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DON DALE YOUTH DETENTION CENTRE MONITORING REPORT 2021

Monitoring Period: 1- 28 February 2021

Visiting Period: 19-28 April 2021

Report Date: 6 October 2021



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ACKNOWLEDGEMENTS

1. During this monitoring visit, the Office of Children's Commissioner (OCC) staff were privileged to meet with and speak to a number of young people in Don Dale Youth Detention Centre (DDYDC). They welcomed us into their environment and shared stories about their experiences in and outside of DDYDC. Their views and experiences have informed the findings and recommendations of this report, and will continue to guide the work of the OCC.
2. The OCC also acknowledges the participation, cooperation and support of Territory Families Housing and Communities (TFHC), DDYDC staff and service providers who participated in interviews and provided information in relation to the monitoring activities. The OCC acknowledges the time taken by TFHC and DDYDC staff and their service providers, particularly in consideration of the demands those staff already have on their time. We thank the staff at the DDYDC and DDHS for their cooperation in allowing OCC staff to conduct our monitoring activities on site.

INTRODUCTION

3. In November 2017 the *Royal Commission into the Protection and Detention of Children in the Northern Territory* (the Royal Commission) released its final report and on 1 March 2018 the Northern Territory Government (NTG) announced its acceptance of the intent to implement all recommendations related to the NTG within the report.
4. To promote the oversight and accountability of the youth detention and child protection systems in the Northern Territory, the Royal Commission recommended the legislative powers and functions of the OCC be expanded to provide the OCC with free and unfettered access to places of youth detention. Given that this legislation has not been implemented, the OCC sought the consent of the Chief Executive Officer of TFHC to carry out the visit and to access documents related to the monitoring activities.
5. Between 19 and 28 April 2021 the OCC conducted a preapproved monitoring visit to the DDYDC. The monitoring was conducted in accordance with the OCC's monitoring framework. This is the third round of monitoring activities with previous reports containing findings and recommendations tabled in parliament in 2019 and 2020.
6. Pursuant to section 10(1)(e)(i) of the *Children's Commissioners Act 2013* (the Act) the OCC monitors the implementation of recommendations by the service providers contained in the monitoring reports. Reference to findings and recommendations made in previous reports are made throughout the domains of this report.
7. The OCC has attended DDYDC on a weekly basis since December 2020 to provide young people, DDYDC staff and service providers within the centre the opportunity to informally meet with the OCC team. These interactions helped to identify specific domains examined during the monitoring period.
8. The April 2021 monitoring visit examined the following youth detention domains:
 - 8.1. Safety and Stability
 - a. Therapeutic Framework
 - b. Therapeutic Programs and Interventions
 - 8.2. Cultural Security Framework
 - 8.3. Treatment
 - a. Extended lock downs not recorded as separations
 - b. Young people placed 'at risk'
 - c. Young people placed in separation

- d. Use of physical force and/or restraints
 - 8.4. Education for young people in youth detention
 - 8.5. Behaviour Management System
 - 8.6. Staff Training and Professional Development
9. The domains examined the operation of DDYDC between 1 and 28 February 2021. The month of February 2021 saw a significant increase in the number of detainees (nearly double the young people in the centre than in the January 2020 monitoring period).¹
 10. On 2 February 2021 there were 27 young people detained in the DDYDC. Two of these detainees were female. All young people in the detention centre with the exception of one, identified as Aboriginal. Six young people were serving a sentence and the 21 remaining young people were on remand awaiting their next court date. The TFHC CEO held parental responsibility for 10 of the young people and an additional five young people had an open child protection or family support case with TFHC². The number of young people in DDYDC remained at approximately 30 for the remainder of the February 2021 monitoring period.
 11. Each young person in DDYDC was provided the opportunity to be interviewed by the OCC Senior Investigation and Monitoring Officers during the monitoring visit. A total of 14 young people chose to participate in an interview. The remaining young people were sighted or spoken to in their respective blocks within a group setting. Majority of the young people in DDYDC were familiar with the OCC and its functions from weekly visits to the centre.
 12. OCC Senior Investigation and Monitoring Officers formally interviewed a total of 27 staff members from the DDYDC and service providers including, Department of Education (DoE), Specialist Assessment and Treatment Services (SATS), Youth Outreach (YORETS) and TFHC to seek their views and experience in providing services to young people in DDYDC³. (See appendix two)
 13. Staff interviewed brought to the attention of the OCC that the centre is experiencing significant staff shortages that impact on the centres capacity to facilitate professional and non-professional visits for young people, access to medical, access to recreational and therapeutic activities and frequent lock down of young people in their rooms. The impact of staff shortages coupled with a substantial increase of young people within the centre is highlighted throughout all domains assessed within the report. The OCC has been advised by the DDYDC superintendent that recruitment for an additional 30 permanent youth justice officers and 10-15 casuals is currently underway.
 14. During interviews the OCC heard from staff, service providers and young people examples where staff have demonstrated exemplary interactions and relationship building with young people in the DDYDC. These instances are not easily captured in documentation that can be retrieved and reviewed by the OCC. The report is based on the deficits captured in the evidence provided in incident reports, medical reports, complaints, census reports and interviews of young people and staff. It is acknowledged that YJOs and services providers within the DDYDC work in a very challenging environment where their skills and abilities are challenged every day. This report is meant to identify gaps in the service provision to young people and promote continuous improvement.

¹ DDYDC 2020 Monitoring report noted 15 young people were detained in the centre during the monitoring period.

² 2 February 2021 census report.

³ Number of interviews was the total for both ASYDC and DDYDC as some service providers and staff members provided services to both centres.

Domain 1: Safety and Stability.

Therapeutic Framework

15. A key recommendation within the OCC 2020 monitoring report was for TFHC to develop and implement a therapeutic model of care within both DDYDC and ASYDC. TFHC have advised that the implementation of this recommendation is progressing however to date this has not been implemented.
16. The importance of a therapeutic model of care underpins the entire operation of the detention centre and will significantly improve the delivery of service in each of the domains explored in this report including improving safety for both staff and young people, increasing educational achievement and reducing rates of recidivism⁴. The OCC continues to support the implementation of a therapeutic model of care and ongoing training, mentoring and systemic cultural change that is required to support staff to embrace a new way of interacting and managing complex behaviours of young people.
17. During interviews with DDYDC staff it was evident the culture of change toward a therapeutic model of care within the centre varied among the staff interviewed. One staff member was able to passionately articulate a therapeutic model of care and how it can be implemented into the daily care of young people, where another staff member interviewed felt that therapeutic interventions for children were putting staff 'at risk' and felt that the use of more restrictive and punitive measures of control was required⁵.
18. Vezina et al. (2019) reported that most youth in detention have been exposed to at least one traumatic event in their family system or in the community.⁶ Most youth in detention have experienced cumulative traumatic events (Vezina et al. 2019).⁷ International research has identified youth justice systems in North America had to reform in the past two decades due to the increase of youth incarceration (Vezina et al., 2019).⁸ Kerig et al. (2009) reported that trauma has shown to play an important role in creating "a constellation of social, behavioural, and emotional problems that are seen amongst incarcerated youth."⁹ Research has emerged highlighting the importance of developing a trauma informed youth justice system. Vezina et al. reported that a growing body of research has shown that young offenders experience trauma and trauma related symptoms at elevated rates. Ford et al. (2012) reported that young offenders are at risk of additional interrelated health and functional impairments stemming from trauma exposure.
19. Research clearly articulates that young offenders exposed to traumatic events either in community or from incarceration can be detrimental due to the neurological changes that increase the risk of mental health disorders (Ford et al., 2012).¹⁰ Cloitre et al. (2009) reported that the longer stress reactions to traumatic events are left untreated, the more likely youth will experience physical, behavioural, and psychological difficulties.¹¹

⁴ A Therapeutic Approach to Youth Justice Detention retrieved from www.childcomm.tas.gov.au

⁵ Interview notes DDYDC YJO

⁶ Vezina, D., McNamee, S., & Brazeau, C. (2019). Initial implementation of the ARC framework in juvenile justice settings. *Journal of Aggression, 28*(5), 631-654.

⁷ Vezina, D., McNamee, S., & Brazeau, C. (2019). Initial implementation of the ARC framework in juvenile justice settings. *Journal of Aggression, 28*(5), 631-654.

⁸ Vezina, D., McNamee, S., & Brazeau, C. (2019). Initial implementation of the ARC framework in juvenile justice settings. *Journal of Aggression, 28*(5), 631-654.

⁹ Kerig, P. Posttraumatic Stress as a Mediator of the Relationship Between Trauma and Mental Health Problems Among Juvenile Delinquents. *J Youth Adolescence, 38*, 1214-1225.

