



Office of the Chief Executive

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Our ref: DCSI/17/22806

Ms Belinda Lowe  
Amnesty International Australia  
Level 1/79 Myrtle Street  
CHIPPENDALE NSW 2008

Sent by email: [belinda.lowe@amnesty.org.au](mailto:belinda.lowe@amnesty.org.au)

Dear Ms Lowe

### Freedom of information application

I refer to your application under the *Freedom of Information Act 1991* (the Act), received by the Department for Communities and Social Inclusion (DCSI) on 25 October 2017, seeking access to:

*...information about correspondence and/or communications, including but not limited to reports, emails, letters and any file notes relating to the conditions of detention and/or incidents of concern at the Adelaide Youth Training Centre between the dates of 1 October 2014 and 24 October 2017. This includes, but is not limited to, incidents in which staff used force or behaviour management practices against detainees, in which it was found that policy and/or processes had been breached, and/or were of concern to the Guardian for Children and Young People in the Adelaide Youth Training Centre. I am seeking copies of full reports and/or communication to the Department for Communities and Social Inclusion (DCSI) and/or the relevant Minister and/or staff and management of Adelaide Youth Training Centre from the Guardian for Children and Young People about formal visits to the Adelaide Youth Training Centre. In addition, I am seeking copies of communication to DCSI and/or the relevant ministers and/or staff and/or management of Adelaide Youth Training Centre about informal visits to the Adelaide Youth Training Centre by the Guardian for Children and Young People and/or other communication where concerns and views of detainees have been communicated. In addition I am seeking information that may have been passed between DCSIs and any of the following regarding use of force or behaviour management practices against detainees at the Adelaide Youth Training Centre, in which it was found that policy and/or processes had been breached. -Staff and/or management of Adelaide Youth Training Centre -Department of Justice and Attorney-General -The current, or any former, SA Attorney-General - Minister for Youth, Minister for Communities and Social Inclusion (or relevant former Minister responsible for the Adelaide Youth Training Centre) -The Guardian for Children and Young People.*

The scope of your initial application captured a large amount of documents. On 16 November 2017 following discussions between our agency and yourself, the scope of your application was refined to the following:

1. *Key documents which outline the investigation, allegation and findings of incidents at the Adelaide Youth Training Centre (AYTC) in which it was determined or alleged that policy and/or legislation had been breached with regard to behaviour management practices.*
2. *Communication/reports from the Guardian regarding formal/informal visits to the AYTC in relation to concerns or areas for improvement identified by the Guardian, or where concerns and views of detainees have been communicated.*

*Timeframe: 1/10/2014 to 24/10/2017*

*It is understood that "Behaviour management practices" will include, but not be limited to:*

- The use of force*
- Behaviour management plans and practices*
- Use of spit hoods and other restraints including mechanical*
- Solitary confinement and segregation*
- Use or deprivation of food and/or medication*
- Use of dogs, not limited to sniffer dogs*
- Self-harm concerns and procedures*
- Tear gas and other chemical or medical restraints*
- Strip searches/ partially clothes searches*

Unfortunately, DCSI was unable to make a determination on your application within the 30 days required by the Act, therefore it is considered to be a 'deemed refusal' under section 19(2)(b). However, I note that you have agreed to an informal extension until the 12 January 2018.

### **Determination**

Sixty-seven documents have been located that are within the scope of your request and my determination is as follows:

- twenty-five documents released in full
- two documents released in part, and
- forty documents refused in full.

Please find attached a schedule listing the documents located and my determination in summary form (attachment 1), and a copy of the relevant clauses from Schedule 1 of the Act relied upon in making this determination (attachment 2).

### Documents 1 – 30 – Communication from the Guardian for Children and Young People

These documents relate to the second point of your request, and I have determined to release 25 of these documents to you in full. Two documents are being released to you in part (document 19 and 30) and three refused in full (documents 8, 22 and 27), as the documents contain information disclosed to the Guardian regarding specific advocacy matters, the disclosure of which would identify the young person involved.

Section 52E of the *Children's Protection Act 1993* (the CP Act) states:

*Information about individual cases disclosed to the Guardian [for Children and Young Persons] or a member of the Guardian's staff is to be kept confidential and is not liable to disclosure under the Freedom of Information Act 1991.*



Clause 13(1)(a) of the Act states that a document is exempt if it contains matter the disclosure of which would found an action for breach of confidence. I consider that Section 52E of the CP Act sets up an explicit expectation of confidentiality, and that were information of this nature disclosed, it would found an action for breach of confidence. I have therefore determined this information to be exempt pursuant to clause 13(1)(a) of the Act.

Documents 8 and 30 also contain information that is not relevant to the scope of your application.

#### Documents 31 – 67 – Investigation documents

These documents relate to the first point of your request, and I have determined to refuse access in full to all documents, except document 59, as I consider that each document in this group is exempt pursuant to one, or more than one, of the clauses of Schedule 1 to the Act as outlined below.

##### Clause 6(1) – Personal affairs

The documents contain information relating to the personal affairs of both the young people and the staff involved in these matters. Due to the nature of the investigations, I consider that the release of this information would be an unreasonable disclosure of information related to the personal affairs of third parties, and have therefore determined the documents to be exempt pursuant to clause 6(1) of Schedule 1 to the Act.

##### Clause 6(2) – Allegations

As these documents contain allegations, the truth of which have not been established through a judicial process, I have determined them to be exempt pursuant to clause 6(2) of Schedule 1 to the Act.

##### Clause 6(3a)(a) and (b) – Protecting the welfare of young people

The department has an obligation to protect the welfare of young people in its care, which includes keeping the identity of those in AYTC confidential. Some of the young people to whom the incidents in the documents relate are presently under the age of 18 years, and I consider the disclosure of information concerning them would be unreasonable having regard to protect their welfare. I therefore consider this information to be exempt pursuant to clause 6(3a)(a) and (b) of Schedule 1 to the Act.

##### Clause 16(1)(a)(iii) and (b) – Adverse effect on the management or assessment of agency personnel

Departmental investigations into matters of alleged breaches of conduct rely on information being provided by staff during the course of an investigation, information that is provided on the understanding that it is confidential. The documents contain information provided by parties to the matters, and the release of this information would diminish the department's ability to investigate matters in the future if they were unable to provide assurances to people that any information provided would remain confidential. If staff are reticent to provide information for the purposes of investigations, this is likely to prejudice the department's ability to undertake proper investigations of any incidents that occur, which in turn could reasonably be expected to have a substantial adverse effect on the management or assessment of departmental personnel.

I have considered the public interest in favour of disclosure of these documents in fulfilling the objects of the Act to promote openness and ensure transparency of government

processes. The government has a duty of care to young people in its protection and I acknowledge that there is a strong public interest in the release of investigation documents into matters where there has been alleged or determined breaches of legislation or policy with regard to behaviour management practices used in detention centres.

However in this instance, I consider that the duty of care to young people is best served by ensuring that investigations into alleged breaches of process or legislation of behaviour management practices remain unhindered, and that parties are free to bring such matters to the agency's attention, without fear of the details of such investigations being released to the public. It is clearly in the public interest to ensure that internal processes governing the oversight of behaviour management practices are functioning to ensure that young people are treated in the best possible manner while in our care. Additionally, it is not in the public interest to release personal or confidential information relating to staff or young people. On balance, I consider that it would be contrary to the public interest to release the documents, and therefore have determined them exempt pursuant to clause 16(1)(a)(iii) and (b).

#### Document 59

I have determined to release document 59 in part, with the mobile phone number of a staff member removed as I consider this information to be exempt pursuant to clause 6(1).

#### Information released outside of FOI

Although I have determined that the majority of the investigation documents captured for this application are exempt pursuant to Schedule 1 of the Act, DCSI recognises that it is important that behaviour management practices at AYTC are transparent. In an effort to balance transparency with privacy and confidentiality, Youth Justice has prepared a table (attachment 3) which summarises the incidents detailed in the investigation documents in a way that does not include any information considered exempt under the Act; this information is being released to you outside of FOI.

#### Behaviour Support Framework

In 2016, the Guardian for Children and Young People undertook an audit of behaviour support strategies within Adelaide Youth Training Centre; the final report was provided to the department in May 2016 (document 16). The report recognised that, at the time of the audit, Youth Justice was in the process of developing Regulations to accompany the new *Youth Justice Administration Act*, and undertaking a review of the Behaviour Support Framework and Behaviour Support Strategies in consultation with the Guardian for Children and Young People. Many concerns raised in the report were addressed through:

- the enactment of the *Youth Justice Administration Act 2016* and *Youth Justice Administration Regulations 2016*
- the related implementation of revised business documents, including Operational and Security Orders, Guidelines and Forms
- the review of the Behaviour Support Framework at the Adelaide Youth Training Centre – Kurlana Tapa

Youth Justice welcomes further discussion regarding the revised and current Behaviour Support Framework, which promotes a foundation of support for individual needs, cultural values, the right to education, and incentive-based behaviour management including the use of protective actions. Should you wish to discuss this matter further, I invite you to contact Katherine Hawkins, Manager, Strategy and Reporting, Youth Justice, on 8207 0352, or at [katherine.hawkins@sa.gov.au](mailto:katherine.hawkins@sa.gov.au).



## Charges payable for dealing with your application

Section 53 of the Act stipulates that an agency can require that fees and charges are paid with respect of the costs to the agency of finding, sorting, compiling and copying documents in the course of making a determination.

A total of 8.25 hours was spent finding, sorting and compiling the documents captured for your application. Under Schedule 1 of the *Freedom of Information (Fees and Charges) Regulations 2003*, the agency is able to charge \$12.80 per 15 minutes undertaking these tasks, and the cost of processing your application is therefore \$422.40.

If you disagree with the assessment of the fee, you may seek a review of the charge in accordance with section 53(3) of the Act. This may be done in writing to the Chief Executive as the Principal Officer of the agency, and should be submitted within 7 days of the date of this letter.

If you do not intend to seek a review of the charge, the fee of \$422.40 will need to be paid within 14 days of the date of this letter. Please make your cheque payable to the Department for Communities and Social Inclusion and forward it to the Senior FOI Officer, Department for Communities and Social Inclusion, GPO Box 292, Adelaide SA 5001. Upon receipt of your payment, the documents will be released to you.

If you are dissatisfied with my determination, you can seek an internal review by writing to the Chief Executive, DCSI, as the Principal Officer of the agency. Your request should be sent within 30 days of your receipt of this letter. Please note that information released under the Act may later be published online on our disclosure log, which can be found at <https://www.dcsi.sa.gov.au/about-us/freedom-of-information-open-government-and-privacy/foi-log>

If you have any questions in relation to this matter, please contact Fiona Braendler, Senior FOI Officer, on telephone 8413 9094 or by email at [fiona.braendler@sa.gov.au](mailto:fiona.braendler@sa.gov.au)

Yours sincerely



**Sam Fletcher**  
**Accredited FOI Officer**

16 / 1 / 2018

SCHEDULE OF DOCUMENTS – DCSI/17/22806

Freedom of information application from Belinda Lowe, Amnesty International, seeking access to:

1. Key documents which outline the investigation, allegation and findings of incidents at the Adelaide Youth Training Centre (AYTC) in which it was determined or alleged that policy and/or legislation had been breached with regard to behaviour management practices.
2. Communication/reports from the Guardian regarding formal/informal visits to the AYTC in relation to concerns or areas for improvement identified by the Guardian, or where concerns and views of detainees have been communicated.

Timeframe: 1/10/2014 to 24/10/2017

No	Author	Date	Description of document	Determination	Reason
1.	Pam Simmons, Guardian for Children and Young People (GCYP)	14/10/2014	Email with attached Adelaide Youth Training Centre (AYTC) Monitoring Report October 2014	Full release	No exempt material
2.	Pam Simmons, GCYP	24/12/2014	Email with attached AYTC Report December 2014	Full release	No exempt material
3.	Melissa Clarke, Advocate, GCYP	18/02/2015	Email – Feedback from monitoring visit to Bluegum Unit	Full release	No exempt material
4.	Jodie Evans, Advocate, GCYP	18/02/2015	Email – Feedback from monitoring visit to Saltbush Unit	Full release	No exempt material
5.	Pam Simmons, GCYP	27/03/2015	Email with attached AYTC Monitoring Report December 2014, January and February 2015	Full release	No exempt material
6.	Jodie Evans, Advocate, GCYP	4/05/2015	Email – Feedback from monitoring visit to Wallaby Grass Unit	Full release	No exempt material
7.	Melissa Clarke, Advocate, GCYP	6/05/2015	Email – Feedback from monitoring visit to Frangipani Unit	Full release	No exempt material
8.	Melissa Clarke, Advocate, GCYP	26/05/2015	Email – Matter raised by young person	Refuse access	Clause 13(1)(a) – confidential information Information out of scope
9.	Jodie Evans, Advocate, GCYP	2/07/2015	Email – Feedback from monitoring visit to Kangaroo Paw Unit	Full release	No exempt material
10.	Melissa Clarke, Advocate, GCYP	13/07/2015	Email from Guardian	Full release	No exempt material
11.	Melissa Clarke, Advocate, GCYP	2/09/2015	Email – Feedback from monitoring visit to AYTC	Full release	No exempt material
12.	Pam Simmons, GCYP	2/10/2015	Email with attached AYTC Monitoring Report – March to August 2015	Full release	No exempt material
13.	Jodie Evans, Advocate, GCYP	7/12/2015	Email – feedback from monitoring visit to Blue Gum Unit	Full release	No exempt material



SCHEDULE OF DOCUMENTS – DCSI/17/22806

No	Author	Date	Description of document	Determination	Reason
14.	Melissa Clarke, Advocate, GCYP	8/03/2016	Email – feedback from monitoring visit to Unit Alpha – Jonal Campus	Full release	No exempt material
15.	Amanda Shaw, GCYP	11/04/2016	Email with attached AYTC Monitoring Report for September 2015 to February 2016	Full release	No exempt material
16.	Amanda Shaw, GCYP	12/05/2016	Email with attached Final GCYP Audit of Behaviour Support Strategies	Full release	No exempt material
17.	Michelle Hopkins, Advocate, GCYP	3/08/2016	Email – feedback from monitoring visit to Jonal Unit A	Full release	No exempt material
18.	Belinda Lorek, Advocate, GCYP	8/09/2016	Email – Request for records and discussion – unclothed searches	Full release	No exempt material
19.	Belinda Lorek, Advocate, GCYP	29/09/2016	Email – feedback from monitoring visit to Wallaby Grass	Partial release	Clause 13(1)(a) – confidential information
20.	Michelle Hopkins, Advocate, GCYP	30/09/2016	Email – feedback from monitoring visit	Full release	No exempt material
21.	Amanda Shaw, GCYP	17/10/2016	Email with attached Monitoring Report for March to August 2016	Full release	No exempt material
22.	Belinda Lorek, Advocate, GCYP	24/11/2016	Email – Follow up and document review	Refuse access	Clause 13(1)(a) – confidential information
23.	Belinda Lorek, Advocate, GCYP	2/12/2016	Email – feedback from monitoring visit for Frangipani Unit	Full release	No exempt material
24.	Belinda Lorek, Advocate, GCYP	2/12/2016	Email – feedback from monitoring visit to Saltbush Unit	Full release	No exempt material
25.	Belinda Lorek, Advocate, GCYP	9/02/2017	Email – feedback from monitoring visit to Jonal Unit A	Full release	No exempt material
26.	Michelle Hopkins, Advocate, GCYP	14/02/2017	Email – feedback from monitoring visit to AYTC Unit B	Full release	No exempt material
27.	Michelle Hopkins, Advocate, GCYP	6/03/2017	Email – Individual advocacy matter	Refuse access	Clause 13(1)(a) – confidential information
28.	Michelle Hopkins, Advocate, GCYP	30/03/2017	Email – monitoring visit	Full release	No exempt material
29.	Amanda Shaw, GCYP	12/04/2017	Email with attached Monitoring Report – September 2016 – February 2017	Full release	No exempt material
30.	Amanda Shaw, GCYP	6/06/2017	Email – Follow up from meeting on 31 May	Partial release	Out of scope information removed
31.	Conrad Morris, Advocate, GCYP	2/08/2017	Email – Individual advocacy matter	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies

SCHEDULE OF DOCUMENTS – DCSI/17/22806

No	Author	Date	Description of document	Determination	Reason
32.	Care Concern Investigations, DCSI	30/08/2016	Matter A - Final Investigation Report	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
33.	Youth Justice, DCSI	17/06/2016	Matter A - Letter of Allegations	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
34.	Youth Justice, DCSI	30/08/2016	Matter A - Briefing to Delegate - Part A	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
35.	Youth Justice, DCSI	10/10/2016	Matter A - Briefing to Delegate - Part B	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
36.	Youth Justice, DCSI	26/10/2016	Matter A - Letter of Notice of Intended Sanctions	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
37.	Youth Justice, DCSI	15/11/2016	Matter A - Letter of Notice of Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
38.	Incident Management, DCSI	31/07/2017	Matter A - Letter of Outcome following External Review	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
39.	Incident Management, DCSI	31/05/2017	Matter B - Final Investigation Report	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
40.	Incident Management, DCSI	5/07/2017	Matter B - Briefing to Director, Allegations of Misconduct	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
41.	Incident Management, DCSI	5/07/2017	Matter B -Letter of Allegations	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies



SCHEDULE OF DOCUMENTS – DCSI/17/22806

No	Author	Date	Description of document	Determination	Reason
42.	Incident Management, DCSI	30/08/2017	Matter B - Briefing to Director, Finding of Fact	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
43.	Incident Management, DCSI	30/08/2017	Matter B - Letter of Notice of Findings and Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
44.	Incident Management, DCSI	6/10/2017	Matter B - Briefing to Director - Intended Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
45.	Incident Management, DCSI	6/10/2017	Matter B - Letter of Notice of Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
46.	Incident Management, DCSI	14/07/2017	Matter C - Final Investigation Report	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
47.	Incident Management, DCSI	11/09/2017	Matter C - Briefing to Director, Suspicion of Misconduct	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
48.	Incident Management, DCSI	11/09/2017	Matter C - Letter of Allegations	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
49.	Incident Management, DCSI	24/10/2017	Matter C - Briefing to Director - Finding of Fact and Intended Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
50.	Incident Management, DCSI	24/10/2017	Matter C - Letter of Findings and Intended Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
51.	Incident Management, DCSI	31/10/2017	Matter C - Letter of Notice of Sanction	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies

