation plan demonstrated a focus on building a respectful environment for both children and young people and the staff. Many actions are underway, aligned to the service principles from the MoCi and supporting standards identified in the plan.

Principle 1 supporting standard 'Young people will be treated with respect and dignity at all times' does not have specific actions identified that will support the detainees and staff to build positive relationships or to achieve the supporting standard. Rather, it appears that the '... stabilisation of staffing and the built environment ...' will achieve these goals.

It is noted there is a significant tranche of training and development planned for YCOs, and this is welcomed, but there are still some gaps in how to embed a respectful culture across

both sites. Managing cultural change requires a specific focus on aligning culture, practice, strategy and the structure. It must fully engage all staff and other stakeholders; and must be led from the top. Much of the professional development is focused on understanding the children and young people – which it should be. However, this is only a component of the change required.

All training being considered should be available to all staff at both facilities – custodial, education, management, administration and those from other departments. This will ensure a consistent, cohesive understanding to the needs of the detainees and ways to address those needs. It will also ensure that Principle 2 – ‘Foster structure and consistency for young people’ is a priority.

Access to health and mental health supports

During discussions regarding staff, many young people were positive about their ability to access a nurse, doctor, psychologist or other allied health staff. They also mostly identified they were able to talk with them and feel heard. However, many young people also advised they had significant ‘wait times’ to gain appointments and they did not feel they were treated respectfully when seeking appointments.

‘... took a couple of days to see the psych or nurse ...’

‘... it took a few days to see a dentist – still waiting to see them again and the pain didn’t go away ...’

‘... had a sore throat and trouble eating and asked to see the nurse

... I asked to be put on the medical list but have never

been called ...’

‘... doctor appointments are shit ...’

‘... broke my wrist, attended medical and got compression

bandage. Six weeks later

hospital visit confirmed

it was fractured ...’

Analysis of the responses identified that those children and young people who had a ‘recognised’ health or mental health issue were more likely to have prompt access to supports. However, access takes longer to arrange for those young people who may have emotional concerns.

Our understanding is that those registered on the At-Risk Management System (ARMS) are given priority for health and mental health supports, which may worsen problems for young people not registered on ARMS and increase risks to their safety and wellbeing, as well as others.

It is expected that with the range of health and medical services currently being implemented or planned, the challenges of timely access to health and mental health support will improve for children and young people.

We also heard...

Many young people also provided information not directly related to the questions asked of them throughout the interviews.

Again, it is stressed, the commentary provided is the truth as experienced by the children and young people. If these are not accurate, it may be that staff do not have sufficient time to provide support to young people to understand their concerns.

Themes included frequency of lockdowns, insufficient staffing, use of force, racism, concerns about other detainees (particularly the impact of their health problems), concerns about court appearances, funerals and sorry business, insufficient programs, inconsistent enforcement of rules, lack of support post-release, a desire for more visits by the Commissioner and differing privileges for access to programs.

'... drug issues and boys smoking in the wings ...'

'... it is important for the Commissioner to come out more often and hear what young people have to say.'

'... staff require breaks which means we are locked down and that affects contact with family ...'

'... the worst thing at BHDC is that the lockdowns have gone on too long ... the centre is short staffed. That causes young people to get frustrated and jump on the roof and that causes another lockdown...'

'... nothing is arranged for funerals if young people can't go – no sorry time. No offer to watch a live stream or view a recording ...'

'... when there are programs often only the privileged unit or girls get to go ...'

'... more art time not just at school ...'

'... would be good to have a barber...'

'... lot of use of force ...'

'... when (detainee) cuts himself and screams and there is blood everywhere that is really hard ...'

When asked about what would happen upon their release, most young people responded that they were going to live with family or a Department of Communities (Child Protection and Housing) placement.

'... I don't know where I will live when I get out ...'

'... stay with Pops ...'

Some young people talked about how they would be transported back to their regional (home) location. Some were more future-focused and discussed their aspirations.

'I want to get a trade, do an apprenticeship.'

'Do foundation studies at TAFE ... did not complete year 9 and 10 ... I want to be a nutritionist chef.'

We also heard concerns regarding access to clean clothing, and several young people advised they were unable to wash their clothes as the washing machine and dryers were not working. Conversely, those in ISU are provided with fresh clothing each day, and those in self-care have the necessary equipment and laundry products to do their own washing.

Young people were also concerned that access to shampoo and conditioner varied, although they stated soap was always available. Young women advised they had the necessary feminine hygiene products available.

When asked about what could be improved, most responses focused on:

- more activities and programs
- better food
- fewer lockdowns and more time out of cells
- more staff
- more cultural activities.

None of the young people interviewed said they required an interpreter, although a number did speak a second or third language other than English.

Some of the children and young people said access to programs had improved. However, some were still concerned about insufficient time out of cell. A priority is to develop strong actions in the implementation plan, to provide an urgent focus on individualised approaches outlined as part of the MoCi.

The Voices of the Staff

Information sessions were held for staff to outline the purpose of the inquiry and the process to be followed. Attendance at the information sessions was entirely voluntary. The department assisted in informing staff and providing opportunities for staff to meet with the inquiry team.

In addition, a survey was developed to enable staff to provide confidential, anonymous information regarding their roles, concerns and perspectives on a range of matters (see Attachment 7).

A total of 40 staff completed the survey, including custodial staff, senior officers, education and health services staff and support staff. It is not clear if the department provided information to staff from the Department of Communities regarding the Inquiry, information sessions and survey.

Of the responses from custodial staff (various roles), the majority had been employed for between one and five years, five had been employed for five years or longer.

Health and mental health staff responded, including people on secondment or delivering services via contract arrangements. Of these, all except one had been there longer than 12 months.

Education staff identified they had been employed from less than one year to more than five years.

Other support staff had been employed for between six months and six years. Not all respondents provided details of how long they had been employed by youth justice.

What did we hear?

Staff reported anecdotally that they felt they needed more overall support and training, particularly training to understand what the department meant by trauma-informed practices. They also felt the four days of suicide prevention training was insufficient. In addition, staff expressed a desire to develop their cultural competence, which likely indicates another missed training opportunity.

Not only do staff require training and professional development, but they would also benefit from ongoing mentoring and support to ensure best practices are adopted when working therapeutically with children and young people.

We noted that whenever we reported concerns to staff at either juvenile detention site, they quickly checked in with the child or young person we were concerned about. Again, we feel there is a willingness for staff to adopt a more therapeutic approach as outlined in the MoCi, but they require the necessary guidance and instruction to be able to deliver it.

Why did they choose this field of work?

It was heartening to see responses that primarily focused on caring for, and improving the lives of, children and young people in detention. They spoke about helping to rehabilitate children and young people, wanting to be a positive influence or role model, and helping to make a difference in young people's lives and futures. Some were looking for a career change and job security but were still focused on helping children and young people. Some felt it was an extension of their experience in other areas.

'... to help rehabilitate youth at risk and help them turn their life around.'

'... to play an essential role for the community supporting young people with fair consistent support.'

'... passion for working with kids.'
'... be an adult they can trust.'

How is information shared across teams/units?

Most staff respondents reported that communication typically flows from senior staff members and then 'down the chain'. While responses included that information is shared via email or

stored in the Total Offender Management System (TOMS), frontline staff who are responsible for supervising children and young people during their shifts may find accessing this information difficult.

One respondent stated:

'I don't believe anyone shares any valuable information with YCOs ... usual communication is radio communication.'

Some staff felt they were blamed when 'something went wrong' even though they were not provided with enough information. Others mentioned briefings at the beginning of each shift that cover the previous 24 hours and highlight any incidents. Additionally, some staff stated that they tried to review TOMS to identify which detainees might need additional support.

In relation to Unit 18, responses indicated that the staffing balance requires a review – 'too many chiefs and not enough Indians'.

A typical day or night (shift)

Responses about a 'typical shift' demonstrated that there is no 'typical' shift. Changing rosters mean staff can be in different facilities or units, and each has differing requirements. However, most responses described general activities, and for custodial staff, this included working with the children and young people, administrative tasks, reporting, and engaging with other teams.

Concerningly, a significant number of staff highlighted concerns about the safety of themselves and other staff, with some stating they don't believe the department supports their safety.

'Keeping myself and other staff members safe does not appear to be a priority of the department.'

'I try and not get assaulted.'

It's all about detainees; officer safety comes second.'

One respondent simply stated that a typical day or night was 'horrendous'.

When asked about their usual routines, some staff said it was important to interact and engage with children and young people and build good relationships. Some recognised that many of the children and young people have difficulty regulating their emotions, and critical incidents often happened due to escalating behaviours. Staff tried to avoid responding negatively while attempting to de-escalate incidents as they occur.

In engaging with the children and young people, many referred to supporting them and encouraging them to participate in programs and chores. Others referred to 'incident management'. Some indicated the importance of interacting, engaging with children and young people and building good relationships.

Staff told us of the critical issues that affect them, including:

- the high number of staff turnover because of alleged assaults, coupled with emotional stress
- understaffing
- new staff may not be as experienced in working in the juvenile detention environment

- more emphasis placed on workplace compliance rather than rehabilitation and relationship building
- feeling unsupported and undervalued.

Staff reported in the survey that they wanted colleagues who are not afraid to interact with young people and that there were several staff members who were very inexperienced in this regard.

What are some of the challenges or critical issues you have seen or experienced?

It is clear from the responses in this area, that many staff do not feel sufficiently supported to undertake their roles. Many have identified a level of 'disillusion' about the lack of opportunity to meaningfully engage with children and young people. A significant number referred to concerns about their own safety and wellbeing, and that of the detainees.

Many staff also related concerns about the environment that children and young people experienced prior to detention and whether this would change upon release. They felt that throughcare planning could be improved for children and young people.

Scheduling was another key issue for staff – they perceive a lack of considered planning for activities, programs, visitors and appointments for the children and young people and identified that this could impact the ability of detainees to be engaged in programs (due to cancellations caused by insufficient staffing or incidents).

In addition, some staff identified that some appointments – for example, with a psychologist – were treated as ‘out-of-cell time’ and children and young people preferred to participate in other activities during this time slot rather than attend the scheduled appointments. The department advised, post review of the final report that this statement is incorrect and it is suggested they ensure all staff are aware that medical and other appointments are not treated as “out-of-cell time”, and also ensure that the children and young people are aware that this will not impact their time out of cell for recreational purposes.

When asked about challenges and/or critical issues, some staff were very concerned about outcomes for the children and young people.

‘We are not rehabilitating, kids that have a chance of changing and want to be given the opportunity to do so, away from those that don’t want this at the time but may change when they see what can be achieved. Reward good behaviour, consequences for bad.’

‘The uniform just re-traumatises children.’

Others reported various concerning behaviours of detainees.

‘Self-harm, including head banging, ligatures, cutting themselves, opening up old cutting wounds, digging into large open wounds, running into walls at high speed.’

Many were concerned about physical assaults, lack of support for staff experiencing stress or trauma, and insufficient staffing on shifts, leaving staff at risk of harm and staff experiencing burnout or fatigue.

They also discussed the need for different or additional training, for example, undertaking a Certificate IV in Youth Services rather than the Certificate III in Correctional Practice.

Staff members raised several additional concerns, including:

- lack of consistency in approach by staff members
- unsuitable infrastructure
- behavioural issues and inconsistency with behaviour management
- boredom for children and young people resulting in escalating behaviours
- a perception by staff that there are no consequences for the children and young people when they assault staff or damage infrastructure

- a perception that young people use self-harm threats to 'get what they want'
- significant self-harm (which is causing trauma both for staff and other detainees)
- staff needing 'time out' for emotional trauma or stress but unable to leave their posts due to security risks
- lack of regular staff in units
- lockdowns and lack of predictability in routines, resulting in boredom and conflict with staff
- children and young people not being provided with enough support and information to understand the rewards and incentives program (resulting in some children and young people not wanting to leave Unit 18 as they 'will go back to the bottom')
- lack of structured planning for the delivery of programs that results in some young people not being able to attend due to lack of staffing
- physical and verbal violence perpetrated by detainees.

The implementation plan and announcements by government have identified the need for increased stabilised staffing and infrastructure works. Some of these have commenced, including recruitment of new YCOs, contracting arrangements for the provision of additional health and mental health services (through the Department of Health), and works already underway to address infrastructure damage at BHDC and Unit 18.

Additionally, the department has identified increased support for staff through the employee welfare program,

which includes access to mental health supports through the Employee Assistance Program and informal supports through a network of 220 trained staff supporters (across the entire custodial estate).

There are also exercise support programs and other initiatives such as financial and nutritional support. What is not clear is the process for accessing supports and the ability to respond immediately when there is an incident that causes trauma for staff.

The implementation plan outlines supporting standards for Principle 8 – Promote the culture of appreciation, care and support for staff, including recognition. However, there is nothing specific on actions to address the needs of staff, except for increased access to the staff welfare team.

There is no doubt that the work across all of the principles should lead to increased safety for both staff and detainees, and that this is not something that will be fully addressed in the short term. It would be beneficial to consider how to improve access to supports by staff while implementation is ongoing. There has been a concerted effort to increase recognition of staff, but it is critical that staff appreciation is also part of the approach.

The Voices of Service Providers

In February 2024, the department provided an updated list of service providers and programs to the Commissioner. There were 26 individual programs outlined, not including health or education. Five programs provided supports post-release, and one was training for staff. One service provider has advised they are no longer delivering services. A confidential survey was made available to all service providers to provide their thoughts regarding delivery of their programs to BHDC and Unit 18 (see Attachment 8).

The department's response also detailed:

- various providers delivering a range of programs focused on improving physical and mental wellbeing such as yoga, weights, personal training, athletics (both BHDC and Unit 18)
- various providers such as the Vortex Games bus and dodgeball (BHDC only)
- life skills programs.

Programs offered a wide range of support and enrichment activities:

- Cultural programs included cultural guidance, healing and support.
- Vocational training was provided in hospitality and construction skills.
- Health and wellbeing programs focused on developing strategies to prevent health and mental issues, engaging with support, and promoting physical, sexual health, and relationship wellbeing. These included music and dance programs, cooking and life skills classes, and information

sessions on the effects of hepatitis on individuals, families and communities.

- Individualised support was available through intensive one-on-one sessions, alcohol and other drug counselling, legal representation and emotional wellbeing support.
- Social and emotional wellbeing was also addressed through the development of life skills, safer travel and personal safety knowledge.
- Rehabilitation and emotional wellbeing were promoted through multi-sport programs and the use of arts such as dance, music and theatre.

The department's education program and an embedded health team provided by the Department of Health (Child and Adolescent Forensic Mental Health Services) also provide crucial support to young people in the system.

Upon release, a range of programs that aim to help the child or young person transition back into the community include:

- transitional accommodation
- personalised support for vocational pathways
- legal assistance
- specialised alcohol and other drug counselling.

In the metropolitan area, young people benefit from mentoring and case management support. This includes counselling, linking young people with family members and community support systems, and targeted assistance for both individual and group interventions.

What did we hear?

Survey responses from services providers (programs) were received from 16 organisations. Of those responses, six had been operating for more than five years, seven had been established for two to five years and three had commenced in 2023.

Programs were offered with varying frequencies including once a week, monthly, weekly during school terms, daily and fortnightly. One was delivered two days per week and two were delivered three times per week.

Cancellation of visits or activities

All service providers, except one, reported experiencing cancellations of scheduled visits or planned activities.

'... occasionally when understaffed but has dramatically reduced in the last six months.'

'... lately there hasn't been any cancellations.'

Other comments were:

'Yes, if there are operational issues in the centre, we have had activities/visits cancelled – usually weekly or even twice weekly.'

'Often.'

'Regularly.'

'Very often at Unit 18.'

A number of scheduled visits had been cancelled either on the day or without notice, which impacted program delivery. The department often attributed these cancellations as 'due to staff shortages'. Providers advised that being asked to alter their usual date or time for visits was extremely challenging, as last-minute changes affected their ability to secure staff and necessary equipment.

Furthermore, the Commissioner was informed that official visits by legal services, which are crucial for preparing and supporting detainees for court appearances, were routinely cancelled, and often without advance notice or explanation.

When service providers were asked whether they were offered rescheduling, responses ranged from 'never' to 'usually'.

There were also comments regarding overlapping programs, that is, two or three programs or activities scheduled at the same time. This had caused frustration for children and young people who wanted to participate in more than one program, and this in turn, caused anxiety for the service provider. Some advised they felt they were working in silos and were unaware of other programs offered and how their own programs could complement those or add value.

Responses regarding length/period of contracts were varied. Some providers operated with no contract while others described their arrangement as 'indefinite – there is no end date'; ongoing; one year; annually subject to funding; three weeks.

How many young people in your program?

Most responses indicated program providers have between eight and 12 young people at each session, noting that at Unit 18 this is greatly reduced and is one or two. In some, given the nature of the program, the number is reduced to less than five. Legal (official visits) are individual in nature. The legal supports programs are typically group sessions.

Have there been improvements to access recently?

Again, service providers gave quite a variety of responses with some noting they have not experienced any issues in access while others advised it has improved. However, there were several comments regarding the support of staff to enter and deliver programs.

'Although we have an agreement and we have tried contacting BHDC, we have not delivered the program this year.'

'Absolutely, there are more staff and things are getting back to normal.'

'Somewhat ... however, program wasn't on the list one day and despite this the officers were wonderful and allowed the program to proceed ... much more staff on board.'

'Less cancellations, but several times we attend, and no young people are brought to the program.'

Evaluation of programs

Only one service provider indicated there were formal evaluation requirements in their contracts. One rated their success by the number of young people who remain engaged post-release. The remainder advised they have no formal evaluative processes in place for their programs.

Service providers mentioned various informal methods to assess their programs, including:

- conducting voluntary surveys among participants
- assessing the quality of questions asked by participants
- collecting feedback and observing the empowerment of young individuals
- using weekly evaluation forms filled out by participants
- administering pre-activity and post-activity surveys
- assessing the level of engagement and feedback from participants
- acknowledging that no evaluation of the program has been conducted.

While we did not specifically enquire about key deliverables in their contracts or the presence of evaluation mechanisms, the responses to the evaluation question seem to indicate that there is no requirement to review and assess the programs and their impact. This would also indicate that perhaps there are no clear goals or outcomes outlined in contracts (where they exist).

The apparent lack of a formalised approach to the purpose, goals, and objectives of the programs and evaluation of whether the programs are meeting their intended purpose requires a review of processes for engagement of service providers. Of particular concern is the fact that some young people identified they only participate to stop boredom or to get time out of cell.

What are some of the challenges you have seen or experienced (for young people)?

The responses primarily highlighted concerns about the social and emotional wellbeing, or lack thereof, of the children and young people. They identified several key issues:

- mental health concerns
- insufficient out-of-cell time
- trauma-related responses, such as hypervigilance and emotional dysregulation
- behavioural problems
- interpersonal conflicts among the young people
- lack of adequate programs

- inconsistency in staff responses and staffing levels
- inability to work with all children and young people, particularly those in Turner and Lennard or Unit 18.

'It's an incredibly challenging environment for the kids – this is the only facility that is supposed to care for the most traumatised and difficult to manage kids from around the whole state.'

What are some of the challenges you have seen or experienced (for staff)?

Predominantly, responses to this question related to the challenge of low staffing levels, lack of communication and lack of organisation and information sharing.

There were also concerns that staff are not appropriately trained and supported to deal with emotional dysregulation and would benefit by using mentors more (it was noted that the initial resistance to mentors has improved).

Lack of communication has resulted in programs and services being kept waiting or told they are unable to enter as they are not scheduled.

Others were concerned about the stress levels for staff such as case planners, teachers and YCOs.

‘Handling incidents of self-harm, suicide and emotional breakdowns can take an emotional toll on staff.’

What are some of the challenges you (service providers) have experienced?

Service providers identified several challenges they face in being able to deliver their programs, including inconsistency of access, lack of communication between staff and the organisation, lack of suitable workspace (administrative functions), and lack of suitable spaces to deliver the programs they offer.

However, some also mentioned that staff don't promote their programs or refer young people to the programs, so they are not providing as much support to as many young people as possible.

One provider stated they had been told they cannot extend their program, even though it is supported by custodial staff, the young people and mentors, due to budget constraints. Another has been advised they are no longer required.

Several service providers referred to the complex cohort of participants in their programs and the challenges they faced in being able to individualise approaches for those most in need.

‘The prevalence of mental health challenges necessitates sufficient resources for therapeutic interventions and additional support services, which can strain the capacity of the program.’

Improvements that could be made

By and large, all providers felt that the best improvements would be increased program time, more support from the staff in the facilities, better engagement strategies for young people, improved technology and access to appropriate spaces for delivering their programs.

Several providers said it would help a lot if staff from their organisations could ‘debrief’ with facility staff after delivering their programs. This would assist in facilitating support to address the needs and track the progress of each young person.

Several providers commented that having the opportunity to engage with other providers, understand what other services and supports were available, and learn how to leverage off each other's services would be extremely helpful.

Several comments related to program restrictions due to lack of staffing at BHDC and Unit 18 or scheduling issues that need to be resolved.

There were also suggestions around increasing service delivery hours, receiving feedback from the department on their program and its effects or outcomes, and having more of a sense from department staff that their programs are valued.