¹⁰ Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice system: Critical issues and new directions. *National Center for Mental Health and Juvenile Justice, 1-8*.

¹¹ Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of trauma severity. *Journal of Traumatic Stress, 22* (5), 399-408.

20. The OCC has observed through complaints, formal monitoring and informal monitoring DDYDC is not operating in a trauma informed framework. An indication that trauma informed practice is not being adhered to is the increase in use of force, increase in separations and a significant increase in assaults on staff by the young people. Common complaint themes regarding the treatment of young people were about the use of separations, use of force, lack of amenities for young people, inconsistent implementation within the Centre Cycle program, and over all communication between the YJO's and youth within DDYDC.
21. During the review of DDYDC policies and procedures, the OCC could only evidence TFHC's positive behaviour support framework having components of trauma informed practice.¹²
22. The OCC site visit to DDYDC in April 2021 highlighted that youth, particularly in H block, were living in a cage like ¹³setting with minimal trauma informed responses from YJOs. Of concern, the OCC observed extended lockdowns during the monitoring site visits. This led to young people being placed in their cells for extended periods of time due to staff shortages. The young people residing in H Block had very little stimulation during the extended lockdown periods. Research evidenced that adolescence is one of the most dynamic events of human growth and development (Arain, et al., 2013).¹⁴ Further, if an adolescent brain lacks appropriate stimulation the unused connections in thinking and processing in the young person's brain are 'pruned' away (Arain, et al., 2013). This can have negative impacts for young people's normative development, including cognitive, biological, neurological, emotional, relational, and behavioural domains (Vezina et al., 2019).
23. Research identified that a therapeutic framework or model offers a guideline for a service provision to address a young person's trauma history and current developmental needs.¹⁵ In absence of a therapeutic framework, young people in DDYDC are housed in a "correctional type" setting with minimal therapeutic intervention which has led to increased use of force, separations, and assaults on YJO's. If a therapeutic framework is not implemented urgently, young people in DDYDC are at risk of lasting physical and emotional problems.

Therapeutic Programs and Interventions

24. The utilisation of a therapeutic framework would provide therapeutic programs that enhance emotional regulation, self-control, and problem-solving for young people in youth detention (Sewell et al., 2019).¹⁶ Abram et al. (2004) identified that youth in detention are twice as likely to have trauma exposure that has led to posttraumatic psychosocial and behavioural problems than their peers in the wider community.¹⁷ Research has established youth justice systems need to provide programs and activities to support youth to understand how exposure to traumatic stressors can prime the brain and body to react self-protectively and maladaptively as part of a survival mechanism (Ford, 2005).¹⁸ Therapeutic programs and interventions will support young people in gaining an understanding of how

¹² Youth Justice Policy Determination 4.8: *Positive Behaviour Support*.

¹³ TFHC have accepted in November 2017 Royal Commission into Protection and Detention of Children in the NT recommendations that address the living environment of young people in detention and have commenced building a new youth detention which is expected to address the cage like feel.

¹⁴ Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R. & Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatry Disorder Treatment*, 9, 449-461.

¹⁵ Mclean S. (2011). Therapeutic residential care in Australia: Taking stock and looking forward, *NCPC Issue*, 35.

¹⁶ Sewell, K. M., Woods, S., Belisle, E., Walsh, M. & Augimeri, L. (2019). SNAP Youth Justice: Youth Perceptions of Their Learning during a pilot of an Evidence-Informed Intervention. *Journal of Evidence-Based Social Work*, 16: 478-496.

¹⁷ Abram, K.M., Teplin, L.A., Charles, D.R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, 61:4, 403-410.

¹⁸ Ford, J. D., Courtois, C., van der Hart, O., Nijenhuis, E. & Steele, K. (2005). Treatment of complex post-traumatic self-dysregulation. *Journal of Traumatic Stress*, 18: 437-447.

to manage stress reactions which will lead to youth not using maladaptive behaviours such as aggression, impulsivity, defiance, or avoidance (Ford, 2005).¹⁹

25. The Specialist Assessment and Treatment Team (SATS) and the Youth Social Support Program provided by DDHS are the primary therapeutic service providers located on site at the DDYDC. Young people in the detention centre work with a host of other service providers including those identified in a young person's National Disability Insurance Scheme (NDIS) plan, Northern Australian Aboriginal Justice Agency (NAAJA) through care, alcohol and other drug services and respectful relationships programs to name a few. The consensus among majority of staff and service providers that we spoke to in the 2021 monitoring period was the need for more therapeutic programs for young people.
26. SATS are located on site at the DDYDC and provide a therapeutic component to most activities involving young people in the centre. This includes but is not limited to participation in the At Risk Assessment Team (ARAT) meetings, preparing the young person's case plan, preparing and implementing the behaviour management plan (BMP) for young people with complex behaviours, criminogenic needs assessment and management, preparing court reports and preparing young people to exit successfully out of the detention centre. SATS team members interviewed reported an overall improvement in the collaboration among service providers through case conferences and the improvement of the young person's case plan²⁰.
27. In the 2020 monitoring report it was found that vacant positions among the SATS team heavily impacted on the completion of case plans, behaviour management plans and therapeutic interventions for young people in both ASYDC and DDYDC. In the 2021 monitoring period the SATS team report being fully staffed in the DDYDC and have progressed in the provision of delivering therapeutic programs and interventions for young people.
28. The current review found that all young people in the DDYDC had a recent and comprehensive case plan. This is a significant improvement from last year's monitoring period where only half of the young people had a case plan and even less had what was considered a comprehensive case plan.
29. The number of young people without updated BMP remains a concern. In the 2021 monitoring period, six BMP were completed for young people presenting with complex behaviours however at least two of these were displaying complex behaviours for several months prior. The number of total BMPs in place for young people during the monitoring period was not provided and therefore we are unable to determine how many young people had a BMP in place during the monitoring period. The SATS team were providing therapeutic sessions to nine young people. It is also noted that some young people are receiving clinical support from outside services and therefore would not be required to receive clinical support from the SATS team. Despite SATS only recently recruiting into their vacancies, they have progressed several BMP. It is envisioned that the implementation of BMP are prioritised and will continue to progress.
30. The Youth Social Support Program provided by Danila Dilba Health Services (DDHS) is an onsite youth engagement program that offers planned activities, social and emotional check-ins, mentoring positive behaviour and assisting young people to participate in education²¹. The youth workers are present five days a week which helps to build relationships and engagement with young people. The program provides a meaningful activity three

¹⁹ Ford, J. D., Courtois, C., van der Hart, O., Nijenhuis, E. & Steele, K. (2005). Treatment of complex post-traumatic self-dysregulation. *Journal of Traumatic Stress*, 18: 437-447.

²⁰ Interview notes [REDACTED].

²¹ Interview notes from [REDACTED].

afternoons per week and includes activities that involve mindfulness, team building, cooking and physical activity. An example of a team building exercise required YJO's to provide verbal instruction to navigate a blindfolded young person through an obstacle course. The exercise was meant to build trust, communication skills and partnership between the YJOs and the young people. It also proved invaluable in identifying YJOs that needed to improve their communication skills and to exercise patience when communicating particularly to young people with impaired cognitive capacity.

Recreational activities

31. Young people in DDYDC have access to a host of physical activities. During the monitoring period young people were observed participating in several activities after school hours including basketball, art, music and a motivational visit from AFL players. Attendance records show that majority of young people engage well with the programs. During interviews young people advised they particularly enjoy the balance choice program and physical activities such as basketball and footy. When asked what makes a good YJO, young people stated they enjoyed when YJOs participated in sporting activities with them.
32. In discussions with the superintendent and deputy superintendent it was noted that access to meaningful programs is continually monitored and prioritised within the centre. During the monitoring period the programs coordinator role became vacant and there is active recruitment to fill that position. The implementation of a therapeutic trauma informed model within the centre will influence the evolution of programs offered to young people. No further recommendations will be made in this section however monitoring will continue to promote progression in this area.

Domain 2: Cultural Security

33. The Aboriginal Cultural Security Framework developed by TFHC in 2018 in consultation with Aboriginal community controlled organisations, non-government and community services was designed to deliver services that are culturally safe and responsive to the needs of Aboriginal children, young people, families and the broader community²².
34. The framework applies to all TFHC staff from frontline to corporate and informs decisions when working with Aboriginal young people, families and communities. It directly influences and informs strategic and business planning, communication and partnerships, and provides a basis for all service design, project delivery and reform agendas²³.
35. The OCC interviewed Senior Practice leader responsible for the development and implementation of the Aboriginal Cultural Security Framework to determine how the framework would be implemented into the youth detention centres. Senior Practice Advisor recommended:

To honour the process, do the tools, assessments and action plan. Recruit Indigenous staff. Consult with a cultural advisor and have more Aboriginal led programs. The engagement with the family should be strengthened to hold the family for that child accountable to the child. The framework is in the strategic plan and must be done.