SCHEDULE OF DOCUMENTS – DCSI/17/22806

No	Author	Date	Description of document	Determination	Reason
52.	Incident Management, DCSI	18/01/2017	Matter D - Final Investigation Report	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
53.	Youth Justice, DCSI	21/06/2016	Matter D - Letter of Allegations of Misconduct	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
54.	Youth Justice, DCSI	27/09/2016	Matter D - Briefing - Alleged Misconduct - Part A	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
55.	Youth Justice, DCSI	26/10/2016	Matter D - Briefing - Proven Misconduct - Proposed Sanction	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
56.	Youth Justice, DCSI	15/11/2016	Matter D - Letter of Notice of Intended Sanction	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
57.	Incident Management, DCSI	7/02/2017	Matter D - Letter of Notice of Sanction	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
58.	Care Concern Investigations, DCSI	27/08/2015	Matter E - Final Investigation Report	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
59.	Youth Justice, DCSI	24/09/2015	Matter E - Email re Referral back to AYCT	Release in full	No exempt material
60.	Care Concern Investigations, DCSI	17/11/2015	Matter F - Final Investigation Report	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
61.	Youth Justice, DCSI	23/11/2015	Matter F - Email re Final Actions	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
62.	Care Concern Investigations, DCSI	1/03/2016	Matter G - Final Investigation Report	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
63.	Youth Justice, DCSI	18/04/2016	Matter G - Email re Final Actions	Refuse access	Clause 6(1) and 6(2) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
64.	Incident Management, DCSI	20/11/2016	Matter H - Final Investigation report	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies



SCHEDULE OF DOCUMENTS – DCSI/17/22806

No	Author	Date	Description of document	Determination	Reason
65.	People and Culture, DCSI	14/11/2016	Matter H - Briefing - Allegations	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
66.	People and Culture, DCSI	19/12/2016	Matter H - Briefing - Consideration of Evidence	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies
67.	Incident Management, DCSI	4/01/2017	Matter H - Letter of Outcome of Investigation	Refuse access	Clause 6(1), 6(2) and 6(3)(a) – personal affairs Clause 16(1)(a)(iii) – operations of agencies

## **Attachment 2 – Relevant extracts from the *Freedom of Information Act 1991***

### Exemption clauses – Schedule 1

#### **Clause 6 – Documents affecting personal affairs**

- (1) *A document is an exempt document if it contains matter the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead).*
- (2) *A document is an exempt document if it contains allegations or suggestions of criminal or other improper conduct on the part of a person (living or dead) the truth of which has not been established by judicial process and the disclosure of which would be unreasonable.*
- (3a) *A document is an exempt document if it contains matter—*
  - (a) *consisting of information concerning a person who is presently under the age of 18 years or suffering from mental illness, impairment or infirmity or concerning such a person's family or circumstances, or information of any kind furnished by a person who was under that age or suffering from mental illness, impairment or infirmity when the information was furnished; and*
  - (b) *the disclosure of which would be unreasonable having regard to the need to protect that person's welfare.*

#### **Clause 13 – Documents containing confidential material**

- (1) *A document is an exempt document –*
  - (a) *if it contains matter the disclosure of which would found an action for breach of confidence*

#### **Clause 16 – Documents concerning operations of agencies**

- (1) *A document is an exempt document if it contains matter the disclosure of which -*
  - (a) *could reasonably be expected -*  
  
*...*
    - (iii) *to have a substantial adverse effect on the management or assessment by an agency of the agency's personnel; and*
  - (b) *would, on balance, be contrary to the public interest.*

### Attachment 3 – Summary of incidents and outcomes of investigations

	Type of Allegation	Investigation Result	Sanction
1	Excessive use of force	Substantiated	Formal reprimand, rescinded following internal and external review. Managerial caution.
2	Excessive use of force	Substantiated	Formal reprimand
3	Aggressive actions during sport	Substantiated	Formal reprimand and salary reduction
4	Inadequate actions and supervision regarding an incident of self-harm	Substantiated	Formal reprimand
5	Management and restraint of young person not in-line with approved techniques and procedures	Not substantiated	N/A
6	Staff failed to intervene or report an alleged assault on a young person	Not substantiated	N/A
7	Assault on young person	Not substantiated	N/A
8	Management and restraint of young person not in-line with approved techniques and procedures	Not substantiated	N/A



**Braendler, Fiona (DCSI)**

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**From:** Simmons, Pam (GCYP)  
**Sent:** Tuesday, 14 October 2014 10:40 AM  
**To:** Barr, Sue (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP); Clarke, Melissa (GCYP)  
**Subject:** Monitoring visit report, June - August 2014  
**Attachments:** 2014-09-30 AYTC Monitoring Report October 2014.doc

Dear Sue and Sam

Attached is the monitoring report for the period June – August 2014, following the visits on 11 and 16 September. Apologies for the delay in finalising the report.

If you have questions please contact either Amanda Shaw or Melissa Clarke.

Kind regards  
Pam

**Pam Simmons** | Guardian for Children and Young People

Office of the Guardian for Children and Young People

GPO Box 2281, Adelaide SA 5001 | Level 4 East, 50 Grenfell Street, Adelaide SA 5000

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for Children and Young People in Care

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*October 2014*

*(reporting on June, July and August 2014)*

## Background

The Advocates from the Office of the Guardian for Children and Young People (GCYP) visit the Adelaide Youth Training Centre (AYTC) to talk with residents, review records and interview the delegated Manager <sup>1</sup>about safety issues for residents. The Advocates visited the AYTC on 11 September 2014 and spoke with residents from Frangipani and Wallaby Grass units at Goldsborough campus<sup>2</sup>. On 16 September the Advocates visited AYTC to review records from June, July and August 2014. The agreed process is:

- Interview the Manager of the centre about recent changes, care concern investigations, training provided, and other issues notified in advance.
- Review records for the preceding three months. To date these have been critical incident reports, written records of complaints, and use of safe room logs.
- Obtain the views and voice of the residents during an informal visit to two units.
- Clarify identified problems with the Manager on-duty.
- Interview other staff as required.
- Report observations to the Guardian for Children and Young People and the General Manager, AYTC and Director, Youth Justice
- Persistent issues will be discussed with the Director, Youth Justice on a quarterly basis.

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<sup>1</sup> Prior to the commencement of monitoring activities at the new centre, the General Manager advised that the responsibility for preparing for and participating in GCYP visits was to be delegated to the two Accommodation Managers.

<sup>2</sup> As agreed by AYTC management and GCYP Advocacy team at a meeting on 29 April 2014, on a trial basis, GCYP Advocates visited the residents in the early evening rather than during lunch time.

Information pertaining to the number of residents under Guardianship of the Minister at the time of the review of records on 16 September 2014 was not provided.

## Complaints and feedback

On 16 September the Advocates were provided with 56 written complaints from residents. Thirty complaints were submitted from residents in the Frangipani unit. Five complaints did not record the unit from which it originated.

Subjects of the complaints included a lack of unit activities and programs, choice of clothing and toiletries, quality and quantity of food, recreation activities outside of the unit, concerns about staff conduct and the delay in visitor and phone call approvals.

Of concern were two complaints raised by residents in the Frangipani unit in relation to new searching techniques when leaving the Youth Education Centre. The complaints detailed a new intrusive style of searching in the view of other AYTC residents and staff, which reportedly left the residents feeling traumatised. This was raised with the General Manager during the review of records and GCYP was informed that there was a misunderstanding amongst new staff regarding techniques for searching residents. The General Manager advised the issue was rectified.

Most written responses to complaints occurred within two weeks. At the time of the review of records the Accommodation Manager reported that more often than not, a conversation occurred with the resident within a couple of days of receiving the complaint. GCYP has previously advised that conversations to resolve complaints should also be documented in the complaints record, otherwise it may appear that the complaints have not been responded to.

The Goldsborough Youth Advisory Committee (YAC) was convened on one occasion during August, but not during June and July. The Jonal Youth Advisory Committee was convened during July, but not for June and August. No information was provided to explain the scheduling of meetings. Items discussed at the meetings included:

- Quality and quantity of food
- Dissatisfaction with the phase processes
- Dissatisfaction with the time taken for phone call approvals
- Suggestions for unit-based activities
- Suggestions for unit and centre recreational activities
- Dissatisfaction with quantity of supplies to units, including clothes, equipment and toiletries
- Suggestions for shoes specifically for sport

The continued absence of a representative from the Saltbush unit at the Goldsborough Youth Advisory Committee meeting was discussed with the Accommodation Manager during the review of records.

## Care concern investigations

Information provided by the Manager, Care Concerns Investigation (DCSI) to the General Manager was that three new care concerns were raised for the period of June, July and August 2014. The Accommodation Manager advised that SA Police was investigating one care concern and the remaining two were referred back to AYTC for local management. There was no information provided on the 'local' response to the care concerns and whether the matters remained open.

## Training

Staff attended the following training in June, July and August 2014 to promote the safety and wellbeing of residents:

Aboriginal Cultural Sensitivity and Respect – 1

Child Safe Environments – 3

Senior First Aid – 12

MAYBO Human Shield – 11

Infection Control - 13

## Critical incidents – aggregate data

The aggregate data reported 66 incidents across the two campuses during June (20 incidents), July (19 incidents) and August (27 incidents), involving 92 residents. There were three incident reports for the month of June provided to the Advocates that were not recorded in the aggregate report, therefore there was a total of 69 incidents across the two campuses during the review period.

Of the 66 recorded incidents in the aggregate data, 35 incidents occurred at the Jonal campus and 31 incidents occurred at the Goldsborough campus. The number of incidents at Jonal campus is disproportional to the number of residents accommodated. There were 66 uses of force recorded in the aggregate data across both campuses.

Of the 66 incident reports, there were 12 recorded injuries to residents during June (five), July (one) and August (six). On five occasions, residents refused medical treatment. The injuries resulted from youth assaults (six), self-harming behaviours (five) and a restraint (one).

The aggregate data reported that one resident was involved in seven incidents in June. In July three residents were involved in three or more incidents and in August two residents were involved in three or more incidents. One resident was involved in a total of 14 incidents during the reporting period.

The aggregate data recorded regression to Saltbush unit on 13 occasions for June (two regressions), July (three regressions) and August (eight regressions). There was inconsistent recording of residents' regression to Saltbush unit in the aggregate data. On one occasion the word 'moved' and on another occasion 'escorted' was used instead of 'regressed'.

A Behaviour Management Strategy (BMS) was activated on 55 occasions. On three occasions the Behaviour Management Strategy was 'extended' and on one occasion the



Behaviour Management Strategy was 'continued'. A Risk Management Plan was activated on two occasions. An Assessment and Care Treatment (ACT) plan was activated on two occasions.

## Critical incidents – sample reviewed

Of the 69 incidents reports, a *sample* of 25 critical incident reports, involving 38 residents, was reviewed in detail by the Advocates. Eleven residents provided feedback via the comment sheet. Of the remaining 27 residents involved in the incidents, either a comment sheet was not attached or a 'no comment' was recorded.

From the 25 critical incident reports reviewed, the use of force was recorded as:

- Escort – 18 residents
- Environmental restraint – 11 residents
- Handcuffs – nine residents
- Physical restraint – 26 residents

Physical restraints were detailed in the incident reports as 'full body wrap', 'restrained to the ground', 'against the wall' and 'prone'.

Following the review of critical incident reports, the Advocates raised concerns with the General Manager with respect to:

- Limited detail of lead up to, during and post incident in many incident reports. A resident recorded in the comment sheet a 'sore shoulder'. This was not recorded in the aggregate data as an injury.
- Conditional language used in Behaviour Management Strategies that included, 'positive behaviour will achieve...' and 'normal phone calls if staff available'. The General Manager reported that the implementation of the Behaviour Management Strategy template will reduce the use of subjective language and provide for consistency.

No management approvals were recorded on any of the critical incident reports reviewed from the month of August. This was raised with the General Manager who said that this was an administrative error.

## Detention room

The aggregate data recorded the use of the detention rooms in 26 critical incidents during June (seven incidents), July (eight incidents) and August ( 11 incidents). The time spent in the detention rooms ranged between eight minutes and four-and-a-half hours.

## Education and Programs

At the time of the review of records the Advocates were provided with an overview of programs and activities for residents at ATYC during the review period. Programs included:

- HYP A (SYC) Ignition – Social integration and development program. The program was offered at Goldsborough campus only.

- CAMHS – Journey to Respect. The program was offered at Goldsbrough campus only.
- MAYFS – Health and fitness program. The program was offered at both Goldsbrough and Jonal campuses.

## Voice of children and young people

**Frangipani** – At the time of the Advocate’s visit five residents were present. The unit had been split in two to accommodate the seclusion of one resident. Given the reported high risk status attached to the resident in isolation, staff accompanied the Advocate to visit with that resident. The resident in isolation was on constant camera surveillance and provided with only finger food.

The other residents spoke about the negative impact the isolated resident’s behaviour had on the rest of the residents in the unit and felt that this was unfair. The residents spoke about having to be placed in ‘lock down’ every time the resident in isolation wanted to make a phone call as the phone over the other side of the unit was broken and she had to use the phone over ‘their’ side of the unit.

The residents spoke about having to spend too much time in their rooms in general, and that when in their rooms, there was no-one to talk to and nothing much to do. One resident spoke about the centre accommodating her eating needs due to recently having a tooth removed. The residents said they were not ‘workshop approved’ and felt that the residents in Frangipani ‘missed out’ on good programs. The residents spoke positively about the Ignition program and that as it was aimed at facilitating living skills, it was ‘better than the other’ educational programs.

One resident entered the centre only two days before the visit and was subject to initial assessment, therefore was not able to attend school. The residents spoke positively about staff and stated that if they had an issue that needed to be dealt with, they would speak with the Accommodation Manager. The residents said that the complaints process was a ‘waste of time’. A number of residents agreed that it took too long for a response, which they thought was ‘rubbish’ and that ‘nothing was done’. The residents felt that the Youth Advisory Committee meetings were a better forum for having a voice and influencing change.

**Wallaby Grass** - At the time of the Advocate’s visit nine residents were present. The residents stated that they preferred the Advocate to visit in the evening as it was not rushed and they were more relaxed compared with lunch time.

One resident was observed to hobble on his foot and said that he was supposed to see the nurse that day but that his name was not put on the list and he would have to wait for an appointment. The resident stated that it was an old injury sustained in the centre and that he had aggravated it again. The resident attributed his original injury and aggravation of that injury to the shoes used for outdoor activities, stating they were poor quality.

One resident was looking forward to being released and said that he had been ‘well supported’ by staff to prepare for that. In comparison to experiences with other case

coordinators, residents spoke about the case coordinator allocated to the unit and spoke of their dissatisfaction, saying that he was ineffective.

The interactions between staff and residents were warm and friendly. The Advocate observed respectful conversations, as well as some joking and smiling between staff and residents. The residents spoke about the personal and professional qualities possessed by staff they liked, highlighting fairness and an engaging manner. The residents spoke about their dislike for new staff stating that they were 'power trippers'.

One resident ate only vegetables for tea as he could not eat the meat that was provided for religious reasons. The resident said that normally he received an alternative meal, but at times the kitchen had forgotten. Residents stated that the kitchen did not supply 'enough' food for the residents in the unit.

One resident spoke about the list of unit and centre routines on the pin board and reported that it was inaccurate and outdated. The Youth Advisory Committee representative said that he would prefer to have a day or two notice of the meeting (or a reminder) as he was told too far in advance, forgot items for discussion and action and then attended a two-hour meeting. He said he felt rushed and had forgotten some of the issues. Some residents were excited about the potential of 'workshop approval' to engage in the horticulture programs and overall residents were pleased with school.

### Action from previous reporting period (*July 2014*)

- **Communication with new residents**

(February 2014 – June 2014)

The Accommodation Manager reported that the idea of producing a video is being developed with the Youth Education Centre. It is anticipated that this will be finalised by February 2015.

**Partially resolved**

- **Rehabilitation programs**

(July 2014 – September 2014)

The Accommodation Manager and General Manager were unable to provide an update in relation the development and scheduling of rehabilitation programs, including the Plus + programs.<sup>3</sup>

**Not Resolved**

- **Anti-bullying**

(May 2014 – September 2014)

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<sup>3</sup> On 1 September 2014, the Guardian discussed this with the Director, Youth Justice. The Director reported that the Plus + program was temporarily suspended for some redevelopment. It is not likely to recommence until early 2015. The STAR anger management program was due to recommence in mid-September. A needs analysis is underway and expected to be completed in early November. This will provide information about gaps and the quality of existing programs.

The Accommodation Manager reported that no formal work has been developed in addressing bullying behaviour and providing support, training and skills for staff. The Accommodation Manager further reported that the centre addressed bullying in an informal way by having a zero tolerance approach to bullying, moving the person identified as bullying rather than the victim and staff being vigilant in identifying any or potential bullying behaviour. It was also reported that advice from psychologists was often sought and the Behaviour Support Officers were critical in providing support, strategies and advice in response to bullying. There is no practice guide or formal policy. The Accommodation Manager reported that the centre could make improvements in this area.

**Not resolved**

- **Saltbush resident representation at YAC meetings**

(July 2014 – September 2014)

The Accommodation Manager reported the centre felt challenged in facilitating the voice of Saltbush residents at YAC meetings. The Accommodation Manager agreed to explore other options of how to have views of Saltbush residents heard.<sup>4</sup>

**Not resolved**

## Areas for attention or discussion (October)

The following items have been agreed as action or are for further discussion, arising from the review of records for June, July and August (and the visit to residents in September).

- **Comment sheet**

Discussion occurred between the Accommodation Manager and the Advocates on the usefulness and purpose of the residents' comments sheet after a critical incident. The current process does not adequately facilitate the voice of the resident, nor does it provide for transparency in recording the residents' statement of events leading up to, during and post incident. Other options for facilitating the residents' statement were discussed.<sup>5</sup>

**For discussion**

- **Lock-down times**

The Accommodation Manager discussed with the Advocates a direction from Management to remove the lock down for the day shift to afternoon shift handover.

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<sup>4</sup> The ideas discussed with the Accommodation Manager included doing exit interviews when residents moved out of Saltbush; Saltbush agenda item at the YAC meetings for those residents who had been there recently; residents' survey; or for the YAC coordinator to seek the views of Saltbush residents ahead of YAC meetings.

<sup>5</sup> The residents' comments process is intended to provide full record of the incident by including the views of all involved and also as a debriefing for residents following an incident. Ideally it would be facilitated by someone independent of the incident.



It is common for residents to sleep during this time and the change has reportedly resulted in lack of engagement for afternoon activities due to sleepiness, and sleep issues during the night. However, the views of residents on this change are yet to be sought. In the past there have been complaints about the length of this lock-down period.

**For monitoring**

**Braendler, Fiona (DCSI)**

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**From:** Simmons, Pam (GCYP)  
**Sent:** Wednesday, 24 December 2014 11:54 AM  
**To:** Bennett, Rohan (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP)  
**Subject:** Monitoring report, AYTC, Sept-Nov 2014  
**Attachments:** 2014-12-09 AYTC Monitoring Report for December.doc

Dear Rohan, Sam and Steve

Please find attached the monitoring report following the visits earlier this month.

If you have any questions or comments please get back to me or Melissa Clarke on 8226 8570.