A number commented that more out-of-cell hours is critical, as is greater access to health and mental health supports and assessments.

For service providers, it would be most beneficial to have:

- an understanding of the model of care and the implementation plan and their role within the plan
- opportunities to debrief with staff after delivering each activity
- the ability to learn about all available services, programs and activities, and engage with other providers to maximise outcomes.

What We Heard from the Department of Justice and Corrective Services Division

The department provided a range of data to the inquiry team following multiple differing requests (see Attachment 2) focused on assessing the implementation progress of the MoCi.

It is noted that much of the information was not available at the level of detail requested. The Corrective Services Division (CSD) advised they had provided as much information as they were able to in the time available.

The Commissioner notes that Detainee Management Reports provided to the Children's Court contain significant detail for individuals, including daily hours out of cell and daily hours of education; dates and times for psychologist appointments, etc. The department advised, post review of the final report, that the only automated fields are the "out of cell hours" and "times in custody" and all other information is populated by the various teams (for example, education, health, mental health, programs and case planning).

It is unfortunate that the department was unable to provide individual out of cell hours information given it is automated. However, they advised that the amount of work they were currently undertaking in gathering data for a range of purposes, meant they did not have sufficient resources or time to provide detailed, individual information. As a result, and due to the lack of provision of individualised information, it is exceptionally difficult to assess progress

on matters such as access to education, other programs and hours out of cell as the information was provided as 'whole of population' data and averaged.

There were delays in receiving much of this information, and the Commissioner was informed by CSD that this was primarily because:

- The requests required manual review of information to collate responses.
- The division had a large workload due to providing data for other purposes, including a coronial inquiry.
- The requested data was not routinely available, as the Total Offender Management System only generates reports for meeting the key performance effectiveness and efficiency measures associated with their funding.
- Some requests were not received until early 2024.

The key efficiency and effectiveness measures for youth detention are:

- number of escapes
- rate of return (recidivism)
- cost per day.

These indicators primarily relate to inputs and outputs rather than outcomes, and certainly do not link to the new model of care. As Peter Drucker stated in his 1954 book **The practice of management**, 'what gets measured, gets managed'. The lack of outcome measurement may

impact the department's ability to fully implement individualised child-centred supports and services for detained children and young people, which is the premise of the model of care.

Given the exceptionally high needs of most detained young people, it is critical for the department to have an accessible client management system for all involved in a child's care during and after detention.

The Commissioner's data requests focused on critical indicators for changes including:

- staffing numbers pre and post implementation of the new model of care
- number of programs and services delivered, including health and mental health services
- hours of education provided in both facilities by week from 1 April 2023 to 27 November 2023 inclusive
- details by detainee, by day, of number of hours out of cell from 1 April 2023 to 27 November 2023 inclusive
- training programs
- visits to detainees, including purpose and cancellations.

However, a response to the initial request made on 27 October 2023 for copies of key documents, such as the OPSM and implementation plan, was considerably delayed. This impacted the Commissioner's ability to prepare surveys and question guides for interviewing children and young people.

On 27 November 2023, a further request was made for the OPSM and implementation plan and a range of

data. The Commissioner noted that this list was not exhaustive as the OPSM and plan were required to finalise requests. The Nous-authored OPSM and plan were received mid-December 2023.

The new model of care instruction for BHDC (undated) with the initial implementation plan was not received until 2 January 2024. Further, an updated implementation plan outlining 2023 progress and 2024 planning was not received until 8 February 2024. These delays also impacted determining data requests for the department.

Data requested on 27 November 2023 was received in February 2024.

What Did the Data Tell Us?

Staffing

The department provided a staffing list for all positions using the dates of 1 January 2023 and 31 December 2023 for comparison. Analysis of the data demonstrates a significant increase in staffing across a range of areas. The department noted that ‘a number of positions were “double stacked” [in the context of filling roles, this usually refers to having two people assigned to or trained for the same role or position] for positions at Unit 18’. However, they did not indicate which positions these were.

Youth custodial officers, unit managers and senior officers

There was an increase in youth custodial officers (YCOs) employed during the comparison period. This included the recruitment of 86 probationary YCOs, with 82 remaining as of 31 December 2023. The department advised an additional 144 YCOs were expected to graduate throughout 2024, including 21 who commenced training in January 2024.

Despite including the 2023 probationary YCO graduates, there was still significant staff turnover during the year, even as total numbers increased. As of 1 January 2023, there were 235 YCOs. As of 31 December, this was 306, an increase of 75. However, 27 YCOs ceased employment during the year, including four probationary officers, representing an 11% attrition rate.

Senior officer staffing rose from 18 on 1 January 2023 to 20 by 31 December 2023. Additionally, 22 senior officer shift positions were added, for an overall increase of 24 senior officer roles.

Unit manager staffing increased by eight over the period, from 22 to 30.

As of 2 February 2024, there were 15 prison officers seconded to support YCOs in youth detention centres, with 11 commencing since April 2023.

Supervisory and leadership

Leadership roles increased, presumably as part of the ‘double stacking’ to staff Unit 18. Two new principal officer roles were created, although their functions are not detailed.

Three additional assistant superintendent roles were created – operations, safer practice and detainee services and security. An additional position for ‘security and use of force coordinator’ was also established.

Support staff

An additional two Aboriginal youth support officer roles were in place as of 31 December 2023 compared to the beginning of the year, bringing the total to ten. The number of senior case manager roles also increased from four to six over the same period.

An additional coordinator of youth custodial re-entry programs and services was also established during 2023.

Education

The staffing for education rose by two additional Aboriginal education officers. There is a principal, deputy principal and 18 teachers. In addition, there are two youth education advisers, a sessional instructor and seven vocational teachers.

This demonstrates that no additional education staff, except the two Aboriginal education officers, have been employed during the comparison period and presumably the education for young people at Unit 18 is managed through the structure in place as of 1 January 2023. The Commissioner noted that Unit 18 commenced in 2022 and education staffing may have increased at that time.

Psychological services

There was an increase to 6.6 FTE clinical/forensic/counselling psychologists, a rise of three positions. The principal clinical psychologist role increased from 0.5 FTE to 1.0 FTE (a 50% increase).

The department advised that psychological services have an on-call roster for weekends and public holidays, which includes community-based youth justice psychologists.

As of mid-2023, the principal clinical psychologist solely oversees custodial services supervision, whereas previously they oversaw both community and custodial services.

In addition, the Department of Health commenced providing an 'In-Reach Mental Health Service', including 0.6 FTE neuropsychologist, 0.4 FTE psychiatrist, 1.0 FTE speech pathologist, 1.0 FTE paediatrician, and 0.2 FTE clinical nurse specialist. While comprising a total of 8.4

positions, the Commissioner understands they have faced recruitment issues, leaving some roles unfilled.

In a 2023 review of BHDC and Unit 18, the Office of the Inspector of Custodial Services (OICS) noticed alarmingly high rates of self-harm and suicide attempts for almost 18 months prior. In fact, the severity of the situation was highlighted in a 2021 OICS report, which identified '... incidents of self-harm and attempted suicide reached unprecedented levels'.³⁵ This alone indicates the significant mental health support needs of children and young people in detention.

Considering the exceptionally high and complex needs of detainees, there is a strong case for providing additional psychological and mental health supports. This is particularly important in light of the aims of the MoCi to embed developmentally appropriate and needs-informed healing approaches. Furthermore, these additional supports would ensure the BHDC is well equipped to respond to the complex issues and contexts, including trauma, faced by vulnerable young people. The planned engagement with the Telethon Kids Institute (TKI) may help address this need. The collaboration with TKI is expected to include staff training and expert advice on implementing an embedded health team at BHDC. This team would provide screening, assessment and interventions for young people with neurodevelopmental disabilities and/or mental health issues.

Since the implementation plan supplied only covers 2023 and 2024, it is difficult to determine whether the timelines for full MoCi implementation are reasonable given the extensive,

complex needs of detained children and young people. According to the current plan, the department's advice to support the rollout of mental health and psychological service positions began in January 2023 and will continue as needed throughout the year.

Health services

The health team consists of a clinical manager (1 FTE), clinical nurses (8.54 FTE), a clinical nurse consultant (1 FTE), senior medical receptionist (1 FTE), dentist (0.2 FTE), doctor (0.2 FTE) and Aboriginal mental health workers (2 FTE – new roles). Nursing services at Unit 18 are contracted services providing 24/7 coverage, which is the same level of nursing coverage as at BHDC.

There are three 12-hour shifts per day for nursing staff at BHDC, with two FTE on shift during the day, which effectively equates to four FTE per day. A 12-hour roster equates to 21 shifts per week and with dual staffing for day shift this increases to 28 shifts per week. The nursing FTE is 8.54, equating to approximately 3.5 shifts per nurse per week.

The National Mental Health Commission (NMHC)³⁶ recognised that children and young people in custody:

- are more likely to have experienced socioeconomic disadvantage and have family members who have had contact with the criminal justice system
- are more likely to experience poor life outcomes including unemployment, unattainable education access, unstable housing and poor social connections.

Academic research has acknowledged the prevalence of disability and impairment for children and young people in juvenile justice and particularly detention. A 2017 study concluded that '... in a representative sample of young people in detention in Western Australia, [there was] a high prevalence of Foetal Alcohol Spectrum Disorder (FASD) and severe neurodevelopmental impairment, the majority of which had not been previously identified...'³⁷

The MoCi includes a program area of physical, mental and spiritual wellbeing – addressing substance misuse, physical and mental health needs, trauma, respectful relationships and strengthening connections to culture, family and community. The supporting standards outline that young people's health and wellbeing needs will be addressed through comprehensive wraparound supports.

Actions in the implementation plan include establishing an embedded multidisciplinary health team with access to neuropsychologists, speech pathologists and forensic mental health supports; partnering with an Aboriginal community-controlled primary health service; engaging services to provide counselling to children and young people; and implementing alcohol and other drug programs.

However, staffing challenges are currently impacting the delivery of some of these intended services under the model of care.

Corporate

Corporate functions, including human resources, maintenance, finance, training and clerical administrative roles, increased by 12 FTE from 1 January to 31 December 2023.

Access to an education program

It was not possible to identify how many teaching staff were allocated specifically to each facility (BHDC and Unit 18). It was also unclear if teaching staff had access to information in individual education plans outlining each student's challenges, needs, strengths or behavioural patterns to support understanding their needs.

The department indicated that behavioural escalations and critical incidences have disrupted education and programs more generally.

When requested, the department could not provide data on how many education hours each child or young person received. They noted that compiling a week-by-week account is time-intensive, as it requires cross-referencing multiple information sources. The monthly totals of education hours provided indicated when school holidays or holiday programs were in effect instead of the regular formal education program.

The department indicated that education [programs] can be impacted at individual and facility-wide levels due to incidents, emergencies, detainee illness, refusal to attend, court appointments, official and social visitors, and specialist services appointments. They also noted '... the detainee population and length of stay, particularly for the remand cohort, also has an impact on the detainee's education hours'.

Table 4: Average hours of education per student per month and percentage of population receiving education on a daily basis

Month (2023)	Average total hours of education per student	Percentage of population receiving education on a daily basis
January	29.9	33.0
February	34.4	37.0
March	52.4	40.2
April	23.1	39.5
May	23.0	27.0
June	41.1	60.0
July	26.2	76.5
August	53.4	63.6
September	42.0	73.3
October	44.3	73.3
November	47.2	68.0
December	23.4	69.0

*Source: Data supplied by the Department of Justice, Corrective Services Division, on 2 February 2024.

Education services at BHDC follow the public school system's terms, public holidays and term break periods. However, the department advised that for all months, education was not delivered to 100% of the detainee population due to 'impacting factors'.

In January, March, April, June, July, September, October and December, education hours were reduced due to public and school holidays and/or teacher professional development days.

For February and March, the department stated education was delivered in the

units for most of the month. In May, limited schooling was attributed to a major disturbance causing significant infrastructure damage, and clean-up from the incident further impacted education in June. In November, isolation of units due to COVID affected education delivery.

It was also noted that older detainees may participate in vocational programs rather than the curriculum-based school program. However, the Commissioner did not request or receive any details relating to those in vocational education.

The United Nations Rules for the Protection of Juveniles Deprived of their Liberty (1990) sets standards for juveniles under arrest or awaiting trial (that is, on remand) including opportunities to ‘... continue education or training ... work, education or training should not cause the continuation of the detention’.

Documentation provided by the department states that ‘... all young people on their initial admission to BHDC participate in literacy and numeracy admission tests within the first two weeks of their admission’. Further, it goes on to say that ‘Young people who have been in BHDC for two months or more, and meet the following criteria will have their literacy further assessed:

- special profile offenders [no definition provided]
- young people who have received a custodial sentence
- young people on long-term remand.’

The **School Education Act 1999** specifies compulsory education for children and young people who are to be enrolled in school between the ages of 6 and 17.³⁹ Article 28 of the UNCRC states that all children under the age of 18 are entitled to an education.⁴⁰ Accordingly, those in detention are provided with a maximum of four hours education per day.

The information management system does not support the case management approach detailed in the MoCi. Therefore, it is difficult to determine the outcomes of education plans for children and young people in detention. A young person reported that:

‘... they do the same things every day ... worksheets ...’

The Commissioner further notes that the education program offered by the department identified learning goals and outcomes and provided examples outlining individual plans and scheduling of education planning across both facilities.

It was not clear how the department accommodated for individual neurodivergence and trauma, including intergenerational trauma, or how groups or classrooms were organised to cater for individual needs.

‘... We still gotta go school, even if you get paid for it but you still forced to go school ...’

However, the Commissioner was provided with an outline of an adjusted education program for those in Unit 18, based on trauma-informed approaches. Arguably, this should be considered in relation to all individuals with complex and high needs, not just those in Unit 18. In reality, all children and young people in detention have a level of trauma and the Berry Street Education Model (see below), if being used, should be used consistently for all detainees across BHDC and Unit 18.

The implementation plan includes training for education (teaching) staff in the Berry Street Education Model. This is an evidenced-based, trauma-informed model that supports the self-regulation, relationships and wellbeing of all young people in school. Although the department subsequently advised that this model has been in use for many years and all teachers are trained, its inclusion in the plan signifies an ongoing commitment to enhancing the ability of

education staff to cater to the individual needs of the young people in their care.

Ideally, education goals need to be set at the beginning of a young person's period in detention to help support their impact and engagement with education programs during their time in the facility. Likewise, the ANZSOG **10 pillars of youth justice**⁴¹ support the view that the department should partner with the Department of Education to assist with education delivery in detention facilities where possible.

It was very pleasing to hear that both departments are in close consultation regarding the delivery of education services at the detention facilities. This consultation is also focused on improving throughcare planning to help re-engage young people in education upon their release from detention.

Access to recreation, sport and life skills programs

The ANZSOG **10 pillars of youth justice**⁴² and the OPSM (authored by Nous) recommend trauma-informed practice. This stipulates that services should be reliable, consistent and predictable in order to build trust and rapport with young people.

However, the current scheduling of programs in detention appears to be unpredictable to young people and therefore contradictory to the principle of trauma-informed practice. Additionally, there seem to be limited or no rehabilitative or therapeutic programs on offer to young people in the system.

'When there are programs, often it is only the privileged unit and girls, Murchison Unit, that gets to go... when Ben Cousins came in, not everyone who wanted to go was able to...'

The suite of programs currently available may provide children and young people with life skills, communication skills, behaviour regulation strategies and recreational or creative arts activities. However, these programs are not necessarily trauma-informed or rehabilitative in nature.

'Some good programs, Banksia Beats and a sport (running program). Sometimes they get water slides and bouncy castles.' (staff)

'... they pick who plays – only if you have been good ...'

The MoCi included the following key programs and supporting standards for delivering programs in a juvenile justice setting:

- individualised programs and support
- physical, mental and spiritual wellbeing
- learning development and life skills.

However, it was unclear how programs currently on offer aligned with these key principles. Additionally, the outcomes provided for children and young people upon completion of these programs were not evident.

The eligibility criteria for individual programs were also not evident. However, the department advised that individual case management plans include ‘... discussion with young people to identify their interests in the context of available programs’ and that ‘... this, along with the assessment, informs to which programs the young person is referred’.

The department provided the Master Programs Schedule for 2024, including weekly timetables. This schedule noted that some programs were on hold for specific periods, including leave of providers. According to the implementation plan, a survey of detainees was conducted in September 2023 to gather feedback on existing programs and to solicit suggestions for new programs that would interest them. The department advises that this feedback was used to consider programs for 2024. It is planned that the survey will occur on a six-monthly basis, and the feedback will be considered by the Programs Committee established in 2023.

The role of the Programs Committee, as detailed in the 2024 planning section of the implementation plan, is outlined as follows:

‘The role of the Committee is to consider all proposals for new programs and activities to:

- enable new programs and activities that meet the physical, mental, emotional and spiritual needs of the young people at BHDC; and recognise individual needs, challenges, strengths and aspirations so that all young people can receive individualised and developmentally appropriate supports

- support young people to access and develop education, vocational and day-to-day skills
- ensure new programs and activities are evidence-based
- align with the service principles in the OPSM authored by Nous.’

Pillars 3 and 4 of the ANZSOG **10 pillars of youth justice**⁴³ recognise the importance of connection to culture. This is also acknowledged in the UNCRC, whereby a child or young person, in any setting, has the right to take part in cultural activities.

It was pleasing to see the addition of Aboriginal organisations in the delivery of programs and services, and the growth in cultural respect from the department, noting that this could be significantly enhanced into the future.

Future opportunities include activities to build Aboriginal language skills, Aboriginal history, cultural activities and honouring dates of significance such as National Sorry Day, National Aboriginal and Islander Day of Observance, National Aboriginal and Torres Strait Islander Children’s Day, to name a few.

During our visits to the juvenile detention sites, the department showed a willingness and capacity to act quickly when issues were identified, as seen in the case study below, where the department quickly implemented a small but significant change that aligns with MoCi and the plan to ensure cultural safety. This further demonstrates the importance of including practical applications of the MoCi in the implementation plan.

Case Study

Department action after request – a practical implementation of a positive and restorative approach

During an interview, a young person spoke about how a smoking ceremony could help everyone in detention, regardless of where you come from. This request was significant for two main reasons. First, it was something the young person knew a lot about because he had been taught and participated in numerous smoking ceremonies with his grandfather. Second, a smoking ceremony holds cultural significance for cleansing, healing and strengthening one's wellbeing.

When we reported the request, the department took immediate action and organised a smoking ceremony to take place with an Aboriginal Elder within a matter of days. Other children, young people and staff also reported the educative and cultural value of participating in a smoking ceremony on site.

The department has now committed to hosting a smoking ceremony regularly in recognition of the cultural value as well as the educative opportunities it provides for young people and staff.

When staff were asked about the challenges experienced by children and young people in detention, they identified two key issues – boredom and lack of access to, and availability of, suitable programs, particularly in Unit 18.

The Commissioner welcomes a schedule of programs that reflects the needs of children and young people and adopts a trauma-informed therapeutic practice. Future programs should aim to meet the individual needs of each child and young person and fulfil the requirements of the MoCi in delivering trauma-informed therapeutic practices.

Access to health and mental health services

The department advised they were unable to provide details of the number of medical appointments, including with psychologists and allied health providers, each young person had attended due to limitations with the recording system. Accordingly, this would have required an extensive review of each young person's file and was not possible in the time frame available.

Children are reporting that the process to access general health and psychological services is unclear. When asked whether they knew what the process was or whether it was easy for them to see medical or psychological staff, many reported that if they did request an appointment, most felt there was very little follow-up on their request.

'... I ask to see the nurse, they sent me back to the cell when my ** was really hurting, I asked to see the doctor, still haven't seen them yet ...'**

On the other hand, others felt that support staff were good at checking in on you or they would come down to have a yarn on a regular basis to see how things were going.

The advice from the department was '... there are not specific health plans, however an initial health assessment is undertaken when a detainee is received into BHDC, with a full medical assessment on day five of their admission, and full GP assessment in the first month.' Those involved in 'particular incidents' [not defined] also require a medical assessment. Otherwise, any staff member can forward a request from the young person to see a medical professional.

The Electronic Health Online (EcHO) system is used to manage detainee health records. The department advised that EcHO has 'the capacity to manage a number of specific needs via Care Plans (e.g. asthma) and each Care Plan prompts the user, assisting in managing detainees with particular health needs who require a Care Plan'. The Commissioner also understands that those received into detention with major health issues are referred to the general practitioner. The Commissioner was advised that the EcHO records are reactivated on each new entry into detention or admission at a relevant health centre.

The department indicated that children and young people were prioritised for mental health and psychologist supports when they made claims of harm or demonstrated suicidal ideation. These children and young people were registered on the At-Risk Management System (ARMS). While prioritising children and young people who are at risk is what was anticipated, it was not expected that prioritising children recorded on ARMS would limit the access to mental health and psychological supports for other children.

'... You can ask to see the psych if you want but you gotta wait a long time, the only time they'll come see you is if you in ISU or you want to hurt yourself ...'

This is especially true in the instance where a child or young person is yet to complete a mental health and wellbeing assessment and has not yet been identified as at risk.

When incidents occur (for example, a code red injury to a detainee or staff member), it is not clear what supports are made available either to young people or staff to address their potential trauma due to witnessing such events.