36. During interviews we heard from staff that initially there was Aboriginal Cultural Security Framework training provided to DDYDC staff which was well received by majority in attendance however it appears the implementation of the framework did not occur. One of the key barriers is capacity for staff to complete the tools and to put these actions into their 'my career plan.' The Deputy Superintendent advised:

²² Aboriginal Cultural Security Framework

²³ Aboriginal Cultural Security Framework

Team leaders are responsible to provide supervision and assist staff with the completion of their career plan. We don't have the time. Staff are rostered on a 12 hour shift on the floor, where do you find the time to complete them.

37. Another staff member interviewed in summary stated that culture is being underutilised to support the young people in youth detention. TFHC Staff member advised:

The bush is what creates knowledge and connection with culture and for these kids that's what's missing, we are trying to educate these kids in brick walls. When young people are in the bush with the elders gathering food that is where you see the healing. That's the direction we need to be going in.

38. The OCC heard from young people in the centre regarding the cultural programs available within the centre. One young person stated:

Staff need training to understand our culture and how we respond when we are sick for our families. Maybe if we could just talk to our families it would help. We need old men to come so we can chat with them. So they can tell us about stories and dreamtimes and all that. YJO's say 'nah we don't have stories.'

39. According to North Australian Aboriginal Justice Agency (NAAJA) submission on youth detention (2017), reported the need for genuine partnerships between government and Aboriginal people to support Aboriginal communities to provide therapeutic, culturally relevant services and programs to youth in DDYDC.²⁴

40. The absence of Aboriginal culture, beliefs and traditions is detrimental to Aboriginal young people in youth detention who are isolated and have limited contact with family and community members.

41. To have Aboriginal culture and traditions omitted from programs and services in detention is not remedial or restorative. NAAJA (2017) reported that well-resourced programs that are owned and run by Aboriginal community members are more successful than generic, short-term programs.²⁵

42. To support and uphold the social, cultural, and emotional wellbeing of Aboriginal young people in detention, a robust internal and external approach to Aboriginal cultural security must be implemented. Beginning externally with the involvement and participation of Aboriginal people, communities and organisations in identifying the programs and services sourced and implemented in the facility. Specifically a remunerated, elders program, with elder selection after consultation with cultural authority groups relevant to the young people detained. Internally it requires leadership and accountability to ensure staff are aware of Aboriginal young people's cultural rights which are imperative for their safety and wellbeing.

²⁴ North Australian Aboriginal Justice Agency (2017). Submission on Youth Detention: Royal Commission into the Protection and Detention of Children in the Northern Territory. Retrieved from <http://www.naaja.org.au/wp-content/uploads/2014/05/Submission-on-Youth-Detention-2017.pdf>.

²⁵ North Australian Aboriginal Justice Agency (2017). Submission on Youth Detention: Royal Commission into the Protection and Detention of Children in the Northern Territory. Retrieved from <http://www.naaja.org.au/wp-content/uploads/2014/05/Submission-on-Youth-Detention-2017.pdf>.

Recommendation:

1. By 1 April 2022, TFHC business unit to consult with the Aboriginal Advisory Group to inform the audit of the Aboriginal Cultural Security. Personnel and organisational assessments to include:
 - a. embedding the framework into DDYDC operations
 - b. clear roles and responsibilities on implementation of the Cultural Security framework
 - c. clear documentation on the monitoring of the assessment tools being used within the framework

Domain 3: Treatment

Extended locks downs not recorded as separation.

Critical incidences

43. On the 17 February 2021 three young people were involved in an incident causing serious injuries to two YJO's requiring medical attention. A code amber was initiated which enabled a lockdown within the block to secure the centre and conduct debriefing with staff and young people involved in the incident²⁶. Shortly after a code amber was called, a fourth young person within the same block was placed in separation by use of force after making threats to harm staff.
44. All four young people were locked in their cells for the remainder of the night. The following day a 'DDYDC Hotel Block Youth Management Plan' was made effective from 18 February 2021 to 25 February 2021²⁷. TFHC assert the Plan was implemented to manage the young people due to staffing shortages within the centre. The plan included rolling lockdowns where young people were allowed out of their cell with one other young person for short periods of time. The plan also directly impacted access to education, recreation programs and health and wellbeing services.
45. Education provided work books for the young people for the duration of the plan however there is no recorded evidence that the work books were provided to the young people or that face to face educational instruction was provided to the young people within the time period²⁸.
46. DDHS medical assessments of the young people was limited to an examination though the hatch due to lack of YJO staff available to escort the young people from their cell to the on-site medical clinic²⁹.
47. The review of medical notes and incident reports found that all four youth were frequently involved in assaults against staff, had complex behaviours due to neurological impairments and complex childhood trauma. The young people were receiving little therapeutic intervention to assist YJO's in the management of their behaviours. In addition the block was often experiencing staffing shortages leading up to the incident, where young people were increasingly frustrated by frequent lock downs and disruptions to daily activities.

²⁶ Code amber – staff in need of assistance Territory Families fact sheet.

²⁷ DDYDC Hotel block youth management plan dated 18 February 2021

²⁸ Daily journals H block

²⁹ DDHS medical records

48. Serious incidences such as these highlight the importance of a trauma informed therapeutic framework that provides an environment that addresses complex behaviours for young people, provides tools to staff to confidently manage complex behaviours reducing the reliance on the use of force or extended lockdowns.

Staff Shortages

49. The 2019 monitoring report contained a recommendation to structure staff rosters to eliminate the morning and afternoon 30 minute lock downs for the purpose of staff breaks. In accordance with the structured day, young people are required to have a minimum of 10 hours outside of their cell each day³⁰. The recommendation was accepted by TFHC and the morning and afternoon lockdowns were discontinued. In addition those young people on Champion status were allotted a later lock down as a positive behaviour initiative.
50. However, during the 2021 monitoring period it was found that due to significant staffing shortages, the centre had resumed the use of morning and afternoon lockdowns to provide staff breaks and champion level lost the privilege of later lock down times. In addition the H block which houses the most complex and highest risk young people were subjected to frequent rolling lockdowns resulting in young people remaining in their cells up to 23.5 hours per day between 18 and 24 February 2021³¹.

Use of force

51. When reviewing use of force incident reports it was found that in at least three instances force was used to secure young people in their cell for the purpose of separation however there was no formal separation recorded.³² This raises additional concerns that young people are being confined to their room without the recording of a formal separation.

'At risk'

52. The review undertaken of 'at risk' episodes highlights young people being left in their cells up to 23 hours and 45 minutes per day while waiting for a medical assessment. At least four of the seven young people remained 'at risk' for more than three days waiting to receive a medical assessment.

Young People placed 'at risk'

53. The *Youth Policy Determination 5.1: Young People at risk* provides guidance on the identification, care and management of young people who are at risk of self-harm. The policy supports young people to be held in custodial environments that meet their safety, and coordinate their health and wellbeing needs in a timely manner. A young person placed 'at risk' is required to be assessed by a qualified medical practitioner to conduct an 'at risk' assessment of the young person within 24 hours of being placed 'at risk'. The Executive Director of Youth Justice is required to report to the Children's Commissioner where a young person is not assessed by a psychiatric practitioner within 24 hours of being placed 'at risk'³³.
54. The At Risk Assessment Team (ARAT) completes an 'at risk' management plan (ATMP) at the time of the psychiatric assessment with the young person. The ARAT team is responsible for reviewing all 'at risk' management plans and ensuring they are accurate, up to date and

³⁰ Determination: 4.3 Structured Day.

³¹ 17 Feb incident management plan provides 4 young people in H block provides a total of 3 hours per day for activities and free time in the morning and afternoon. Daily block journals for H block note that free time did not occur due to staffing shortages and young people were in their cells up to 23 hours and 30 minutes per day between 18 and 28 February 2021.