Kind regards  
Pam

**Pam Simmons** | Guardian for Children and Young People

Office of the Guardian for Children and Young People

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Champion for the  
**Charter  
of Rights**  
for Children and Young People in Care

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*December 2014*

*(reporting on September, October and November 2014)*

## Background

The Advocates from the Office of the Guardian for Children and Young People (GCYP) visit the Adelaide Youth Training Centre (AYTC) to review records, interview the delegated Manager<sup>1</sup> about safety issues for residents and talk with residents. The Advocates visited the AYTC on 9 December to review records from September, October and November 2014 and spoke with residents from unit Bravo at Jonal campus and Kangaroo Paw at Goldsborough campus. The agreed process is:

- Interview the Manager of the centre about recent changes, care concern investigations, training provided, and other issues notified in advance.
- Review records for the preceding month. To date these have been critical incident reports, written records of complaints, and use of safe room logs.
- Obtain the views and voice of the residents during an informal visit to two units.
- Clarify identified problems with the Manager on-duty.
- Interview other staff as required.
- Report observations to the Guardian for Children and Young People and the General Manager, AYTC and Director, Youth Justice
- Persistent issues will be discussed with the Director, Youth Justice on a quarterly basis.

At the time of the Advocates' visit to AYTC, there were four residents who were subject to a Guardianship of the Minister order.

## Complaints and feedback

On Tuesday 9 December 2014 the Advocates were provided with 74 written complaints.

A total of 34 written complaints were submitted for September;

- Five complaints by residents in Bravo
- Two complaints by residents in Wallaby Grass
- Three complaints by residents in Frangipani
- 24 complaints by residents in Bluegum

A total of 34 written complaints were submitted for October;

- 19 complaints by residents in Kangaroo Paw
- Nine complaints by residents from residents in Bluegum
- One complaint by a resident in Bravo
- Two complaints by residents in Wallaby Grass
- Three complaints by residents in Frangipani

A total of six written complaints were submitted for November;

- Two complaints by residents in Saltbush
- Four complaints by residents in Bluegum

Over the three month period the highest number of complaints was from Bluegum (37). The number of complaints is influenced by a number of things, such as occupancy rates and familiarity with the complaints process. It is not necessarily just a sign of discontent.

The Advocates reviewed in full a sample of 30 complaints. The nature of most complaints were:

- Concerns about the quality and quantity of food
- Issues with staff inconsistency with rules and consequences for poor behaviour
- Two instances for one resident of missing medication times
- A lack of presence and effectiveness of the case coordinator
- Issues regarding clothing and toiletries
- Lack of safety in the unit, and
- Delays in phone call approvals

Most complaints were responded to by the appropriate centre manager within one week. Since AYTC opened, there has been considerable improvement in the responses provided to residents' complaints. In this review there were some responses that were considered inappropriate and unnecessary. This was raised with the Assistant General Manager in a phone call on 11 December 2014 who said that there is still room for improvement in some of the responses which are handled as they arise.

The Goldsborough Youth Advisory Committee (YAC) was convened on one occasion in November, but not for September or October. The Jonal Youth Advisory Committee was convened on one occasion in October, but not for September and November. The Assistant General Manager reported via email on 11 December 2014 that the meetings were running late and had been convened for both Jonal and Goldsborough in the first week of December. Review of the December meeting minutes will be conducted in the March GCYP visit. Items discussed at the meetings included:



- Quality of food
- Unit activities and games
- The programming of, and equipment for, recreational activities
- Clothing

The Assistant General Manager reported on 11 December 2014 that Youth Advisory Committee meetings will now be combined meetings of residents from both campuses and held at Goldsborough.

## Care concern investigations

Information provided by the Manager, Care Concern Investigations (DCSI) to the General Manager was that two new care concerns were raised for the period of September, October and November. No further details were provided as to the assessment or status of both new matters.

No information was provided in relation to the management, investigation or outcomes of the three care concerns raised in the previous monitoring period (June, July and August 2014).

The Assistant General Manager reported on 9 December that if an incident occurs and AYTC are unsure as to whether to raise a care concern, a conversation is had with the Manager of the Care Concern Investigation Unit. There are a number of risks in taking advice on legal obligations to report abuse from the investigating body.

On analysis of the aggregate data on incident reports, incident 3993 reported 'care concern referral recorded'. Incident 4006 recorded a Child Abuse Report Line notification was made. Neither of these incidents were in the care concern information provided by the Manager, CCIU. The Assistant General Manager confirmed on 23 December that these incidents did not result in a care concern. One incident resulted in an injury from throwing a basket and the other was of one resident behaving in a sexually inappropriate way to another.

## Training

Staff attended the following training in September, October and November 2014 to promote the safety and wellbeing of residents:

- Autism spectrum – 3
- Dynamic observation – 9
- MAYBO conflict management – 9
- Senior First Aid – 7
- Adolescent development and mental health first aid – 8
- MAYBO – physical intervention
- Behaviour support framework - 9

## Critical incidents

The aggregate data reported 75 incidents across the two campuses during September (20 incidents), October (28 incidents) and November (27 incidents), involving 98 residents.

Of the 75 incidents, 38 were at Goldsborough and 37 at Jonal. Of the 37 incidents at Jonal, 24 occurred in Bravo unit. As in previous reports, the number of incidents at Jonal campus is disproportionate to the number of residents.

There were 63 uses of force recorded in the aggregate data across both campuses.

The aggregate data recorded injuries to residents as a result of a critical incident on 20 occasions. Twelve injuries were sustained by residents as a result of an altercation with another resident. The aggregate data recorded two incidents that resulted in injuries to two residents and the use of 'first aid' or 'on site medical treatment'. The report did not detail what the injuries were.

The aggregate data reported one resident was involved in three or more incidents in September, in October two residents involved in three or more incidents, and in November two residents involved in three or more incidents.

A Behaviour Management Strategy (BMS) was activated on 61 occasions. On 10 occasions the Behaviour Management Strategy was subsequently 'extended' or 'continued'. On six occasions an Assessment and Care Treatment (ACT) plan was activated and a Risk Management Plan (RMP) was developed on two occasions.

The aggregate data recorded regression to Saltbush unit on 25 occasions (September 4; October 12; November 9). Regression to Saltbush unit was sometimes recorded in the 'consequences' section of the aggregate data, and sometimes in the 'details' section, and sometimes in both.

On visiting one unit the Advocate was informed that all residents were in lock down as an incident had just occurred in the gym between two residents. As only one unit was operating at Jonal campus, there were six staff present in the unit. The Advocate was advised that all residents were to remain in lock down whilst the critical incident report was completed. The Assistant General Manager said that this is standard procedure, regardless of the staff to resident ratio.

## Critical incidents – sample

Of the 75 incident reports, a *sample* of 15 reports, involving 17 residents, was reviewed in detail by the Advocates. Six residents provided feedback via the comment sheet. Of the remaining 11 residents involved in the incidents, either a comment sheet was not attached or a 'no comment' was recorded.

From the 15 critical incidents reviewed, the use of force was recorded as:

- escort – 10 residents
- environmental restraint – 7
- handcuffs – 7
- physical restraint – 15

On 9 December 2014 the Assistant General Manager reported that 'closing' an incident report within five working days is a Key Performance Indicator (KPI). Of the 15 incident reports, two were approved by the Manager and closed within a week. Most incident

reports were approved and closed within two to three weeks. One incident report was approved and closed eight weeks after the incident.

## Detention room

The use of the detention room (known as the 'safe room') is recorded in the 'details' section of the aggregate data report and highlighted in red.

The aggregate data recorded the use of the detention rooms in 31 critical incidents (September 7; October 12; November 12). The time spent in the detention room ranged between five minutes, and two hours and twenty minutes. The resident that was in the detention room for two hours and twenty minutes was handcuffed to the rear (with hands behind his back) for one hour and fifty-five minutes. The Assistant General Manager reported on 11 December 2014 in a phone call, that due to the heightened behaviour of the resident, it was unsafe for staff to remove the handcuffs, but safe to adjust them. GCYP holds a different view about the high risk of leaving a resident cuffed in the detention room.

Of the sample of 15 incident reports reviewed by the Advocates, 13 included the use of the detention room. One report did not include the detention room log. The written log in most of the other 12 reports recorded only observations of the young person and entry and exit times with no recorded attempts at personal interaction.

## Education and programs

At the time of the review of records the Advocates were provided with a report of programs and activities for residents at AYTC during the review period. Programs were:

- HYP A (SYC) Ignition – Social integration and development program, offered at Goldsborough campus only.
- MAYFS – offered several programs. Health and fitness, Standing together and Friendship (girls only) were offered at Goldsborough campus and Health and fitness/Growing healthy, growing strong programs were offered at Jonal.
- STAR – is a referral program offered at Goldsborough and Jonal. Details were not provided.
- DASSA – individual drug and alcohol assessments and consultations..
- Relationships Australia – this program focusses on respectful relationships, offered at both Jonal and Goldsborough.
- CAMHS, Journey to Respect – this program is facilitated by two CAMHS Aboriginal Mental Health Consultants with up to six Aboriginal young men. The program addresses themes of intergenerational violence, culture, respect and masculinity. This was offered to Aboriginal male residents at Goldsborough campus only.

## Voice of children and young people

**Bravo – Jonal** – At the time of the Advocate's visit six residents were in unit Bravo. On arrival the Advocate was informed there had been an altercation in the gym between two

residents and all were in lock down. The residents were released from their rooms a short time later, except the residents involved in the incident. Staff provided an opportunity for the residents involved in the altercation, to speak with the Advocate. As Bravo was the only unit operating at Jonal campus there was at least six staff in the unit at any one time. This was in contrast to this Advocate's last visit where there was a 1:4 ratio. The high staff to resident ratio had a positive impact on the meaningful engagement between staff and residents. Residents spoke about 'good' youth workers being friendly, fair and funny. Residents asked the Advocate to present their views on:

- being able to bring over the games from unit Alpha;
- visiting siblings at Goldsborough;
- having pens and pencils in their rooms; and
- having a shower curtain in their rooms for privacy.

These were raised with the Accommodation Manager on 11 December 2014 who agreed to follow up these requests with the residents.

The residents were excited at the prospect of having a combined YAC meeting with Goldsborough residents. Residents spoke about playing football, their families, where they will be living when released. Many did not know who the case coordinator was for the unit. Residents spoke about the Behaviour Management Plans and said that they lasted too long. When talking to the Advocate, one resident stated 'I'm not a good person'.

**Kangaroo Paw – Goldsborough** – At the time of the Advocate's visit there were 10 residents. All were relaxed and engaged in various activities. Staff were not aware of the Advocate's visit and residents were aware they were getting a visitor but did not know who. Interaction between staff and residents was observed to be relaxed and respectful. The residents were unable to say which centre staff they would speak with on particular issues. Residents suggested there needs to be better induction and more ongoing reminders about roles. Some residents did not know who the case coordinator for the unit was. There was conversation among residents and staff regarding the purchasing of shoes when on phase three. Residents said there was a choice of only two brands, and they would like *NIKE* shoes.

Residents were dissatisfied with not having any weights in the gym. Activities in the gym are now limited to soccer, basketball and the exercise bike. Residents spoke about the unit DVDs being old and scratched and limited games.

Residents commented on the complaints system as being a 'waste of time' saying the responses are poor and nothing changes.

Residents spoke about future plans for when they leave the centre. One resident spoke about a request for home detention that had been submitted, but did not know the content of the report or who to speak to about it.

### Action from previous reporting period (*October 2014*)

- **Communication with new residents**  
(February 2014- December 2014)

The Assistant General Manager reported the production of a video and handbook for new residents will be on the 2015 Youth Education Centre work plan. It is anticipated that this will be finalised by the end of school term one, 2015.

**Partially resolved**

- **Rehabilitation programs**

(July 2014 – December 2014)

The Assistant General Manager reported the Plus + program will recommence in February 2015. The STAR program has commenced but the aim and objectives of this program were not provided. A De-stress program is being developed and will be delivered one on one with residents.

The Needs Analysis has been completed and the report is being written.

**Partially Resolved**

- **Anti-bullying**

(July 2014 – December 2014)

The Assistant General Manager reported that the Youth Justice Policy section will research and write an anti-bullying policy based on research summarised by the Australian Institute of Family Services (AIFS).

**Partially Resolved**

- **Saltbush resident representation at YAC meetings**

(July 2014 – December 2014)

The Assistant General Manager reported that the inclusion of a resident at YAC meetings is difficult due to the unpredictability of Saltbush residents' circumstances and movements. AYTC has offered that Saltbush issues will be a standard agenda item at YAC meetings and YAC representatives will present any views and issues based on their experience of Saltbush.

**Resolved**

- **Comment Sheet**

(September 2014 – December 2014)

The Assistant General Manager reported a new resident's comment sheet has been developed. It is the responsibility of the case coordinators to support residents to present their views in relation to an incident. This has been in operation for approximately six weeks. However, there is no evident change. The case coordinators may not understand the objectives of seeking residents' views as twofold: to complete the incident report with views of all involved and to debrief properly with the residents.

**Partially Resolved**



- **Lock-down times**

(September 2014- December 2014)

The Assistant General Manager reported the proposal for staggered starting times for shifts that will reduce the length of time residents are locked in their rooms.

Reduced lock-down times are identified as an AYTC Key Performance Indicator (KPI).

**Partially Resolved**

## **Areas for attention or discussion (December 2014)**

The following items have been agreed as action or are for further discussion, arising from the review of records for September, October and November (and the visit to residents in December).

### **Youth Advisory Committee Meetings**

Youth Advisory Committees (YAC) will now be combined (Jonal and Goldsborough). The expectation is that YAC meetings are convened approximately every four weeks. GCYP monitoring reports have identified that meetings are occurring irregularly.

**For discussion**

### **Care concerns**

Limited information is available as to the status of care concern investigations.

**For discussion**

**Braendler, Fiona (DCSI)**

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**From:** Clarke, Melissa (GCYP)  
**Sent:** Wednesday, 18 February 2015 1:15 PM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Simmons, Pam (GCYP); Shaw, Amanda (GCYP)  
**Subject:** Feedback from GCYP visit to Bluegum unit, 11 February 2015

Dear Sam, Steve and Angela,

Please find the following feedback in relation to the **visit to residents in Bluegum unit** I conducted at the Adelaide Youth Training Centre on Wednesday 11 February 2015.

A pre-visit meeting was held with the Accommodation Services Manager to discuss any dynamics or issues of concern with the residents accommodated in Bluegum on the day. Most residents told the Advocate that they were not advised of the scheduled visit. One resident stated that he was told by staff the day before that an Advocate would be visiting. Only two of the residents were aware of the purpose of my visit and the role of GCYP as they had been present during previous visits.

I walked with the residents from the Education building to the unit. Some residents participated in a cooking class prior to lunch and were pleased with their results. Some residents were studying the Certificate in Building and Construction and were excited that it may enable future employment prospects. In general the environment of Bluegum was relaxed. The unit was at capacity with eleven residents present, and one absent due to court commitments. Three of the residents spoke about their participation in the Plus + program. One resident asked me to advocate for him to no longer participate. This was discussed with management following the visit.

Most of the residents stated they were not happy with the Jonal residents being accommodated in Kangaroo Paw and believed that it was the new residents who were responsible for most of the 'code yellows' resulting in all residents being 'locked down' while these incidents were managed. One resident said they had requested a move to another unit and believed that this could not occur as unit movements were restricted due to the Jonal residents taking up occupancy in Kangaroo Paw.

Two of the residents identified themselves as unit representatives on the Youth Advisory Committee; one for Bluegum and one for Kangaroo Paw. The representative from Kangaroo Paw stated he had not been in Bluegum for long and did not know if he would be returning to Kangaroo Paw or whether he would continue as the Youth Advisory Committee representative. The representatives said they both found it difficult to share the outcomes and actions of the Youth Advisory Committee Meetings with fellow residents, and agreed that a copy of the minutes posted in the unit would be beneficial for the remainder of the residents to view and to ensure a stronger preparation for the next meeting.

The residents spoke about the phase system, tuck shop entitlements and other purchases including toiletries. There was confusion amongst the residents about what was allocated and when. Some residents spoke about the phase progressions, commenting that the process took too long and believed there should be incentives offered in shorter time frames. It was further mentioned that it was particularly pertinent for residents on remand who are accommodated for shorter periods. One resident told me that unit chores were being done 'for free', as residents no longer received pocket money (reportedly this has been replaced by the allowances in the phase system). All of the residents were unified in their disapproval of the allocated body wash; stating that it was 'like washing detergent' and did not remove the smell or feeling of chlorine on the body after being in the pool.

One resident told me that he has been advised by staff that he will now receive limited health services due to being 18 years old. This resident further advised that he was also told that the 'Guardian does not care about him as he is no longer in her mandate'. The Advocate reassured the resident that whilst he is detained in the Adelaide Youth Training Centre, GCYP would continue to monitor the conditions in the centre for all residents and advocate where needed. These two issues were discussed with management following the visit.

Residents told me that they believed that power should be later on weekends for all residents. Residents also stated that they would like to be more proactive in arranging weekend activities and unit activities other than cleaning their rooms and cleaning the unit.

The residents complained that one of the unit phones did not work and this caused disruption and anxiety amongst the twelve residents all competing to use one phone in the evening. Residents also complained that the table tennis table was broken by a staff member as has not been replaced. The Advocate queried this with staff who advised that the phone would be fixed that day and that they did not know when the table tennis table would be replaced. This was also raised with management post visit.

In summary, the issues that I request a response to are:

- Clarifying the expectations around unit chores and pocket money, and
- Whether management is aware of the residents' concerns about the body wash and if an alternative is being sought?

When arranging the next visit to units, I will attach an information sheet which explains the role and purpose of the Advocates' visit and role of GCYP to assist staff in adequate preparation and expectations of the Advocates' visit.

Please pass on my thanks to the staff for facilitating my visit to Bluegum.

Regards,

**Melissa Clarke | Advocate**

Office of the Guardian for Children and Young People

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**\*\* In office – Tuesdays, Wednesdays and Thursdays**

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**Braendler, Fiona (DCSI)**

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**From:** Evans, Jodie (GCYP)  
**Sent:** Wednesday, 18 February 2015 12:38 PM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Clarke, Melissa (GCYP); Shaw, Amanda (GCYP); Simmons, Pam (GCYP)  
**Subject:** GCYP Monitoring Visit to Adelaide Youth Training Centre - Saltbush unit - Feedback

Dear Sam, Steve and Angela,

Please find following the feedback in relation to the **visit to residents in Saltbush unit** I conducted at Adelaide Youth Training Centre on Wednesday 11 February 2015. In addition, I was asked to attend **Kangaroo Paw** to speak with residents.

A pre-visit meeting was held with the Accommodation Services Manager to discuss any dynamics or issues of concern with the residents accommodated in Saltbush on the day. The unit staff were aware of the visit but only some residents were expecting a visitor although they had little understanding of the purpose of the visit or the role of the Office of the Guardian.

Upon arrival at the unit the staff and residents were preparing for lunch. There were nine residents listed on the population sheet for the day and I had the opportunity to speak with all nine of these residents, although one was separated from residents and locked in his room due to having been involved in an incident earlier at the school. Residents also told me during my visit that there were three additional residents in the unit: two in their rooms waiting for release and a younger boy from another unit who had been placed in the unit that morning due to being involved in a fight and needing to be in a camera room. The information regarding these three residents was not provided during the pre-visit discussion therefore I was not aware there were more than nine residents in the unit until residents advised me. Unit staff did not provide any detail regarding these three residents either.