When the team visited Unit 18, they saw children witnessing a code red incident. This involved several officers in full tactical response equipment with protective shields responding to a young person's escalating behaviour resulting in an alleged assault of an officer. Children and young people could see or hear the

incident playing out while they were in their cells. It is not clear how this incident may have impacted the children and young people concerned or if they were offered any mental health assistance or follow-up support after witnessing such an event.

Best practice guidance highlights the need to adopt trauma-informed practices in juvenile justice settings.

Pillar 6 of the ANZSOG **10 pillars of youth justice** advises that therapeutic interventions are more effective for children and young people in juvenile detention.

One of the key reasons for suggesting therapeutic interventions was due to the prevalence of trauma among children and young people in contact with the justice system. Research has found that trauma impedes the participation of children and young people in treatment, which can lead to a pattern of reoffending. Consequently, therapeutic interventions have been found to be more effective at targeting recidivism than punishment or control.⁴⁵

Research conducted in 2017 identified a high prevalence of foetal alcohol spectrum disorder and neurodevelopmental impairment within a representative population of children and young people in detention.⁴⁶ In addition, the OPSM authored by Nous included a snapshot of BHDC population statistics (2021):

- 89% may have **severe** neurodevelopmental impairment
- 63% had foetal alcohol spectrum disorder (FASD)
- 50% had a language disorder

- 37% had attention deficit hyperactivity disorder (ADHD).

We also noted that while the MoCi has recognised the need for culturally appropriate health providers, children and young people are not provided with them. The MoCi implementation plan identifies the rollout of this to occur, but no time frame has been set for completion.

It was of some concern that the department's own planning was to '... co-design a shared model of primary health care that is culturally secure and trauma-informed and includes a multidisciplinary throughcare approach'.

The Aboriginal Community Controlled Health Services (ACCHS) have developed a primary healthcare model over many years that is evidence-informed, culturally safe, secure, supportive, responsive and holistic. This model focuses on providing flexible and responsive services tailored to the needs of local Aboriginal communities. In line with their holistic health approach, ACCHS (previously the Aboriginal Medical Services) supports the social, emotional, physical and cultural wellbeing of Aboriginal people, families and communities.⁴⁷

Their model includes social and emotional wellbeing services, underpinned by a Social and Emotional Wellbeing Model⁴⁸ that includes seven overlapping domains that are sources of wellbeing and connection. From an Aboriginal perspective, the 'self' is inseparable from, and embedded within, family and community.⁴⁹ It also includes the determinants of social and emotional wellbeing, including social, historical and political factors.

Given the cultural, physical, spiritual, social and emotional wellbeing needs of young Aboriginal detainees, the Commissioner strongly urges the department to prioritise finalising arrangements with the ACCHS.

Access to visits

Children and young people reported they often had visits cancelled. The department advised that sometimes family did not arrive for scheduled visits, but so as not to further distress the young person, they were just informed the visit was cancelled. It is a complex issue to navigate. However, young people are entitled to truthful information provided in a considered and respectful manner.

The department was asked to provide details, by detainee, by week of the number of visits children and people attend and the purpose of the visit, including but not limited to medical, legal, family and personal. Due to severe reporting limitations within the TOMS

data system, this was not possible. It was also advised that health is managed internally at BHDC and so there would not be health visitors.

Instead, the department provided us with an ‘average’ for the population at both BHDC and Unit 18.

Visits are classified as:

- official – indicates the general nature of a visit is for official purposes, typically, legal, investigative, religious or therapeutic
- social – indicates the general nature of the visit is for the promotion and continuance of communal relationships between detainees and their families or friends
- e-visit – indicates the visit is either for official or social purposes and is facilitated using telecommunications amenities.

Between 1 January 2023 and 31 December 2023, the total number of visits **booked** in both centres is shown below.

Table 5: Number of visits booked by visit type and facility (2023)

Visit type	BHDC	Unit 18	Total
E-visit	455	229	684
Official	8,540	1,738	10,278
Social	1,972	215	2,187
	10,967	2,182	13,149

Between 1 January and 31 December 2023, the total number of visits that were **cancelled** in both centres is shown below.

Table 6: Number of visits cancelled, by visit type and facility (2023)

Visit type	BHDC	Unit 18	Total
Cancelled – facility related	656	119	775
Cancelled – offender related	155	128	283
Cancelled – other	855	262	1,117
Cancelled – visitor related	676	121	797
No outcome entered	1,054	706	1,760
Other outcome	43	6	49
	3,439	1,342	4,781

Between 1 January and 31 December 2023, the total number of **successful** visits is shown below.

Table 7: Number of successful visits, by visit type and facility (2023)

Visit type	BHDC	Unit 18	Total
Successful	7,528	838	8,356

Approximately 63.5% of all booked visits were successfully completed. About 36.5% were cancelled or had ‘no outcome entered’. Visitor-related cancellations were 16% of the total cancelled. In contrast, cancellations classified as facility-related or offender-related accounted for approximately 22% while visits described as ‘cancelled – other’ (no definition provided), accounted for just over 23% of cancelled visits.

It was disturbing to note ‘no outcome entered’ accounted for almost 37% of cancellations, demonstrating a significant need for improved recording of the data. No clarification was provided as to the visit type ‘other outcome’, of which there were 49.

The number of successful booked visits, according to the data provided, demonstrated an average of visits per young person per year as shown below.

Table 8: Average number of visits per person (2023)

Facility	Number of successful visits	Average population	Total number of visits per detainee (average)
BHDC	7,528	78	96
Unit 18	838	15	56

This shows that the average per detainee in BHDC is 1.46 visits per week and for those in Unit 18 it is 1.077 visits per week. This includes legal visits and e-visits.

It is not possible to determine how many of the successful visits were from family as that data is not available. At any given time, there are approximately 35–50% of children and young people from regional areas in detention. It is highly likely these young people have significantly fewer visits, and particularly from family.

Out-of-cell hours

Confinement of detainees is prescribed within the **Young Offenders Regulations WA 1995** (the regulations): 'Unlock hours means the period during which detainees who are not subject to confinement or restraint are able to leave their sleeping quarters.'⁵⁰

The regulations state that:

1. A Superintendent or a visiting Justice may order that a detainee be confined to that detainee's sleeping quarters or to a designated room as a way of dealing with a detainee who has been found to have committed a detention offence.

2. A Superintendent may order that a detainee be confined to that detainee's sleeping quarters or to a designated room in order to maintain good government, good order or security in a detention centre.

The regulations also state the confinement must take place in a designated room of an appropriate size and sufficiently ventilated and lit that the detainee can be confined in that room without injury to health. Further, a detainee confined '... is entitled to fresh air, exercise and staff company for a period of at least 30 minutes every three hours during unlock hours.'

The regulations state in Division 3 – Good government, good order or security confinement that 'a detainee whose confinement is for 12 hours or longer is entitled to at least one hour of exercise each six hours during unlock hours'.

The Commissioner requested details by detainees, by day, of the number of hours out of cell from 1 April 2023 to 27 November 2023 inclusive.

The department advised that:

'... out of cell hours is a measure of the average time out of cell and is

not intended for individual reporting. There are known data quality issues affecting the coherency of the youth lockdown dataset, including but not limited to the existence of duplicate, overlapping and incomplete lockdown records. While changes have been made to the TOMS in 2022, aimed at addressing data quality issues, issues ... may continue to impact the reported figures. Variations may be seen in reported out of cell hours figures in line with ongoing data quality report processes and associated amendments to TOMS lockdown records.'

Out-of-cell hours is defined as '... the average number of hours that detainees spend out of cells per day'. Therefore, if young people are confined in their unit or wing but are not inside their individual cells, this time is not counted towards the out-of-cell hours metric.

The department provided an average of out-of-cell hours from April 2023 to January 2024 for both BHDC and Unit 18. The data provided was weekly and monthly. In BHDC, the monthly averages for hours out of cell varied between 5.4 hours (May 2023) and 9.6 hours (January 2024). There is a concern for the BHDC hours that Serpentine and Ravensthorpe statistics artificially inflate the average and that many young people at BHDC are experiencing significantly fewer hours out of cell.

In Unit 18, the lowest monthly averages, less than two hours per day, were in May and September 2023. In the months of November and December 2023 and January 2024, the average increased to 4.5 to five hours.

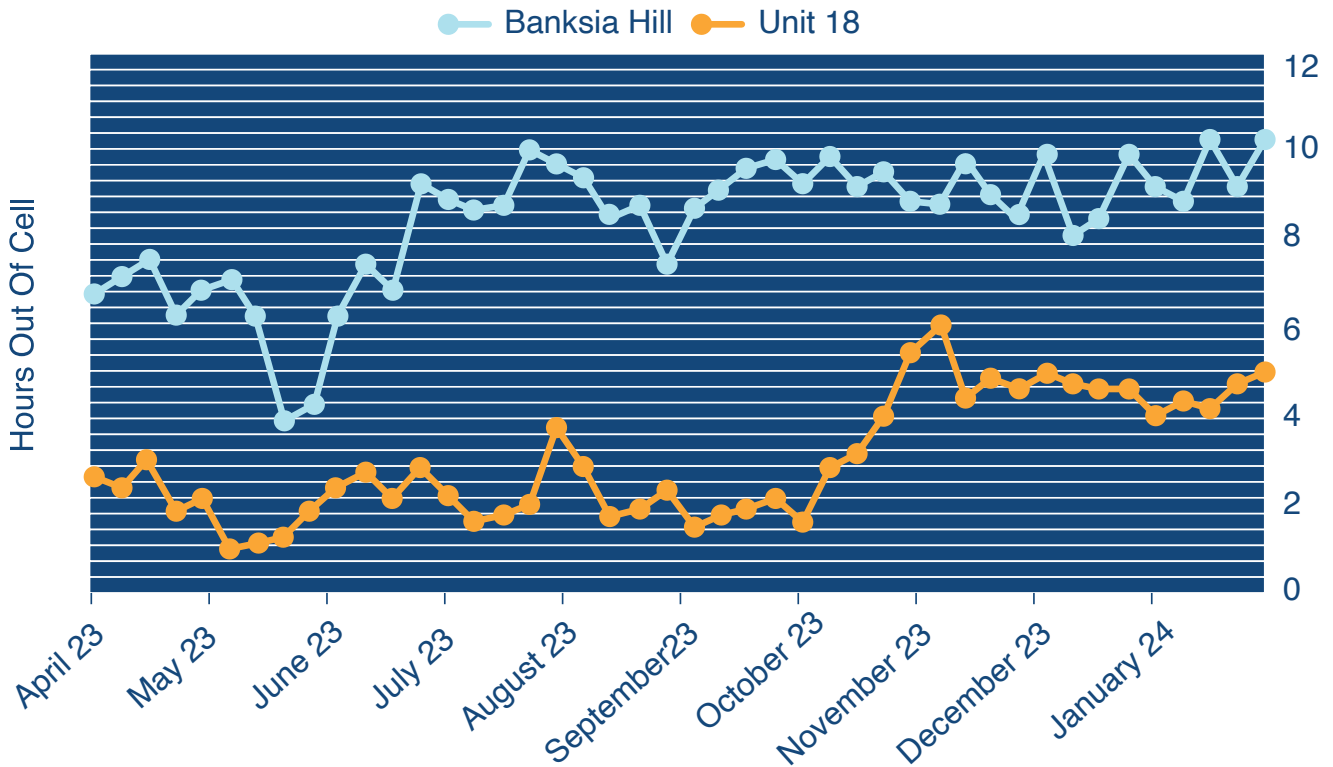
However, there are concerns that the young people in A wing may be receiving greater hours and those in C wing significantly less.

Looking at an average of out-of-cell time is misleading because the out-of-cell time for one unit can influence the average overall. The high number of out-of-cell time, when included as an average, masks the lower number of out-of-cell time in a unit or wing which is higher risk.

The department advises that some overlapping could affect this metric, and that more attention is brought to this measure for adult custodial services.

It is also noted that 'out of cell' does not necessarily mean the young people are receiving one hour of exercise every six hours during unlock hours, and for the majority of those in Unit 18, they are definitely **not** receiving 'fresh air and exercise ... every three hours for 30 minutes' as per the regulations. Rather, the young people (both at BHDC and Unit 18) are often still confined in their units or wings (respectively) and in the case of Unit 18, this does not enable access to fresh air or sunshine.

Figure 2: Out-of-cell hours per day – average per week April 2023 to January 2024



*Table prepared by the Commissioner for Children and Young People, based upon data provided by the Department of Justice, Corrective Services Division, 2 February 2024

Children and young people at BHDC reported ‘... there were not enough ‘up’ time out of cell’. However, they also reported Serpentine and Ravensthorpe ‘had more “up” time than the other units’. Information was not provided on the unlock hours (nor was it requested), and such information is not included in the Young Offenders Act or the regulations.

The department classifies out-of-cell hours as those which are not:

- regular lockdown hours – the time between lock-up in the evening and unlock in the morning
- planned lockdown hours – the times when prisoners are confined to their

cell, wing or unit during the daily unlock hours, which may include:

- » mealtimes
- » staff meetings or training
- » placement on specific supervision plans
- irregular – when it is necessary to restore the good order and security of the prison.

According to the inspection report for BHDC, undertaken by the Office of the Inspector of Custodial Services in 2023⁵¹, young people are locked in their cell overnight (for 12 hours 45 minutes) and at most they can be unlocked for 11 hours

and 15 minutes per day. However, they are also locked down for two staff meal breaks each of 40 minutes per day, which further restricts out-of-cell hours to just nine hours and 55 minutes per day. It is also noted that there have been incidents where children and young people decline to exit their cells or may be contained due to medical concerns (for example, COVID-19).

The OICS report further advises that young people are also frequently locked down for other reasons, including insufficient staffing, in response to an incident occurring, and every Friday morning to allow for staff training.

Out-of-cell hours is also determined based on where a young person is housed. For example, those housed at Ravensthorpe, Serpentine and Peel (self-care) and Murchison units generally have greater out-of-cell time or 'up' time. During interviews, young people advised that any escalating or worsening behaviour was deemed to be unacceptable and the response to that behaviour is placement into either the other units across the site or into ISU, with the risk of being assessed for transfer to Unit 18.

Given the limitations of a broad interpretation of out-of-cell hours, we could not determine if the department was fully meeting its legislative requirements.

As observed by the Office of the Inspector of Custodial Services, lockdowns primarily occur when there are not enough staff on duty or when there is an escalation of a child or young person in juvenile detention, which again can be a result of a low ratio of staff to child and young person.

Children and young people at Unit 18 advised that those in A wing were allowed more time 'up' than B or C wings.

In A wing, children and young people were able to access Nintendo games when they were 'up' and out-of-cell time included 'up' time spent in their cells.

In 2022, the OICS noted a correlation between extended time spent in cell and incidents of self-harm.⁵² The current data collected by the department does not allow it to accurately monitor time out of cell, which may reduce self-harm among young people.

'... every time when someone climbs on the roof, we all get locked down on code red, even if we didn't do anything wrong ...'

In a 2023 review of BHDC and Unit 18, the OICS noticed that for almost 18 months prior to its review, the rate of self-harm and suicide was unprecedentedly high for a cohort of children and young people.

In interviews conducted with young people in Unit 18, when asked whether you get enough time out of cell, the overall response was that they did not receive enough time out of cell. One young person responded:

**'I only got one (1) hour outside
today ...'**

The Australasian Youth Justice Administrators (AYJA) **National standards for youth justice in Australia** (launched in October 2023) states that separation should '... only be used as a last resort and when absolutely necessary'.⁵³

In July 2023, the Supreme Court of WA ruled that the government's confinement practices were unlawful, setting a precedent that prohibits solitary confinement in WA. This follows a declaration in August 2022 by the Supreme Court of WA that declared the practice unlawful.

Staff Training and Professional Development

Induction

The department provided a two-page outline of induction training that appeared to be specifically targeted towards those such as education staff, Aboriginal services staff, psychologists, health and medical staff. This training did not include matters such as:

- an overview of the each of the units within BHDC and Unit 18
- an overview of the rewards and incentives program
- an overview of the services available within the facilities and how to support children and young people to access services
- an introduction to senior staff and an explanation of their roles
- supports available to them to assist in maintaining their health and wellbeing.

It is unclear if there is a more comprehensive induction program delivered by the department or if staff have time allocated to complete online training modules. The department advised that the induction program had been delivered once thus far and will continue to be amended until identified training needs are met. They also advised it is a pilot that will be made formal when finalised.

Aboriginal cultural training

All staff must complete the Public Sector Commission Aboriginal cultural awareness training. In addition, there is a three-hour 'Introduction to Cultural Safe Practices' (delivered by the Manager, Aboriginal Services) included in the induction program.

The department also provided an overview of the Department of Justice, Corrective Services' cultural training program identified as 'Foundation Training'. Other online training sessions of 30–45 minutes were also available.

It is not known if any training other than that provided by the Public Sector Commission (online) is mandatory or optional. However, it is presumed it is the latter as the department stated '... Cultural awareness training is available...' It did not appear this was required training for service providers.

Implementation progress of the model of care instruction

The model of care instruction (MoCi) for juvenile detention in WA reflects the philosophy of adopting a therapeutic approach to break the cycle of offending. It aims to support children and young people to lead meaningful lives without offending when they leave juvenile detention.

The MoCi proposes to achieve this by providing support and interventions that build on the skills and individual strengths of the detained children and young people, while providing a culturally safe, therapeutic and rehabilitative environment.

The MoCi is based upon the overarching operating philosophy service model (OPSM) authored by the Nous consultancy. This evidence-based and rights-informed model has a well-defined mission, commitments, actions, behaviours and enablers. These enablers consist of staff, partners and infrastructure, systems and processes. If fully implemented, it would provide a significant opportunity to improve outcomes for children, young people and staff.

However, while the MoCi states it is informed by the OPSM, it is unclear which specific elements from either component remain.

The MoCi has eight principles that guide the way services are to be provided. These are:

1. Elevate and respect young people's voices.
2. Foster structure and consistency for young people.
3. Ensure cultural safety and strength for Aboriginal young people.
4. Connect young people with family, kin and community.
5. Foster a throughcare-focused approach to care for young people.
6. Embed developmentally appropriate needs-informed approaches.
7. Apply positive restorative approaches to discipline.

8. Promote culture of appreciation, care and support for staff.

The MoCi also includes three key program areas intended to support a child in detention:

1. Individualised programs and support.
2. Physical, mental and spiritual wellbeing.
3. Learning development and life skills.

These specific actions are not replicated in the MoCi, which instead contains service principles, supporting standards, program areas and a balanced approach to safety, security and enablers.

A therapeutic approach to youth justice in WA would align with national and international leading policy guidance for youth detention.

The Commissioner supports the implementation of the MoCi, but considers it would be greatly beneficial to consider the essential actions required to achieving a more robust, sustainable and therapeutic approach which requires more than adopting a range of new programs. It also requires a systemic response to building a network of services and supports, together with a cultural shift across the organisation.

Implementation plan

The department's implementation plan is for the period 2023 - 2026, but lacks specific timelines or identified oversight and leadership responsibilities for the actions. In addition, in the out-years (2025 and 2026) the primary approach is to continue with actions commenced in 2023-2024. The department advised, post the review, that the plan is a "living document" and will be updated as required.

A project director has been allocated and team members have been redirected from elsewhere in the agency to assist with implementation. Creating this project team is a positive move towards having enough resources to carry out the implementation plan. However, it is just an initial step, as we did not request or receive a comprehensive project plan encompassing all aspects of the project. The plan supplied covers only limited actions within the detention facilities.

A much-needed cultural shift is required to realise the MoCi. Without supporting policies, staff training and monitored outcomes for children and young people, the department risks new staff and buildings perpetuating the status quo rather than achieving meaningful reform. Achieving the desired transformation hinges on fully implementing the MoCi across all aspects, not just physical infrastructure. Piecemeal efforts will fall short of the systemic change required.

Monitoring mechanisms to track individual progress for children and young people do not appear established. For example, instead of supporting a case management approach, the department's progress

update perpetuated a 'one size fits all' programmatic approach to juvenile justice. This makes it difficult to accurately assess how the department is progressing in implementing a model of care focused on the needs of each child and young person.

The department may achieve tasks like hiring staff and building infrastructure listed in the plan, but it is unlikely to achieve the intended outcome of adopting a therapeutic model to support reduced recidivism and address escalating behavioural needs.

Critically, staff need specific training in areas such as de-escalation techniques, working with children with neurodevelopmental delays or divergence, and working with children with intellectual and cognitive impairments. The Commissioner notes that the department has commenced additional professional development in some key areas (including working with children with foetal alcohol spectrum disorder) and applauds their action in this regard.

While the department provided examples of individual case plans, it was not apparent that regular case review meetings with all staff took place. The plans themselves are quite comprehensive. For example, they identified what is triggered in the young person and ways to avoid those triggers.

However, there was no information provided to suggest staff were well-versed in these individualised plans for each young person under their care.

In fact, staff survey responses showed processes for sharing information within and across teams appeared ad hoc and inconsistent.

The implementation plan outlines each of the eight service principles and supporting standards from the MoCi. However, it does not currently include actions to address all of those supporting standards. Thus far, the actions in the plan focus on whole-of-population approaches rather than individualised, child-centred ways of working.