³² These cases do not include young people already placed 'at risk', being placed in evening lock down or in rolling lock downs due to the 17 February 2021 incident. [REDACTED]

³³ Youth Policy Determination 5.1: Young People 'at risk'.

address all relevant risks. An ARAT meeting is required in all instances where a young person is placed 'at risk' and includes the following people:

- a. Superintendent or their delegate;
 - b. Psychiatric practitioner;
 - c. A member of the SATS team; and
 - d. A member of the current health service provider.
55. Under Youth Justice Regulation 44, a young persons 'at risk' status may be cancelled only on the recommendations of a qualified medical practitioner after consultation within the ARAT team including the superintendent or their delegate.
56. The 2020 monitoring report completed a comprehensive review of the 'at risk' procedure and made a recommendation to review the procedure to consider the need for 24 hour onsite mental health service provision. In July 2020 Danila Dilba Health services became the onsite medical provider to young people in DDYDC. Whilst DDHS currently provides limited psychiatric expertise (a psychiatrist a day a week) to support the assessment of young people with acute mental health needs, the assessment of young people is TFHC and Department of Health responsibility.

Findings & Evidence

57. The OCC reviewed the at risk journals, corresponding ARAT documents and medical assessments for all young people placed 'at risk' during the month of February 2021. The review of the 'at risk' procedure highlighted significant concerns related to the use of force and the use of isolation for extended periods of time to manage young people's complex behaviours. [REDACTED]
- [REDACTED]
- [REDACTED] young people were not provided an environment in which their safety and wellbeing needs were met in a coordinated or timely manner.
58. Between 1 February and 28 of February 2021 there were seven recorded 'at risk' episodes involving five young people. This is a substantial increase from the 2020 monitoring period where only two young people were deemed 'at risk'. In all seven episodes 15 minute observation journals recorded ongoing interactions and monitoring with young people while placed 'at risk'. In five of the episodes, young people were assessed by designated child and youth psychiatrist via video link. The remaining two were transported to Royal Darwin Hospital for an assessment by a psychiatrist.
59. Of significant concern is that in four of the seven 'at risk' episodes the young person had not received a medical assessment by a qualified practitioner within the required 24 hour period. Three of these four did not have an assessment within 72 hours.
60. Also of concern, the Children's Commissioner was not notified of the four 'at risk' episodes where young people did not receive a medical assessment within 24 hours as required³⁴.
61. A young person placed 'at risk' is subject to a host of safety measures that although essential for their safety is not viewed as being therapeutic. For young people that do not receive an assessment by a medical practitioner within the required 24 hour period, the use of isolation for extended periods of time can be detrimental to the regulation and treatment of mental health symptoms. Young people are provided rip proof clothing and placed in an observation

³⁴ Youth Justice Determination 5.1: Youth 'at risk'.

room containing a camera where 15 minute observations are recorded. Participation in recreational activities or education occurs in the observation cell in isolation from other young people. The young person is required to eat food that does not require cutlery. During interviews with staff and health providers, the OCC was informed that if a young person appears to be at baseline they are allowed out of their cell to participate in regular daily activities, eat regular food and wear regular clothing while under 15 minute observations and that some of the restrictions can be lifted depending on the presentation of the young person.

62. In order to ensure their safety, access to recreational activities and attending education within the classroom is limited based on the young person's presentation. Of the seven 'at risk' episodes none of the young people attended education even in cases where young people appeared to be at baseline³⁵. School attendance records note that young people were provided education workbooks however all of the 'at risk' journal entries did not record young people being encouraged or assisted to complete education while placed 'at risk'.
63. On review of all activity attendance records young people had limited access to programs and activities while placed 'at risk'. One young person was recorded to have engaged with a recreational service provider 'through the hatch' and was out of their cell just over four hours over approximately three days. Another young person was provided approximately four hours out of their cell over a four day period and participated in one activity on the final day of 'at risk'³⁶. Young people placed 'at risk' were provided time out of their cell for phone calls and hygiene. It is understandable that some young people were not able to participate in such activities for their own safety however in six of the seven 'at risk' episodes, significant periods of stability were noted where consideration could have been given to allow the young person to participate in daily activities outside of the 'at risk' observation room.
64. An article published by Atlanta defined solitary confinement as the isolation of young people in small cells for 22 to 24 hours per day. It causes neurological and psychological damage, depression, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, anxiety and anger³⁷. The monitoring period found that young people in DDYDC were being isolated up to 23 hours and 45 minutes per day due to medical isolation due to Covid 19 or when placed 'at risk'. This is particularly concerning given that young people are placed in an observation room primarily to guard their physical safety with little regard for their emotional safety. The 'at risk' observation rooms lack soothing or therapeutic tools to support a young person to self-regulate. The review highlights the need for further scrutiny around the placement of young people 'at risk' for extended periods of time to manage complex behaviours and how ongoing isolation can exacerbate mental health deterioration.
[REDACTED]
65. The 'at risk' determination does not contain guidelines in providing therapeutic responses to young people placed 'at risk' or a minimum requirement for young people to engage in exercise and programs while waiting on a medical assessment. In addition the current practice in DDYDC does not provide timely assessments to minimise the amount of time a child is placed 'at risk' in accordance with the current determination. Interviews with the health service provider has advised that the current 'at risk' procedure is under review to reduce wait times for young people placed 'at risk'. It is recommended that previous findings and recommendations made by the OCC related to the 'at risk' determination are considered in that review.

³⁵ 'at risk' journals for [REDACTED]

³⁶ 'at risk' journals for [REDACTED]

³⁷ [|How Solitary Confinement Hurts the Teenage Brain Center for Law, Brain & Behavior \(harvard.edu\)](#)

Recommendations:

2. By 31 January 2022, DDHS and TFHC implement a multidisciplinary meeting to occur for all young people especially those displaying highly complex behaviours to include:
 - a. comprehensive behaviour management and treatment plan
 - b. young people in the care of the CE to meet with the DDYDC team within 72 hours of entering into the detention centre

3. By 1 April 2022, TFHC to conduct a review across 30% of 'at risk' episodes between March 2021 and May 2021 and provide trauma informed actions to improve the following:
 - a. Young people receiving assessment by medical practitioner within the 24 hour required period;
 - b. Young people receive activities and therapeutic interventions that improve mental health capacity immediately after being placed 'at risk' including but not limited to, a calming space and the use of therapeutic tools;
 - c. That young people segregated in a cell over 22 hours per day is strictly prohibited.
 - d. Young people receive documented therapeutic intervention, psychological assessments, education, and connection to significant others to address the precursors of young people being placed 'at risk'.

Young People placed in separation

66. The use of separation is strictly regulated by the *Youth Justice Act 2005* and the *Youth Justice Regulations 2006* to ensure the use of separation of young people is used as a last resort and to reduce the harmful effects, particularly to those children who have experienced complex trauma. Separation is not to be used as a punitive measure.³⁸
67. During the 2021 February monitoring period there were 24 instances of separation that involved 12 young people. This is a significant increase from the 2020 monitoring period that recorded only six instances of young people placed in separation. This increase appears to be attributable to an increase in the population of young people within the centre and the capacity of the YJOs to manage the increase in complexities of the young people.
68. The February 2021 monitoring period saw a noticeable increase of young people placed in separation due to assaults on staff. Of the 24 separations 11 were from the result of an assault on a YJO, five were the result of an assault on another young person, three due to medical isolation, one assault on a health professional and the four remaining due to making threats of harm or property damage. In comparison to the 2020 monitoring period, no assaults against YJOs were recorded and majority of the separations were related to young people assaulting other young people.
69. An overview of the length of separations found that majority of the separations were concluded in under two hours. Sixteen of the 24 separations concluded in under two hours. Two separations lasted more than three hours [REDACTED]

³⁸ Youth Justice Policy Determination 4.11 Separation (2020)

██████████ Three cases of separation lasted longer than 24 hours however this was due to Covid 19 medical isolation requirements.

Rights and therapeutic responses under separation

70. During separation, staff must explain to the young person and document in the separation journal the following:
 - The reason for the separation;
 - When the review of their separation period will occur;
 - Explanation of expected behaviours and how the separation will end; and
 - The young person's rights while under separation.
71. The separation of a young person is required to be carried out in a trauma informed and therapeutic way. The attempted resolution strategies and therapeutic outcomes must be recorded in the relevant incident report, separation journal and summarised in the email notification provided to the OCC³⁹.
72. Of the 24 cases of separation reviewed all journal entries documented young people were notified of their rights, explanation of how the separation would end and recorded 15 minute observations in accordance with the determination. The OCC reviewed all documentation related to the use of separation and looked for indicators where the YJO took the time to explain the process to the young person and engaged in a meaningful way that would de-escalate their heightened state. Approximately half of all the separation cases reviewed noted meaningful communication or therapeutic engagement by YJO staff.
73. An example of good practice was noted where the separation journal provided clear explanation of the therapeutic engagement used and the rights offered to the young person. The young person was provided an explanation of why they were separated, and what behaviours were expected to be released from separation. It is also noted that the particular young person was de-escalated and released from separation in approximately one hour.⁴⁰
74. The separation journals did not record the provision of education material or other therapeutic tools that may assist the young person to self-regulate or de-escalate.
75. A young person is entitled to a support person such as a counsellor, medical practitioner, a case worker or family member that can provide them with support and positive guidance. Access to a support person was not recorded in any of the separation journals. In one case a young person was heightened and asked to speak to a case manager which was declined due to the young person being heightened⁴¹.
76. Interviews with medical staff identified that in majority of separation cases health staff were declined from entering the block to speak to young people due to safety concerns⁴². Information obtained in staff interviews, young person's medical records and advice from young people determined that scheduled visits with professionals and family members were often cancelled when young people had been placed in separation. This highlights the need for young people to have additional tools to self-regulate and de-escalate while placed in separation. It is noted that in cases where therapeutic interactions have occurred, the YJO staff made attempts to assist the young person to de-escalate and engage the young person into restorative discussions that repair relationship difficulties and to model positive behaviours. DDHS staff have voiced that they would like to have more of a role in the intervention and de-escalation of young people placed in separation.