Generally the visit went well. The Saltbush residents were welcoming and engaged easily in conversation. I provided a brief overview of the reason for my visit and the role of the office. Residents were quick to talk to me about their concerns regarding the recent move of the younger boys from Jonal Drive campus to Goldsborough campus. The residents of Saltbush informed me that this is impacting upon them in the following ways:

- They do not know how long this arrangement is in place or the reason why it has occurred.
- They are unable to be moved to other units due to there being no beds available.
- They are required to follow the Saltbush regime even though they are not on assessment or regression.
- Some of them have been in Saltbush now for between one and three weeks.
- They do not get access to the gym or the pool.
- They are only allowed one activity per day outside of the unit at either the oval or basketball court. This is in addition to education and is supposed to be their exercise. All other units have access to all four areas and on weekends have access to more than one in a day. The only boys that are attending education are the boys on Phase 1. The specific number on Phase 1 was not reported by the Accommodation Services Manager however, only three residents could tell me for sure they were.
- If the weather is too hot they cannot go to the oval or basketball court.
- They spend more time in their rooms, particularly during handover and staff meetings.
- There is little to do in that unit, there are no unit programs and they cannot swap DVDs or games.
- They do not get morning tea or afternoon tea.
- They are only allowed to make their phone calls on the pm shift.

The Saltbush residents also explained that since the younger boy had been brought into their unit, that day, they are being required to go to their rooms for 10 minutes every 50 minutes, they are locked in their rooms during this period. The residents explained to me that because the younger boys are not allowed to mix with the older boys, whilst this resident is in their unit and on a 'BMS' he has to be brought out of his room every 50 minutes for exercise, so they have to go to their room each time this occurs.

The Saltbush residents also raised issues regarding the shortage of food. During the visit, lunch arrived and there was not enough food for all residents. The staff made attempts to get more salad from other units and confirmed this is not an unusual occurrence. This issue was raised immediately after the visit with the Accommodation Services Manager who has since met with kitchen staff.

Two residents spoke separately about the impact of spending extended periods of time in their rooms. Both residents indicated that when they are in their rooms because of a 'BMS' they may be in there for three days. The residents reported having no access to television or books, limited access to drawing materials and having to eat their meals in their rooms. Residents described the negative impact this has on them with one stating 'it makes you go loopy in the head'. During the visit I spoke with one of the residents whilst he was in his room on separation as a result of an incident he had been involved in that morning at the school. This resident had no power, no mattress, no reading or writing materials and reported already feeling 'a bit edgy'.

During the visit there appeared to be three staff on shift in Saltbush, however there were other staff who came and went during the time of the visit and these included a case coordinator, two Behaviour Support Officers, the Shift Supervisor and at least two other staff whose roles were unknown. When staff came and went they did not appear to introduce themselves or announce the purpose of their visit. Residents did not appear to notice the changing presence of staff nor did they appear to be concerned by it.

Although there were *Charter of Rights* posters on the walls in Saltbush, when residents were asked about their understanding of their rights they indicated they knew nothing of them. The residents also informed me that they do not believe the complaints process is effective. There were mixed views from the residents about how to get issues addressed, some felt it was best to raise direct with staff, others thought the Accommodation Services Manager was the person to talk to whilst four residents indicated they did not know how to get issues raised or addressed.

One resident was unable to engage comfortably in the conversations that occurred throughout the visit and it was later realised that this young person requires an interpreter. This information was not provided to me prior to the visit.

One resident raised an individual matter with me and asked for it to be discussed with Management. The information regarding this has been provided to the Accommodation Services Manager and the Assistant General Manager immediately after the visit.

During my visit I was also asked to visit the **Kangaroo Paw residents**. The residents were the younger boys from Jonal Drive campus. They were aware of the GCYP visit to AYTC and requested an opportunity to raise some concerns. Upon arrival the residents had commenced their unit based school lesson with teachers. Two residents asked to meet individually with me and the following issues were raised:

- There are issues of racism amongst the residents and staff and teachers are doing nothing to address these. Examples provided included comments made during lessons.
- Residents are likely to take matters into their own hands if the issues of racist comments are not addressed.
- There is not enough food.
- There are only two meals provided on Sundays (brunch and dinner) this is not enough.
- Staff are disrespectful and rude and when residents raise concerns about this they are told 'don't tell me how to do my job'.
- They want access to movies that are rated M not just PG.
- They believe the complaints process is a waste of time and ineffective.

These issues were raised immediately after the visit with the Accommodation Services Manager and advise has been provided regarding discussions with the school to run anti-racism programs and discussion with the kitchen about food supplies. The Accommodation Services Manager advised the issue regarding the movies that are allowed to be viewed has been previously discussed and will not be changed. The issue of staff being rude and dissatisfaction with the complaints process has not been discussed.

## **Summary**

### *Saltbush*

- Residents appear to have been adversely affected by the move of Jonal Drive residents to Goldsborough campus, as they reportedly are unable to move out of Saltbush unit due to increased occupancy rates in other units.
- Some residents are remaining in Saltbush with its confining regime, well beyond an admission or regression timeframe.
- Extended periods of isolation of up to three days with no television, books or drawing materials, are negatively impacting upon residents' mental health. The issue of isolation has been raised previously and is being considered as part of the review of the Behaviour Management framework.
- Reportedly there is a shortage of food provided to residents for main meals, who are particularly impacted as they do not receive morning or afternoon snacks. This was addressed by staff on the day and the Accommodation Services Manager with the kitchen staff following the visit.

### *Kangaroo Paw*

- Some residents reported that the expression of racist comments are not addressed. This was raised immediately with the Accommodation Services Manager who has raised this with education personnel, resulting in discussion around developing lessons to tackle racism and bullying. Information about progress will be sought at the review of records in March.
- Staff have demonstrated disrespectful behaviour towards residents.

We would like to take this opportunity to ask that centre staff do not seek to meet with us during our scheduled visit, this creates difficulties in relation to our schedule. Also, in terms of requests from other units (such as visiting residents in Kangaroo Paw) this too should be discouraged as we do not have sufficient time outside of our pre-planned visit. Instead we welcome a phone call to our office, from staff and residents, to discuss the concerns they wish to raise.

I would like to extend my thanks for the arrangements made that enable these visits to occur. Informal visits to residents provide an important opportunity for this office to hear from young people about their experiences.

Regards,

**Jodie Evans | Advocate**

**Office of the Guardian for Children and Young People**

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**Braendler, Fiona (DCSI)**

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**From:** Simmons, Pam (GCYP)  
**Sent:** Friday, 27 March 2015 11:27 AM  
**To:** Barr, Sue (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP)  
**Subject:** Monitoring Report AYTC March 2015 for the period Dec 2014 to Feb 2015  
**Attachments:** 2015-03-24 Monitoring Report AYTC March 2015, for December 2014, January and February 2015 (A12847758).doc

Dear Sue, Sam and Steve

Thank you for your cooperation with the visits done in the past three months. Attached is the report for this period. Please let me know of any questions or concerns you have about the report.

Kind regards  
Pam

**Pam Simmons | Guardian for Children and Young People**

Office of the Guardian for Children and Young People

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*March 2015*

*(reporting on December 2014, January and February 2015)*

## Background

Twice yearly, the Guardian and Senior Advocate visit the Adelaide Youth Training Centre (AYTC) to review records and interview the Manager about safety issues for residents. Advocates from the Office of the Guardian (GCYP) visit AYTC every two months to speak with residents in two units of the Centre.

The agreed schedule for monitoring visits is:

- Review records for the preceding six months.<sup>1</sup> To date these have been incident reports, written records of complaints, use of safe rooms, minutes of residents' meetings, staff training schedule and a summary of the care concerns.
- On other occasions, obtain the views and voice of the residents during informal visits.
- Clarify identified problems with the Manager.
- Interview other staff as required.
- Report observations to the General Manager and Assistant General Manager, AYTC, and Director, Youth Justice.
- Discuss persistent issues with the Director, Youth Justice on a quarterly basis.

## Complaints and feedback

In the review period December 2014 to February 2015, there were 47 written complaints. All complaints were documented and available for viewing.

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<sup>1</sup> This report is for three months only because of the change to monitoring activity in 2015, bringing the reporting back in line with the six monthly reports done from 2007.

All responses were appropriate and respectful. There were apologies where these were required, explanations of policy, information about efforts to resolve issues and a commitment to consider suggestions from residents. Most were responded to by the Accommodation Manager but, where appropriate, by the Security or Business Services Managers.

The timeframe for all but three was within seven days.

The common issues were:

- Wanting access to NITV, SBS and ABC. This was attended to by AYTC management.
- One unit wanted apple juice in place of orange juice. The response was that the request would, in all likelihood, be met.
- Restricted access to the courtyard in one unit because only a certain number of residents were allowed to be there at a time. The responses explained the safety reasons for this restriction.

There were four complaints about staff and three compliments about staff.

There were three **residents' meetings** held in this three month period, of an expected six. In interview, the Managers explained that meetings were not held in December because of 'end-of-year' events. There was no explanation for the missed meeting at Jonal in February.

The minutes of the meetings were good and easy to read. The 'outcomes' column though had not been used which meant there was no tracking of resolution and this may account for a number of items repeated from one meeting to the next.

The common issues were clothing (particularly shoes and caps), changes to the 'phases' in the behaviour support system, and broken equipment or requests for other games/equipment.

The Jonal meeting recorded resident concern about staff flirting while at work. In interview, the Managers said that they would look into this as it had not been brought to their attention.

## Care concern investigations

Two investigations by the Care Concerns Investigation team in the Department for Communities and Social Inclusion remain open. One commenced in July 2014 and the second in November 2014. In interview, the Manager AYTC explained that both involved staff and were complex matters.

In interview, the Guardian asked about one incident that had resulted in a notification to the Child Abuse Report Line but did not appear as a care concern. AYTC Managers thought that this was because SA Police and AYTC management had investigated the incident promptly, resulting in a decision to not pursue the matter. It is possible that the record of the matter had been closed before it reached the Care Concern Investigation team.

## Training

The vast bulk of the staff training in this period had been in defensive driving (51 staff). Eight staff had attended Aboriginal cultural sensitivity and respect training and the remainder of training episodes (23) were for operational imperatives.

In interview, the Assistant Manager reported that a training steering committee now meets monthly to prepare training schedules, among other tasks. The defensive driving training was in response to a Work Health and Safety audit which identified the need for staff to complete this basic training.

In response to questions about relationship-based training, the AYTC Managers said:

- Mental health staff training (for working with people with mental health problems) was being further investigated because the basic training on offer through DCSI College was not well suited to the custodial environment and was too basic.
- There will be renewed effort in supporting 'clinical supervision' for the Behaviour Support Officers and Case Coordinators, with on-site advice on behaviour, mental health and disability.

## Incidents

In answer to a question about the incident report numbers skipping, with examples of missing numbers and some going backwards, AYTC Managers thought that this was a peculiarity of the C3MS reporting system. However, they offered to look into this to confirm. On 25 March, the Assistant General Manager wrote to confirm that the incident numbers are shared (in C3MS) with Families SA residential care and will therefore not be sequential for AYTC.

There were 48 reported incidents in this three month period, down from 75 in the three preceding months.<sup>2</sup> Twenty of these incidents had involved the residents of Unit B (Jonal Campus)<sup>3</sup>. The disproportionate number of incidents (to resident numbers) at the Jonal campus continues a trend.

In interview, the AYTC Managers said that the resident profile at Jonal (Unit B) and adverse dynamics among residents was the likely explanation. They said there had also been higher numbers and increased short term stays among Unit B residents. GCYP observation since 2006 is that incidents are often more frequent among the younger boys. Higher staff to resident ratios may help address this problem and/or closer analysis of the social environment and responses to heightened tension.

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<sup>2</sup> One of the incidents in the current reporting period was a medical emergency which was attended to promptly.

<sup>3</sup> For some of this time the 'Jonal' residents had resided at the Goldsborough site. However, the incidents were recorded as involving Unit B boys.

There were at least 35 uses of physical restraint in the 48 incidents<sup>4</sup>. There were three minor physical injuries resulting from the restraints. Eight young people had been involved in three or more incidents.

In the 48 incidents, there were 54 Behaviour Management Strategies (BMS) imposed. The BMS is used as a consequence for poor behaviour, so almost without exception this was imposed on young people involved in an incident. The median (26 BMS) length of time was three days. The conditions varied little and typically were 50 minutes of every hour locked in their room (day-time hours), meals eaten in their room, no participation in education or programs and night time lock in from 7pm until 9am. Access to reading materials, radio or tv (in their rooms) was usually at staff discretion, based on the resident's behaviour.<sup>5</sup> The conditions could change from one stage (day) to the next, dependent on staff views of resident's behaviour.

Regression to Saltbush occurred on 14 occasions but there were also incidents among residents already in Saltbush. Additionally the residents in Jonal units and Frangipani unit are not regressed to Saltbush.

Some BMS were extensions of existing conditions, resulting in periods of isolation much longer than the original time imposed. These were counted as additional incidents of BMS but no record was taken during the review of the total length of time for those with extensions.

## Incidents – sample

A sample of 24 incident reports were read. Overall, the reporting was good, with appropriate detail and all associated documents attached, including residents' comments.

At the interview during the last monitoring visit in December, the Manager reported that incident reports were expected to be completed within five working days. In the sample viewed, the time taken to complete reports varied from 3 days to 37, with the median length being 14 days.

The 'regression' or 'off-association' is an option in the Behaviour Support Framework, consistent with the 'phased' approach to security and freedom of movement. The conditions imposed though were not individualised, that is, it was standard for residents to receive 2-4 day isolation period with the same conditions as everyone else on a BMS, regardless of mental health status or disability.

This was acknowledged by the Managers and is to be addressed in the implementation of the finalised version of the Behaviour Support Framework.

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<sup>4</sup> The report provided by AYTC recorded 29 uses of physical restraint. The additional six were found on reading a sample of the reports. It is likely that there were other uses of restraint missed in both the AYTC count and the GCYP sample.

<sup>5</sup> Until 2013 these conditions were referred to as 'off association'.

Noted in the viewing of the incident reports and written complaints, was the replacement of unit names with radio call signs by staff and residents. For example, in place of Wallaby Grass the unit is now increasingly referred to as Unit Whisky and Saltbush is Sierra, Kangaroo Paw is Kilo and Frangipani is Foxtrot. In interview, the Assistant General Manager said that he would promptly issue instruction about only using these terms for radio messages and never in reports or when talking with residents.

GCYP also noted favourably the addition of Behaviour Warnings in some incident reports and the benefit of these in being clear with residents about what constitutes unacceptable behaviour. AYTC managers explained that these have been in use for some time and are more often issued in routine management of behaviour rather than incident management. There are also Behaviour Acknowledgements to reinforce positive behaviour.

## Detention room

There were 19 recorded uses of the detention (safe) rooms. Twelve were under one hour, five were between one and two hours, one was for 4 hours 19 minutes, and for one the duration was not recorded. This was down from the 31 uses in the preceding three month period.

Of the sample of critical incident reports viewed, where required, all contained records of the use of the detention (or safe) room. The C3MS printed report has little information other than the time spent in the detention room and the general reason for the use of the room. However all records viewed had an original detailed log sheet attached, documenting the time the resident entered and exited the room, observations made and efforts to counsel.

In one incident, a resident was placed in the detention room whilst still in handcuffs. The documentation indicated the Accommodation Manager instructed staff to remove the handcuffs. According to the incident report, the resident used the handcuffs to self-harm and only after the Accommodation Manager's second instruction were the handcuffs removed by staff. The incident report documented that staff perceived a threat to their safety if the handcuffs were removed.

## Voice of children and young people

### Bluegum

The visit to eleven residents in Bluegum unit was on 11 February and a written report provided on 18 February. In summary the major topics of discussion and observation were:

- The significance of studying for trade certificates which could lead to jobs on release. Some of the residents were doing a Certificate in Building and Construction and were excited about the benefit to them.
- The perceived disruption to routine and freedom of movement as a result of accommodating the Jonal Drive residents at Goldsborough, such as all residents being locked down during incidents among the younger boys which are more frequent.



- Lingering uncertainty about entitlements in the 'phase' system of behaviour support and some discontent about the protracted length of time between phases.
- One resident's account of losing out on 'pocket money' in return for unit chores, now replaced by 'allowances' within the phase system.

The resident representatives to the Youth Advisory Committee suggested that minutes of meetings should be posted on the unit noticeboards to improve the feedback from meetings.

### **Saltbush**

The visit to nine residents<sup>6</sup> in Saltbush unit was on 11 February and a written report provided on 20 February. In summary the major topics of discussion and observation were:

- The perceived disruption to routine and freedom of movement as a result of accommodating the Jonal Drive residents at Goldsborough, such as longer stays in Saltbush for lack of vacant rooms in other units.
- The extended stays in Saltbush for some residents and the consequent interruption to education and programs, and the lengthy periods of isolation in their rooms.
- The scarcity of food, such as no morning or afternoon tea, and not enough lunch to share among all. (The Accommodation Manager has since met with the kitchen staff to remedy this.)

### **Action from previous reporting period (December 2014)**

- **Communication with new residents**

(February 2014- March 2015)

At the December meeting with AYTC management, the Assistant General Manager reported that a video and handbook for new residents would be produced in 2015 by the Youth Education Centre. It was anticipated that this would be finalised by the end of school term one, 2015.

**Partially resolved**

- **Rehabilitation programs**

(July 2014 – March 2015)

The Plus + program was to have recommenced in February 2015. A De-stress program has commenced and further information on the purpose of this program is to be provided. At Goldsborough the Ignition program had been provided to six residents and Journey to Respect for an unknown number of residents. No rehabilitation programs were offered at Jonal.

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<sup>6</sup> The residents reported that there were another three residents present on the day of the visit but confined to their rooms.

The Needs Analysis report, which was being written in December 2014, was not provided.

**Partially resolved**

- **Anti-bullying**

(July 2014 – March 2015)

In December, the Assistant General Manager reported that the Youth Justice Policy staff will prepare an anti-bullying policy. There was no update on this.

**Partially resolved**

- **Residents' comment Sheet**

(September 2014 – December 2014)

The new resident's comment sheet is in use and had been used consistently in incident reports.

**Resolved**

- **Lock-down times**

(September 2014- March 2015)

In December, the Assistant General Manager reported that staggered starting times for shifts would reduce the length of time residents are locked in their rooms and that reduced lock-down times were an AYTC Key Performance Indicator (KPI). There was no update on this.

**Partially resolved**

- **Youth Advisory Committee Meetings**

(December 2014)

Youth Advisory Committee (YAC) meetings were occurring irregularly. Three meetings of a possible six were held in the three months, December to February. This was partly as a result of 'end-of-year' events. From March 2015 the meetings will be combined Jonal and Goldsborough meetings, chaired by the General Manager.