The number of programs available has significantly increased. However, there is no evidence that the programs are determined by the individual needs of the detainees. It is also unclear whether a needs assessment has been conducted to ensure the programs are correctly targeted and addressing the most important needs of the children and young people. Most service providers reported there has not been any formal evaluation of the programs they are delivering at BHDC and Unit 18.

The Programs Committee established in 2023 has strong terms of reference. However, they have a long way to go before meeting all the outlined requirements. In particular, the requirement for ‘... recognising individual needs, challenges, strengths and aspirations so that all young people can receive individualised and developmentally appropriate support’ should be a fundamental principle when engaging programs, rather than simply aiming to ‘keep young people busy’. However, the committee noted that the engagement of programs was happening on an ad hoc basis, often driven by external pressures rather than a strategic approach aligned with the MoCi, resulting in overlapping activities or outcomes.

Notably, the implementation plan does not reference any of the infrastructure

developments, funded and committed to in a media statement made by the Premier in November 2023, including infrastructure upgrades, a new crisis care unit and a staged expansion of staffing. This omission raises questions about the comprehensive nature of the plan and its alignment with the full scope of the MoCi vision.

Given that staffing, partners and infrastructure are listed as critical enablers of the MoCi, they must be considered when determining next steps. While the implementation plan covers 2023 to 2026, most actions are planned for the first two years and continue into the outyears, rather than focusing on continuous improvement.

While the safety of both staff and detainees is a priority, it is essential to ensure that infrastructure works do not result in a ‘prison-like’ environment that undermines the therapeutic intent of the MoCi.

Regarding the staged staffing expansion, it is unclear if this includes a review of the current 1:8 staff-to-detainee ratio, which the Office of the Inspector of Custodial Services (OICS) identified as ‘unsafe’ in their 2023 report. This unsafe ratio would make it difficult to meet the MoCi’s aspirations, particularly in providing individualised, child-centred support.

Embedding the MoCi in Western Australia’s youth detention facilities requires a systemic approach. Systems thinking demands a comprehensive approach to identifying problems, solutions, interlinkages and interdependencies while seeking multiple perspectives. This includes examining processes, procedures, perceptions, practices, policies and

incentives that drive or reinforce change. It seeks to create positive lasting change through a comprehensive understanding of the current situation, how it occurred and the desired future state (how we want it to be). The current implementation plan focuses on actions and programs but does not provide clear linkages across the entire system.

Many staff and service providers stated they did not really understand the overarching OPSM, which could potentially include the MoCi and implementation plan. This lack of understanding could seriously undermine efforts for change. It is crucial for the department to provide regular information sessions about the MoCi and actively seek feedback, suggestions and concerns from staff to build a more comprehensive and inclusive plan.

Developing child and youth-friendly versions of the MoCi to explain it to the detainees and seek their input, feedback and concerns is also recommended. After all, if the children and young people are unaware of the processes and expectations, this lack of awareness will inevitably lead to failure.

The Commissioner recognises that full implementation is planned over a four-year period. Nonetheless, at the time of the inquiry, implementation had been underway for more than six months, and at the time of writing, almost a year. Given the breadth and depth of change required, it is crucial to assess the key areas needing change. Over-reliance on increased staffing and new infrastructure could unnecessarily delay implementation.

Strong interagency collaboration is vital to the success of the MoCi in supporting

the holistic (social, emotional, cultural, spiritual and physical) wellbeing of children and young people in detention. It was heartening to see that this has commenced with the inclusion of the multidisciplinary embedded health team. Discussions with the Department of Education and the Department of Communities are also positive steps.

To further strengthen this collaborative approach, it is recommended that these approaches and discussions be formalised into a partnership agreement or MOU. The MOU should include clear terms of reference, responsibilities of each agency and expectations of all members. The primary focus must be on embedding MoCi principles and actions to provide individualised child-centred support to all children and young people in detention.

Conclusion

It was encouraging to see some progress in implementing change at the detention facilities, considering this is a four-year implementation plan and the department is working towards its initiatives.

However, the initial implementation appears fragmented, focusing more on programmatic responses rather than a structured approach to system-wide reform that prioritises the individual needs of detainees. It is also concerning that while the model of care instruction (MoCi) is underpinned by the operating philosophy service model (OPSM), it does not include references to key areas such as the OPSM mission and behaviours. The MoCi omitted reference to other relevant policies and procedures across juvenile detention, and the implementation plan primarily focuses on programs and initiatives rather than the individual needs of the child or young person.

The core of the MoCi is to provide support and interventions that build on the skills and individual strengths of children and young people in juvenile detention, which can be achieved by adopting an individualised case management approach. Therefore, in assessing the progress of MoCi implementation, the expectation was for the department to report on individual metrics.

However, the department was unable to provide information on various aspects of case management and could only report on activity across both sites, failing to report on the individual progress of any child and young person in detention. This lack of individualised data makes it difficult to accurately gauge the department's progress against its 2022 implementation plan.

For instance, when requested to provide information on program delivery for individual children and young people in detention, the department could not report on how a child or young person accessed the delivered programs, instead only providing an average number of attendees over a period of time. Such quantitative measures do not offer enough detail about how children are utilising programs within the juvenile detention centres. Without the ability to assess utilisation at an individual level, the department lacks the capacity to accommodate a child-centred approach as recommended in the overarching OPSM and the MoCi or to conduct qualitative assessments and evaluations of the efficacy of programs and services.

Similarly, when the number of clinical hours per child and young person was requested, the report received only showed the average hours of clinical services provided each month to all children and young people across both sites, further highlighting the lack of individualised data.

The current Total Offender Management System (TOMS) is a key barrier to monitoring individual use of services. The TOMS software in use does not allow the department to manage and report on individual children and young people in its care. Instead, TOMS was designed to provide data for reporting on key effectiveness and efficiency indicators tied to funding. The key effectiveness measures are the number of escapes and the rate of return to detention (recidivism). According to the 2022–23 annual report of the Department of Justice⁵⁴, the recidivism rate was 52.59%, and there were no escapes.

The key efficiency measure in TOMS is the 'cost per day' of keeping a young person in detention. In 2022–23, the average cost per day was \$2,184⁵⁵, which was 62% above the target and 60% higher than the average cost per day in 2021–22. This increase was attributed to the opening of Unit 18 and the lower average daily number of young persons managed in detention compared to the budgeted number.

These indicators focus on inputs and outputs rather than outcomes, which may hinder the department's ability to implement strong individualised child-centred case management approaches for children and young people in detention.

Given the exceptionally high needs of the majority of those in detention, it is critical for the department to have a client management system that is accessible to all those involved in an individual child's care while in detention and in planning throughcare for release and post-release.

It is critical to recognise that detention should be the absolute last resort for children and young people. However, current approaches to juvenile justice focus on reacting to situations rather than providing early prevention, intervention, diversion and rehabilitation. Restorative justice practice, which can be highly effective with younger children and young people, is one of the many tools that work for early intervention.

International and national best practices and research clearly demonstrate that detention does not make the community safe, nor does it provide the necessary therapeutic support to reduce recidivism. It is also evident that children and young people under the age of 14 lack the

necessary neurodevelopment capacity to fully understand the consequences of their actions. This is also true for those aged older than 14 who have developmental impairments.

The high prevalence of disability, cognitive impairment, neurodivergence and developmental delay within the detention population highlights an overall crisis affecting our most at-risk children and young people.

While the development and implementation of the MoCi in juvenile detention is welcomed, a strong emphasis must be placed on reducing the number of children and young people in detention. This should be accompanied by the provision of holistic, child-centred support within a restorative practice framework and well-structured throughcare planning to reduce recidivism.

Achieving this requires a comprehensive child and family strategy focused on early intervention, prevention, diversion and rehabilitation in relation to youth justice. The strategy must be all-encompassing, addressing all the needs of a child, including health, education, mental health, poverty, housing and strong family support. It necessitates a whole-of-government, holistic approach that will not only reduce juvenile engagement in the criminal justice system but also improve health, life outcomes and educational engagement and attainment.

This will require a strong partnership between and across multiple agencies, including but not limited to the Departments of Justice, Police, Communities (particularly child protection, housing and family

and domestic violence), Education, Health, and Training and Workforce Development.

The Australia and New Zealand School of Government (ANZSOG) emphasises a safe youth custodial setting is crucial for reducing reoffending and improving the life prospects for these children. While involvement in the juvenile justice system is a result of multiple factors, the lack of systemic prevention and early intervention approaches in early life cannot be ignored.

The government has a unique opportunity to broaden the review of the Young Offenders Act and incorporate a comprehensive examination of the state's entire approach to juvenile justice. Programs like Target 120, although providing some good outcomes, are programmatic rather than systemic responses. The review could also incorporate recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse 2017. The government has advised they are currently reviewing options to address Recommendation 15.10 of the Royal Commission (Oversight of Youth Detention) and the appointment of an independent oversight body.

A holistic review of the system would enable critical and urgent planning to lower the minimum age of criminal responsibility (MACR). However, it is essential to recognise that a chronological age is arbitrary and thus every child entering the court system should be assessed to determine their level of maturity.

Despite significant improvements in areas such as additional programs and activities available to children and young people, and increased hours out of cell for some, systemic reform has not yet commenced.

In closing, being sent to detention is a child's punishment. They are not sent there to be punished.

Glossary

Code red	Emergency management procedures initiated when an emergency or incident occurs in detention
Full-time equivalent (FTE)	An FTE of 1.0 corresponds to the hours worked in a day for a full-time employee
Implementation plan	A plan created to guide future actions in juvenile detention
Intensive Supervision Unit	Accommodation used for purposes of post-incident management, security placement and to better manage young people who are vulnerable or at risk
Model of care instruction for Banksia Hill Detention Centre (MoCi)	Framework that defines the way services are delivered and how the needs of the target population are met
National Principles for Child Safe Organisation	Developed in response to the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA)
Nous Group	Consultancy that works with the private, public and community sectors on strategic challenges and transformational change
Operating philosophy and service model (OPSM)	Document authored by the Nous Group
Out-of-cell hours	Time that juveniles in detention are allowed to spend outside of their assigned cells, engaging in activities such as education, recreation and social interaction with others
Recidivism	Rate of return to juvenile detention
Self-care unit	Used primarily for detainees who are nearing release and to assist in the reintegration from prison to community by easing the transition between the prison environment and the community. Self-care units contribute to the reduction of reoffending by increasing residents' personal responsibility and self-reliance before their release. Also used as part of the rewards and incentives program as there are benefits such as additional out-of-cell time.
Total Offender Management System (TOMS)	The main database for management of adult prisoners and children and young people in detention.
Throughcare	A continuous process of providing care, support and services to young people in detention, starting from their entry into the facility and continuing until after their release back into the community.
Unit 18	Gazetted juvenile detention unit located at Casuarina adult male maximum-security prison

Attachments

Attachment 1: Model of care instruction (MoCI) for Banksia Hill Detention Centre and implementation plan



Government of Western Australia
Department of Justice
Corrective Services

Model of Care instruction Banksia Hill Detention Centre

Model of Care instruction
Banksia Hill Detention Centre

Acknowledgement of Country

We respectfully acknowledge the traditional custodians of the land as being the first peoples of this country. We embrace the vast Aboriginal cultural diversity throughout Western Australia and recognise their continuing connection to Country, water and sky.

We pay our respects to Elders past, present and emerging. We are committed to fostering respectful partnerships with our Aboriginal colleagues, clients and those in our care.

We use the term Aboriginal people throughout this document to refer to both Aboriginal and Torres Strait Islander peoples, acknowledging the over representation of Aboriginal people in Western Australia in the care of the Department of Justice.

Model of Care instruction
Banksia Hill Detention Centre

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Introduction

Banksia Hill Detention Centre's new model of care has been developed to guide the facility's operations. The Model of Care Instruction will assist Banksia Hill staff to practically implement the centre's established high-level principles for the care and management of young people in detention. It is intended the model will also recognise current state opportunities and constraints and will adapt accordingly.

The Model of Care Instruction is specifically designed to direct policy and provide instruction of care at Banksia Hill Detention Centre. Informed by the overarching philosophy authored by Nous Group, it includes work currently underway at the operational level to achieve better outcomes for young people, including significant work undertaken throughout 2023. Based on advice from the authors of the overarching philosophy and service model, a four-year period for implementation of the model of care has been identified.

This document is intended primarily for internal use and to support implementation of the model of care at the operational level. It is a living document that will be revised over its life to ensure the model of care is contemporary and meets the needs of young people, our staff, and our partners.

Young people at Banksia Hill Detention Centre

Police and the courts determine if a young person is detained and placed at Banksia Hill Detention Centre (the Centre), in line with the *Young Offenders Act 1994* and the *Bail Act 1982*. This includes young people who have been sentenced to a period of detention, are waiting for a court appearance or bail determination, or have been remanded in custody waiting for their court case or to be sentenced.¹

Young people at the Centre come from many different places across Western Australia (WA), including metropolitan, regional, semi-remote and remote locations. They have varying cultural identity, may range in age from 10 to 17 years and may be gender diverse.

It is acknowledged that most young people at Banksia Hill Detention Centre are male Aboriginal young people, and that Aboriginal young people are overrepresented in custody. This can be attributed to a range of factors, including the lasting impacts of colonisation, structural disadvantage and racism, disconnection from culture, intergenerational trauma, barriers to educational achievement, and social, economic, and cultural inequity and marginalisation.²

The model of care must ensure Aboriginal young people are supported through their detention in a way that respects and upholds their connection to culture, family, community, and Country, and focuses on empowering the young person to achieve self-determination.

Young people at the Centre may also have a disability, a neurodevelopmental impairment such as Fetal Alcohol Spectrum Disorder (FASD), often face complex

¹As provided for in the *Young Offenders Act 1994*.

²Government of Western Australia, *The Aboriginal Empowerment Strategy Western Australia 2021-2029*, Policy Guide (2021).

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physical, psychosocial and environmental stressors and many have experienced abuse and trauma.

The diversity of gender expression beyond the binary framework is also appreciated and respected. It is also understood that having to choose to express oneself as male or female may be constraining, and that sexual orientation, gender identity and gender expression are real and irrefutable forms of identity. The model of care takes this into account.

The diversity and complexity of needs of young people at Banksia Hill Detention Centre is accommodated in the model of care.

Model of care

The overarching aim is to provide support and interventions that build and nurture young people's skills and individual strengths to maximise their potential to lead meaningful lives, away from offending, when they leave Banksia Hill Detention Centre.³

Overview

The model of care describes the way care is provided to young people and their family and extended families, and the role of staff and partners in the young person's time in detention.

It considers three (3) key stages of a young person's detention:

- entry and assessment
- care coordination and rehabilitation support
- exit and community re-integration.

Service principles and supporting standards⁴

At the heart of the model of care are eight (8) service principles, each with supporting standards that guide the way care is provided to young people and their families.

Principle 1 - Elevate and respect young people's voices.

Supporting standards:

- Young people will be treated with respect and dignity at all times
- Young people will be meaningfully involved in planning and decision-making.
- Young people will have effective child-safe avenues to voice opinions, complaints and suggestions.
- Young people will have input into design and efficacy of services and programs.

Principle 2 – Foster structure and consistency for young people.

Supporting standards:

³Nous Group, Banksia Hill's operating philosophy and service model (2022).

⁴Nous Group, Banksia Hill's operating philosophy and service model (2022).

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- Each day will be structured with a set of engaging and constructive activities for every young person.
- Structure and consistency will be applied throughout all aspects of services and care.

Principle 3 - Ensure cultural safety and strength for Aboriginal young people.

Supporting standards:

- Young people will have access to culturally safe and responsive programs, services and facilities.
- Staff will seek guidance from and encourage the involvement of Aboriginal Elders and cultural leaders.
- Staff will develop and maintain a culturally responsive and supportive workforce.
- Policies, procedures, and processes will support continuous improvement in Aboriginal cultural security.

Principle 4 - Connect young people with family⁵, kin, and community.

Supporting standards:

- Staff will facilitate ongoing and frequent contact and involvement between young people and their family, friends and support organisations.
- Staff will ensure that young people have access to trusted adults and role models.
- Staff will communicate regularly with family.⁶

Principle 5 - Foster a throughcare-focused approach to care for young people.

Supporting standards:

- Staff will plan for successful transition of the young person back to the community on entry.
- Integrated case planning will support throughcare.

Principle 6 - Embed developmentally appropriate and needs-informed approaches.

Supporting standards:

- All young people will have access to the level of child-safe therapeutic care required to meet their unique needs.
- Staff will provide an environment where all young people feel safe and welcome to engage in a rehabilitative process.
- Staff will be prepared and supported to provide child-safe therapeutic environment and services.

Principle 7 - Apply positive restorative approaches to discipline.⁷

Supporting standards:

⁵ References to family throughout the document are also intended to include extended family as appropriate.

⁶ It is noted that communication should always occur in a culturally appropriate way.

⁷ It is noted that the primary goal of restorative approaches is to encourage prosocial behaviour.

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- Child-safe behaviour management practices will uphold the rights of young people.
- Training, processes and procedures will reinforce consistent behavioural expectations for both young people and staff.
- Staff will maintain and reinforce consistent expectations and logical, clearly understood and needs-informed consequences.
- Relapses and setbacks in behaviour will be reframed and addressed by staff as opportunities to learn and grow.
- Positive changes in behaviour will be regularly recognised and celebrated.

Principle 8 - Promote culture of appreciation, care and support for staff.

Supporting standards:

- Staff will be supported and have the often-challenging nature of their role recognised.
- Staff will actively invest in building and maintaining positive workplace culture.
- Staff will foster transparency and open lines of communication.
- Staff will be regularly and frequently recognised for their efforts.

Program areas and supporting standards⁸

The model of care also identifies three (3) key program areas to support a young person through their time in detention, each with supporting standards.

These are:

Individualised programs and support (assessment planning, case management, programming and treatment) – to address individualised needs, criminogenic factors and offending behaviour.

Supporting standards:

- Staff will apply a clear child-safe intake and assessment process.
- Staff will apply a rigorous and ongoing case management process.
- Young people on remand will be provided with supports required to meet their period of detention.

Physical, mental and spiritual wellbeing – including addressing substance misuse, physical and mental health, trauma, respectful relationships and strengthening connection to culture, family and community.

Supporting standards:

- The health and wellbeing needs of young people will be addressed through comprehensive wraparound supports.
- Health and wellbeing services will be culturally safe and tailored to the young person.

⁸Nous Group, Banksia Hill's operating philosophy and service model (2022).

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- Young people will have access to specialised services and supports including evidence-based AOD⁹ treatment and rehabilitation, mental health and disability support.
- All young people will be afforded opportunities to express and develop their spiritual identity.

Learning, development and life-skills – including developing literacy and numeracy, vocational and life skills.

Supporting standards:

- All young people will participate in enriching programs and activities that support their individual learning, development and life skills.
- All young people will have access to a quality education.
- Young people will be provided with formal and informal supports to develop life skills.
- Young people will have opportunities to engage in recreational activities aligned to their strengths and interests.
- Staff will be supported with the resources and supports required to deliver effective learning and development opportunities to young people.

A balanced approach to safety and security¹⁰

Safety is the foundation on which the model of care is built at Banksia Hill Detention Centre.

The safety of young people, staff and partners is ensured through a multi-dimensional approach to security at the Centre.

This includes:

- **Relational security** – the understanding and knowledge staff have of young people, and how this informs the management and de-escalation of security incidents.
- **Physical security** – the aspects of the facility design that support a sense of security and create a feeling of emotional safety through normalised environments.
- **Procedural security** – the processes and policies that outline facility operational information in line with legislation and other operational security requirements.

All three components of security should operate in a balanced manner. No one element should dominate or compensate for the other.

Relational security is pivotal to creating a safe and respectful environment for young people and staff, with physical and procedural security acting as an enabler to achieving relational security. This fosters a positive, emotionally, and culturally safe environment which is conducive to therapeutic and rehabilitative programs,

⁹ AOD – refers to Alcohol and Other Drug treatment and rehabilitation.

¹⁰ Nous Group, Banksia Hill's operating philosophy and service model (2022).

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respectful relationships, increased self-regulation, and reduced likelihood of violent outbursts and incidents.

Supporting standards have been developed to facilitate a balanced approach to security at Banksia Hill Detention Centre.

Supporting standards for relational security:

- Staff will promote continuity and consistency in young people's relationships with peers, staff and other service providers.
- Banksia Hill Detention Centre processes will support achievement of relational security outcomes.
- Staff will respond dynamically to the needs and risks young people present by leveraging strong relationships.

Supporting standards for physical and procedural security:

- Young people will be grouped based on their needs and risks (within infrastructure and operational constraints).
- Young people's physical autonomy and privacy will be respected and upheld, where safe to do so.
- Banksia Hill Detention Centre will maintain physical security while enabling a normalised routine using infrastructure, technology and equipment.
- Banksia Hill Detention Centre will maintain policies, processes and guidelines aligned to the model of care.
- Procedures will be safe for young people and will 'do no harm'.
- Staff will be supported to access and apply these policies, processes and guidelines, including through reflective practice.

Enablers of the model of care¹¹

Along with a balanced approach to safety and security, key enablers of the model of care include our staff, our partners and the infrastructure, systems and processes that support Banksia Hill Detention Centre. Supporting standards have been identified to ensure a dedicated focus on implementing the key enablers of the model of care.