³⁹ Youth Justice Policy Determination 4.11 Separation (2020)

⁴⁰ Separation dated ██████████

⁴¹ Separation ██████

⁴² Interview notes with ██████████

Medical assessments while in separation.

77. All young people placed in separation must be assessed by a medical practitioner within a reasonable time after the separation. Only 46% of young people received the required a post separation medical assessment. Of concern, 38% of the young people that did not receive a medical assessment were involved in an assault on staff or another young person. Where a young person did not receive a medical assessment as required, there was no documented evidence as to why the medical assessment did not occur.
78. When interviewing medical staff it was determined that due to the significant increase in the population of young people and subsequent increase in the use of separation, combined with the lack of YJO staff to facilitate young people to attend the medical clinic, the ability for all young people to receive the required medical assessment was significantly impacted.
79. DDHS confirm that the inability to provide a medical assessment in a timely manner was not a result of DDHS not being willing to provide the service rather that capacity of DDYDC to bring young people to the clinic or to facilitate visits to the young person in the blocks.
80. Research into the risk of harm for young people experiencing use of force by YJOs, supports the requirement that all young people should be medically assessed post separation and in particular those that may have pre-existing health conditions. It is therefore a significant finding that some young people are not receiving the required medical assessment in accordance with policy and the rational for not providing the medical examination was not documented.⁴³
81. The review of the use of separation in the DDYDC found that use of trauma informed responses by YJO, therapeutic intervention and tools, use of other support people known to the child, education, appropriate recreational materials and access to medical support during periods of separation are underutilised.

⁴³ Youth Justice Policy Determination 4.11: Separation

Recommendation

4. By 31 January 2022 TFHC and DDHS undertake a review of Youth Justice Determination 4.11 Separation and amend where required to provide the following:
 - a. All young people placed in separation to receive the required medical assessment.
 - b. Therapeutic intervention to young people by the SATS and/or DDHS social emotional and wellbeing team leading up to and during separation to young people with complex behaviours or disabilities to reduce episodes of separation.
5. By 31 January 2022 all staff are provided with practice reflection sessions in the implementation of therapeutic measures to young people placed in separation including the use of other support people that can provide guidance, education or recreational items and access to case management or health services to support the young person during periods of separation.
6. By 1 April 2022 TFHC undertake an audit across 30% of separation journals in DDYDC between March 2021 and May 2021 to provide advice on:
 - a) documented therapeutic responses
 - b) therapeutic strategies offered to young people
 - c) documented meaningful conversations with young people

Use of force and mechanical restraints

82. The use of force by YJOs includes any situation where, in the execution of their duty, the officer uses physical force, to respond to an actual or perceived imminent threat to the safety of the centre. Effective communication and conflict resolution skills remain the preferred means to resolve incidents. A verbal warning that includes instruction to stop or change behaviour, that force will be used if they do not comply and the reason for the use of force is communicated to a young person. Any officer who uses force must have a current endorsed qualification in intervention techniques for youth⁴⁴.
83. DDYDC currently uses Maybo as the preferred intervention technique. Maybo is a person centred approach that uses engagement strategies to reduce threatening behaviours and the use of restrictive practice.⁴⁵ Training records identify that all staff receive regular training and refresher training as well as practice reflection sessions.
84. Maybo training materials note that use of force can cause injury to young people and that a medical assessment is required within a reasonable time frame. Maybo training manual notes that a supine hold can be described as a prone restraint that requires a young person to be laid either face down or face up on the ground. This restraint position requires staff to apply various holds using their arms, legs or body weight to immobilise an individual or bring an individual to the floor.⁴⁶ The risks includes friction burns to wrists/arms, bruising to breast or chest area, rib injuries, lower limb damage from inadequately controlled holds, muscle tissue damage from prolonged pressure, asphyxiation, and vomiting. Ground restraints

⁴⁴ Territory Families youth Detention Centre Procedure Use of Force

⁴⁵ *Maybo positive and safer outcomes* retrieved on 9 March 2021 from <https://www.maybo.com.au/sector/care/children-and-young-people-au/>

⁴⁶ Maybo Managing conflict and challenging behaviour handbook

where young people are placed face up or face down carry higher risks for young people and staff.⁴⁷ It is therefore a necessity that young people subjected to the use of force received a medical assessment within a suitable time period.

85. *Youth Justice Determination 2.5: Use of Force* states that as soon as practicable after a young person has been subjected to use of force, they are entitled to have an assessment and treatment by a medical professional⁴⁸.
86. The OCC reviewed a total of 25 incidences of use of force in the monitoring period. The keys areas examined were to determine if YJOs provided a warning of the intent to use force, provided alternatives and or trauma informed interactions to resolve the incident prior to the use of force, that all young people were provided the opportunity to be assessed by a medical practitioner and that the force used was reasonable and necessary.

Findings and evidence

87. The OCC reviewed all use of force and reportable incident forms from 1 February to 28 February 2021. The reporting and recording on the incident forms lacked detail of the type of force used, if a warning was applied and where trauma informed interventions or alternative means were used prior to use of force. Only 14 of the 25 incident reports recorded the method of force that was used. Two use of force forms contained the wrong date and time of the corresponding separation event⁴⁹.
88. Of the use of force incident reports reviewed, 12 of the 25 reports recorded a medical assessment within a reasonable amount of time as required by TFHC policy. The remainder of incident reports did not record a referral for the young person to receive a medical assessment was made. Three of the reports recorded a medical assessment occurred the following day however on further review the three young people did not receive a medical assessment until three days later. One young person was transported to RDH for further assessment after receiving an injury to the cheek bone while being restrained. The number of young people subjected to force without receiving a medical referral and a medical assessment is concerning.
89. In all cases the use of force was considered reasonable and necessary based on the information recorded in the incident form. Twenty-two of the 25 incidences were considered an emergency response due to the young people assaulting staff members or other young people which leaves little opportunity to provide a clear warning or to utilise alternative means to de-escalate the situation prior to using force. One report recorded the young person being provided a warning prior to use of force. Only two incident reports record trauma informed measures were used to de-escalate the incident prior to the YJO's using force.
90. The findings speak to the concerning levels of assaults occurring towards staff and the use of force to manage these in place of therapeutic interventions. With the implementation of a therapeutic framework there will be a natural reduction of assaults against staff and less instances of force used to manage the escalation of complex behaviours.

⁴⁷ Maybo Managing conflict and challenging behaviour handbook

⁴⁸ Youth justice determination 2.5: Use of force.

⁴⁹ UOF report dated [REDACTED].

Recommendations

7. By 1 April 2022 DDHS and TFHC review 30% sample of use of force incident reports between March 2021 and May 2021 to address the following:
 - a. Identify and address barriers to providing medical assessments to young people where use of force has been applied.
 - b. Amend Youth Justice Determination 2.5: Use of Force to require that a young person receive a medical assessment within one hour of being subjected to the supine or prone position, or use of mechanical restraints and where this cannot be obtained is recorded in the use of force incident report.
 - c. training or practice reflections provided to staff to improve the recording of information on the use of force incident form including:
 - i. Medical assessment outcomes or reason for not receiving a medical assessment;
 - ii. The type of use of force used;
 - iii. Therapeutic interventions, warnings or alternative measures offered to young people or reason for not providing these.
 - iv. Alternatively the use of force incident report is replaced or decommissioned and information is recorded in an existing incident report for efficiency of staff reporting requirements.