**Partially resolved**

- **Care concerns**

(December 2014)

Limited information was available as to the status of care concern investigations. The report provided for December to February was the same as the report provided for the preceding three months. However, the General Manager provided further

information in interview, demonstrating knowledge of the progress of the investigations.

**Resolved**

### Areas for attention or discussion (March 2015)

The following items have been agreed as action or are for further discussion, arising from the review of records for December, January and February and the visits to residents.

- **Unit names**

Increasingly the names of units are referred to by their radio call signs in written reports, including feedback from residents. This practice suggests that the social environment is tending towards crisis response and containment. The Assistant General Manager will attend to this issue, in the first instance by issuing a direction about the limited circumstances where units can be referred to by their abbreviated names.

**Partially resolved**

**Braendler, Fiona (DCSI)**

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**From:** Evans, Jodie (GCYP)  
**Sent:** Monday, 4 May 2015 10:23 AM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Clarke, Melissa (GCYP); Shaw, Amanda (GCYP); Simmons, Pam (GCYP)  
**Subject:** GCYP Monitoring Visit to residents in Wallaby Grass unit - Adelaide Youth Training Centre

Dear Sam, Steve and Angela,

Please find the following feedback in relation to the visit to residents in Wallaby Grass unit I conducted at Adelaide Youth Training Centre on Tuesday 28 February 2015.

A pre-visit meeting was held with the Accommodation Services Manager to discuss any dynamics or issues of concern with the residents accommodated in Wallaby Grass on the day. The unit staff and residents were aware of the visit although residents were unfamiliar with the purpose of the visit and the role of GCYP.

Upon arrival at the unit the staff and residents were preparing for lunch. There were eleven residents listed on the population sheet for the day. I was informed during that meeting that two residents were spending the day in Saltbush unit due to their refusal to participate in education and one resident was attending education in the community on Section 40 leave. I had the opportunity to speak with the remaining eight residents.

The Wallaby Grass residents were welcoming and engaging. They were all happy to talk, some being more confident and vocal than others. I provided a brief overview of the purpose of my visit and the role of the office. Staff provided residents the space to talk freely without interruption. The case coordinator visited the unit at the start of lunch.

The Wallaby Grass residents raised ongoing issues regarding the phone system. Residents talked about the length of time it takes for phone numbers to be approved. One resident provided an example of being consequenced twice for attempting a three way telephone call, explaining that this was done out of frustration with the delay and suggesting that two consequences for one action was unreasonable.

Residents also raised issues with the shoes they are issued, stating they are not comfortable or equipped for sporting activities. Two residents talked about some education programs being repetitive and boring whilst all residents spoke highly of the Red Cross fitness program and how they would like to have more access to this.

Residents continue to express their dissatisfaction with the weights being removed from the gym and would like alternatives to be considered. Two residents suggested that perhaps gym times could be allocated to residents, across the centre, according to what activity they would like to engage in. Although residents acknowledged this might make it difficult for unit routines they thought it would address conflict between residents in units wanting to do different things.

The Wallaby Grass residents talked about their experiences of the complaints process, one example was provided of when a positive outcome was achieved but generally speaking residents did not view it as effective. Residents described the YAC meetings as a more useful forum to raise issues and suggested when they take requests direct to the Accommodation Services Manager they also see more timely action taken. Residents did not speak highly of the role of the case coordinator and expressed some confusion over who they should approach with requests.

One resident spoke about his experience with spending time in Saltbush and being on 'a plan'. He said Saltbush is 'disgusting' and needs to be cleaned. He also talked about the negative impact that spending extended periods of time locked in a bedroom had on him. The residents raised issue with the time that their power is turned off at night. Residents suggested that times should be in accordance with age as well as phases.

Two residents raised individual matters during the visit. One in relation to wanting to have someone to talk to and another in regards to having contact with his children. Both issues were reported to the Accommodation Services Manager after the visit who agreed to follow up.

During the visit another adult was present. During lunch, the residents at my table asked who she was and if we were both from GCYP. I was not aware her identity and was not introduced. The residents said we were asking similar questions. Upon departure from the unit I introduced myself and learnt that the Senior Policy and Project Officer was interviewing the residents for the purpose of the review of the behaviour support strategies.

Although there were Charter of Rights posters on the walls in Wallaby Grass, when residents were asked about their understanding of their rights they indicated they knew very little.

I would like to extend my thanks for the arrangements made that enable these visits to occur. Informal visits to residents provide an important opportunity for this office to hear from young people about their experiences.

Regards,

**Jodie Evans | Advocate**

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**Braendler, Fiona (DCSI)**

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**From:** Clarke, Melissa (GCYP)  
**Sent:** Wednesday, 6 May 2015 2:01 PM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP); Simmons, Pam (GCYP); Evans, Jodie (GCYP)  
**Subject:** GCYP Monitoring Visit to Frangipani unit - Adelaide Youth Training Centre

Dear Sam, Steve and Angela,

Thank you for accommodating my visit to the residents in Frangipani unit on Tuesday 28 April 2015. Please find below the feedback from that visit.

A pre-visit meeting was held with the Accommodation Services Manager to discuss any dynamics or issues of concern with the residents accommodated in Frangipani on the day. The Accommodation Services Manager reported that there were four residents in Frangipani and those residents said that they did not want to see the Advocate, stating that the Guardian was responsible for 'putting them in care in the first place'. The Accommodation Services Manager further stated that the residents were 'anti-visitors' for about a week and this was not limited to the Advocate's visit. The Accommodation Services Manager advised that she had told residents that the Advocate would visit with them and encouraged the residents to engage with the Advocate.

Upon arrival at the unit there were two residents seated at the meal tables. The other two residents entered the unit and were escorted to their rooms. Staff advised the Advocate that the two residents were to spend some time in their respective rooms as they had had a minor altercation with each other in school, however both had an opportunity to speak with the Advocate prior to returning to school. Three staff members were present. The unit was also joined for lunch by the Case Coordinator and a Behaviour Support Officer.

The Advocate was advised prior to arrival that staff had attempted to clarify the role of GCYP with the residents. Two residents were eager to hear about the purpose of the Advocate's visit and the role of GCYP. There were no Charter of Rights posters displayed. The Advocate asked staff if one was available to assist in facilitating a discussion with the residents. A staff member was able to produce one from the office area. The residents stated that they liked some staff groups and did not like others. The residents liked the staff group on duty at the time of the visit, stating that they were fair and respectful towards the residents. The residents spoke about consequences and stated an early bed consequence - that is a 7:30pm bed instead of the normal 9:00pm - was too harsh.

Residents were not happy about the quality of the crop top they were wearing, stating that it offered no support and that residents could not run due to the lack of support. One resident showed the Advocate that the crop top was tearing on top of the shoulder strap.

Residents spoke about their perception of inequality within the Adelaide Youth Training Centre. They reported that the male residents received more gym and recreational time and more varied activities than Frangipani residents. With respect to school, all the girls did the same lesson together irrespective of how long they had been there. The girls stated that they did have different and smaller rooms than the male residents and provided an example of their art lesson that was held in a smaller room. The residents further talked about the participation of male residents in a carnival where they played soccer against each other and staff. The girls said they would also like to be involved in a carnival. The residents stated that the male residents did kickboxing, but again, the girls missed out.

The residents stated they are aware of the Youth Advisory Committee (YAC), however had concerns about the confidence of the representative presenting their views and issues at the meetings. The residents understood that his

made sense for a resident on a detention order to represent as opposed to a resident on remand, however suggested it would better to have two representatives from Frangipani attend.

Two of the residents were Aboriginal and talked about the lack of 'Nunga business' that happened in the centre. Both residents stated that the MAYFS program was boring and that they would like to see more activities and programs involving 'Nunga business' in the centre.

The residents asked the Advocate to raise with Management;

- The use of longer socks, as it is getting too cold to wear ankle socks
- The purchase of a punching bag for the courtyard
- Better quality shampoo and conditioner, as the current supply was no good for their hair
- The ability to shave their legs as needed. Currently the residents have to wait a week to shave again, and on admission have to wait two weeks.

Please extend my thanks to the staff for facilitating my visit with the residents in Frangipani unit.

Regards,

**Melissa Clarke** | Advocate

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**Braendler, Fiona (DCSI)**

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**From:** Evans, Jodie (GCYP)  
**Sent:** Thursday, 2 July 2015 3:38 PM  
**To:** Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP); Clarke, Melissa (GCYP)  
**Subject:** GCYP Monitoring Visit to Adelaide Youth Training Centre - Kangaroo Paw - Feedback

Dear Sam, Steve and Angela,

Please find following the feedback in relation to the **visit to residents in Kangaroo Paw unit I** conducted at Adelaide Youth Training Centre on Tuesday 30 June 2015.

A pre-visit meeting was held with the Accommodation Services Manager to discuss any dynamics or issues of concern with the residents accommodated in Kangaroo Paw on the day. A C3MS client list was provided but not the usual population sheet, it did not have the cultural identity details or Guardianship status of residents. The Accommodation Services Manager reported verbally on these demographics.

The unit staff were aware of the visit and residents knew they were getting a visitor, although they said they had little understanding of the purpose of the visit or the role of the Advocate.

Residents and staff returned from school at the commencement of the visit and initially engaged in individual activities, before setting up for lunch. There were seven residents in Kangaroo Paw and I had the opportunity to speak with all seven during the visit.

Generally the visit went well. The Kangaroo Paw residents were welcoming and engaged easily in conversation. I provided an overview of the reason for my visit and the role of the office. The residents of Kangaroo Paw raised the following concerns:

- They would like more activities in the unit, in particular a ball to play with in the courtyard.
- They are unfamiliar with the Case Coordinator for their unit and said they do not understand the purpose of this role.
- They would like access to the DVD player for longer at night as they would like to watch an entire movie before they go to sleep.
- They would like access to snacks when they are hungry such as biscuits or muesli bars, suggesting these could be stored in a locked cupboard that staff have access to.
- They believe four weeks is too long to wait for a phase review.
- They do not believe they are supported to express their views or raise issues and described being consequenced for making verbal complaints to staff.
- They would like to bring their art work from school back to the unit to continue to work on.
- They would like to use some of the music equipment from the school in the unit.

The Kangaroo Paw residents described issues with communication in the centre, indicating they are not clear about who they should approach for different reasons/issues. Residents have raised this previously and do not believe there has been any improvement in this area.

Some residents reported that they adopt the approach of 'keeping to yourself and doing your time quietly'. These residents indicated they did have questions about their individual circumstances but did not feel comfortable or know



who to ask. Residents suggested it would be helpful if they knew exactly who to ask for when they need to discuss issues of concerns.

Individual issues that were raised included a resident not wanting to be in a camera room any longer but not knowing who to talk to about this; one resident talked about not being able to sleep at night and said the nurse told him there is nothing that can be done to assist; another resident advised that when he gets a 'special' meal there is not enough for seconds, he does not eat pork and is provided an alternative but should get equal quantity to the usual meal.

During the visit there were three staff on shift, the Case Coordinator and another unidentified woman also joined the staff table for lunch. Staff did not announce themselves or introduce themselves to residents on arrival. Staff were asked at one point if they could move away from where they were standing as it was hindering open discussion. Staff advised that the lunch time routine needed to commence but they did not want to interrupt the discussion. This was noted as being good intentioned but needing to be handled differently.

There were Charter of Rights posters on the walls in Kangaroo Paw but there was little discussion about these during the visit. Residents talked generally about the complaints process indicating they have no confidence in the use of it, they expressed their view that responses are 'excuses' and do not result in change or improvement. Residents also asked what the purpose of GCYP visits are when it continued to raise the same issues over but resulted in no change. I agreed that this was a good question and provided some examples of things that have changed over the years but agreed there are other issues that we have not been able to influence.

A general discussion was had with the Accommodation Services Manager and Assistant Manager after the visit to residents at Kangaroo Paw.

I would like to extend my thanks for the arrangements made that enable these visits to occur. Informal visits to residents provide an important opportunity for this office to hear from young people about their experiences.

Regards,

**Jodie Evans | Advocate**

**Office of the Guardian for Children and Young People**

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**Braendler, Fiona (DCSI)**

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**From:** Ricciotti, Angela (DCSI-YouthJustice)  
**Sent:** Wednesday, 6 December 2017 5:37 PM  
**To:** Neuling, Mark (DCSI-YouthJustice)  
**Cc:** Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice)  
**Subject:** Email 13 July 2015

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**From:** Clarke, Melissa (GCYP)  
**Sent:** Monday, 13 July 2015 4:28 PM  
**To:** Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice); Burgess, Graham (DCSI-YouthJustice)  
**Cc:** Ledger, Samuel (DCSI-YouthJustice); Barr, Sue (DCSI-YouthJustice); Simmons, Pam (GCYP); Shaw, Amanda (GCYP)  
**Subject:** GCYP Monitoring Visit to Adelaide Youth Training Centre - Unit Bravo - Jonal Campus - feedback

Dear Steve and Angela,

Please find the following feedback in relation to the visit to residents in unit Bravo, Jonal Campus at the Adelaide Youth Training Centre on Tuesday 30 June 2015.

At the time of my visit there were six residents accommodated at Bravo Unit at Jonal Campus. During my visit there were between five and eight staff in the unit. Following the visit the Accommodation Manager reported that the high level of supervision was due to the low numbers in the unit and that the staff from unit Charlie were also available to assist in unit Bravo. The Accommodation Manager attributed the calm nature of the residents to the high level of supervision and the age of residents, all of whom were 14 years old. This was quite different from previous visits to Jonal Campus, where there was lower staff to resident ratio, and the ages of residents ranged between 10 and 14 years.

Some residents said they were bored in the unit, and that they would like to have more activities and programs. The residents shared their views about education, stating that the education program was boring and that they did 'the same thing every day'. The residents believed that they did not get as many opportunities as the residents at Goldsborough Campus. In particular, some residents said they were disappointed to not have access to the Red Cross – Boot Camp. Following the visit, the Accommodation Manager clarified that this would be offered to the residents at Jonal Campus in the near future.

The residents were disappointed that they were not advised of school holidays activities and programs which were commencing the following week. After the visit, the Accommodation Manager reported that the school holiday program would be released to residents within a day or two. Residents also told the Advocate that they were not told if there was going to be any celebrations or acknowledgment of NAIDOC week, which was also commencing the following week. The Accommodation Manager reported that there was a delay in coordinating NAIDOC week activities, but was confident that the program would be finalised and the residents would be advised.

One resident spoke about his perception of being bullied by other residents and by staff. This resident shared an occasion recently where he wanted to complain about a staff member using the complaints process and was told by that staff member that if he did complain, that he would receive an early bed. This was raised with the Accommodation Manager following the visit and GCYP is awaiting an update on the action and outcome of this enquiry.

The residents spoke fondly about their 'favourite' staff members, stating that these staff members are fair and take the time to listen and talk with them.

Some residents spoke to the Advocate about the temperature of the unit at night. The residents stated that they were restricted to two blankets at night and the temperature was quite cool. One resident stated he wore his clothes over his pyjamas to keep warm. The Advocate spoke with staff at the time of the visit. Staff reported that they were not able to modify the air conditioning temperature and confirmed that some rooms were cooler than others. Staff stated that they could only issue two blankets to residents due to operational safety. This was raised with the Accommodation Manager after the visit, whom stated that residents can be supplied with additional blankets upon request and agreed to clarify this with staff.

Residents spoke about having to go to the gym and other physical recreation activities in their day clothes instead of gym gear. The residents believed that the gym gear was in stores but had not been issued yet. The residents would like to have access to the weights in the gym and have been told that they cannot. The residents would also like to have access to the pool table and have been told that for safety reasons they cannot. The residents questioned that if they were not allowed to use the pool table for safety reasons, why was there a pool table in the gym area?

The Advocate was shown one of the rooms in unit Bravo. There was graffiti damage to the desk and cupboard wall. The walls were marked, untidy and the paintwork was old. The mirror did not show a reflection due to the damage to it. One resident stated that to have a warm shower, he had to run the tap at the same time. Another resident stated that his shower always ran cold water.

One resident was Muslim and stated that he was pleased that his cultural needs were being supported. Although he did not wish to pray whilst in unit Bravo, he stated that he has been given the opportunity too.

Please extend my thanks to staff for accommodating my visit in unit Bravo.

Regards,

**Melissa Clarke | Advocate**

Office of the Guardian for Children and Young People

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**Braendler, Fiona (DCSI)**

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**From:** Clarke, Melissa (GCYP)  
**Sent:** Wednesday, 2 September 2015 3:45 PM  
**To:** Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Barr, Sue (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Shaw, Amanda (GCYP)  
**Subject:** GCYP monitoring visit feedback - AYTC

Dear Steve and Angela,

Please find the following feedback in relation to the visit to residents in unit Saltbush, Goldsborough Campus at Adelaide Youth Training Centre on Wednesday 26 August 2015.

At the time of the visit there were eight residents accommodated in unit Saltbush. Three residents were on assessment and five residents were on regression.

Four of the five residents had been on regression for six weeks. The four residents told the Advocate they were required to progress through six Behaviour Support Strategy Plans (BSS) before they could transition back into a unit. One of the residents was attending the Youth Education Centre (YEC) for one lesson per day. This resident stated he did not get a choice about which lesson he participated in and stated that it was a waste of time, except for being able to leave the unit and mix with other residents. One resident stated that for six weeks he has been spending between 22 and 23 hours per day in his room (as per the four, 30 minute exercise periods are currently offered. Previously it had been two, 30 minute periods). This resident stated that he is required to eat all of his meals in his room. As there is no bench in the room he is currently in, he eats his meals on his bed. The four residents stated that for the first week of their six weeks in Saltbush, they were handcuffed when outside of their room and provided finger food at meal time. The four residents were given access to the televisions in their room after two weeks of being accommodated in Saltbush. Residents were provided with reading material while in their room stating it was generally a magazine or a short book.

While the four residents acknowledged they required some form of consequence, the residents shared that they found the strict regime counterproductive to encouraging good behaviour and excessive in length. One resident stated that although he is allowed to attend one lesson at YEC and he is trying really hard to ensure he exits unit Saltbush in the near future, he reported that he feels frustrated, bored and angry. One resident stated he still had two BSS plans to progress through, and believed that this would mean he would be on a strict regime for another two weeks. This resident stated that he had been to the basketball court on two occasions in six weeks and other than being able to go in the courtyard, this was his only time 'outdoors'.

In relation to the four residents mentioned, we will be seeking to undertake additional systemic advocacy and will require some additional information. I will contact you next week to discuss this further.

The residents spoke to the Advocate about a lack of privacy in their room, stating that there are no shower curtains and that when they shower, the youth workers can see them naked in the shower through the window in their door. The residents stated that there are no curtains or blinds on the windows and that residents from the opposite unit and centre staff can see directly into their rooms. One resident showed the Advocate his room and said that on some nights, the youth workers stuck material with Velcro to give some privacy and limit the sun light, but that this was removed in the morning. The Advocate was shown two rooms by residents, both were poorly maintained with ripped carpet and scratches on the walls and window. These issues were raised with management post-visit and was advised that blinds for the rooms were being sourced and that shower curtains will be going into the rooms. I look forward to receiving an update on the progression of this matter.