Our staff

Our staff are central to a young person's experience at Banksia Hill Detention Centre. They play a vital role in facilitating positive change in a young person's life, creating an environment that is safe and supports them on their journey to rehabilitation and successful re-integration into their community.

To do this, our staff need to be sufficiently resourced and supported so they feel safe and avoid negative impacts such as primary or vicarious trauma, stress, burnout and other physical and mental health problems.

Supporting standards:

¹¹ Nous Group, Banksia Hill's operating philosophy and service model (2022).

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- Banksia Hill Detention Centre will attract, recruit, and retain diverse staff who are well suited to working with young people in a therapeutic environment supporting child safety and wellbeing.
- All staff will be adequately trained to work with young people and afforded opportunities for continuous professional development.
- An appropriate staffing model will be in place to enable staff to carry out the model of care in a manner that is safe for staff and young people.
- Banksia Hill Detention Centre will provide a physically, culturally, and spiritually safe place for staff to work.
- Banksia Hill Detention Centre will provide dedicated health and wellbeing support to staff, including crisis support, stress management and individual counselling.
- Banksia Hill Detention Centre will support staff retention through work-life balance initiatives and clear career progression pathways.

Our partners

Young people in care at Banksia Hill Detention Centre have complex needs. Addressing these needs and serving the best interests of young people during their time at the Centre and after their release requires collaboration and strong partnerships with families, friends, Elders and community, service providers, government and non-government agencies.

Supporting standards:

- An integrated approach to case planning and throughcare will be adopted to provide holistic, therapeutic care to young people.
- Services and care in Banksia Hill Detention Centre will be strengthened by information sharing and effective handovers and referrals.
- Services and care will be delivered in partnerships with government agencies and non-government organisations.
- Banksia Hill Detention Centre will work with its partners to embed linkages and continuous improvement in its practices.

Infrastructure, systems and processes

The physical environment and supporting operating and digital infrastructure, policies and procedures enable staff to deliver the model of care.

Fit for purpose infrastructure is fundamental to supporting staff to provide quality care and enable a safe environment. Clear policies, processes and systems that support the application of consistent practice across the centre is imperative.

Supporting standards:

- Banksia Hill Detention Centre provides a safe and therapeutic environment to support young people's rehabilitation and wellbeing.
- Infrastructure will support the diverse cohorts of young people.
- Digital infrastructure will provide staff with the tools to support young people.
- The operating environment will be enabled by clear policies, procedures and supporting frameworks.

Implementing the model of care

The implementation of the model of care is dependent on delivering the supporting standards for service principles, program areas, safety and security and other enablers outlined above. Key actions have been identified for each of the supporting standards and will be reviewed, monitored and further developed over time.

It is acknowledged important work to support positive outcomes for young people has, and continues to be, undertaken as part of everyday operations and outside of those key actions identified in the Implementation Plan (Attachment 2). The Implementation Plan seeks to build on and complement this existing work.

The operating environment has a significant influence on implementation of the model of care. Banksia Hill Detention Centre has had to operate in the face of many challenges including major disturbances and critical incidents, resulting in severe damage to the built environment and impacting staffing levels.

The priority of effort for 2023 has therefore been on the enablers of the model of care, in particular the built environment and our staff. Significant time has been dedicated to develop business cases and funding submissions to repair infrastructure and increase staffing and support services at the Centre.

Work has also occurred in line with the service principles and program areas identified above, and with our partners to maximise positive outcomes for young people. Capacity was limited due to significant ongoing violent and disruptive disturbances until around mid-2023, when improvements in the centre's operations began to deliver better outcomes. Recent stabilisation of staffing levels and progressive rectification of the built environment has increased capacity to implement key aspects of the model of care.

The authors of the overarching philosophy have identified implementation of the model of care would take as long as four years. Reviews of key actions and associated timeframes identified in the Implementation Plan will occur to ensure the model of care is appropriately meeting the needs of young people, our staff and our partners.

Measuring if the model of care has had a positive impact for young people and staff at Banksia Hill Detention Centre will be important. Work is presently underway with Telethon Kids Institute to establish clear indicators of success to support implementation of the model of care.

Attachment 2 - Implementation Plan - Model of Care for Banksia Hill Detention Centre – 2023 to 2026

	2023	2024	2025	2026
<p>Service Principles</p> <p>Principle 1 - Elevate and respect young people's voices.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> • <i>Young people will be meaningfully involved in planning and decision-making.</i> • <i>Young people will have effective child-safe avenues to voice opinions, complaints and suggestions.</i> • <i>Young people will have input into design and efficacy of services and programs.</i> 	<p>Revise the Youth Leadership Council to increase representation and diversity of feedback from young people in planning and decision making at Banksia Hill Detention Centre (BHDC).</p> <p>Consider opportunities to increase engagement of all cohorts of young people at BHDC in planning and decision making. As a first step, pilot dedicated mechanisms for consultation with young women at BHDC to increase their engagement in planning and decision making at BHDC.</p> <p>Conduct student survey at the end of each school year and use this information to inform planning for the upcoming school year to ensure young people are engaged in school and their individual and collective needs are met.</p>	<p>Continue operation of the Youth Leadership Council to provide feedback in planning and decision making at BHDC.</p> <p>Introduction of leadership training for all young people on the Youth Leadership Council.</p> <p>Complete pilot and implement learnings to ensure young women have the same opportunity to meaningfully engage in planning and decision making at BHDC.</p> <p>Conduct student survey and use information to inform planning for the upcoming school year.</p>	<p>Continue operation of the Youth Leadership Council to provide feedback in planning and decision making at BHDC.</p> <p>Continue leadership training for all young people on the Youth Leadership Council.</p> <p>Continue to refine consultation and engagement processes to ensure all cohorts of young people have the same opportunity to engage in planning and decision making at BHDC.</p> <p>Conduct student survey and use information to inform planning for the upcoming school year.</p>	<p>Continue operation of the Youth Leadership Council to provide feedback in planning and decision making at BHDC.</p> <p>Continue leadership training for all young people on the Youth Leadership Council.</p> <p>Continue to refine consultation and engagement processes to ensure all cohorts of young people have the same opportunity to engage in planning and decision making at BHDC.</p> <p>Conduct student survey and use information to inform planning for the upcoming school year.</p>

Attachment 2 - Implementation Plan - Model of Care for Banksia Hill Detention Centre – 2023 to 2026

	<p>2023</p> <p>Reintroduce unit meetings and provide a dedicated forum where young people can raise issues and make requests in relation to their individual needs, operation of the unit and BHDC more broadly.</p>	<p>2024</p> <p>Continue operation of unit meetings where young people can raise issues and make requests in relation to their individual needs, operation of the unit and BHDC more broadly.</p> <p>Establish additional feedback mechanisms so young people have several options to provide feedback outside of the unit meetings. Noting some young people may feel uncomfortable providing feedback in front of operational staff and/or their peers. This may include IT options, regular surveys/exit surveys. Define pathways for this feedback to be meaningfully considered in planning and operation of the BHDC. Young people will be consulted in the development of these feedback mechanisms.</p>	<p>2025</p> <p>Continue operation of unit meetings where young people can raise issues and make requests in relation to their individual needs, operation of the unit and BHDC more broadly.</p> <p>Continue additional feedback mechanisms.</p>	<p>2026</p> <p>Continue operation of unit meetings where young people can raise issues and make requests in relation to their individual needs, operation of the unit and BHDC more broadly.</p> <p>Continue additional feedback mechanisms.</p>	<p>Survey young people to get feedback about programs and activities delivered at BHDC, to identify improvements to better meet individual and collective needs, to identify</p> <p>Survey young people to get feedback about programs and activities delivered at BHDC. Use feedback from young people to inform future</p> <p>Survey young people to get feedback about programs and activities delivered at BHDC. Use feedback from young people to inform future</p> <p>Survey young people to get feedback about programs and activities delivered at BHDC. Use feedback from young people to inform future</p> <p>Survey young people to get feedback about programs and activities delivered at BHDC. Use feedback from young people to inform future</p>
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Attachment 2 - Implementation Plan - Model of Care for Banksia Hill Detention Centre – 2023 to 2026

	2023	2024	2025	2026
	<p>programs and activities they enjoy or don't enjoy and new activities they would like to see introduced. Use feedback from young people to inform future program and activity planning.</p> <p>Commence review of case management and assessment practices to ensure young people have a voice in their case management plan and are supported to participate meaningfully in the case management process.</p>	<p>Finalise review of case management and assessment practices and implement required changes to ensure young people have a voice in their case management plan and are supported to participate meaningfully in the case management process.</p>	<p>Continue to refine case management and assessment practices, as appropriate, to ensure young people have a voice in their case management plan and are supported to participate meaningfully in the case management planning process.</p>	<p>Continue case management and assessment practices.</p>
<p>Principle 2 – Foster structure and consistency for young people.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> Each day will be structured with a set of engaging and constructive activities for every young person. Structure and consistency will be applied throughout all aspects of services and care. 	<p>Stabilise staffing levels and the built environment to enable a consistent structured day for young people that complies with legislative requirements, maximises out-of-cell hours whenever possible, and responds to the individual and collective needs of young people at BHDC.</p> <p>Survey young people to get feedback about programs and activities delivered at BHDC. Use feedback to inform</p>	<p>Implement consistent structured day for young people that complies with legislative requirements, maximises out-of-cell hours whenever possible, responds to individual and collective needs, and considers feedback from young people in relation to activities and programs at BHDC.</p> <p>Continue to seek feedback from young people about programs and activities delivered at BHDC.</p>	<p>Consistent structured day that complies with legislative requirements, maximises out-of-cell hours whenever possible, responds to individual and collective needs, and considers feedback from young people in relation to activities and programs at BHDC is part of day-to-day operation at BHDC.</p> <p>Continue to seek feedback from young people about programs and activities delivered at BHDC.</p>	<p>Consistent structured day that complies with legislative requirements, maximises out-of-cell hours whenever possible, responds to individual and collective needs, and considers feedback from young people in relation to activities and programs at BHDC is part of day-to-day operation at BHDC.</p> <p>Continue to seek feedback from young people about programs and activities delivered at BHDC.</p>

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	2023	2024	2025	2026
<p>Principle 3 - Ensure cultural safety and strength for Aboriginal young people. Supporting standards:</p> <ul style="list-style-type: none"> • <i>Young people will have access to culturally safe and responsive programs, services and facilities.</i> • <i>Staff will seek guidance from and encourage the involvement of Aboriginal Elders and cultural leaders.</i> • <i>Staff will develop and maintain a culturally responsive and supportive workforce.</i> • <i>Policies, procedures, and processes will support continuous improvement in Aboriginal cultural security.</i> 	<p>activities to be included in each structured day.</p> <p>Establish a dedicated Aboriginal Services Unit (ASU) at BHDC to increase focus on cultural safety and awareness.</p>	<p>Continue operation of the ASU at BHDC:</p> <ul style="list-style-type: none"> • Build potential and capacity of the ASU staff through appropriate support and practice frameworks and professional development. • Review current roles and practices and enhance as appropriate. • Increase involvement of Aboriginal Youth Support Officers in orientation processes for young people to ensure they are culturally informed and supportive. • Increase involvement of Aboriginal Youth Support Officers to support practice of the psychological / clinical staff, and co-development/co-facilitation of group programs. 	<p>Continue operation of ASU at BHDC.</p>	<p>Continue operation of ASU at BHDC.</p>
	<p>Develop a model to establish an Aboriginal community controlled primary health care service</p>	<p>Engage Aboriginal community controlled primary health care service and deliver services to</p>	<p>Continue delivery of services.</p>	<p>Continue delivery of services.</p>

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	2023	2024	2025	2026
	<p>that is culturally secure, and trauma informed for young people at BHDC and includes a multi-disciplinary throughcare approach to connect young people exiting BHDC with primary health care and specialist services. This service will be established in conjunction with the embedded health team and health services delivered by Corrective Services.</p> <p>Develop a model to engage Aboriginal Elders, leaders and mentors to build rapport with young people at BHDC, offer guidance and leadership to young people and ensure cultural care is at the forefront of care to young people at BHDC. This model will be developed in collaboration with Aboriginal Community Controlled Organisations, Elders, leaders and mentors.</p> <p>Establish a pool of Aboriginal mentors to provide guidance and support to young people and staff.</p>	<p>young people at BHDC, and young people exiting BHDC.</p> <p>Commence delivery of services.</p>		
		<p>Establish the model to engage Aboriginal Elders, leaders and mentors to build rapport with young people at BHDC.</p>	<p>Engagement of Aboriginal Elders, leaders and mentors to build rapport with young people at BHDC will be part of day to day operation at BHDC.</p>	<p>Engagement of Aboriginal Elders, leaders and mentors to build rapport with young people at BHDC will be part of day to day operation at BHDC.</p>
		<p>Access Aboriginal mentors to provide guidance and support to young people and staff.</p>	<p>Access Aboriginal mentors to provide guidance and support to young people and staff.</p>	<p>Access Aboriginal mentors to provide guidance and support to young people and staff.</p>

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	2023	2024	2025	2026
	<p>Engage Aboriginal service providers to deliver cultural support and enrichment activities that allow exploration and strengthening of connection to culture, such as storytelling, art, music, dance, language.</p> <p>Increase access to interpreters for young people at BHDC by:</p> <ul style="list-style-type: none"> • Collaborating with Aboriginal interpreting services. • Ensuring young people, and staff, are aware of the right to access interpreters. • Ensuring young people and staff are supported to access interpreters. • Developing tools, such as orientation videos in several Aboriginal languages, to support young people to access interpreters and to be aware of their rights. <p>Increase activities and programs which strengthen connection to culture. This includes (but is not limited to) programs such as the Noongar Language Program, Waalliti/Carey</p>	<p>Continue to engage Aboriginal service providers to deliver cultural support and enrichment activities that allow exploration and strengthening of connection to culture.</p> <p>Embed access to interpreters as part of day to day operation at BHDC.</p>	<p>Continue to engage Aboriginal service providers to deliver cultural support and enrichment activities that allow exploration and strengthening of connection to culture.</p> <p>Continue access to interpreters as part of day to day operation at BHDC.</p>	<p>Continue to engage Aboriginal service providers to deliver cultural support and enrichment activities that allow exploration and strengthening of connection to culture.</p> <p>Continue access to interpreters as part of day to day operation at BHDC.</p> <p>Continue activities and programs to strengthen connection to culture.</p>

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	2023	2024	2025	2026
	<p>Training Civil Construction Program, art programs (Deadly minds), music programs facilitated by Aboriginal artists and activities led by Aboriginal Youth Support Officers such as the planting of a bush tucker garden to support cultural connection.</p> <p>Create and maintain dedicated cultural spaces/places at BHDC that are culturally safe and support connection to culture. These will be co-designed with Aboriginal people including staff and young people at BHDC.</p> <p>Participate in NAIDOC and National Reconciliation Weeks and ensure events are culturally appropriate and support cultural awareness and safety at BHDC.</p> <p>Continue current cultural training for staff at BHDC.</p>	<p>Create and maintain dedicated cultural spaces/places at BHDC that are culturally safe and support connection to culture. These will be co-designed with Aboriginal people including staff and young people at BHDC.</p> <p>Participate in NAIDOC and National Reconciliation Weeks and ensure events are culturally appropriate and support cultural awareness and safety at BHDC.</p> <p>Review all training and professional development provided to staff at BHDC including cultural training and revise as appropriate. Ensuring staff undertake the Department of Justice's Aboriginal Cultural Capability Training Strategy's Foundation</p>	<p>Create and maintain dedicated cultural spaces/places at BHDC that are culturally safe and support connection to culture. These will be co-designed with Aboriginal people including staff and young people at BHDC.</p> <p>Participate in NAIDOC and National Reconciliation Weeks and ensure events are culturally appropriate and support cultural awareness and safety at BHDC.</p> <p>Implement revisions to staff training and professional development as identified in the review.</p>	<p>Create and maintain dedicated cultural spaces/places at BHDC that are culturally safe and support connection to culture. These will be co-designed with Aboriginal people including staff and young people at BHDC.</p> <p>Participate in NAIDOC and National Reconciliation Weeks and ensure events are culturally appropriate and support cultural awareness and safety at BHDC.</p> <p>Continue staff training and professional development.</p>

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	2023	2024	2025	2026
		Course as an ongoing measure.		
		Identify policies and procedures that require revision to include appropriate and meaningful continuous improvement in Aboriginal cultural safety and security. Revise policies and procedures and implement changes to include appropriate and meaningful continuous improvement in Aboriginal cultural safety.	Ensure existing processes to review policies and procedures consider appropriate and meaningful continuous improvement in Aboriginal cultural safety and security as part of day to day operation at BHDC.	Ensure existing processes to review policies and procedures consider appropriate and meaningful continuous improvement in Aboriginal cultural safety and security as part of day to day operation at BHDC.
<p>Principle 4 - Connect young people with family, kin, and community.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> Staff will facilitate ongoing and frequent contact and involvement between young people and their family, friends and support organisations. Staff will ensure that young people have access to trusted adults and role models. Staff will communicate regularly with family. 	<p>Establish dedicated processes so Aboriginal Youth Support Officers can identify young people who have not had a visit or contact with family (including extended family), kin and community since admission to BHDC and safely explore the reasons why, and if appropriate how contact can be established and supported for the young person.</p> <p>Commence engagement with Kinship Connections, in relation to programs to secure and preserve cultural identity and</p>	<p>Continue dedicated processes so Aboriginal Youth Support Officers can identify young people who have not had a visit or contact with family (including extended family), kin and community since admission to BHDC and safely explore the reasons why, and if appropriate how contact can be established and supported for the young person.</p> <p>Engage Kinship Connections to deliver programs to young people at BHDC.</p>	<p>Continue dedicated processes so Aboriginal Youth Support Officers can identify young people who have not had a visit or contact with family (including extended family), kin and community since admission to BHDC and safely explore the reasons why, and if appropriate how contact can be established and supported for the young person.</p> <p>Continue programs delivered by Kinship Connections to young people at BHDC.</p>	<p>Continue dedicated processes so Aboriginal Youth Support Officers can identify young people who have not had a visit or contact with family (including extended family), kin and community since admission to BHDC and safely explore the reasons why, and if appropriate how contact can be established and supported for the young person.</p> <p>Continue programs delivered by Kinship Connections to young people at BHDC.</p>

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<p>2023</p> <p>connection (Standing Strong) and to map family, kin and community (Who's My Mob) for young people at BHDC.</p>	<p>2024</p> <p>Develop an orientation and cultural assessment process undertaken by Aboriginal Youth Support Officers when a young person is admitted to BHDC and include mapping of kinship groups and language enabling the orientation process to be tailored to support the young person's cultural identity. This will be developed in collaboration with Kinship Connections to ensure it is complementary to their programs and will be led by the Aboriginal Services Unit.</p>	<p>2025</p> <p>Continue orientation and cultural assessment process.</p>	<p>2026</p> <p>Continue orientation and cultural assessment process.</p>
<p>Review all opportunities to increase connection of young people with family, kin and community such as:</p> <ul style="list-style-type: none"> IT solutions including options for family and kin located in regional remote locations. Increased participation of family, kin and community in activities such as graduations. Establishment of regular family days at BHDC. 	<p>Implement IT solutions, activities, family days to increase connection of young people with family, kin and community.</p>	<p>Continue IT solutions, activities, family days to increase connection of young people with family, kin and community.</p>	<p>Continue IT solutions, activities, family days to increase connection of young people with family, kin and community.</p>

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	2023	2024	2025	2026
	<p>Revise relevant policies and procedures as required, to ensure staff communicate with families as appropriate and in identified circumstances such as admission, transfer and exit from BHDC and as part of standard case planning processes.</p>	<p>Ensure staff communicate with families as appropriate and in identified circumstances such as admission, transfer and exit from BHDC and as part of standard case planning processes.</p>	<p>Ensure staff communicate with families as appropriate and in identified circumstances such as admission, transfer and exit from BHDC and as part of standard case planning processes.</p>	<p>Ensure staff communicate with families as appropriate and in identified circumstances such as admission, transfer and exit from BHDC and as part of standard case planning processes.</p>
<p>Principle 5 - Foster a throughcare-focused approach to care for young people.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> • <i>Staff will plan for successful transition of young person back to the community on entry.</i> <p><i>Integrated case planning will support throughcare.</i></p>	<p>Actions identified above for Principle 3 are also of relevance to realising Principle 4 and supporting standards.</p> <p>Develop a model to establish an Aboriginal community controlled primary health care service that is culturally secure, and trauma informed for young people at BHDC and includes a multi-disciplinary throughcare approach to connect young people exiting BHDC with primary health care and specialist services. This service will be established in conjunction with the embedded health team and health services delivered by Corrective Services.</p>	<p>Engage Aboriginal primary health care service and deliver services to young people at BHDC and young people exiting BHDC.</p> <p>Commence delivery of services.</p>	<p>Continue delivery of Aboriginal community controlled primary health care services to young people at BHDC and young people exiting BHDC.</p>	<p>Continue delivery of Aboriginal community controlled primary health care services to young people at BHDC and young people exiting BHDC.</p>
	<p>Collaborate with Child Protection and Family Support (CPFS) in relation to the review of their case management practices, to</p>	<p>Co-locate dedicated staff from CPFS at BHDC to proactively support young people in the care of the Department of</p>	<p>Co-locate dedicated staff from CPFS at BHDC to proactively support young people in the care of the Department of</p>	<p>Co-locate dedicated staff from CPFS at BHDC to proactively support young people in the care of the Department of</p>