Domain 4: Education

91. Tivendale School is located on site at the DDYDC and provides education to young people in accordance with their learning needs and abilities.⁵⁰ VET courses and skills training in areas such as automotive, cooking and construction are also available to young people. There is a provision for young people who remain at a low risk rating or champion status to leave the centre to attend specified training.
92. The Department of Education follows a whole-school approach framework called the *Student Wellbeing and Positive Behaviour Policy*. The framework seeks to provide a safe and supportive learning environment that provides all children and young people access to education programs that are appropriate and responsive to their individual needs and abilities.⁵¹
93. During the monitoring period the DDYDC education classrooms were inspected and found to be meeting the expectations of the framework. The classroom provided a calming, inclusive learning environment which showcased students' academic achievements on the walls as well as key principles to promote safety for staff and students in the classroom. All of the young people interviewed reported enjoying school and were able to identify specific areas of learning they enjoyed.
94. The Tivendale School uses a point system in the classroom to encourage positive engagement and school attendance by young people. Young people can use the points to purchase items daily or can save them to make larger purchases. An example provided was a young person who was able to accumulate enough points to purchase a new pair of shoes. The ability to set a goal and to earn the means to purchase a monetary item for a young person in detention is an invaluable skill in itself, with the added benefit of increased engagement in school.

⁵⁰ Determination: 4.3 Structured Day

⁵¹ Department of Education Student Wellbeing and Positive Behaviour Policy 2019.

95. Young people entering into Tivendale School were provided an induction that includes the five principles: respect, honesty, rules, relationships and participation.⁵²
96. The OCC interviewed a senior teacher for Tivendale School regarding the improved level of safety to staff and students while in the classroom. The senior teacher advised:

This is likely the safest place I have ever worked in due to support from SATS and the health and well-being teams as well as the YJOs present in the classroom. Compared to last year violent incidences in the classroom has significantly decreased and is attributed to a more structured program for young people and the trauma informed skill set of the teachers in the classroom. We have very few young people refusing to attend education due to the positive atmosphere
97. YP who are on a standard risk rating do not attend education in the classroom and are provided education in the TV lounge area within their designated blocks. The benefits of attending a calming learning environment where rules and safety related to learning are enforced are not granted to young people receiving education within their blocks. The senior teacher identified an example of a young person making significant progress in the classroom, had their progress and engagement in education significantly impacted when demoted to standard level. Both the senior teacher and principal advised during interviews that the preference would be for high risk classified young people to learn in a designated classroom.
98. In the February 2021 monitoring period seven out of 20 education days were noted to have insufficient staffing levels to support young people to receive education. Young people placed on standard level were noted to have had disrupted education or did not have education at all.⁵³ In cases where young people did not receive education in the block they were provided a work book.
99. Overall the education provided in the centre appears to be a positive environment for young people to re-engage in education. Incident reports have significantly reduced, all young people had an in depth education assistance plan and young people reported being satisfied with the learning environment. The provision of education services could be improved with measures to reduce disruption in school attendance and providing a positive learning environment to young people who cannot attend the regular classroom.

Recommendations

8. By 31 January 2022 DoE and TFHC develop and implement a risk assessment matrix that determines when a young person is no longer safe to attend the classroom setting. Young people demoted to standard level should be permitted to attend the classroom to support continuity of their education depending on their learning needs and abilities to attend in the classroom rather than on their centre cycle classification.
9. By 31 of January 2022 DoE TFHC provide a suitable classroom learning environment for young people with a high risk classification that are assessed by DoE and DDYDC as not suitable to participate in the regular classroom environment.

⁵² Department of Education Student Wellbeing and Positive Behaviour Policy 2019.

⁵³ Interview notes with [REDACTED] Tivendale School.

Domain 5: Behavioural Management System

100. Lipsey et al. (2010) reported that effective behaviour management can be described as a comprehensive effort that includes operational changes to facilitate programs, changing interactions between staff and young people, implementation of meaningful rewards, and the opportunity for youth to receive intensive therapeutic interventions.⁵⁴ Lipsey et al. reported that positive behavioural strategies worked effectively to create safe environments that help youth control their emotions and actions whereas youth detention environments that utilise control measures such as use of force, restraints, and seclusion has shown to be counterproductive to reducing violence and other negative behaviours of young people.⁵⁵
101. *Youth Justice Policy Determination 4.8: Positive Behaviour Support* aims to establish a behavioural framework that promotes positive and prosocial behaviour in young people within DDYDC.⁵⁶ The framework is guided by a set of foundational principles that promote respect, consistency, being trauma informed, culturally appropriate, and to model prosocial behaviour.⁵⁷ The framework requires staff adapt communication styles to the young person's developmental level, provide guidance on behavioural standards by coaching, reinforcing rules and expectations, posting information regarding behavioural expectations around the centre and the opportunity to personalise their rooms.⁵⁸
102. During the monitoring site visit, the OCC found minimal information was posted across the centre regarding behavioural expectations. Given young people within the DDYDC have various levels of cognitive capacity to read and understand rules, posted information for behavioural expectations should be child friendly and simplified with pictorial illustrations.
103. During the monitoring visit the OCC sighted minimal room personalisation for young people in DDYDC. The act of moving young people to their classification level means that young people often change rooms which does not allow the opportunity to personalise their rooms or surroundings. The DDYDC did not showcase young people's art work or achievements. Young people's rooms were often covered with graffiti from prior occupants and there was little opportunity for young people to take pride in their personal space. It is already accepted that the DDYDC is not a fit for purpose centre and these have been considered in the development of a new facility however small improvements such as fresh paint or posters on the wall can make a significant difference for a young person residing in the centre.

Centre Cycle Program

104. The *Youth Justice Policy Determination 4.6: Incentives and Earned Privileges* also referred to as the Centre Cycle program provides incentives for young people who comply with rules and expectations of good behaviour whilst providing an immediate consequence for poor behaviour. The Centre Cycle program contains three levels called standard, earned and champion. Young people are housed in blocks that are attached to the classification level of the Centre Cycle program.

⁵⁴ Lipsey, M., Howell, J., Kelly, M., Chapman, G., & Carver, D. (2010). *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-based Practice*. Washington, DC: Centre for Juvenile Justice Reform. Georgetown University.

⁵⁵ Lipsey, M., Howell, J., Kelly, M., Chapman, G., & Carver, D. (2010). *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-based Practice*. Washington, DC: Centre for Juvenile Justice Reform. Georgetown University.

⁵⁶ Youth Justice Policy Determination 4.8: *Positive Behaviour Support*.

⁵⁷ Youth Justice Policy Determination 4.8: *Positive Behaviour Support*.

⁵⁸ Youth Justice Policy Determination 4.8: *Positive Behaviour Support*

Findings & Evidence

105. The Centre Cycle review committee meets fortnightly to review each young person's Centre Cycle level.⁵⁹ This review committee will consider level 1 and 2 incidents within a 14 day period. The matrix document lists the young person, type of incident, and level of the incident. The OCC reviewed the Centre Cycle fortnightly review matrix from 28 January 2021 to 28 February 2021. The review dated 28 January 2021 showed out of the 26 young people in DDYDC only 12% achieved champion level, 38% were on earned level and 50% were on standard level. In the following fortnightly review dated 11 February 2021 showed out of the 31 young people placed at DDYDC 29% achieved champion level, 35% achieved earned level, and 32% were on standard level. The OCC reviewed the block incidents for the month of February 2021 and noted that 44 of the 59 incidents came from the standard level block.
106. During the February 2021 monitoring period young people residing in the standard level block raised concerns of being locked down for significant periods of time without access to books, medical facilities, education, TV or drawing materials. During interviews with staff and young people, both noted inconsistencies in the delivery of privileges creating confusion and frustration between staff and young people. For example one young person in standard level was provided access to a television when normally it was not permitted. Interviews with staff noted that *'some staff are soft and give into the young people when others don't which causes problems'*.⁶⁰
107. The Centre Cycle program contains components of a level system where young people earn different rewards based on standard, earned, and champion level. The level system does not take into account young people's individual needs such as neurological impairments or disability. Research undertaken by the OCC into contemporary behaviour management systems found that the level system is no longer the preferred method of behaviour management in any youth detention setting. Positive based behaviour models are evidence based and have been implemented across Australia and internationally as the preferred method within youth detention centres.
108. The OCC reviewed Encouraging Positive Improvement and Change (EPIC) used in the New South Wales (NSW) youth detention facilities. This model is an evidence-based scheme that operates on the principals of immediacy, positive reinforcement and is a more individualised and responsive approach to behaviour management.⁶¹ This scheme's focus is on engaging in positive verbal reinforcement and ensuring young people are aware of the impact of their positive behaviour.⁶² A staff member gives a young person a card following a display of behaviour that demonstrates individualised improvement in their behaviour.⁶³ The cards that are earned by young people cannot be removed and offers consistency of expectations that reinforces appropriate behaviours. This incentive scheme is a micro-economy where young people can trade their earned cards for meaningful monetary rewards.
109. Young people with neurological impairments need an incentive program that builds self-esteem as this is a key factor in the improvement of behaviour.⁶⁴ Hughes et al. (2012) reported that young people in youth detention with a neurological disability need a

⁵⁹ Youth Justice Policy Determination 4.6: *Incentives and Earned Privileges (Centre Cycle Program)*

⁶⁰ Staff interview YJO

⁶¹ Youth Justice NSW EPIC Positive Behaviour Scheme Pilot: Evaluation Plan. Research & Information Unit Youth Justice NSW.