Five Saltbush residents spoke about the isolation and boredom of being in their rooms for extended periods of time. One resident spoke about his need for someone to speak with him when is alone in his room and heightened due to his medical condition however said that many youth workers did not attempt to engage with him to assist him calm. The residents spoke about the youth workers that they liked as being engaged, fair and respectful. The residents spoke about one youth worker who was in the unit at the time of the Advocate’s visit, as the ‘best youth worker’, because he listens and talks with the residents often and positively encourages them to continue to make the right choices when they are feeling upset, overwhelmed or angry. The Advocate observed this youth worker eat lunch with a resident that was on assessment. This resident appeared shy and distant to the other residents but engaged well with the youth worker over lunch.

The residents stated that they had just received new X-box games but that only some of them worked. The residents stated they would like a radio in the unit, so they could listen to music when out of their rooms.

Please feel free to extend my thanks to staff for accommodating my visit in unit Saltbush. If you have any questions regarding my feedback please do not hesitate to contact me or the Senior Advocate on 8226 8570.

Regards,

Melissa

**Melissa Clarke | Advocate**

Office of the Guardian for Children and Young People

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**Braendler, Fiona (DCSI)**

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**From:** Simmons, Pam (GCYP)  
**Sent:** Friday, 2 October 2015 12:45 PM  
**To:** Barr, Sue (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP)  
**Subject:** Monitoring Report - March to August 2015  
**Attachments:** 2015-09-30 AYTC monitoring report for March to August 2015 (A13950161).doc

Dear Sue, Sam, Steve and Angela

Thank you for your assistance on Monday (and before) in facilitating my visit with Amanda to AYTC for viewing the records and with the Advocates' visits to residents in the past six months.

Attached is the report for this period. Please let me know of any concerns or questions.

Kind regards  
Pam

**Pam Simmons** | Guardian for Children and Young People

Office of the Guardian for Children and Young People

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*September 2015*

*(reporting on March to August 2015)*

## Summary

The Guardian's review of records in September 2015 and five visits to residents since March found:

- The response to residents' feedback is generally prompt, respectful and appropriate.
- The invitation to residents to provide feedback is encouraging to them and is now systematised in both the written complaints process and the Youth Advisory Committee.
- The accountability in reporting action on issues discussed at the Youth Advisory Committee is now sound and the intention is to improve the reporting back to other residents on outcomes of the meetings.
- Care concerns (notifications to the Child Abuse Report Line) are now monitored well by AYTC management and decisions about action are made promptly.
- In this period of review the staff training was well balanced between operational requirements (eg first aid, child safe environments, safe use of force) and communication/relationship requirements (eg cultural awareness, preventing suicide and self-harm). In addition to this, mental health first aid training is expected to commence in 2016.
- The number of incidents is down by 19 per cent on the prior reporting period.
- The rate of use of force (per incident) though has increased.
- The introduction of a new category of 'use of force' to distinguish from physical restraint, without definitions, is confusing, and should be discontinued.

- The imposition of Behaviour Support Strategies in response to incidents is routine, and the strategies rarely individualised. This largely defeats the purpose of addressing threatening behaviour and learning about triggers and de-escalation.
- In general, the incident reports were of a high quality with appropriate detail and included residents' comments.
- The length of time to approve (and finalise) the incident reports was too long and it was agreed with the General Manager that this could be shortened to within three weeks.
- The inappropriate use of radio call signs to refer to units (in place of the unit names) has mostly ceased.
- The length of time residents are detained in safe rooms is generally short and there are now good records of staff interaction with residents while detained.
- The AYTC managers' responses to feedback from GCYP following visits to residents are thoughtful and prompt, though at times the issues have been minimised or dismissed.
- In response to feedback from residents there have been, among other things: increased activity and rehabilitation programs at Jonal campus; prompt changes to requests for different menus and clothes; flowchart to explain to residents the roles of various staff; and personal responses from management to complaints about staff.
- The issues that have been identified by residents but are still in process of being assessed by management include: delays in phone number approvals; the length and frequency of lock-downs in all units; the long periods of exclusion from school and from contact with other residents for those on regression; and the lack of privacy while showering for Saltbush residents.
- Other issues that are in process but not completed are the communication with residents in the first week of admission and an anti-bullying strategy for the Centre.

## Background

Twice yearly, the Guardian and Senior Advocate visit the Adelaide Youth Training Centre (AYTC) to review records and interview the Manager about safety issues for residents. Advocates from the Office of the Guardian (GCYP) visit AYTC every two months to speak with residents in two units of the Centre.

The agreed schedule for monitoring visits is:

- Review records for the preceding six months. To date these have been incident reports, written records of complaints, use of safe rooms, minutes of residents' meetings, staff training schedule and a summary of the care concerns.



- On other occasions, obtain the views and voice of the residents during informal visits.
- Clarify identified problems with the Manager.
- Interview other staff as required.
- Report observations to the General Manager and Assistant General Manager, AYTC, and Director, Youth Justice.
- Discuss persistent issues with the Director, Youth Justice on a quarterly basis.

## Complaints and feedback

In the review period March to August 2015, there were 116 written complaints. All complaints were documented and available for viewing.

All responses were appropriate and respectful. There were apologies where these were required, explanations of policy, information about efforts to resolve issues and a commitment to consider suggestions from residents. The respondents also appropriately suggested that some issues be referred to the Youth Advisory Committee to canvas other residents' views. Depending on the nature of the issues, the respondents were the Accommodation Manager, Business Services Manager, Assistant General Manager and the General Manager.

The timeframe for responding varied, with 76 per cent (63 of 83 dated complaints) within seven days. Ten of the 83 dated complaints were responded to well outside of the seven day timeframe, ranging from 17 to 30 days.

The common issues were:

- Clothing, particularly from the young women who wanted clothes more associated with being young women, not generic.
- The quantity and quality of food.
- Allegations of favouritism by staff, inconsistency of application of rules and the inappropriate threat of consequences.

There were six **residents' meetings** held in this six month period. The meetings are now combined with a resident representative from Unit B at Jonal attending by video link. The meetings are convened by the General Manager.

The minutes of the meetings were good and easy to read. The 'outcomes' column is now used to track progress on issues.

The long-standing issues were the lack of choice in magazines, chin-up bars and comfortable chairs at Jonal, noticeboards for all units, goal posts for the ovals, delays in phone call approvals, Job Club for residents on Phase 1, consultation with the girls about a possible move to Jonal and poor footwear.

In interview the General Manager updated GCYP on each of these issues, with some resolved in the September meeting. Details of the status of each of these outstanding items are recorded in the GCYP Audit report, but not written here.

The General Manager said, in response to a question, that the minutes of the meetings are provided to each unit but that they frequently disappear. It is anticipated that the noticeboards, which are in design, will protect such notices from damage.

## Care concern investigations

Two investigations by the Care Concerns Investigation team in the Department for Communities and Social Inclusion remain open from 2014. Both involved staff and are complex matters.

In the six month review period, four notifications had been made to the Child Abuse Report Line. Two of these were assessed as requiring a management response only and two were assessed as requiring investigation by Care Concerns Investigation (DCSI). The investigations commenced and concluded within the review period. The General Manager reported that the liaison with the Manager of the Care Concerns team was very good.

## Training

The training register was provided. About 44 per cent of the training had been operations. The remainder (56 per cent) had been for relationship/communication skill development which is a significant re-balancing from previous reports.

The General Manager reported that several senior staff would travel interstate in October to train in teaching mental health first aid which would be introduced to all youth work staff in 2016. (This had been reported as being investigated in the March visit.)

## Incidents

There were 100 reported incidents in this six month period, down from 123 in the six preceding months. Thirty-eight of these incidents involved the residents of Unit B (Jonal Campus). The disproportionate number of incidents (to resident numbers) at the Jonal campus continues a trend.

There were at least 97 uses of physical restraint in the 100 incidents. In addition there were 20 recorded 'use of force'. The separation of 'use of force' from 'restraint' is not defined. In the past, the record has been of use of force only and assumed to be restraint. The separation makes comparisons more difficult. The Youth Justice Administration Bill does not distinguish between 'use of force' and 'restraint' and the presumption is that the physical intervention will be what is reasonably necessary. I recommend that the new category of 'use of force' as distinct from restraint be discontinued so that the position is clear.

In the past six month period there had been 97 restraints and 20 uses of force (total 117) in 123 incidents. The rate of use of force per incident has risen. Sixteen young people had been involved in three or more incidents and three were involved in 10 incidents.

In the 100 incidents, there were 99 Behaviour Support Strategies (BSS) imposed. The BSS is used as a consequence for poor behaviour, so almost without exception this was imposed on young people involved in an incident. The median length of time was between three and four days. There was no observable change in the conditions from the last review period. The conditions always on the first day were typically 50 minutes of every hour locked in their room (day-time hours), meals eaten in their room, no participation in education or programs and night time lock in from 7pm until 9am. Access to reading materials, radio or television (in their rooms) was usually at staff discretion, based on the resident's behaviour.<sup>1</sup> The conditions could change from one stage (day) to the next, dependent on staff views of resident's behaviour.

## Incidents – sample

A sample of 39 incident reports were read. Overall, the reporting was good, with appropriate detail and all associated documents attached, including residents' comments.

In December 2014, the Manager reported that incident reports were expected to be completed within five working days. In the sample viewed in March 2015, the time taken to complete reports varied from 3 days to 37, with the median length being 14 days. The median time at this review (September 2015) has pushed out to around four weeks, with the longest being 13 weeks. It appears that the delays are in finalising the reports with the approval of the Manager.

In interview, the General Manager explained that the five-day timeframe is for supervisors (and other staff) to complete their reports of the incident, not for approval by Managers. In discussion it was agreed that a timeframe of three weeks was more appropriate for the whole process, including approvals.

The timeliness of recording the residents' comments on the incident was initially poor in the early months of the review period, with delays of three weeks common. Over the review period this improved significantly to most being within a week of the incident.

The March 2015 report noted the replacement of unit names with radio call signs by staff and residents. The Assistant General Manager promptly issued instruction about only using these terms for radio messages and never in reports or when talking with residents. This has had the desired impact with a change in practice from April.

## Detention room

There were 41 recorded uses of the detention (safe) rooms. Twenty-eight of these were under one hour, and 13 over an hour but less than 12 hours.

Of the sample of critical incident reports viewed, where required, all contained records of the use of the detention (or safe) room. The C3MS printed report has little information other than the time spent in the detention room and the general reason for the use of the room.

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<sup>1</sup> Until 2013 these conditions were referred to as 'off association'.

However all records viewed had an original detailed log sheet attached, documenting the time the resident entered and exited the room, observations made and efforts to counsel.

## Voice of children and young people

### Wallaby Grass

The visit to eight residents in Wallaby Grass unit was on **28 April** and a written report provided on 4 May. In summary the major topics of discussion (and response) were:

- The delays in approvals for phone numbers.

AYTC: Often caused by wrong numbers provided or delays in people returning calls to the Centre. However, attempts were being made to streamline the approval process.

- Uncomfortable shoes and unsuitable for sport.

AYTC: Residents can see a podiatrist if required.

- Education programs are repetitive and boring.

AYTC: Residents can raise these issues with teachers.

- Unhappy that the weights had been removed from the gym and whether gym times could be allocated to residents, rather than units, so that residents can do the activities they choose.

AYTC: Residents have other equipment for cardio exercise, in place of weights. (In subsequent discussion with the Director, she explained that muscle-building activities were being replaced by cardio fitness.) The Programs team were considering a resident roster for use of facilities but this was not favoured by all residents or staff.

- Confusion about who they should approach with issues.

AYTC: Would look into a flow chart for residents to explain diagrammatically which staff can answer what questions. (This flowchart was in evidence at the August visit to Saltbush.)

- The negative impact of extended periods of time locked in the bedroom while in Saltbush unit.

### Frangipani

The visit to four residents in Frangipani Unit was on **28 April** and written feedback provided on 6 May. In summary the major topics of discussion (and response) were:

- The 'consequence' of early bed at 7.30pm (instead of 9.00pm) was too harsh.  
AYTC: In response to similar comments at the Youth Advisory Committee all routines were under review, including bedtimes.
- The girls' crop tops offered too little support, especially for physical recreation. They also asked for longer socks and better quality shampoo.  
AYTC: New sports bras were purchased and the girls were happy with these. Longer socks had been purchased but not delivered and the shampoo is changed regularly in response to complaints.
- Inequality between the boys and the girls, notably: more gym time for the boys, more varied activities, less variety in school classes, smaller rooms for education and the soccer carnival which was exclusive to the boys (and staff).  
AYTC: These continue to be discussed at the Youth Advisory Committee and the Deputy Principal was considering a different room within the school for the girls.
- One representative at the Youth Advisory Committee was not enough, as the circumstances were different for those on remand compared to detention.  
AYTC: Two representatives from Frangipani would be invited to the next Youth Advisory Committee meeting.
- There was too little variety in the Aboriginal programs offered by MAYFS  
AYTC: The General Manager alerted the MAYFS Manager to this feedback.

### **Unit B, Jonal**

The visit to six residents in Unit B was on **30 June** and written feedback provided on 13 July. In summary the major topics of discussion (and response) were:

- Fewer opportunities for programs and activities compared to Goldsborough campus residents and in particular the Red Cross fitness program.  
AYTC: Red Cross and the Education unit would jointly deliver the fitness program later in the year.
- Delayed advice on school holiday activities and NAIDOC week celebrations.  
AYTC: There had been a delay in organising the NAIDOC week activities but a large event had been held in the weeks prior to NAIDOC week. Information about school holiday activities were provided a week ahead of the holidays.
- Allegation of bullying by other residents and favouritism by staff.  
This was resolved in the weeks following the visit.
- Temperature control in some rooms and extra blankets needed.

This was resolved promptly by the Accommodation Manager.

- No gym clothes, no weights in the gym and not allowed to use the pool table.

AYTC: The gym clothes were issued following the visit, the weights are being replaced with other equipment (see above) and the pool table is unsafe and would be removed.

- There was also a compliment about staff respect for a resident's religion.

### **Kangaroo Paw**

The visit to seven residents in Kangaroo Paw unit was conducted on **30 June** and written feedback provided on 2 July. In summary the major topics of discussion (and response) were:

- Need for more activities in the unit, particularly a ball to use in the courtyard

AYTC: All units receive activity equipment and these are replaced regularly. Soft sports equipment was being sought for use in the courtyards.

- Lack of knowledge about the case coordinator and the role of the case coordinator.

AYTC: The case coordinators are expected to visit the units daily and to have lunch at least twice a week with the residents. The Kangaroo Paw case coordinator though had been absent for some of that time because of bereavement leave.

- Longer times for use of the DVD player so that they can watch a movie through to the end.

AYTC: Extended use of DVD players is part of the reward system so it will not be routine.

- Limited snacks available.

AYTC: Fruit is always available and all units have a supply of snack noodles.

- Four weeks too long to wait for a Phase review (Behaviour Support Framework).

AYTC: The Phase system of behaviour support was under review and residents had been asked for their views.

- Use of music equipment and their art work in the units.

AYTC: Residents can do their art work in the unit, though it depends on what art equipment is required. Music equipment is retained in the school but the music teacher provides additional tuition out of school hours.

- Lack of knowledge about who to ask on particular issues.

AYTC: The flowchart was being prepared. (This was evident in the August visit to Saltbush.)

## **Saltbush**

The visit to eight residents in Saltbush unit was on **26 August** and a written report provided on 2 September. Three of the residents were on assessment and five on regression. Four of the five residents had been on regression for six weeks. The long periods of regression were explained by a serious disturbance in the Centre. In summary the major topics of discussion (and response) were:

- The most significant issues were typical of the regression regime, such as long periods of time in their room, no or limited access to education, and little stimulation while in their rooms.

This is an ongoing discussion between GCYP and Youth Justice because of the differences in perspective between residents (as reported to GCYP) and AYTC management about the conditions in Saltbush.

- The lack of privacy in their rooms with no shower curtains and no blinds or shutters on the windows to their rooms.

AYTC: In subsequent discussion it was clarified that the external shutters had been approved, (and now ordered and awaiting installation). The shower curtains were the subject of disagreement about the risk they posed. This has not been resolved and it is unlikely in the near future that shower curtains will be installed in the Saltbush unit.

- Lack of a radio in the unit so they could listen when out of their rooms.

AYTC: There are radios already in the unit and used daily in the rooms and courtyard.

- The residents complimented some staff who engaged with them when they were upset and encouraged them to respond positively to testing situations.

## **Action from previous reporting period (March 2015)**

- **Communication with new residents**

(February 2014- September 2015)

At the December 2014 meeting with AYTC management, the Assistant General Manager reported that a video and handbook for new residents would be produced in 2015 by the Youth Education Centre. It was anticipated that this would be finalised by the end of school term one, 2015.

At the September interview the General Manager reported that a third draft of the handbook was being reviewed by Youth Justice Policy staff and the Education staff had commenced but not completed the video.

**Unresolved**

- **Rehabilitation programs**

(July 2014 – September 2015)

There is slow but steady progress on providing quality rehabilitation programs for residents on detention. Residents at Jonal now had anger management (STAR) program and the Red Cross fitness program (which is activity rather than rehabilitation).

GCYP acknowledges the huge challenges in working with diverse groups, small numbers, the mix of residents on remand with those on detention and working across two campuses. However, there is no evident programs framework yet and no clarity (to external observers) about which programs are available to who. It may be that GCYP are asking the wrong questions and so the information provided is piecemeal rather than cohesive.

The conversation about programs may better be had with the Youth Justice Directorate in the immediate future.

**Removed (for discussion with YJ Director)**

- **Anti-bullying**

(July 2014 – September 2015)

In December 2014, the Assistant General Manager reported that the Youth Justice Policy staff will prepare an anti-bullying policy.

In September, the General Manager said that the plan was to mirror the approach taken in the education system and that work had commenced on this. He expects that it will form part of the revised Behaviour Support Framework.

**Unresolved**

- **Lock-down times**

(September 2014- September 2015)

In December 2014, the Assistant General Manager reported that staggered starting times for shifts would reduce the length of time residents are locked in their rooms and that reduced lock-down times were an AYTC Key Performance Indicator (KPI).

In September, the General Manager said that the proposal to stagger starting times had encountered obstacles because of significant industrial issues in changing shift times. It is unlikely to be resolved in the foreseeable future.

**Removed (for discussion with the YJ Director)**



- **Youth Advisory Committee Meetings**

(December 2014 – March 2015)

Youth Advisory Committee (YAC) meetings had been occurring irregularly and there was little recorded accountability for action.

By September the meetings were occurring regularly and outcomes were recorded and reported.

**Resolved**

- **Unit names**

(March 2015)

In March it was observed that increasingly the names of units were referred to by their radio call signs in written reports, including feedback from residents. This practice suggested that the social environment was tending towards crisis response and containment.