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	<p>2023</p> <p>better support young people in care while they are in custody.</p> <p>Undertake planning to co-locate dedicated CPFS staff at BHDC, to proactively support young people in the care of the Department of Communities who are detained and ensure appropriate planning for when the young person exits BHDC.</p> <p>Ensure review of case management and assessment practices (as identified for Principle 1) includes improving integrated case planning and collaboration between Youth Justice Officers, Senior Case Managers and all agencies involved with each young person, to support a throughcare approach.</p>	<p>2024</p> <p>Communities who are detained and ensure appropriate planning for when the young person exits BHDC.</p> <p>Finalise review of case management and assessment practices and implement required changes.</p>	<p>2025</p> <p>Communities who are detained and ensure appropriate planning for when the young person exits BHDC.</p> <p>Continue to refine case management and assessment practices to facilitate integrated case planning to support a throughcare approach, as needed.</p>	<p>2026</p> <p>Communities who are detained and ensure appropriate planning for when the young person exits BHDC.</p> <p>Continue to refine case management and assessment practices to facilitate integrated case planning to support a throughcare approach, as needed.</p> <p>Continue to revise mechanisms as needed, for engagement between BHDC and community Youth Justice Services to ensure robust engagement and planning to maximise support to young people during detention and when</p>
<p>Consider current mechanisms for engagement between BHDC and community Youth Justice Services. Refine as appropriate to ensure robust engagement and planning to maximise support to young people</p>	<p>Refine and enhance mechanisms for engagement between BHDC and community Youth Justice Services to ensure robust engagement and planning to maximise support to young people during detention and when</p>	<p>Refine and enhance mechanisms for engagement between BHDC and community Youth Justice Services to ensure robust engagement and planning to maximise support to young people during detention and when</p>	<p>Refine and enhance mechanisms for engagement between BHDC and community Youth Justice Services to ensure robust engagement and planning to maximise support to young people during detention and when</p>	

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	2023	2024	2025	2026
		during detention and when exiting into the care of community Youth Justice Services.	exiting into the care of community Youth Justice Services.	exiting into the care of community Youth Justice Services.
<p>Principle 6 - Embed developmentally appropriate and needs-informed approaches.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> All young people will have access to the level of child-safe therapeutic care required to meet their unique needs. Staff will provide an environment where all young people feel safe and welcome to engage in a rehabilitative process. Staff will be prepared and supported to provide child-safe therapeutic 	<p>Actions identified below for Principle 6 are also of relevance to young people at BHDC.</p> <p>Establish the embedded health team to deliver care to young people at BHDC.</p> <p>Commence and embed screening, assessment and communications processes into practice through collaboration between the DoH team, the Aboriginal community controlled primary health care service, Youth Justice Psychological Services and the Primary Health team at BHDC.</p> <p>Continue training to teaching staff at BHDC in the Berry Street Education Model – an evidenced based trauma informed model that supports mental health and wellbeing of all young people in school.</p>	<p>Establish the embedded health team to deliver care to young people at BHDC.</p> <p>Commence and embed screening, assessment and communications processes into practice through collaboration between the DoH team, the Aboriginal community controlled primary health care service, Youth Justice Psychological Services and the Primary Health team at BHDC.</p> <p>Continue training to teaching staff at BHDC in the Berry Street Education Model.</p>	<p>Review the embedded health team model over the first 24 months of operation and refine if needed.</p> <p>Delivery of care by the health team to young people is embedded in day to day operation at BHDC, alongside the Aboriginal community controlled primary health care service, Youth Justice Psychological Services and the Primary Health team at BHDC.</p> <p>Continue training to teaching staff at BHDC in the Berry Street Education Model.</p>	<p>Refine and enhance the embedded health team model as needed.</p> <p>Continue training to teaching staff at BHDC in the Berry Street Education Model.</p>

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<p><i>environment and services.</i></p>	<p>Engage with Telethon Kids Institute (TKI) to provide expertise and advice on initiatives to better support young people in BHDC with Fetal Alcohol Spectrum Disorder (FASD) and other neurodevelopmental conditions. This will include (but is not limited to):</p> <ul style="list-style-type: none"> An ongoing program to rollout Reframe Training to BHDC staff. Reframe Training is an evidence-based program developed by researchers at TKI to educate frontline professionals to recognise and understand neurodisability in young people, reframe their behaviours, and respond appropriately to their needs. Expert advice to support the rollout of the embedded health team at BHDC particularly in relation to screening, assessment and intervention for young people with neurodevelopmental 	<p>Implement Reframe Training program and commence rollout of training to BHDC staff.</p> <p>Expert advice provided to support the rollout of the embedded health team at BHDC particularly in relation to screening, assessment and intervention for young people with neurodevelopmental disabilities and/or mental health issues.</p> <p>Research planning and co-design completed. Ethics approval and other required approvals received. Research commenced to support implementation of the model of care at BHDC.</p>	<p>Continue initiatives to support individual needs of young people with FASD and other neurodevelopmental conditions.</p> <p>Continue expert advice to support rollout of the embedded health team at BHDC, as appropriate.</p> <p>Continue research partnership with TKI.</p>	<p>Continue initiatives to support individual needs of young people with FASD and other neurodevelopmental conditions.</p> <p>Continue expert advice to support rollout of the embedded health team at BHDC, as appropriate.</p> <p>Continue research partnership with TKI.</p>
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	2023	2024	2025	2026
	<p>disabilities and/or mental health issues.</p> <ul style="list-style-type: none"> Research that can be translated into practice to support implementation of the model of care at BHDC. 			
<p>Principle 7 - Apply positive restorative approaches to discipline.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> <i>Child-safe behaviour management practices will uphold the rights of young people.</i> <i>Training, processes and procedures will reinforce consistent behavioural expectations for both young people and staff.</i> <i>Staff will maintain and reinforce consistent expectations and logical, clearly understood and needs-informed consequences.</i> <i>Relapses and set-backs in behaviour will be reframed and addressed by staff as</i> 	<p>Actions identified below for Principle 7 are also of relevance to realising Principle 6 and supporting standards.</p> <p>Stabilise enablers of model of care – staffing and built environment – to:</p> <ul style="list-style-type: none"> enable development of rewards and incentives program for young people at BHDC. enable development of a model to support restorative practice for BHDC consistent with the supporting standards, the evidence base for restorative approaches in youth custodial settings and drawing on current restorative approaches in community youth justice settings. 	<p>Pilot model of restorative practice.</p>	<p>Refine program as required and embed as part of day to day operation at BHDC.</p> <p>Refine model as required and embed restorative practice approach as part of day to day operation at BHDC.</p>	<p>Embed rewards and incentives program as part of day to day operation at BHDC.</p> <p>Embed restorative practice approach as part of day to day operation at BHDC.</p>

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	2023	2024	2025	2026
<p><i>opportunities to learn and grow.</i></p> <ul style="list-style-type: none"> <i>Positive changes in behaviour will be regularly recognised and celebrated.</i> <p>Principle 8 - Promote culture of appreciation, care and support for staff.</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> <i>Staff will actively invest in building and maintaining positive workplace culture.</i> <i>Staff will foster transparency and open lines of communication.</i> <i>Staff will be regularly and frequently recognised for their efforts.</i> 	<p>Increase access to DoJ Staff Welfare Team (SWT) including increased presence of SWT onsite at BHDC.</p> <p>Re-establish staff led informal support networks.</p> <p>Establish dedicated staff events to recognise long service staff and recognise staff for excellence.</p>	<p>Continue presence of SWT onsite at BHDC.</p> <p>Maintain staff led informal support networks.</p> <p>Continue dedicated staff events to recognise long service staff and recognise staff for excellence.</p> <p>Undertake an assessment of psychological safety of staff and action initiatives to address priority issues identified.</p> <p>Seek feedback from staff in relation to initiatives that will help to build and maintain a positive workplace culture, foster transparent communication and recognise staff appropriately for their efforts. Implement initiatives as appropriate to better support staff at BHDC.</p>	<p>Continue presence of SWT onsite at BHDC.</p> <p>Maintain staff led informal support networks.</p> <p>Continue dedicated staff events to recognise long service staff and recognise staff for excellence.</p> <p>Continue initiatives to support staff psychological safety.</p> <p>Continue initiatives as appropriate, to better support staff at BHDC.</p>	<p>Continue presence of SWT onsite at BHDC.</p> <p>Maintain staff led informal support networks.</p> <p>Continue dedicated staff events to recognise long service staff and recognise staff for excellence.</p> <p>Continue initiatives to support staff psychological safety.</p> <p>Continue initiatives as appropriate, to better support staff at BHDC.</p>

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	2023	2024	2025	2026
	Actions identified below for enablers of the model of care are also of relevance to realising Principle 8 and supporting standards.			
Program areas				
Individualised programs and support Supporting standards: • Staff will apply a clear child-safe intake and assessment process.	Commence review of case management and assessment practices to ensure child safe intake and assessment processes for young people at BHDC to meet individual and collective needs.	Finalise review of case management and assessment practices and revise practices and processes as appropriate.	Continue to refine processes to ensure child safe intake and assessment for young people at BHDC.	Continue to refine processes to ensure child safe intake and assessment for young people at BHDC.

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<ul style="list-style-type: none"> • <i>Staff will apply a rigorous and ongoing case management process.</i> • <i>Young people on remand will be provided with supports required to meet their period of detention.</i> 	<p>2023</p> <p>Develop clinical model to establish an embedded health team under Child and Adolescent Forensic Services in BHDC and ensure the clinical model considers child-safe intake and assessment processes and the individual needs of young people including young people on remand.</p>	<p>2024</p> <p>Establish the embedded health team and its clinical model in the day to day operation of BHDC.</p>	<p>2025</p> <p>Embed the health team in the day to day operation of BHDC.</p>	<p>2026</p> <p>Embed the health team in the day to day operation of BHDC.</p>
	<p>Work with providers to vary the AOD individual and Group Counselling program to ensure the number of counsellors and the number of sessions available to young people at BHDC can meet demand for services.</p>	<p>Commence partnerships with researchers/academic partners to develop modularised criminogenic programs that are culturally appropriate for young people who come into contact with the youth justice system in WA.</p>	<p>Develop modularised criminogenic programs that are culturally and developmentally appropriate for young people who come into contact with the youth justice system in WA.</p>	<p>Establish modularised criminogenic programs that are culturally and developmentally appropriate for young people who come into contact with the youth justice system in WA.</p>
<p>Physical, mental and spiritual wellbeing</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> • <i>The health and wellbeing needs of young people will be addressed through comprehensive</i> 	<p>Work with providers to vary the AOD individual and Group Counselling program to ensure the number of counsellors and the number of sessions available to young people at BHDC can meet demand for services.</p>	<p>Continue to work with providers to vary the AOD individual and Group Counselling program as required, to meet demand and increase access for young people at BHDC.</p>	<p>Continue to work with providers to vary the AOD individual and Group Counselling program as required, to meet demand and increase access for young people at BHDC.</p>	<p>Continue to work with providers to vary the AOD individual and Group Counselling program as required, to meet demand and increase access for young people at BHDC.</p>

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	2023	2024	2025	2026
<p><i>wraparound health supports.</i></p> <ul style="list-style-type: none"> <i>Health and wellbeing services will be culturally safe and tailored to the young person.</i> <i>Young people will have access to specialised services and supports including evidence-based AOD treatment and rehabilitation, mental health and disability support.</i> <i>All young people will be afforded opportunities to express and develop their spiritual identity.</i> 	<p>Establish Individual Support and Transition Service to provide specialised intensive mentoring to a young people with complex needs.</p> <p>Actions identified above for Principles 3, 4 and 6 are relevant to realising the supporting standards for physical, mental and spiritual wellbeing.</p>	<p>Continue the Individual Support and Transition Service including expanding this service to cover weekends, as appropriate.</p>	<p>Continue the Individual Support and Transition Service.</p>	<p>Continue the Individual Support and Transition Service.</p>
<p>Learning, development and life-skills</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> <i>All young people will participate in enriching programs and activities that support their individual learning, development and life skills.</i> <i>All young people will have access to a quality education.</i> <i>Young people will be provided with formal</i> 	<p>Actions identified above for Principles 1,2,3,4,5,6,7,8, programs, area and support and physical, mental and spiritual wellbeing will enable the realisation of supporting standards identified for learning, development and life-skills.</p>			

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	2023	2024	2025	2026
<p><i>and informal supports to develop life skills.</i></p> <ul style="list-style-type: none"> <i>Young people will have opportunities to engage in recreational activities aligned to their strengths and interests.</i> <i>Staff will be supported with the resources and supports required to deliver effective learning and development opportunities to young people</i> 				
<p>Balanced approach to safety and security</p> <p>Relational security</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> <i>Staff will promote continuity and consistency in young people's relationships with peers, staff and other service providers.</i> <i>BHDC processes with support achievement of relational security outcomes.</i> <i>Staff will respond dynamically to the needs and risks young people present by leveraging strong relationships.</i> 	<p>Stabilise enablers of model of care – staffing and built environment – to enable development of a model to support a focus on relational security in BHDC.</p> <p>Actions identified above for Principle 7, below for physical and procedural security and enablers of model of care are relevant to realising relational security and supporting standards.</p>	<p>Pilot approach to support a focus on relational security in BHDC.</p>	<p>Refine as required and embed relational security approach as part of operation at BHDC.</p>	<p>Embed relational security approach as part of day to day operation at BHDC.</p>

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<p>Physical and procedural security</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> • Young people will be grouped based on their needs and risks (within infrastructure and operational constraints). • Young people's physical autonomy and privacy will be respected and upheld. • BHDC will maintain physical security while enabling a normalised routine using infrastructure, technology and equipment. • BHDC will maintain policies, processes and guidelines aligned to the model of care. • Procedures will be safe for young people and will 'do no harm'. • Staff will be supported to access and apply these policies, processes and guidelines, including through reflective practice. 	<p>2023</p> <p>Stabilise enablers of model of care – staffing and built environment – to:</p> <ul style="list-style-type: none"> • Enhance the ability for young people to be accommodated based on their needs and risks. • Ensure young people's physical autonomy and privacy is respected and upheld, where safe to do so. 	<p>2024</p> <p>Revise policies and procedures for physical and procedural security as appropriate, to support pilot of relational security approach, as appropriate.</p>	<p>2025</p> <p>Ensure physical and procedural security support relational security approach.</p>	<p>2026</p> <p>Ensure physical and procedural security support relational security approach.</p>
<p>Actions identified above for Principle 7 and relational security and below for enablers of model of care are relevant to realising physical and procedural security and supporting standards.</p>				

Attachment 2 - Implementation Plan - Model of Care for Banksia Hill Detention Centre – 2023 to 2026

	2023	2024	2025	2026
<p>Enablers of the model of care</p> <p>Our staff</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> BHDC will attract, recruit and retain diverse staff who are well suited to working with young people in a therapeutic environment supporting child safety and wellbeing. All staff will be adequately trained to work with young people and afforded opportunities for continuous professional development. Appropriate staffing model will be adopted to enable staff to carry out the model of care in a manner that is safe for staff and young people. BHDC will provide a physically, culturally, and spiritually safe place for staff to work. BHDC will provide dedicated health and wellbeing support to staff, including crisis support, stress 	<p>Implement new operational roster for youth custodial staff that will increase consistency and stability of staffing and safety for staff and young people and ensure dedicated training days for staff.</p> <p>Recruit and engage Prison Officers in security-focused roles to provide greater security, where necessary, enabling YCOs to focus on rehabilitation, mentoring and the model of care.</p> <p>Develop and implement a recruitment campaign to attract staff with appropriate qualifications and skills to deliver care to young people at BHDC.</p> <p>Commence training needs assessment (TNA) for staff at BHDC.</p>	<p>Refine operational roster, if required, to ensure safety of young people and staff and dedicated training for staff.</p> <p>Maintain additional Prison Officers to provide greater security and enable Youth Custodial Officers to focus on rehabilitation, mentoring and delivery of the model of care.</p> <p>Ongoing recruitment campaign.</p>	<p>Refine operational roster, if required, to ensure safety of young people and staff and dedicated training for staff.</p> <p>Maintain additional Prison Officers to provide greater security and enable Youth Custodial Officers to focus on rehabilitation, mentoring and delivery of the model of care.</p> <p>Ongoing recruitment campaign.</p>	<p>Refine operational roster, if required, to ensure safety of young people and staff and dedicated training for staff.</p> <p>Maintain additional Prison Officers to provide greater security and enable Youth Custodial Officers to focus on rehabilitation, mentoring and delivery of the model of care.</p> <p>Continue to ensure education and training for all staff at BHDC is contemporary, consistent with the model of care and enables staff to perform their role.</p>

Attachment 2 - Implementation Plan - Model of Care for Banksia Hill Detention Centre – 2023 to 2026

	2023	2024	2025	2026
<p><i>management and individual counselling.</i></p> <ul style="list-style-type: none"> <i>BHDC will support staff retention through work-life balance initiatives and clear career progression pathways.</i> <p>Our partners</p> <p>Supporting standards:</p> <ul style="list-style-type: none"> <i>An integrated approach to case planning and throughput care will be adopted to provide holistic therapeutic care to young people.</i> <i>Services and care in BHDC will be strengthened by information sharing and effective handovers and referrals.</i> <i>Services and care will be delivered in partnerships with government agencies and non-government organisations.</i> <i>BHDC will work with its partners to embed linkages and continuous improvement in its practices.</i> 	<p>Establish regular meetings between BHDC, Youth Justice Services (community) and Child Protection and Family Support to increase collaboration and integrated approaches to support the individual and collective needs of young people.</p>	<p>Continue collaboration meetings between BHDC, Youth Justice Services (community) and Child Protection and Family Support.</p>	<p>Continue collaboration meetings between BHDC, Youth Justice Services (community) and Child Protection and Family Support.</p>	<p>Continue collaboration meetings between BHDC, Youth Justice Services (community) and Child Protection and Family Support.</p>
		<p>Audit current services and programs delivered in BHDC to identify and address gaps, to support implementation of the model of care.</p>	<p>Revise services and programs as appropriate to address gaps identified by the audit.</p>	<p>Continue to support delivery of services and programs to respond to individual and collective needs of young people at BHDC.</p>
	<p>Continue partnership with NOFASD Australia to provide coaching to support and guide staff in the management and care of young people with high risk complex needs.</p>	<p>Continue partnership with NOFASD Australia.</p>	<p>Continue partnership with NOFASD Australia.</p>	<p>Continue partnership with NOFASD Australia.</p>
	<p>Actions identified above for Principles 1, 3, 5, 6, individualised programs and support and enablers of model of care are also of relevance to realising supporting standards identified for our partners.</p>			

Attachment 2 - Implementation Plan - Model of Care for Banksia Hill Detention Centre – 2023 to 2026

<p>Infrastructure, systems and processes Supporting standards:</p> <ul style="list-style-type: none"> <i>BHDC provide a safe and therapeutic environment to support young people/s rehabilitation and wellbeing.</i> <i>Infrastructure will support the diverse cohorts of young people.</i> <i>The digital infrastructure will provide staff with the tools to support young people.</i> <i>The operating environment will be enabled by clear policies, procedures and supporting frameworks.</i> 	<p>2023 Review infrastructure needs in Western Australia's youth justice system to assess the State's current and planned youth custodial assets and to investigate whether the current facilities are fit-for-purpose and determine if improvements or additional infrastructure is required to meet long term needs.</p>	<p>2024 Finalise infrastructure review and develop long term plan to address youth justice infrastructure needs identified through the review. Consider the digital infrastructure requirements for youth justice facilities as part of the youth justice infrastructure long term plan.</p>	<p>2025 Implement Youth Justice infrastructure long term plan.</p>	<p>2026 Implement Youth Justice infrastructure long term plan.</p>
<p>Actions identified above for the service principles, balancing safety and security and our staff are also of relevance to realising supporting standards identified for infrastructure, systems and processes.</p>				

Attachment 2: Information requested from the Department of Justice

The Commissioner for Children and Young People WA requested the following documents and data from the Department of Justice.