⁶² Youth Justice NSW EPIC Positive Behaviour Scheme Pilot: Evaluation Plan. Research & Information Unit Youth Justice NSW.

⁶³ Youth Justice NSW EPIC Positive Behaviour Scheme Pilot: Evaluation Plan. Research & Information Unit Youth Justice NSW.

⁶⁴ Hearle, T. 2021. Behavior Management in School. Tourette Association of America. Retrieved from <https://tourette.org/resource/behavior-management-schools>.

structured and consistent approach that highlights the positive abilities of an individual and responds empathetically to a young person's needs.⁶⁵

110. When OCC asked about the Centre Cycle Program, the Acting Deputy Superintendent advised:

Staff would say the review period, post serious assaults should have a four week period before a young person could be back on champion status. The program needs some scrutiny, intensive management plans do not work and there needs to be consistency across both Detention Centres.⁶⁶

111. Further, the OCC asked the SATS manager about the use of the Centre Cycle program for young people with a disability, he advised:

SATS try to provide a plan with goals/achievement/individual programming and provide extra support to YP struggling to progress, might refer to treatment team or external services coming in. DDHS has a Stay Strong Program that helps with goal setting and helps YP move through Centre Cycle for short periods of time. We do see YP with short term goals can move through the levels, but often we see they cannot maintain longer term goals as YP need to be reminded daily of goals to remain on track. If a YP has a disability they can achieve champion level but cannot stay on this level for long.

112. Behaviour management systems within Youth Detention Centres need a clear understanding of the intention of behaviour change through a well-developed ideology that appropriate youth behaviour requires constant attention from staff and is not a one-time response to a disconcerting incident.⁶⁷ According to Deitch (2014) a behavioural management system is more about creating a therapeutic culture within a detention centre that supports the development of positive relationships between youth and staff.⁶⁸ The implementation of a new positive behaviour management system is required to be implemented parallel to a new therapeutic framework model.

⁶⁵ Hughes, N., Williams, H., Chitsabesan, P., Davies, R., & Mounce, L. (2012). Nobody made the connection: The prevalence of neurodisability in young people who offend. Retrieved from www.yjlc.uk/wp-content/uploads/2015/03/Neurodisability_Report_Final_Updated_01_11_12.

⁶⁶ Interview Notes from Don Dale Detention Centre

⁶⁷ Deitch, M. (2014). "Behavior Management" in *Desktop Guide to Quality Practice for Working with Youth in Confinement*. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention.

⁶⁸ Deitch, M. (2014). "Behavior Management" in *Desktop Guide to Quality Practice for Working with Youth in Confinement*. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention.

Recommendation:

10. By 1 April 2022, TFHC to develop a well evidenced Incentive program to include:
 - a. evidence-based, culturally informed incentive framework or model;
 - b. develop simplistic tools and resources that are easy to understand for all developmental levels and are visually attractive;
 - c. address individualised needs of young people including the continuum of disabilities;
 - d. use strength based language throughout all policies, procedures, and incentive programs;
 - e. micro-economy based incentives;
 - f. policy and procedures to have clear principals that guide the incentive program;
 - g. clear child friendly rules and expectations for young people; and
 - h. training and mentoring for staff and senior management in the new incentive program.

Domain 6: Staff Training and Professional Development

113. Last year's 2020 monitoring period identified findings and recommendations related to improving the number of YJOs completing the Certificate IV in Youth Justice, the need for regular supervision by an allocated Team Leader and designated training and reflective practice days. The February 2021 monitoring period found improvement in some of these areas however training days and personal development opportunities were found to be in need of further development.
114. The certificate IV in Youth Justice provides a qualification to DDYDC staff and includes core subjects in managing critical incidences, managing young people 'at risk', communication and working with Aboriginal youth⁶⁹. It is a requirement that all YJOs complete the certificate IV in the first 12 months of commencement of employment.
115. A review of training records found that 91 out of 110 employees across both ASYDC and DDYDC have completed the qualification. Another 31 employees have commenced the qualification in January 2021. This is a significant improvement from the findings in the 2020 monitoring report where less than a quarter of the staff members had completed the required qualification⁷⁰.
116. Induction training is mandatory for all YJO's prior to commencing in DDYDC. The training has been extended to seven weeks and contains five days of trauma focused education provided by the Australian Childhood Foundation (ACF). The five day training includes modules on trauma informed care, managing children with complex trauma and sexualised behaviours. The training records indicate that 22 staff members, primarily ones that commenced employment prior to the ACF training being added, have not received the five day trauma informed training. Of particular concern there were approximately seven staff members that are in supervisory and management positions that have not undertaken the five day trauma informed training.⁷¹ A senior YJO identified that '*changing the culture of practice from punitive to trauma informed requires education to staff and supervision on the*

⁶⁹Cert IV in youth justice taken from www.training.gov.au

⁷⁰ 2020 Don Dale Youth Detention Centre monitoring report findings.

⁷¹ Staff training matrix

floor.’⁷² It is therefore essential that staff providing supervision and leadership to YJO’s have the knowledge base and experience in trauma informed care of young people to champion the reform.

117. Monthly training days are allocated to all staff where topics are covered in areas such as Maybo refreshers, first aid, policy and procedures and practice reflection. In the 2020 monitoring report a key finding was that training days were often cancelled to maintain operational requirements. In the February 2021 review it was found that training days were occurring however are heavily impacted by staff shortages. The superintendent stated that training days were being maintained with the use of overtime shifts and rolling locks downs when staff shortages occur. In an interview with deputy superintendent it was stated that staff calling in sick impacts on their teammate’s ability to attend training sessions. The recruitment of additional staff is expected to improve the availability of training days without impacting on the services provided to young people.
118. Supervision is a key component to staff wellness, professional skill development and accountability. The review found that YJOs are rostered in teams and receive supervision from a delegated team leader. Each team also contains a senior YJO.⁷³ Team Leaders are provided supervision and performance management training⁷⁴. Interviews with YJO staff report they received supervision approximately every three months. It is recommended that more frequent and intensive supervision is provided given the high stress environment staff are working in.
119. Hamilton et al. (2019) identified staff in youth detention have an important role of nurturing youth to obtain more life-affirming opportunities and goals.⁷⁵ Research has demonstrated that staff turnover, vacancies, and absenteeism has negative consequences for youth justice systems. High staff turnover leads to additional financial costs due to continuous recruiting and training for replacement staff and rely heavily on overtime to maintain appropriate staff ratios within the centre.⁷⁶ Wolff et al. (2020) reported continued vacancies and large staff turnover in youth detention was attributed to job satisfaction, stress, and lack of staff support.⁷⁷ The quality of supervision has an impact on youth detention staff’s overall job satisfaction.⁷⁸ Wolff et al. (2020) reported that Staff supervision is about critical reflection and learning.⁷⁹ Further, research has identified that most supervision frameworks were predominately focused on performance management and failed to balance the supervisory functions of accountability with education, support, practice reflection, and skill development (Morrison, 2005).⁸⁰
120. As noted in this report the number of assaults against staff has significantly increased with the use of force, and confinement to manage challenging behaviours. The chronic exposure to secondary trauma for staff in DDYDC can impact on absenteeism, low morale, and the inability to retain staff long term. Research has outlined that clinical supervision is a structured system of reflection with the intention of improving practice (Driscoll, 2000).

⁷² Interview notes [REDACTED].

⁷³ Interview notes [REDACTED].

⁷⁴ Interview notes [REDACTED].

⁷⁵ Hamilton, S. L., Reibel, T., Watkins, R., Mutch, R. C., Kippin, N. R., Freeman, J., Passmore, H. M., Safe, B., O’Donnell, M., & Bower, C. (2019) ‘He has Problems; He Is Not the Problem...’ A Qualitative Study of Non-Custodial Staff Providing Services for Young Offenders Assessed for Foetal Alcohol Spectrum Disorder in an Australian Youth Detention Centre. *Youth Justice*, 19(2), 137-157.