This was promptly addressed and the practice has largely halted.

**Resolved**

### **Areas for attention or discussion (September 2015)**

The following items have been agreed as action or are for further discussion, arising from the review of records for March to August 2015 and the visits to residents.

- **Timeliness of completion of incident reports**

It was agreed that a realistic timeframe for approval of incident reports by Managers was within three weeks. The five day timeframe will continue to apply for completion of the staff, supervisor and residents' accounts of the incident.

**Braendler, Fiona (DCSI)**

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**From:** Evans, Jodie (GCYP)  
**Sent:** Monday, 7 December 2015 10:15 AM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Shaw, Amanda (GCYP); Simmons, Pam (GCYP)  
**Subject:** GCYP Monitoring Visit to AYTC - Blue Gum unit

Dear Sam, Steve and Angela,

Please find the following feedback in relation to the visit to residents in Blue Gum unit conducted at Adelaide Youth Training Centre on Tuesday 1<sup>st</sup> December 2015.

A pre-visit meeting was held with the Accommodation Services Manager to discuss any dynamics or issues of concern with the residents accommodated in Blue Gum unit on the day. The Accommodation Services Manager advised there had been a significant change to the population of that unit the day prior to the visit. The unit staff and residents were aware of the visit, although residents were unfamiliar with the purpose of the visit and the role of GCYP.

Soon after arrival at the unit, residents and staff returned from school to prepare for lunch. There were ten residents listed on the population sheet for Blue Gum unit, nine were present throughout the visit and one was at court.

The Blue Gum residents were welcoming and very keen to have their say, many were prepared with issues they wanted to discuss. Some residents were more vocal and more confident than others but there was not enough time to talk to residents individually so we spoke as a group throughout the visit. I provided a brief overview of the purpose of my visit and the role of the office and the types of issues that are often discussed. Staff provided residents the space to talk freely without interruption, although at times residents sought validation or confirmation from staff. The unit Supervisor attended the unit towards the end of the visit and engaged in conversation when questions were directed at him.

Residents provided positive feedback regarding some programs in the education centre, giving particular attention to being able to complete Certificate courses they had been doing in the community and the Red Cross Fitness program. Residents were of the view that they could not participate in the Swimming program that is running at the centre at the moment unless they are on phase two. Residents talked about enjoying physical activities but wanting more time at the gym, pool and oval.

The Blue Gum residents raised ongoing issues regarding the number of phone calls they get, the time frame for phase reviews and quantity of the food that is provided at meal times. Residents also talked about ongoing dissatisfaction with the complaints process, the weights equipment in the gym and the activities that are available in the unit. These issues were reported to the Accommodation Services Manager and Supervisor during the post-visit discussion as ongoing areas of dissatisfaction to residents.

Residents talked about the quality of the shoes. One resident showed me the rips on the outsides of the shoes he was wearing and staff commented that they are not suitable for playing sport. Residents also talked about wearing second hand clothing, they acknowledged when they are admitted they are given new underwear and socks but advised they are given second hand tracksuits, t-shirts and shorts. Residents described it as 'disgusting' and 'disrespectful' that they are forced to wear clothes that any number of residents have worn previously. The unit Supervisor provided a response to the issue of second hand clothing during the post-visit discussion, advising that clothes are well washed and any with stains or tears are discarded. New clothes will not be issued with every new admission due to high cost.

Residents raised issues with their communication with staff. Residents reported examples of staff telling them they have no rights, feeling disrespected by staff and being consequenced if they attempt to defend their position in a dispute. Residents added that different staff have different approaches; some give warnings prior to issuing a consequence, some are willing to engage in conversations about behaviours in an attempt to defuse a situation, whilst others are not.

Residents spoke at length about the moves of residents that occurred the day prior. Residents reported that they were 'locked down' for seven hours. Residents provided a detailed account about the room searches that occurred, how they were moved and the lack of information that was provided to them throughout the process. Residents were dissatisfied with the amount of time they had to spend in their rooms, the limited information and the state of their rooms after the searches. One resident told me he had been told by staff he was going to a special visit when he was actually being moved to another unit. This issue was raised with the Accommodation Services Manager and Supervisor after the visit. It was not clear if the reported duration of the 'lock down' was correct. I have asked for this to be followed up.

Residents also raised concerns about the use of mediation to address conflict between them. Two residents provided a detailed account of their experiences of the use of mediation. They explained that it is a forced process, you have little choice to participate or you will be consequenced. Residents explained that it is their view if mediation is forced and therefore false, the conflict is not resolved and therefore placing the residents involved together is unsafe. One resident described having nine staff present for his mediation with another resident and how this made him feel intimidated and forced into an agreement.

I asked residents about the YAC meetings and the new weekly unit meetings that have commenced. Residents had mixed views on the effectiveness of these meetings in achieving change. Some residents voiced their view that staff do not listen to them when they raised concerns.

There were Charter of Rights posters and DECD ant-Bullying posters on the walls in Blue Gum unit. During the post-visit discussion with the Accommodation Services Manager and unit Supervisor, I commented on the impact that a drab physical environment can have on mood, feelings of self-worth and behaviour. The Accommodation Services Manager reported that professional murals are soon to be painted on the inside walls of each unit.

I would like to extend my thanks for the arrangements made that enable these visits to occur. Informal visits to residents provide an important opportunity for this office to hear from young people about their experiences.

Regards,

**Jodie Evans | Advocate**

**Office of the Guardian for Children and Young People**

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Champion for the  
**Charter  
of Rights**  
for Children and Young People in Care

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**Braendler, Fiona (DCSI)**

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**From:** Clarke, Melissa (GCYP) <Melissa.Clarke2@sa.gov.au>  
**Sent:** Tuesday, 8 March 2016 1:45 PM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice); Watkin, Travis (DCSI-YouthJustice)  
**Cc:** Evans, Jodie (GCYP); Shaw, Amanda (GCYP); Barr, Sue (DCSI-YouthJustice); Hopkins, Michelle (GCYP)  
**Subject:** GCYP Monitoring Visit to Adelaide Youth Training Centre - Unit Alpha - Jonal Campus - Feedback

Dear Sam, Steve, Angela and Travis,

Please find the following feedback in relation to the visit to residents in Alpha Unit, Jonal Campus at the Adelaide Youth Training Centre on Wednesday 24 February 2016.

GCYP Advocate, Michelle Hopkins accompanied me on the visit to Alpha as part of her induction.

Prior to the visit with residents, we met with Acting Accommodation Manager Travis Watkins, to discuss any dynamics or issues of concern with the residents accommodated at Alpha unit. Travis informed us that Alpha unit is now accommodating the female residents at the Adelaide Youth Training Centre.

At the time of the visit there were four residents present. Some residents were aware of the role of GCYP and the purpose of the Advocate's visit. The Advocates and residents were joined by two staff members from the AYTC Program team for lunch. The residents spoke openly about their experiences in the Adelaide Youth Training Centre and about their circumstances in the community. Residents reported that they enjoyed being at Jonal Campus rather than Goldsbrough campus, except for not being able to access the TV remote like they did at Goldsbrough campus. The residents stated that they do not have any interaction with the 'little boys' at Jonal, and believed that this was because staff did not trust the girls to have appropriate interactions with them.

Residents spoke about their circumstances outside of the training centre with one resident requesting advocacy around their particular situation, this issue was reported to the Acting Accommodation Manager. Residents also talked about various needs in regards to their education, personal safety and supports for information and change. Residents talked about the different education programs that were offered in AYTC with varying degrees of interest. All residents were excited about a beautician program that was being developed for them.

Some of the collective concerns raised by residents included:

- a request to have their Sunday barbeques in the outside area and not in the unit
- that staff were not being consistent; an example provided that most staff allowed residents to listen to music in the courtyard after recess snack, however on the day of the visit staff refused to provide the radio player
- the poor quality of the bras issued
- a request for a new hair straightener and to have more than one allocated to the unit
- they did not have 'decent' mirrors in the unit
- the limited hair removal options and not being allowed to use wax (one resident spoke about removing one hair at a time with tweezers)
- a request to do some cooking in the unit to develop their living skills.

Two of the residents had/are the Youth Advisory Committee representatives and told the Advocate that it is difficult attending the meetings via telephone as the boys dominate the meeting and there is limited opportunity for the girls

representative to speak up. The residents suggested that Jonal have their own Youth Advisory Committee meeting. The previous representative said she retired from being the representative because the issues do not get actioned or staff do not get back to them about the outcome or response.

Overall it was a very pleasant visit and the residents were in good spirits. Please extend our thanks to staff for accommodating our visit to Alpha unit.

Regards,

**Melissa Clarke** | Advocate

Office of the Guardian for Children and Young People

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**\*\*Please note, not in Office on Mondays**

Champion for the

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We acknowledge Aboriginal people as the traditional owners of this land, their living culture and their unique role in the life of the State.

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*April 2016*

*(reporting on September 2015 to February 2016)*

## Summary

The Guardian's review of records on 4 April 2016 and two visits to residents since September 2015 found:

- The response to residents' feedback is generally prompt, respectful and appropriate.
- The invitation to residents to provide feedback is encouraging to them and is now systematised in both the written complaints/feedback process and the Youth Advisory Committee.
- Care concerns (notifications to the Child Abuse Report Line) are monitored well by AYTC management and decisions about action are made promptly.
- In this period of review the operational requirements accounted for 80 per cent of the staff training. The provision of mental health first aid training, as indicated at the previous review, commenced in early 2016.
- The number of incidents is up by 60 per cent on the prior reporting period.
- The rate of use of force (per incident) has remained the same.
- The category of 'use of force' to distinguish from physical restraint, without definitions, is confusing, and should be discontinued.
- The imposition of Behaviour Support Strategies in response to incidents continued as routine, and the strategies rarely individualised. As raised in the previous review, this largely defeats the purpose of addressing threatening behaviour and learning about triggers and de-escalation. GCYP acknowledges the current review of the Behaviour Support Framework and associated strategies.
- The quality of the incident reports was variable. The detail contained in individual staff and supervisor reports ranged from limited to informative and appropriate.

- The length of time to approve (and finalise) the incident reports was too long and it was agreed with the General Manager that this could be shortened to within three weeks.
- The inappropriate use of radio call signs to refer to units (in place of the unit names) has resumed.
- The length of time residents are detained in safe rooms is generally short and good records of staff interaction with residents while detained continue. The use of the safe rooms did increase from the previous review period.
- The AYTC managers' responses to feedback from GCYP following visits to residents are thoughtful and prompt, including offers to pursue matters relevant to staff conduct.
- In response to feedback from residents there have been, among other things: positive feedback regarding some of the education programs and the girls' move from Goldsborough campus to Jonal, Sunday barbecues in the outside area rather than in units and separate YAC meetings for each campus.

## Background

Twice yearly, the Guardian and Senior Advocate visit the Adelaide Youth Training Centre (AYTC) to review records and interview the Manager about safety issues for residents. Advocates from the Office of the Guardian (GCYP) visit AYTC every two months to speak with residents in two units of the Centre.

The agreed schedule for monitoring visits is:

- Review records for the preceding six months. To date these have been incident reports, written records of complaints, use of safe rooms, minutes of residents' meetings, staff training schedule and a summary of the care concerns.
- On other occasions, obtain the views and voice of the residents during informal visits.
- Clarify identified problems with the Manager.
- Interview other staff as required.
- Report observations to the General Manager and Assistant General Manager, AYTC, and Director, Youth Justice.
- Discuss persistent issues with the Director, Youth Justice on a quarterly basis.

## Complaints and feedback

In the review period September 2015 to February 2016, there were 98 written complaints and feedback forms from residents, down from the 116 in the previous six months. All complaints and feedbacks were documented and available for viewing.

All responses were appropriate and respectful. There were apologies where these were required, explanations of policy, information about efforts to resolve issues and a commitment to consider suggestions from residents. The respondents also appropriately suggested that some issues be referred to the Youth Advisory Committee to canvas other residents' views.

A significant number of complaints required further follow up by the Accommodation Manager via either a face-to-face meeting with the resident or the convening of a meeting of involved parties. The completion or success of these interventions was not included as a record to the complaints and therefore, not part of this review process. Depending on the nature of the issues, the respondents were the Accommodation Manager and Business Services Manager.

Several of the feedback forms from residents noted the good work undertaken by Centre staff.

Seventy-seven of the feedback and complaint forms were dated. Twenty-one did not have dates provided by the complainant however the response letters by the Centre were dated.

The timeframe for responding varied, with 58 per cent (45 of 77 dated complaints) within seven days. Thirty-two of the 77 dated complaints were responded to outside of the seven-day timeframe, ranging from eight to 16 days.

The common issues were:

- Concerns about the implementation of the new Accommodation Model.
- The quantity and quality of food.
- Allegations of favouritism by staff, inconsistency of application of rules and staff use of inappropriate language directed at residents.
- Staffing ratios and associated restrictions.
- Delays in the administration of medication.

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The minutes of the meetings were good and easy to read. The 'outcomes' column is used to track progress on issues.

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Six staff have been trained in Adolescent Development and Mental Health First Aid. (In the September visit, the General Manager reported that several senior staff would travel interstate in October 2015 to train in teaching mental health first aid that would be introduced to all youth work staff in 2016.)

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In the past six month period there had been 131 restraints and 31 uses of force (total 162) in 160 incidents involving 221 residents. Nineteen young people had been involved in three or more incidents and four were each involved in a minimum of 10 incidents.

In the 160 incidents, there were 146 Behaviour Support Strategies (BSS) imposed or acknowledged as continuing. Thirty Risk Management Plans and ten Assessment, Care and Treatment (ACT) Plans were documented as supports within incident reports. On some occasions, a resident was subject to more than one of these plans.

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## Voice of children and young people

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- Positive feedback regarding some programs in the education centre, with particular mentions of the ability to complete Certificate courses commenced in the community and the Red Cross Fitness program.

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AYTC: 14 x 10-minute phone calls are allocated to each resident per week and that increases with phases. The phone system enables residents to make calls during unit times without having to ask staff, providing flexibility.

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The visit to female residents in Jonal, Unit A was on **24 February** and written feedback provided pm 8 March. In summary the major topics of discussion (and response, where required) were:

- Positive feedback about move from Goldsborough campus to Jonal campus.
- Different education programs offered in the centre with varying degrees of interest. All residents were excited about a beautician program in development.
- Request to have Sunday barbecues in the outside area rather than in the unit.

AYTC: Raised at YAC meeting.

- Inconsistency amongst staff.

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- Difficult to attend YAC meetings via telephone as the boys dominated the meeting and provided little opportunity for female representatives to speak.

AYTC: Senior Managers agreed to trial holding two separate YAC meetings for each campus.

### **Action from previous reporting period (September 2015)**

- **Communication with new residents**

(February 2014- February 2016)

At the December 2014 meeting with AYTC management, the Assistant General Manager reported that a video and handbook for new residents would be produced in 2015 by the Youth Education Centre. It was anticipated that this would be finalised by the end of school term one, 2015.

At the September interview the General Manager reported that a third draft of the handbook was being reviewed by Youth Justice Policy staff and the Education staff had commenced but not completed the video.

At the April interview the General Manager and Assistant General Manager reported that the handbook is now in draft format and with the Department's media section for the approval process. The video is still pending and discussions occurring about a possible collaboration with the school to develop the video as part of a project during 2016.

**Unresolved**

- **Anti-bullying**

(July 2014 – February 2016)

In December 2014, the Assistant General Manager reported that the Youth Justice Policy staff will prepare an anti-bullying policy.

In September 2015, the General Manager said that the plan was to mirror the approach taken in the education system and that work had commenced on this. He expects that it will form part of the revised Behaviour Support Framework.

At the April interview the General Manager and Assistant General Manager reported that the Centre will adopt the DECD Anti-Bullying policy, which is the current policy for the school. A workshop for residents has been planned and scheduled for Youth Week workshop.

**Unresolved**

- **Unit names**

(March 2015 – February 2016)

In March 2015 it was observed that increasingly the names of units were referred to by their radio call signs in written reports, including feedback from residents. This practice suggested that the social environment was tending towards crisis response and containment. This was promptly addressed and the practice has largely halted by September 2015.

However, the practice seems to have returned with staff and residents widely using radio calls signs in written reports and complaints reviewed in April.

**Unresolved**

- **Timeliness of completion of incident reports**

(September 2015 – February 2016)

In September 2015 it was agreed that a realistic timeframe for approval of incident reports by Managers was within three weeks. The five-day timeframe will continue to apply for completion of the staff, supervisor and residents' accounts of the incident.

The median timeframe for approval of the sample of incident reports reviewed in April 2016 was 20 days. Half of the sample viewed was approved outside of the agreed three week timeframe, with the longest being 10 weeks.

**Unresolved**

### Areas for attention or discussion (April 2016)

The following items have been agreed as action or are for further discussion, arising from the review of records for September 2015 to March 2016 and the visits to residents.

- **Consistency of incident report writing**

It was agreed that GCYP would prepare a communique to AYTC, in addition to this report, highlighting expectations of critical incident reports.

**Braendler, Fiona (DCSI)**

---

**From:** Shaw, Amanda (GCYP)  
**Sent:** Monday, 11 April 2016 4:08 PM  
**To:** Bennett, Rohan (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice)  
**Cc:** Evans, Jodie (GCYP); Lorek, Belinda (GCYP)  
**Subject:** Monitoring Report - September 2015 to February 2016  
**Attachments:** 2016-04-08 AYTC monitoring report for September 2015 to February 2016 (A14871144).doc

Dear Rohan, Sam and Steve

Thank you for your assistance in facilitating my visit with Belinda to AYTC for viewing the records and with the Advocates' visits to residents in the past six months.

Attached is the report for this period. The area for attention will be actioned by us (as discussed) and we will attend to this after Jodie's return from leave next week.

Please let me know of any concerns or questions.

Regards,

**Amanda Shaw | Guardian for Children and Young People**

**Office of the Guardian for Children and Young People**

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[www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au) | Follow us on [twitter](#)

We acknowledge Aboriginal people as the traditional owners of this land, their living culture and their unique role in the life of the State.

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Champion for the  
**Charter  
of Rights**  
for Children and Young People in Care



## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*April 2016*

*(reporting on September 2015 to February 2016)*

## Summary

The Guardian's review of records on 4 April 2016 and two visits to residents since September 2015 found:

- The response to residents' feedback is generally prompt, respectful and appropriate.
- The invitation to residents to provide feedback is encouraging to them and is now systematised in both the written complaints/feedback process and the Youth Advisory Committee.
- Care concerns (notifications to the Child Abuse Report Line) are monitored well by AYTC management and decisions about action are made promptly.
- In this period of review the operational requirements accounted for 80 per cent of the staff training. The provision of mental health first aid training, as indicated at the previous review, commenced in early 2016.
- The number of incidents is up by 60 per cent on the prior reporting period.
- The rate of use of force (per incident) has remained the same.
- The category of 'use of force' to distinguish from physical restraint, without definitions, is confusing, and should be discontinued.
- The imposition of Behaviour Support Strategies in response to incidents continued as routine, and the strategies rarely individualised. As raised in the previous review, this largely defeats the purpose of addressing threatening behaviour and learning about triggers and de-escalation. GCYP acknowledges the current review of the Behaviour Support Framework and associated strategies.
- The quality of the incident reports was variable. The detail contained in individual staff and supervisor reports ranged from limited to informative and appropriate.