Date of Request 27/10/2023	
Information Requested	Date received and notes
<p>Letter to Director-General DOJ advising of the intent to undertake an Inquiry into the progress of Implementation of the Model of Care at BHDC and Unit, and also requested copy of the final Operating Philosophy and Model of Care documents.</p> <p>Copy of the implementation Plan to implement the new arrangements.</p>	<p>Note this was requested within 14 days (10 November) – not received by that date and a follow up request was sent on 27 November 2023 (further details below).</p> <p>BHDC OPSM (Nous doc) received via email 13/12/24 from Deputy Commissioner Women and Young People:</p> <p>Letter sent to info@ccyp.wa.gov.au (from Chief of Staff - Office of the Commissioner Corrective Services) on 2 January 2024 (not copied to the Commissioner CYP or other staff).</p> <p>The letter subject line was: “Request to Proceed with Interviews of Stakeholders for Inquiry”.</p> <p>This letter stated, in paragraph 2, that our request for finalised copies of the Operating Philosophy, Model of Care and Implementation Plan was being met with the attachment of those documents. No attachments were included.</p> <p>Later that same day a further email was sent to the info@ccyp.wa.gov.au email attaching a copy of the MoCi but not the Operating Philosophy and Service Model. Again, at no time in this or previous correspondence, were we advised that the NOUS documents were not being used and had rather been used to inform the Model of Care Instruction.</p> <p>As we had already received the NOUS documents from Deputy Commissioner Women and Young People in late 2023, and the letter subject did not refer to the Model of Care Instruction as being the new document, the Inquiry proceeded on the basis of the NOUS documents.</p>

Date of Request 13/11/2023**Information Requested**

Request to schedule visits to both Unit 18 and BHDC. Potential dates outlined as: afternoons so as not to impact young people visits/ appointments. Commencing and U18 and then travelling to BHDC (1-5pm) on 4, 6, 12 and 13 December.

Date received and notes

Confirmed visit to BHDC & Unit 18 12/12/23.

Date of Request 27/11/2023**Information Requested**

Email to Director-General DoJ requesting copies of all versions of the Operating Philosophy, Model of Care and Implementation Plan.

It should be noted that, at no time, was my office advised that the NOUS Operating Philosophy and Service Model was used to inform development of the BHDC Model of Care Instruction and that we were not to be guided by the NOUS document.

Date received and notes

Deputy Commissioner Women and Young People provided the Operating Philosophy and Service Model (Model of Care).

Date of Request 27/11/2023	
Information Requested	Date received and notes
<p>Letter to Director-General, requested:</p> <ul style="list-style-type: none"> • Details by detainee, by day, of number of hours out of cell from 1 April 2023 to 27 November 2023 inclusive. <p>(Response from Commissioner Corrective Services)</p> <p>“What we can provide is the average out of cell hours for both BHDC and Unit 18 by month from April to December 2023. I am asking if this can be done weekly and how accurate that would be.”</p> <ul style="list-style-type: none"> • Number of youth custodial officers (YCOs) employed as at 1 January 2023, and of those YCOs, the number who remain employed. Of those remaining in employment, the number of those who are on long term leave. <p>(Response from Commissioner Corrective Services)</p> <p>“We can provide the number of YCO's employed as of 1 January 2023 and the number of those employed as of 31 December 2024.”</p> <ul style="list-style-type: none"> • Number of new YCOs employed since 1 January 2023, and of those, the number still employed. 	<p>Received 2/2/24:</p> <p>Data provided the average out of cell hours for both BHDC and Unit 18 by month from April to December 2023 and the average out of cell hours by week from April 2023 to January 2024.</p> <p>Note: Ooch is a measure of the average time out of cell and is not intended for individual reporting. There are known data quality issues affecting the coherency of the Youth Lockdown dataset, including but not limited to the existence of duplicate, overlapping, and incomplete lockdown records. While changes were made to TOMS in August and October 2022 aimed at addressing data quality issues, data quality issues resulting in both under and over reporting of a day's lockdowns may continue to impact the reported figures. Variations may be seen in reported Ooch figures in line with ongoing data quality report processes and associated amendments to TOMS lockdown records.</p> <p>Unit 18 avg 3- 4 hours BHDC avg 6-10 hours YCO's employed 1 Jan 23 - 257 Long Term Leave - 1 31 Dec 23 - 279 Long Term Leave 1.5</p> <p>Note: the calculation applied to provide long-term leave is 3 months or longer</p> <p>86 probationary officers graduated and commenced on shift from 1 January 2023 to 31 December 2023/ 82 remain in the role.</p> <p>Long term leave – NIL</p> <p>Note: Another 144 YCOs are scheduled to graduate throughout 2024 with 21 on the ELTP that commenced 29 January.</p>

Date of Request 27/11/2023

Information Requested	Date received and notes
<p>(Response from Commissioner Corrective Services)</p> <p>“We can provide these numbers.”</p> <ul style="list-style-type: none"> The number of Adult Custodial Officers (ACOs) employed monthly at the youth detention facilities from 1 April 2023 to 27 November 2023 inclusive. <p>(Response from Commissioner Corrective Services)</p> <p>“We can provide the number of PO’s on secondment to youth custodial (TANGO/PST) This will not include those officers who fill in for single shifts etc as they are not recorded as secondments anywhere across the entire Prison / Custodial Estate.”</p> <ul style="list-style-type: none"> Details of all service providers providing services to detainees at either facility. The details include: <ul style="list-style-type: none"> » Service Provider name, contact person, contact details and services provided, including the schedule for those services to be provided. » Number of days service providers have been unable to provide services from 1 April 2023 to 27 November 2023. 	<p>15 currently on secondment to support YCO's 11/15 since April 2023.</p> <p>While the Prison Officers’ powers and office are derived from the Prisons Act 1981, it is the Young Offenders Act 1994, section 11E that governs their presence and operational parameters when working in a youth detention centre. Prison Officers working in the Prison Support Team support the safety and security of Youth Detention Centres and by doing so support the YCO’s ability to increase detainee out of cell hours which further aids detainees to engage with specialist services, education, programs and recreation. Prison Officers are provided with instruction and training to support their work in a youth detention centre.</p> <p>Soft copy of list provided via email 11/1/24.</p> <p>Hard copy of full list included contact details @ BHDC 29/01/2024.</p> <p>Note: List of service providers initially provided via email, after another request, full list with contact details provided.</p> <ol style="list-style-type: none"> Service provider list & schedule provided for programs on 27/2/2024. Further updated list received on 26/03/24 <p>c) No response received to second part of request “Number of days service providers...”</p> <p>1 January – 31 December 2023</p> <p>FTE Custodial positions Note: # positions double stacked for positions at Unit 18</p> <p>FTE Psychological Services Note: on call weekends/pub hols</p> <p>FTE Health Services Note: Clinical nurses provide 24/7 coverage</p> <p>FTE In-Reach MH Services (CAFS service) Note: Positions commenced July 2023</p> <p>Note: Hours of employment are dependent on the staff members’ duties and award. A number of positions who are on the PSGA, GSMGA and JCOGA receive on-call allowances which ensures supports and services can be called into site as required.</p>

Date of Request 27/11/2023	
Information Requested	Date received and notes
<p>(Response from Commissioner Corrective Services)</p> <p>“We have provided the names of the Service providers contracted to the Department. On top of the list provided previously, we will provide the list of programs and by who are provided as part of the Stakeholder Update produced for the Ministers office weekly. We can provide these however they were only commenced Nov/Dec.”</p> <ul style="list-style-type: none"> • Details of staffing in both facilities delivering allied or ancillary services including but not limited to, teachers, nursing, mentors, psychologists and their hours of employment by week from 1 April 2023 to 27 November 2023 inclusive. <p>(Response from Commissioner Corrective Services)</p> <p>“We can provide the FTE numbers for each business area. We can’t provide hours of employment for all each week, we simply do not have a coordinated system as most of these are independent.”</p> <ul style="list-style-type: none"> • Number of hours education was delivered in both facilities, by week, from 1 April 2023 to 27 November 2023 inclusive. 	<p>Provided is the total number of hours of education at Unit 18 and BHDC, per month from 1 January 2023 and 31 December 2023.</p> <p>Note: A week-by-week account is time intensive as information needs to be cross referenced with multiple sources of information. The hours by month provided notes when school holidays have been held in place of the formal education program. Education can be impacted at an individual and site wide level due to incident and emergency management, due to detainee illness or refusal to attend, appointments to Court, Official and Social Visitors, appointments with specialist services.</p> <p>Average total hours of education that CYP receive each month varies between 23-53 hours per student.</p> <p>Average booked visits to BHDC/Unit 18 per month.</p> <p>Note: Data has been provided in a monthly format due to the high number of visit occurrences in Youth Detention Centres which presents data interpretation challenges. The nature of the visit is classified by social, official or e-visit. Medical appointments are not captured in the visit type group and are managed by on site and In-reach Health Services</p>

Date of Request 27/11/2023**Information Requested**

(Response from Commissioner Corrective Services)
 “We can provide the hours by month and note when school holidays have been in place of the education program.”

- Details, by detainee, by week of the number of visits they attended and the purpose of the visit, including but not limited to medical, legal, family, personal.

(Response from Commissioner Corrective Services)
 “What we can provide is a monthly total of the official and social visits that have occurred and provide the daily average population (these records include e-visits).”

Date received and notes**Date of Request 05/12/2023****Information Requested**

Meeting with Commissioner Corrective Services – clarifying timing of visits to U18 and BHDC and raising concerns including:

- Smoking Ceremony to cleanse the cell where the young person who passed away had been detained
- Uniforms for YCO's.

Date received and notes

Email from Commissioner Corrective Services received on 6 December 2024, stating:

- U18 cell linked to [the young person who passed away]. I can confirm there was a smoking ceremony which included family to cleanse the unit and cell. The cell is still commissioned but has not been used and if it were to be then we are aware that there would be sensitivities.
- In regards to uniforms. YCO's operating in the space with youth have a both types of shirt. The polos are generally used when working with the kids and formal ones when they have meetings or are a supervisor. The polos remain the favoured shirt.
- My team have / will reach out in regards to your request around the timing of visits next week at U18 and BHDC in line with our discussion.

Date of Request 12/12/24	
Information Requested	Date received and notes
Visit to BHDC/Unit 18 – Commissioner CYP, Commissioner Corrective Services and his Chief of Staff, Deputy Commissioner Women and Young People, CCYP Inquiry team member.	Confirmed.
Date of Request 13/12/24	
Information Requested	Date received and notes
List of service providers attending Unit 18 and BHDC.	Incomplete list received, final updated comprehensive list of service providers sent via email on 26/03/24.
Date of Request 03/01/2024	
Information Requested	Date received and notes
Meeting between Commissioner CYP, Director-General DoJ, Commissioner Corrective Services & Inquiry team to confirm Interview schedule at BHDC/Unit 18.	Confirmed.
Date of Request 05/01/2024	
Information Requested	Date received and notes
Inquiry team MS Teams meeting with Acting Superintendent BHDC to clarify Interview schedule.	Confirmed.

Date of Request 09/01/2024**Information Requested**

Email to Director-General DoJ, noting the Inquiry had formally commenced within BHDC and Unit. Thanked A/ Superintendent BHDC for her support, and noted her advice that our office would not be provided with a complete list of service providers, but only those that confirmed their agreement to provide input as part of the process. The email requested a full list of service providers for both BHDC and Unit 18.

Date received and notes

This was later discussed with Commissioner Corrective Services and a full list was provided at a later date (see below in this table).

Date of Request 12/1/2024**Information Requested**

Email request from the Inquiry team to Acting Superintendent BHDC.

For those young people that have turned 18 and transferred out to an adult custodial facility, or young people released from custody, can they still participate in interviews?

Date received and notes

No response.

Date of Request 22/01/2024**Information Requested**

Responded to Acting Superintendent BHDC's email of 19/01/24, again requesting full list of service providers, specifically:

- Organisation
- Services Provided
- Contact name, number and email.

Date received and notes

Date of Request 22/01/2024	
Information Requested	Date received and notes
<p>Email to Commissioner Corrective Services advising we were still awaiting the full list of service providers as agreed with the Commissioner verbally; and outlining challenges in gaining access to Unit 18; raising concerns about the availability of air-conditioned spaces to interview those at U18 (originally told it would be the new demountable, but subsequently had to use the staff room or psychologist office). Also noting that the data requested in previous correspondence from October and November was yet to be received.</p>	<p>Response received on 25/01/24, apologising for delays in providing information – “our systems are not built around reporting and a number of the queries cannot be addressed. For each of your queries, I have offered what we do have available with some manual work but at least repeatable”. This referred primarily to Out of Cell Hours; Number of YCO’s; Adult custodial officer numbers; etc.</p> <p>It is noted that Commissioner Corrective Services recognised this did not meet our needs or requests.</p>
Date of Request 02/02/2024	
Information Requested	Date received and notes
<p>Email from Commissioner Corrective Services providing the data that was available in response to our requests.</p>	
Date of Request 05/02/24	
Information Requested	Date received and notes
<p>Email to Director-General DoJ and Commissioner Corrective Services requesting: Documentation provided to children and young people upon admission and release (orientation booklet? Or similar)</p>	<p>Received 16/2/24: Orientation Manual currently under review to further simplify & make more child friendly with orientation video available in range of languages. AYSOs will take lead in roll out with new process to begin March 2024.</p>

Date of Request 05/02/24

Information Requested	Date received and notes
<p>Process for seeing/contacting family, lawyers, medical staff and the psychiatrist (was not in the list contained in the report) – (Not in table in report).</p> <p>Copy of the training package used for Youth Custodial Officers.</p>	<p>Access by request, request by staff or through automatic referral processes. CYP informed during admissions and orientation & can request through staff member. CYP can complete requests and complaints through forms &/ or through staff as required eg, AYSO/s Case planning &/or new admissions.</p> <p>Corrective Services Academy delivers Entry level Training Program (ELTP), provision of skills, knowledge & integrated learning program over 12-month period. Includes theory & on job training. Nationally accredited training.</p> <p>Note: Cert III Correctional Practice (General): Timetable attached in response.</p> <p>Invitation for CCYP to observe training in March.</p>
<p>Rosters for Nursing/Medical staff –weekends /evenings? Include BHDC and Unit 18? Is the service available 24/7</p>	<p>Nursing coverage at both facilities 24/7</p> <p>2 FTE Nurse day shift (0700-1900); 1 FTE Nurse afternoon shift (1200-0000); 1 FTE Nurse night shift (1900-0700); 1 FTE Medical Rec (0700-1500 M-F)</p> <p>1 FTE Dentist (0800-1600 Tu), 1 FTE Doctor (0800-1600 W), 1 FTE Sexual Hlth Nurse (0800-1600 M) (See below)</p> <p>Prison Medical Officer allocated to attend in person & on occasion Telehealth clinics at both sites. All other times, nursing staff can contact the on-call medical services and conduct eConsults with on call doctor. Hospital escalation if required.</p>
<p>Psychiatrists: number and the FTE available for both BHDC and Unit 18? Confirm for evenings and weekends? Is there somebody available 24/7?</p> <p>Note: On a daily basis, the following support services visit Unit 18:</p> <p>1 Psychologist</p> <p>1 Snr Case manager 3 days a week (more as required)</p>	<p>0.8 FTE Psychiatry both facilities through DoH health team @ BHDC</p> <p>1 FTE Mental Hlth Nurse (0800-1600 M) – not available 24/7, however on call support if required.</p> <p>1 FTE Aboriginal Mntl Hlth Support Wkr (0800-1430 M-F)</p> <p>DoJ provides 3 hours per week psychiatry, 2 x day shifts by in reach team.</p>

Date of Request 05/02/24	
Information Requested	Date received and notes
<p>1 AYSO M-F & 2 x Sat 1 teacher Full time nurse based at Unit 18 (day/night) Mental & allied health attend as required. Mentors: numbers and FTE for both BHDC and Unit 18. Availability 24/7? Request for smoking ceremony at BHDC If no nurse/doctor or psychiatrist on duty, what is the process for both facilities to treat children and young people?</p>	<p>1 AYSO M-F & 2 x Sat @ Unit 18 & BHDC roster Completed 14/2/24 Range of ways YP can access services either by request to staff &/or automatic referrals by services. Medical staff see YP on admission. Full medical assessment by GP within first month.</p>
Date of Request 06/02/2024	
Information Requested	Date received and notes
<p>Email from Acting Superintendent BHDC to Commissioner CYP, including a copy of the Implementation for BHDC 2023-26 Update of Progress and stating: Please find attached a document which outlines the update on progress of the Model of Care. The document is structured in line with the principles of the overarching philosophy authored by the Nous Group, and capture the actions completed in 2023 and those planned for 2024. It is primarily a document for internal use and to support implementation of the model of care at the operational level. It is a living document that will be revised over its life to ensure the model of care is contemporary and meets the needs of young people, our staff and our partners. The attached version was updated as at 31 January 2024.</p>	<p>Suggested meeting with Commissioner CYP & Inquiry team, Program Director - Model of Care Implementation and A/Superintendent BHDC.</p>

Date of Request 08/02/2024**Information Requested**

Updated MoCI Implementation plan provided. Acting Superintendent BHDC and Program Director - Model of Care Implementation request for meeting with Commissioner CYP.

Date received and notes

Meeting confirmed with Commissioner CYP, Inquiry team, A/Superintendent BHDC & Program Director MoCI 16/02/2024.

Date of Request 09/02/2024**Information Requested**

Email to Commissioner Corrective Services (following meeting on 8 February) requesting:

- A copy of a Case Management Plan (de-identified) that is used for the children and young people in detention. Also, advice on whether all those in detention have a Case Management Plan (individual), and if not, how many are currently in place.
- Thank you for the FTE information – this did not appear to include medical/psychiatric/nursing/psychology and other ancillary health staff – would you please arrange for us to receive this information.
- FTE information is overall – could we please get a breakdown of how many of each category of staff are at each facility.
- A copy of the Youth Custodial Officer training course (outline).

Date received and notes

Received 16/02/24:

Date of Request 09/02/2024

Information Requested

Date received and notes

- Process for ensuring YCO's are aware of key matters in the case plan for each detainee in their Unit/Wing.
- Interpreter services: are they
 - Process for ensuring YCO's are aware of key matters in the case plan for each detainee in their Unit/Wing used? If so, how is the process arranged?
- Outline of the Induction Program for ancillary staff such as, but not limited to, Aboriginal Youth Support Officers; nurses; other health staff; teachers; service providers and Aboriginal Visitors.
- Details of cultural competency training delivered to all staff and providers (and how often this is delivered; by whom; and duration of the training) – including the program/course outline.
- Process for determining which programs are offered to which detainees and how this assessed.
- Copy of the Individual Education Plan that is used for students (de-identified).
- Copy of the Individual Case Plan used for those housed at Unit 18 (de-identified).
- The criteria used to determine a young person should be moved to ISU or Unit 18 or moved from those Units to the general population.

Date of Request 09/02/2024

Information Requested	Date received and notes
<ul style="list-style-type: none"> • Details of the number of appeals against a decision to relocate a young person to Unit 18 and how many were upheld since the establishment of Unit 18. • A copy of a Throughcare Plan (release plan). • A copy of the Health Plans used and how these are promulgated to staff. • What supports are available for staff if they are subjected to violence or harm? How do the staff access those supports? • What are the criteria to determine a need for use of the Adult prison officers or TRG when an incident occurs? For example, are they immediately involved if a young person refuses to re-enter their cell; or is the threshold a significant risk of harm to either staff or detainees? 	

Date of Request 15/02/24

Information Requested	Date received and notes
<p>Program schedule outlining when programs are delivered, the duration of each session and the period that each program is contracted to deliver across BHDC and Unit 18. What criterion are specified for participation and program availability for all CYP?</p> <p>Note: Draft document sent dated 13 November 2024.</p>	<p>Received 27/02/24:</p> <p>Attachment shows which programs are delivered (BHDC only for term 1) and (Unit 18 from Jan-Dec 24), duration of each session for BHDC and Unit 18. Attachment BHDC Program Handbook outlines the YP consideration (sentence status and age) and the process to participate.</p>

Date of Request 15/02/24	
Information Requested	Date received and notes
<p>Email to Commissioner Corrective Services requesting: We are currently in the process of compiling our report in relation to the Inquiry and require further information to assist. Given the short timeframe for compilation of the report, I trust that this should be the final request for information and/or data and still awaiting previous requests for information as per my emails to you of 5 and 9 February 2024.</p> <p>PROGRAMS</p> <ul style="list-style-type: none"> • Thank you for the full list of service providers and contact details. Further to this, can you please provide a program schedule outlining when programs are delivered, the duration of each session and the period that each program are contracted to deliver at both BHDC and Unit 18? <ul style="list-style-type: none"> » Please specify the criteria for participation and whether each program is available for all children and young people across both facilities. 	<p>Reply on 16 February 2024, from Deputy Commissioner Women and Young People, via Executive Manager - Women and Young People Directorate DoJ referring to requests from CCYP to Commissioner for Correctives dated 27/11/232 and 5, 9 and 15 February requesting information. Also noted that responses had been sent on a number of matters and that further information was attached, noting that the request of 15 February was still being collated. Information attached was that relating to the request from 9 February.</p> <p>Received the following on 27/02/24:</p> <ul style="list-style-type: none"> • Term 1 Program Schedule BHDC. • Monthly Programs Unit 18. • BJDC Program Handbook as at January 2024. • Education Curriculum for BHDC and Unit 18. • Examples of pre-CEGEA and pre-EGE curriculum workbooks. • BHDC weekly planner examples (each teacher submits an individual plan each week which are individualised to suit the needs of the teacher's class for that week. • Education schedules for Unit 18 and BHDC. • Copy of the assessment process/criteria to determine classes/sessions.