⁷⁶ Wolff, K. T., Limoncelli, K. E., & Baglivio, M. T. (2020) The Effect of Program Staffing Difficulties on Changes in Dynamic Risk and Reoffending among Juvenile Offenders in Residential Placement.

⁷⁷ Wolff, K. T., Limoncelli, K. E., & Baglivio, M. T. (2020) The Effect of Program Staffing Difficulties on Changes in Dynamic Risk and Reoffending among Juvenile Offenders in Residential Placement.

⁷⁸ Wolff, K. T., Limoncelli, K. E., & Baglivio, M. T. (2020) The Effect of Program Staffing Difficulties on Changes in Dynamic Risk and Reoffending among Juvenile Offenders in Residential Placement.

⁷⁹ Wolff, K. T., Limoncelli, K. E., & Baglivio, M. T. (2020) The Effect of Program Staffing Difficulties on Changes in Dynamic Risk and Reoffending among Juvenile Offenders in Residential Placement.

⁸⁰ Morrison, T. (2005) *Staff supervision in Social Care: Making a Difference for Staff and Service Users*, Brighton: Pavilion.

121. Youth Justice Officers would benefit from a clinical supervisor to lead the critical debriefings when an incident occurs within DDYDC. The role of a clinical supervisor is to review and reflect upon practice or an incident with the goal to support the youth detention staff member. This type of supervision would offer a process of guided reflection rather than a simple top-down exchange that focuses on the organisations expectations (Bateman et al. 2012).⁸¹ Clinical supervision would support staff to develop their skills and knowledge to actively reflect on their everyday interactions with youth. Further, staff that are engaged in clinical supervision are able to problem-solve rather than see challenges to practice as barriers which allows for a staff members to have the time to talk about the work they do with youth.⁸²
122. Staffing, recruitment and team moral were key themes explored during the 2021 monitoring period. Interviews with staff identified some staff experiencing low moral within the centre. Deputy Superintendent stated in an interview that any given day the centre is short on average 2.5 people which can increase to five if there are escorts to the hospital or when staff do not accept overtimes shifts. There are approximately 27 staff off on secondments or long term illness or injury in DDYDC.⁸³
123. At the time of the monitoring report there was an active recruitment taking place for both centres. DDYDC were recruiting for 30 full time positions and 10 to 15 casual employees. The superintendent advised that some of the applicants were casual staff already working across both ASYDC and DDYDC.
124. The recruitment of a large cohort of staff is not ideal in the context of the Northern Territory. It is also noted that during this time ASYDC was also holding a large recruitment of staff. It is therefore recommended that youth detention facilities in the Northern Territory engage in more frequent recruitment to fill smaller number of positions to improve the selection of skilled staff while improving working conditions to retain staff.
125. During interviews young people discussed how staff shortages impacted them. One youth stated:
- I feel safe in here but you see them workers, we don't need to go to lockdown. If the other workers aren't coming in the workers there need to stay until they come so we don't have to go lockdown. When we go in lockdown the workers just go and sit in the office and wait. The music guy came in yesterday but came at the right time but we couldn't do it because of lockdown.*
126. Senior YJO staff member advised in an interview :
- There are some highly skilled workers that I have witnessed doing great work within the centre, however those staff members that are passionate about making a positive change for young people and that want to practice from a trauma informed therapeutic way become frustrated and eventually move on.*

The importance of a therapeutic model of care not only provides better outcomes for young people but will dramatically improve the working environment for staff. The model will set the expectation for all staff and provide a supervision bench mark for staff not willing to work within the new model.

⁸¹ Bateman, J., Henderson, C. & Hill, H. (2012). *Implementing practice supervision in mental health community managed organisations in NSW*. Sydney, Australia: Mental Health Co-ordinating Council.

⁸² Bateman, J., Henderson, C. & Hill, H. (2012). *Implementing practice supervision in mental health community managed organisations in NSW*. Sydney, Australia: Mental Health Co-ordinating Council.

⁸³ Interview notes [REDACTED]

127. Staff members interviewed at the DDYDC identified training needs in areas of communication and de-escalation with young people. Staff provided various responses to the use of de-escalation tools and communication training. One staff member stated when discussing the de-escalation of young people and the efficient use of Maybo:

The physical skills are not what's needed it's your verbal interaction and communication, ability to de-escalate not physical, high risk incidences and riots if you can therapeutically get them de-escalated it's better than being hands on with the young people.

Another staff member stated when asked about techniques to calm a young person down when escalated:

I don't know if there's any technique, YP calm down themselves, we speak to YPs all the time. When we're short staffed and YPs are locked down kids say ah that was good, like when we have many YPs they get sick and tired of each other. With SEPs YPs have some time out to calm down then come out.

The implementation of a trauma informed therapeutic model within the centre will provide staff with the environment and tools to engage consistently with young people from a trauma informed lens.

Recommendation:

11. That TFHC immediately implement ongoing rolling recruitment for the DDYDC and ASYDC to maximise opportunities to recruit skilled staff into vacant positions.
12. By 1 April 2022 TFHC require that all Youth Justice Officers in leadership roles or those YJO wishing to progress into leadership roles obtain or be enrolled in a formal qualification in developmental trauma.
13. By 1 April 2022 100% of all TFHC Youth Justice Staff receive the mandatory Australian Childhood Foundation (ACF) five day trauma informed training.
14. By 31 January 2022 TFHC implement clinical supervision for staff involved in critical incidences.

Conclusion

TFHC Youth Justice Reform continues to be in the early implementation phase of developing an environment that is trauma informed to address the complex trauma and criminogenic needs of young people. There is evidence of trauma informed practice in the delivery of programs and interventions for young people in DDYDC. However, standalone therapeutic programs are not sufficient in creating a therapeutic environment that supports staff, improves the physical environment and develops trauma informed policies and practices. Research has identified that youth detention centres with therapeutic frameworks or models were more effective in reducing recidivism rates over an environment driven by a punitive approach.⁸⁴ The implementation of a therapeutic framework will also improve staff retention and better outcomes for young people.

⁸⁴ Commissioner for Children Tasmania. Retrieved from <https://www.childcomm.tas.gov.au/wp-content/uploads/2017/08/2016-Therapeutic-Approach-to-YJ-FINAL.pdf>.

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⁸⁵ H block journals for 17 to 28 February 2021.

⁸⁶ YP case plan.

⁸⁷ Interview notes deputy superintendent.

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⁸⁹ 'at risk' Journal dated 14 February 2021
⁹⁰ DoH RDH medical records.

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⁹¹ Youth determination 5.1: Youth 'at risk'.

Appendix 2 Information accessed

The OCC reviewed the following documents relevant between 1 and 28 February 2021:

- Separation journals;
- At risk journals;
- ARAT and ATMP meeting minutes;
- Use of force incident reports;
- Centre Cycle review master and related documents;
- Youth Justice case plans for all young people detained;
- SATS assessment, treatment and therapeutic program records for all young people;
- Recreational program timetable and attendance sheets;
- Staff training received by Youth Justice Officers;
- Medical records for all young people placed at risk or separated;
- Education attendance and learning plans for all young people detained;
- H block journal entries; and
- Onsite inspection of both ASYDC and DDYDC

Policies and Procedures:

- Department of Education policies and procedures related to attendance, diagnostic assessment and positive behaviour;
- Youth determination related to security and management of young people 2.4,2.5,4.1,4.2, 4.3,4.11 ;
- Centre cycle classification factsheet and youth justice determination 4.6, 4.8
- Youth determination 5.1 young people at risk;
- Youth determination 6.0 incident management;

The OCC interviewed the following people in both Alice Springs and Darwin:

- Manager case management and coordination SATS Alice Springs/ Darwin
- Case manager SATS Darwin
- Case manager SATS Alice Springs
- Psychologist SATS Alice Springs /Darwin
- Doctor DDHS Darwin
- Nurse DDHS Darwin
- Two Nurses DoH Alice Springs
- Social worker - Emotional and social wellbeing team DDHS Darwin
- Manager Youth Outreach and Re-Engagement Team (YORET) Darwin
- Manager YORET Alice Springs
- Case manager YORET Alice Springs
- Superintendent Alice Springs
- Superintendent Darwin
- Deputy Superintendent Darwin
- Deputy Superintendent Alice Springs
- Four YJO staff members Darwin
- Three YJO staff members Alice Springs
- Senior teacher DoE Darwin
- Principal DoE Darwin
- Principal DoE Alice Springs
- TFHC senior practice leader Darwin