Date of Request 15/02/24**Information Requested****Date received and notes****EDUCATION**

- Education Curriculum for BHDC and Unit 18.
- Term plans for Term 4 2023 and Term 1 & 2 2024 for both facilities.
- An example of an Individual Education Plan (IEP) for children and young people for both facilities.
 - » What is the current number of children and young people who have IEP's in BHDC and Unit 18 and specify whether on remand or sentenced for a period of detention?
- Please provide an education program schedule for term 1/2024 outlining frequency and duration of classes provided across both facilities.
 - » Please provide the assessment process and/or criteria to determine each class/session.

RECIDIVISM

- For the period between 1 January 2023 and 31 December 2023, how many children and young people experienced:
 - » 1 period of time in detention.
 - » 2-5 periods of time in detention.
 - » More than 5 times in detention.
- What is the recidivism rate as at 31 January 2024 or 2023 overall?

Received an explanation of a “stay” and rate of return to detention – youth. Also provided with statistic for Young people in Detention between 1 January and 31 December 2023, by Stays in year group.

Recidivism rate provided was “Rate of Return to Detention – Youth for the 2022/23 financial year (52.59%).”

Date of Request 29/02/24	
Information Requested	Date received and notes
Updated MoCI Implementation Plan provided to Commissioner CYP via email.	
Date of Request 06/03/24	
Information Requested	Date received and notes
1st version draft report sent to AG, DG DoJ, Ministers' office for comment by COB 23/3/24.	
Date of Request 14/03/24	
Information Requested	Date received and notes
Request for weekly meal plans BHDC & Unit 18 – sent to Commissioner Corrective Services, Deputy Commissioner Women and Young People and Acting Superintendent BHDC.	Received 19/3/24: BHDC Summer menu 22/1/24, including staff lunches; Harmony week Unit 18 1 week & casuarina prison week 1-5;
Date of Meeting 18/03/24	
Meeting with DG DoJ, Commissioner Corrective Services, A/Assistant DG DoJ, Commissioner CYP (via MS Teams) and CCYP Inquiry team, opportunity for feedback provided.	Confirmed.
Date of Correspondence 18/03/24	
Response received from DoJ – “red line issues”.	

Date of Correspondence 27/03/24

Email to Commissioner Corrective Services request clarification of conflicting YCO numbers provided; and request for a list of Units (names) and BHDC; including self-care for males and females.

Received:
Youth average Out of Cell hours April 2023 to January 2024; Visit booking for YP in custody 1 January to 31 December 2023; Service provider contact information; Average total hours of education by month 1 January to 31 December 2023; FTE comparison 1 January to 31 December 2023.

Date of Correspondence 02/04/24

2nd version report, opportunity for comment sent to AG by COB 30/4/23.

Date of Correspondence 02/04/24

2nd version report, opportunity for comment, sent to DoJ DG, Ministers office by COB 24/4/24.

Date of Meeting 09/04/24

Meeting between Commissioner CYP, CCYP Inquiry team, DoJ DG; DoJ advised correct version of model of care, not OPSM, is in fact the MOCI document sent via info @ 2/1/24.

Confirmed

Date of Correspondence 01/05/24

DoJ response received, expecting 3rd draft report.

Date of Correspondence 06/05/24

Commissioner CYP response to DG.

Date of Correspondence 06/05/24

AG response, AG not prepared to comment based on not receiving 3rd and final report.

Date of Correspondence 14/05/24

3rd & final PDF report sent to AG for comment by COB 11/06/24.

Date of Correspondence 14/05/24

Thematic response provided to DOJ.

Date of Correspondence 28/05/24

Final PDF report sent to DoJ DG via email.

Date of Correspondence 28/05/24

Letter received from AG office requesting CCYP to consult with agencies identified in the report & 30 days not considered until responses received.

Date of Correspondence 30/05/24

Response letter sent to AG in response to AG letter of 28/5/24.	
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Date of Meeting 30/05/24

Meeting with DoJ DG, Commissioner & CCYP Inquiry team. Hand delivered letter to DoJ DG – opportunity to review final report within 14 days.	Confirmed
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Date of Correspondence 30/05/24

Email letter with attached final report to agencies providing seven days for comment.	
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Date of Correspondence 13/06/24

Final comments received from agencies.	
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Date of Correspondence 21/06/24

Letter to DoJ DG sent via email; cc Ministers' office; AG; Commissioner for Corrective Services advising finalisation of final report and request for formal comment from DoJ. Letter also indicated CCYP's intention to table from 30 days after final report sent to AG for comment (on or before 28/6/24).	
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Attachment 3: Formal response from the Attorney General



Attorney General; Minister for Electoral Affairs

Our Ref: 67-36688/16

Ms Jacqueline McGowan-Jones
Commissioner for Children and Young People
Level 1, Albert Facey House
469 Wellington Street
PERTH WA 6000

By email: Jacqueline.McGowan-Jones@ccyp.wa.gov.au

Dear Commissioner

FINAL REPORT, HEAR ME OUT, INQUIRY INTO THE IMPLEMENTATION PROGRESS OF THE BANKSIA HILL MODEL OF CARE INSTRUCTION

Thank you for your correspondence dated 26 June 2024 containing the *Final Report, Hear Me Out, Inquiry into the implementation progress of the Banksia Hill Model of Care Instruction* (the Report), requesting my review and comment.

While I write to you pursuant to section 48 of the *Commissioner for Children and Young People Act 2006* (the CCYP Act), the matters raised largely fall under the portfolio responsibility of the Hon Paul Papalia MLA, Minister for Corrective Services. Accordingly, the below comments in relation to the Report have been prepared after consultation with the Minister.

It is noted that the Report does not include a clear evaluation framework to assess the Department of Justice's performance against key components of the Model of Care Instruction. There are also instances where it does not provide sufficient evidence to underpin its characterisations. This includes inconsistencies between data and the findings and recommendations in the report, some of which are unrelated to Banksia Hill Detention Centre's implementation of the Model of Care Instruction.

Noting the Report states your office "did not seek to 'verify' comments provided" by young people and "considered their perspectives and experiences to be true from their point of view," there are concerns whether particular findings are underpinned by robust evidence, or should be understood as anecdotal observations.

I understand the Department has engaged extensively with your office to supply feedback and context in relation to the Report, and that all iterations have contained new or modified findings and/or recommendations. The final Report of Inquiry makes characterisations about how the Department has engaged with your office during the Inquiry and includes an entirely new recommendation (Recommendation 11). I understand this version was not provided to the Department for comment. The Minister and I are concerned the Department was not given 'reasonable opportunity to make representations to the Commissioner concerning those matters' in accordance with s.47 of the *Commissioner for Children and Young People Act 2006*.

Level 11, Dumas House, 2 Havelock Street, West Perth, Western Australia, 6005
Telephone +61 8 6552 6800 Email: minister.quigley@dpc.wa.gov.au

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The Department has worked to identify and supply detailed feedback to correct factual inaccuracies, mischaracterisations, and provide additional context for the Report. I note (per the *Commissioner for Children and Young People Act 2006*) that you are not required to make changes to a report as a result of consultation with the Department. Through not incorporating this feedback, nor providing sufficient evidence to underpin its findings, the extent to which the Report can be understood to accurately reflect implementation of the Model of Care Instruction, and operations at Banksia Hill Detention Centre, has been impacted.

Finally, it is encouraging to note the significant improvements at Banksia Hill Detention Centre. This includes an increase of out of cell hours attributed to the decrease in incidents requiring site wide lockdowns, increased staffing, and an uplift in clinical and therapeutic interventions. There has also been strengthening of cultural safety and awareness through the work of the Department's Aboriginal Services Unit and Aboriginal Elders and Leaders, and increased engagement with Aboriginal Community Controlled Organisations. Expanded delivery of tailored staff training is also underway to help frontline workers better understand and provide more effective support to young people with foetal alcohol spectrum disorder and other neurodisabilities.

The Western Australian Government is also committed to building a high security, therapeutic youth detention facility to accommodate Western Australia's most challenging young offenders to provide them with the monitoring, supervision and support they need to stabilise their behaviours, whilst enabling focus on providing stable, therapeutic interventions and education to more settled detainees.

This letter constitutes my comment on the Report. Thank you for the opportunity to provide comment. I continue to welcome opportunities to work with your office to enhance the safety and wellbeing of young people involved with the youth justice system.

Yours sincerely



Hon. John Quigley, MLA
ATTORNEY GENERAL; MINISTER FOR ELECTORAL AFFAIRS

23 JUL 2024

Attachment 4: Consent form for under 16 years Youth Detention 2024

Visit from the Commissioner

Is it OK
with you?

Would you like to talk to the Commissioner?

- The Commissioner's job is to try and make WA an even better place for children and young people to grow up, so they can reach their full potential.
- To do this, the Commissioner often asks children and young people for their thoughts and ideas, especially those who are in youth detention.
- During the visit from the Commissioner's office, we would like to hear what your child has to say and how things are for them.
- What you and other children and young people tell us will be kept confidential, and we will not use their name. Comments will always be anonymous, and we will keep all information private.
- The Commissioner welcomes feedback about her and her staff's visits. You can contact the Commissioner's office to provide feedback or speak with people and ask them to share your feedback.

We need to know it's OK with your parent or guardian too.

Ask them to complete this form.

I have read the information on this page and give permission for my child to:

- take part in the discussions with the Commissioner's team **Yes** **No**

Child/young person's name: _____

Child/young person's signature: _____

Age: _____

Parent/guardian's name: _____ Signature: _____

**More
info**

For more information call us on **(08) 6213 2297** or 1800 072 444 (free call), go to www.cyp.wa.gov.au or speak to the Commissioner's staff on the day

Attachment 5: Consent form for over 16 years and information sheet Youth Detention 2024

Hearing from you about what it's like in Banksia Hill/Unit 18

Thank you for yarning with me about Banksia Hill/Unit 18. This could take about 20–40 minutes.

(INTRODUCE YOURSELVES)

In her job, the Commissioner for Children and Young People wants to hear from you about what it's like in Banksia Hill/Unit 18. We will then write a report which will be sent to government about what it's like for you and how Banksia Hill can be improved.

I can only talk to you if you are 16 years old & over OR we have permission from a parent/guardian if you are under 16.

You can stop any time and you don't have to answer every single question.

We will keep your name **PRIVATE** and your answers are **CONFIDENTIAL**, so no one from BANKSIA or UNIT 18 will know what you said.

Please let us know if you feel upset or worried so we can help you. We will give you information about where to go for help and who to talk to if something doesn't feel right.

Your right to be heard and to have a say:

- I want to talk about Banksia Hill/Unit 18. Yes No
- I know that no one else will know what I said and what I say is private. Yes No
- I know I will be offered help if I'm unsafe. Yes No
- What I say can be recorded by the Commissioner. Yes No
- It's ok for my artwork to be published by the Commissioner. Yes No

Your first name: _____

Your age (16 & over): _____

How do you describe yourself?

Male Female Another way _____

Are you?

Aboriginal Torres Strait Islander Both

Another background _____

Attachment 6: Questions to guide interviews with children and young people at Banksia Hill Detention Centre

Connect young people with family, kin and community

1. Tell me about you, where are you from, who's **your family**?
2. Is English a second/third **language** or is an interpreter required and/or have you ever been offered one?
3. Do you **see family** and how often?
 - » Does **contact happen** face-to-face or via telephone/video conferencing?
 - » If you need to **contact** any **family** members **at any time**, for any reason, are you able to? If not, what is the **feedback** from staff?
 - » Is there someone within your **family** that you would like to have **more contact with**?

Foster a throughcare-focused approach to the care of young people

1. What **happened** when you first got to Banksia Hill?
2. Is **someone helping you** to understand things like:
 - » how long you are inside, when you are getting out, when you are going to court? (ALSWA/lawyer/Legal Aid)
3. What is **not going well** for you? Tell me about that.
4. Has someone talked to you about **what you will be doing** while you are in Banksia Hill?
5. What do you do when you are **in your room at night**?
6. What is **your room/cell/unit** like? Is it OK for you? If not, why not?
7. Is the **food ok** and do you know what times breakfast/lunch/dinner are?
 - » Can you **get a snack** if you feel hungry **in-between meals**?
 - » Has there been a time when you **missed out on a feed**? Tell me about that.
8. Do you have **access to** clean **clothes/underwear/toiletries** if you need them?
9. **(Girls)** Do you have **access** to female **hygiene products** when you need them?
10. Do you know **what happens** when you **get out**?
 - » Has anyone explained to you what that might look like?
 - » Who's going to **pick you up**?
 - » **When** that will be?
 - » Where you will **be staying** when you **leave**?
11. What you need to do when you get out – for example, see your lawyer, JJO [Juvenile Justice Officer], case manager, etc.?

Foster structure and consistency for young people

1. What do you do **during the day**?
2. What **activities** are you involved in?
3. Tell me about your **schooling**.
4. What is going good for you while you are here?
 - » What kinds of **fun activities** do you do?
5. Do you get enough **time in the sun/outside**?

Apply positive restorative approaches to discipline

1. Is **someone helping you to understand** what happens when you are in Banksia Hill and what **rules** do you have to follow?
2. Did someone **explain how long** you are here at **Banksia Hill for**?
3. Do you know **what happens** when you **don't follow** the **rules**?
4. Can you **talk to** any of your **friends** or adults **if** you are worried or **scared about something**?
5. What is the **worst** thing about **being inside**?
6. Do you **feel safe**?
7. What can make it **better**?

Promote culture of appreciation, care and support for staff

1. If you see or **experience something** that's happened to you or **another young person that is not right**, can you let an adult know?
 - » What can make it better?

Embed developmentally appropriate and needs-informed healing approaches

1. Can you **see** the doctor/**psychologist/nurse/lawyer Aboriginal worker** when you need to?

Ensure cultural safety and strength for Aboriginal young people

1. Tell me more about **where you are from**.
2. Do you **see** any of the **Aboriginal youth support officers** at Banksia Hill?
3. What other things do you think they **could organise** for you that would **involve cultural activities** that everyone would enjoy?
4. Do you enjoy **talking about** what's important about **your culture without feeling shame**? Tell me about what's important for you and what makes you proud about your culture.

Check in: Speak to Aboriginal worker/psychologist/staff

1. How do you feel about our yarn today?
2. Would you like us to tell someone to keep an eye out, so that you are OK?

Additional notes

Attachment 7: Questions to guide interviews with children and young people at Unit 18

Connect young people with family, kin and community

Tell me about you, where are you from, who's **your family**?

Is English a second/third **language** or is an interpreter required and/or have you ever been offered one?

Do you **see family** and how often?

- » Does **contact happen** face-to-face or via telephone/video conferencing?
- » If you need to **contact** any **family** members **at any time**, for any reason, are you able to? If not, what is the **feedback** from staff?
- » Is there someone within your **family** that you would like to have **more contact with**?

Foster a throughcare-focused approach to the care of young people

What **happened** for you to be **relocated** to Unit 18?

Is **someone helping you** to understand things like:

- » Why was the decision made for you to be here at U18?
- » Did you know that you **can disagree with that decision**? Has anyone explained how you can do that?

What is **not going well** for you? Tell me about that.

Has someone talked to you about **what you will be doing** while you are in Unit 18?

What do you do when you are **in your room at night**?

- » What is your room/cell/unit like? Is it OK for you? If not, why not?
- » Is the food ok and do you know what times breakfast/lunch/dinner are?

- » Can you get a snack if you feel hungry in-between meals?
- » Has there been a time when you missed out on a feed? Tell me about that.

Do you have **access** to clean **clothes/underwear/toiletries** if you need them?

Do you know **what happens** when you **get out**?

- » Has anyone explained to you what that might look like?
- » Who's going to pick you up?
- » When that will be?
- » Where you will be staying when you leave?

What you need to do when you get out – for example, see your lawyer, JJO [Juvenile Justice Officer], case manager, etc.?

Foster structure and consistency for young people

What do you do **during the day**?

What **activities** are you involved in?

Tell me about your **schooling**.

What is going good for you while you are here?

» What kinds of fun activities do you do?

Do you get enough **time in the sun/outside**?

Apply positive restorative approaches to discipline

Is **someone helping you** to **understand** what happens when you are in Unit 18 and what **rules** do you have to follow?

» Is this any different to when you were in BHDC and how so?

Did someone **explain how long** you are here **at Unit 18 for**?

Do you know **what happens** when you **don't follow** the **rules**?

Can you **talk to** any of your **friends** or adults **if** you are worried or **scared about something**?

What is the **worst** thing about **being inside**?

Do you **feel safe**?

» What can make it **better**?

Promote culture of appreciation, care and support for staff

If you see or **experience something** that's happened to you or **another young person that is not right**, can you let an adult know?

» What can make it better?

Embed developmentally appropriate and needs-informed healing approaches

Can you **see** the doctor/psychologist/nurse/lawyer Aboriginal worker when you need to?

Ensure cultural safety and strength for Aboriginal young people

Tell me more about **where you are from**.

Do you **see** any of the **Aboriginal youth support officers** at Banksia Hill?

What other things do you think they **could organise** for you that would **involve cultural activities** that everyone would enjoy?

Do you enjoy **talking about** what's important about **your culture without feeling shame**? Tell me about what's important for you and what makes you proud about your culture.

Check in: Speak to Aboriginal worker/psychologist/staff

How do you feel about our yarn today?

Would you like us to tell someone to keep an eye out, so that you are OK?

Additional notes

Attachment 8: Survey questions for staff at Banksia Hill Detention Centre/ Unit 18 Casuarina Prison

1. What is your role and how long have you been here?
2. What are your standard working hours?
3. Why did you choose this field of work?
4. Describe your role and responsibility for children and young people at:
 - » BHDC
 - » Unit 18.
5. Are you a part of a multidisciplinary team and/or how is information shared across teams/units? Please describe this process.
6. Describe a typical day/night for you.
7. What are some of the challenges or critical issues, for:
 - » children and young people
 - » staff
 - » other service providers.
8. What is working well?
9. What can be improved?
10. Operating philosophy and service model (model of care)
 - » Have you been sufficiently briefed on the operating philosophy and service model (model of care) to support its implementation?
 - » What improvements for children and young people have you identified over the past year?
 - » What are some challenges or critical issues you believe impact the way you do your job?
 - » What improvements do you think can be made to case management for children and young people?
11. Safety and physical wellbeing
 - » Has there been a time when you were unable to do your job safely? Please describe that situation.
 - » Has the situation been resolved?
 - » What can be improved?
12. Do you have easy access to staff support if you need when working with children and young people?
13. Is there anything else you would like to add?

Attachment 9: Survey questions for service providers at Banksia Hill Detention Centre

1. What is the organisation you work for?
2. What is your role/responsibility of service provision to children and young people?
3. Programs and activities provided to children and young people
 - » Describe your program/activity.
 - » What are positive outcomes for the service or activities you provide to children and young people?
 - » How is your service/activity evaluated?
4. Service provision
 - » When did you commence the contract for service provision?
 - » What period are the contracted services/activities provided for?
 - » How often do you visit to provide services/activities?
5. Cancellation of visits or activities
 - » Have you ever had your visits or activities cancelled?
 - » If so, when and how often does this happen?
 - » What are the reasons cited for cancellation?
 - » Were you offered rescheduling? On each occasion? Please provide details.
6. Have there been improvements in access to detention recently? Please provide details.
7. Has your role/responsibilities to provide services/activities changed from March 2023 when the new operating philosophy and service model (model of care) was implemented?
8. Are you a part of a multidisciplinary team and/or how is information shared?
9. What is the number of children and young people on your case load?
10. Are your visits with children and young people prescheduled or determined upon arrival at Banksia Hill and/or Unit 18?
11. What are some of the challenges you have seen or experienced for:
 - » children and young people
 - » staff
 - » your service and/or other service providers.
12. Do you have any concerns about being able to provide your services safely? Please provide details.
13. Do you have access to support from your organisation if you require it?
14. What has worked well?
15. What do you think can be improved in the service provision/activity you provide?
16. Is there anything else you would like to add?

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⁸Former Mental Health Commissioner Tim Marney has been appointed to put into effect a new model of care for young people at Banksia Hill Detention Centre. See media statement on 4 April 2023:

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¹⁶It is possible for juvenile offenders aged 18 years or over to remain in a juvenile facility if they were sentenced prior to their 18th birthday. However, recent changes to the Young Offenders Act 1994 (WA) has resulted in most of those turning 18 being relocated to adult prison facilities.

¹⁷Australasian Youth Justice Administrators, 'National Standards for Youth Justice in Australia 2023', 2023, p.19, accessed 5 May 2024.

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**For immediate or urgent help, please call 000
for emergency services**

24-hour Support Services

13YARN

If you, or someone you know, are feeling worried or no good, we encourage you to connect with 13YARN on **13 92 76** (24/7) and talk with an Aboriginal or Torres Strait Islander Crisis Supporter.

Kids Helpline

Kids Helpline provides 24/7 free online and phone counselling for children and young people aged 5 to 25.

Ph: **1800 551 800**

Web: www.kidshelpline.com.au/

Lifeline

Lifeline offers suicide prevention support by phone or online chat.

Ph: **13 11 14**

Web: www.lifeline.org.au/

Mental Health Emergency Response Line

Mental Health Emergency Response Line provides a rapid response to mental health emergencies.

Ph: **1300 555 788** (Metro)

Ph: **1800 676 822** (Country)



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Western Australia

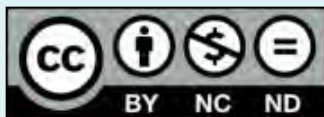
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