- The length of time to approve (and finalise) the incident reports was too long and it was agreed with the General Manager that this could be shortened to within three weeks.
- The inappropriate use of radio call signs to refer to units (in place of the unit names) has resumed.
- The length of time residents are detained in safe rooms is generally short and good records of staff interaction with residents while detained continue. The use of the safe rooms did increase from the previous review period.
- The AYTC managers' responses to feedback from GCYP following visits to residents are thoughtful and prompt, including offers to pursue matters relevant to staff conduct.
- In response to feedback from residents there have been, among other things: positive feedback regarding some of the education programs and the girls' move from Goldsborough campus to Jonal, Sunday barbecues in the outside area rather than in units and separate YAC meetings for each campus.

## Background

Twice yearly, the Guardian and Senior Advocate visit the Adelaide Youth Training Centre (AYTC) to review records and interview the Manager about safety issues for residents. Advocates from the Office of the Guardian (GCYP) visit AYTC every two months to speak with residents in two units of the Centre.

The agreed schedule for monitoring visits is:

- Review records for the preceding six months. To date these have been incident reports, written records of complaints, use of safe rooms, minutes of residents' meetings, staff training schedule and a summary of the care concerns.
- On other occasions, obtain the views and voice of the residents during informal visits.
- Clarify identified problems with the Manager.
- Interview other staff as required.
- Report observations to the General Manager and Assistant General Manager, AYTC, and Director, Youth Justice.
- Discuss persistent issues with the Director, Youth Justice on a quarterly basis.

## Complaints and feedback

In the review period September 2015 to February 2016, there were 98 written complaints and feedback forms from residents, down from the 116 in the previous six months. All complaints and feedbacks were documented and available for viewing.

All responses were appropriate and respectful. There were apologies where these were required, explanations of policy, information about efforts to resolve issues and a commitment to consider suggestions from residents. The respondents also appropriately suggested that some issues be referred to the Youth Advisory Committee to canvas other residents' views.

A significant number of complaints required further follow up by the Accommodation Manager via either a face-to-face meeting with the resident or the convening of a meeting of involved parties. The completion or success of these interventions was not included as a record to the complaints and therefore, not part of this review process. Depending on the nature of the issues, the respondents were the Accommodation Manager and Business Services Manager.

Several of the feedback forms from residents noted the good work undertaken by Centre staff.

Seventy-seven of the feedback and complaint forms were dated. Twenty-one did not have dates provided by the complainant however the response letters by the Centre were dated.

The timeframe for responding varied, with 58 per cent (45 of 77 dated complaints) within seven days. Thirty-two of the 77 dated complaints were responded to outside of the seven-day timeframe, ranging from eight to 16 days.

The common issues were:

- Concerns about the implementation of the new Accommodation Model.
- The quantity and quality of food.
- Allegations of favouritism by staff, inconsistency of application of rules and staff use of inappropriate language directed at residents.
- Staffing ratios and associated restrictions.
- Delays in the administration of medication.

There were six **residents' meetings** held in this six-month period. Four of the six meetings were combined with a resident representative(s) from Unit A and/or B at Jonal attending by video link. However, from March 2016 separate residents meetings will be held at Goldsborough and Jonal. This is in recognition of the different issues affecting each site. The meetings are convened by the General Manager.

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**Braendler, Fiona (DCSI)**

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**From:** Shaw, Amanda (GCYP)  
**Sent:** Thursday, 12 May 2016 4:20 PM  
**To:** Bennett, Rohan (DCSI-YouthJustice)  
**Subject:** GCYP report on audit of BSS  
**Attachments:** 2016-05-12 Final GCYP report Audit of BSS (A14604651).pdf

Dear Rohan

As discussed last week please find attached the final report of our audit of BSS within the Adelaide Youth Training Centre.

The final report has taken account of the feedback provided by the Director and clarifications provided by the Adelaide Youth Training Centre. Again, we greatly appreciate the cooperation we have received to undertake and finalise this work, and we acknowledge that a number of actions have commenced to make improvements.

Regards,

Amanda Shaw | Guardian for Children and Young People  
Office of the Guardian for Children and Young People  
GPO Box 2281, Adelaide SA 5001 | Level 4 East, 50 Grenfell Street, Adelaide SA 5000  
Ph: +61 8 8226 8570 | Email: [amanda.shaw@gcyp.sa.gov.au](mailto:amanda.shaw@gcyp.sa.gov.au) | Fax: +61 8 8226 8577  
[www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au) | Follow us on twitter

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# Audit of Behaviour Support Strategies within Adelaide Youth Training Centre

May 2016



**Government of South Australia**

Office of the Guardian  
for Children and Young People

May 2016

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# Preface

The deprivation of a child or young person's liberty is significant – to them, their families and their communities. This is why international rules and national standards stress that the core principle of acting in the best interests of the child or young person is paramount. The rights, safety and wellbeing of children and young people should be upheld by the custodial facilities in which they are detained.

Rule 67 of the *United Nations Rules for the Protection of Juveniles Deprived of their Liberty* (1990) includes the requirement that “[a]ll disciplinary measures constituting cruel, inhuman or degrading treatment shall be strictly prohibited, including corporal punishment, placement in a dark cell, closed or solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile concerned.”

In particular, these rules and standards recognise that isolation can cause substantial harm to a child's health and wellbeing, effectively requiring that isolating practices should be limited to circumstances where there is an immediate risk to the safety of the young person or others.

As Guardian for Children and Young People, I am responsible under the Children's Protection Act 1993 for promoting the best interests of children and young people under the guardianship or in the custody of the Minister, with a memorandum of agreement specifying my functions in relation to the Adelaide Youth Training Centre (AYTC).

This underpins my Office's focus on monitoring the physical, mental and emotional safety of AYTC residents many of who are vulnerable. In the course of this function, we became concerned about a possible excessive use of isolation, including as a punitive measure in response to incidents. Residents' accounts, verbal reports from centre staff and our review of written records identified apparent inconsistencies in the use of Behaviour Support Strategies applied in response to incidents. These often resulted in the deprivation of education, contact with other residents and inadequate stimulation. To learn more about the use of such Strategies, the former Guardian conducted an audit of 181 Strategies between 1 February and 30 April 2015.

This audit report suggests that Behaviour Support Strategies currently are used for purposes other than support to improve behaviour or immediate risk management. It also identified opportunities for significant improvements with respect to -

- the Behaviour Support Framework (including the BSS approach),
- policies and procedures,

- implementation, authority and accountability, and
- review processes.

I look forward to the opportunity to work through the implications of our findings, and thank the Department's Youth Justice Directorate and Adelaide Youth Training Centre management and staff for their cooperation and direct assistance with the audit process. I also acknowledge the significant work undertaken by Belinda Lorek, Advocate.

Amanda Shaw  
Guardian

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## Introduction

Among other functions, the Guardian for Children and Young People advocates for the best interests of children and young people in the custody of the Minister for Communities and Social Inclusion, notably through monitoring the circumstances of young people in the Adelaide Youth Training Centre (AYTC). Through the monitoring activity of the Office of the Guardian (GCYP), the triggers, conditions and implementation of Behaviour Support Strategies (BSS)<sup>1</sup> at the AYTC were identified as an area of concern. Residents' accounts, verbal reports from managers regarding length and conditions of the BSS and GCYP's viewing of written records identified inconsistencies in the BSS practice. Of particular concern was young people's experience of isolation from other residents.

The audit was initiated by the Guardian with three main objectives:

- To obtain a detailed picture of the triggers for BSS implementation including the length, frequency, conditions and the profile of residents placed on BSS.
- To identify strengths and major problems in the use of the BSS under the Behaviour Support Framework (BSF) and make recommendations for improvement.
- To provide a baseline measure to monitor the impact of any changes implemented by AYTC to improve the BSS process and outcomes.

AYTC were in the midst of reviewing the Behaviour Support (Management) Framework and BSS during the audit period. This internal review included the issuing of a General Manager's Notice on 16 March 2015 to say that isolating a resident from other residents, while on a BSS, was prohibited. The General Manager said residents must be provided with opportunities to associate with other residents.

Reference points for appropriate standards within training centres are found in several key documents referred to in this report. These include the Australasian Standards for Juvenile Custodial Facilities, 1999 and the United Nations' Rules for the Protection of Juveniles Deprived of their Liberty, 1990.

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<sup>1</sup> The terms strategy and BSS are used interchangeably in this report.

## Executive Summary

In early 2015, the Guardian for Children and Young People initiated an audit of Behaviour Support Strategies (BSS) used in the Adelaide Youth Training Centre (AYTC), due to the Guardian's concerns about excessive isolation of residents in response to incidents. The audit was of strategies initiated between 1 February 2015 and 30 April 2015. It was conducted in two stages. Stage one audited 181 BSS and stage two audited 45 in more detail.

In summary, the audit found:

- There is lack of clarity about whether strategies are implemented for security/risk management purposes, rehabilitative purpose and/or as disciplinary measures. This is confusing for both staff and residents.
- The daily logging by staff about the implementation of strategies is inadequate. Accurate logging is critical, particularly when young people are deprived of contact with others.
- There is evidence of centre staff advising residents they are to commence a strategy. However, the kinds of details provided to residents by staff about the rationale for the strategy or conditions imposed are not recorded.
- Few complaints are made by residents about their strategies which may be for multiple reasons. Two verbal complaints were recorded but not facilitated into written complaints.
- The majority of residents on 'day one' of their strategy (audited in detail during stage two) are confined to their room for at least 22 hours per day. The required exercise periods were not routinely logged.
- The majority of reviews of BSS occurred as required in the BSS, but the record lacked detail about who participated and the outcomes of the BSS. Reviews are not brought forward if behaviour has settled or improved.
- Behaviour Support Officers (BSO) routinely write the BSS. There was little evidence of the BSS prepared in conjunction with other staff.
- Residents were allowed phone calls as requested and visits with family and friends while on their strategy.



- BSS did not routinely address the mental health or disability needs of residents. Assessment Care and Treatment (ACT) plans were used alongside BSS for residents with significant mental health or safety concerns.
- Most BSS were not individualised and conditions appeared to be copied and pasted from other strategy plans or days. Most forms were incomplete.
- Of the one hundred and eighty one strategies audited in stage one, nearly 80 per cent (or one hundred and forty three) did not propose the resident attend education during the strategy period.
- BSS are not required to be approved by any level of Management unless a Risk Management Strategy is additionally used.
- Mediation is often adopted as a strategy for resolving conflicts, bullying or violence between residents but may not always be a safe option. Details about the content of the session should be documented.
- Reintegration strategies were rarely documented as used to ensure the resident re-joins the main population at the safest but earliest opportunity.
- The audit covered 89 days. Only 14 days (15 per cent) did not see the initiation of a BSS within the centre. BSS are used frequently and are resource intensive to implement (if implemented as drafted).
- Nearly 50 per cent of residents who were subject to a BSS audited in stage one were identified as Aboriginal or Torres Strait Islander. Strategies did not reliably address the cultural needs of residents.

GCYP acknowledge that the audit's capture of BSS development and implementation may be incomplete due to missing entries in unit logs, case recordings and notes. However, if residents are subjected to strategies that deprive them of education, contact with other residents and staff and reduced stimulation, the rationale for doing so and supports provided throughout, must be clear and compliant with rights, standards and procedures.

**GCYP recommends:**

**Recommendation 1 – Cultural Appropriateness**

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AYTC should develop a coherent approach to addressing the cultural needs of children and young people within the Training Centre. This should have a particular focus on how behaviour support strategies and other interventions support the cultural rights of Aboriginal and Torres Strait Islander residents for whom the experience of isolation can be complex and compounding.

**Recommendation 2 – The Right to Education**

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Children and young people in the Training Centre should have guaranteed access to full education and/or training programs even if subject to behaviour management or support practices that temporarily may separate them from the general population. Education and/or training must be supported and administered by appropriately qualified professionals whatever the location or status of the resident may be from time to time.

**Recommendation 3 – Support for Staff**

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Appropriate training and early support should be provided to AYTC staff to enable them to address the complex needs of residents who may display persistent unsettled and/or disruptive behaviour. Strategies may not be the only or best approach to managing the impact of disruptive behaviour on staff and other residents. An assessment of the needs of both the resident, staff as well as the unit dynamics will be undertaken at the time of the incident and considered in forward planning.

**Recommendation 4 – Isolation and Behaviour Management**

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Isolation is not appropriate or safe for children and young people. Enforced periods of isolation from the general population should be minimally used and then only in clearly articulated circumstances. AYTC therefore should develop clear definition and practice statements as to what constitutes isolation, segregation and time out.

Youth Justice is in ongoing consultations with targeted stakeholders in relation to the development of the legislative provisions pertaining to the use of isolation and segregation. The recently passed Youth Justice Administration Act and soon to be developed Youth Justice Administration Regulations

will provide definition of the terms isolation/segregation, define circumstances under which they may occur and processes for approval to ensure safety of residents and staff.

Any behaviour strategy or plans used in these contexts should be evidenced based and establish how any isolation practice will mitigate risk, reduce incidents and/or settle resident behaviour. They should also consider and plan for the potential impact of isolation on that young person's mental health and wellbeing.

In relation to current AYTC isolation practices, GCYP recommends that the following be given effect as soon as possible:

- a. for the required approval path necessarily to include the Assistant General Manager and General Manager as per the safe room regulations
- b. be for the briefest period possible to ensure the safety of residents and staff and not used as a punishment measure
- c. that Strategies or interventions are assessed and reviewed daily and do not assume that a resident will require two, three or four days in a more restricted routine
- d. for regular exercise periods to be provided and logged, with time periods recorded
- e. that residents have access to regular, meaningful interactions with other residents and staff during those periods. All contacts should be logged with time periods recorded
- f. greater stimulation than currently provided should be available when a resident is isolated. This should include access to appropriate stimulation and variety for children and young people with low literacy.

#### **Recommendation 5– Behaviour Support**

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AYTC should review the effectiveness of the Behaviour Support Strategy (BSS) process as currently applied within the Centre. The review should be collaborative and engage with internal and external stakeholders. Any ongoing role for the BSS (if identified and/or modified as an effective tool) should have a clear primary purpose and form part of a suite of mechanisms that can be used to settle behaviour and support residents in response to identified triggers.

Consideration of evidence gleaned through the Audit has generated a number of suggestions that bear upon current and prospective behaviour strategies, models, frameworks or plans, including that the Training Centre should:

- a. ensure that any immediate risk management response to an incident occurs within an articulated response framework that focuses on behaviour support not punishment
- b. be individualised for each resident based on their particular needs (including factors such as mental health, disability, cognitive capacity, the context for the trigger, cultural needs, gender and age)
- c. specifically, take into account the complex needs of residents with mental health issues and/or disabilities, including through consultation with relevant service providers that specialise in these two domains (for example, to accommodate the serious implications of periods of isolation for some young people with depression)
- d. ensure that residents who are isolated from the general population have access to exercise periods and multiple stimulation options (with details to be fully recorded)
- e. guided by regular dynamic risk assessments, strategies should provide regular opportunities for residents undergoing any form of isolation to spend time with other residents. Plans or strategies should not assume from the outset or anticipate that mixing cannot occur initially or for a specific period such as two days. Daily, recorded assessments should inform how residents can associate with others.
- f. be developed collaboratively with the involvement of unit staff, Behaviour Support Officers as well as specialist staff appropriate to that young resident
- g. any behaviour plan, strategy or model should be subject to a daily collaborative review and does not entrench decisions about the duration of a strategy or periods of isolation
- h. residents should have the opportunity to have input to any review process and provided with feedback on their successes and challenges
- i. develop reintegration strategies as a formative part of any plan or strategy

- j. review the current use of mediation as a response to resolving conflicts or incidents. A definition of mediation to be included in the framework. Details of any mediation session with residents should be recorded
- k. provide an accessible complaint and feedback process that includes verbal and written options (with associated staff training available to facilitate the transcribing of complaints and feedback from residents who do this verbally)<sup>2</sup>

In 2014, Youth Justice commenced a project to review operational delivery of the Behaviour Support Framework (BSF). In September 2015, the Behaviour Support Framework Implementation Review Discussion Paper was finalised and made 11 recommendations for revision of the BSF. A project is now being undertaken to action the recommendations, which includes the suggestions identified above.

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<sup>2</sup> DCSI adopt the term feedback however the Youth Justice Charter refers to the right to make a complaint. Both terms are therefore used here.

## Methodology

The audit was undertaken in two stages. Stage one reviewed the 181 BSS for 53 residents that commenced between 1 February and 30 April 2015. Of the 181 BSS reviewed, 175 were provided by AYTC. One additional BSS was found and recorded from the BSS files provided.<sup>3</sup> Stage one audit commenced on 1 June 2015 and was completed on 3 August 2015. Stage one audit reviewed BSS only and recorded:

- The personal profile of residents subject to a BSS
- Dates of BSS including reviews and extensions
- Triggers for use of the BSS
- Conditions of the BSS as recorded
- Proposed periods separated from other residents
- School attendance
- Supports provided during the BSS period
- Regressions to Saltbush Unit
- The completeness and accuracy in recording

Stage two sought to audit the implementation of the proposed conditions for 45 of the 181 BSS, or 25 per cent of randomly selected BSS. This audit involved 37 young people. The random selection was undertaken prior to undertaking stage one.

Stage two commenced on 6 August 2015 and was completed on 26 August 2015. Stage two recorded:

- If and how the proposed conditions were implemented
- If and how the proposed exercise periods were offered

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<sup>3</sup> An additional five BSS were not provided by the Centre but found inadvertently by the Advocate in the critical incident folders.

- The number of meals the young person ate alone
- How many days of school were missed
- Period of isolation from other residents and staff
- The phone calls and visits for the resident during the BSS period
- Referrals, consultations or supports
- Consultation with the young person about the strategy
- Complaints made by the young person about the strategy
- The timeliness and nature of the reviews held
- Saltbush regression and length
- Provision of stimulation during the BSS period
- Reintegration strategies adopted

Stage two reviewed BSS, case notes, referrals for services, ACT plans, risk management plans, log books, complaint and any other C3MS documents relevant to the implementation of the BSS.

The period of time audited for the above recordings included:

- Case notes relevant to the trigger for the BSS no more than 48 hours prior to the BSS being implemented.
- Case notes relevant to the implementation of the BSS during the BSS period and up to 72 hours after the BSS had concluded.
- Any notes or minutes related to the reviews of the BSS during the BSS period only.
- Any logs or case notes regarding contact with professionals or referrals including external services were reviewed up to 72 hours following the closure of the BSS.
- Log entries regarding the drafting of the BSS and implementation of the strategy, 48 hours prior to the BSS implementation and 72 hours following closure of the BSS.
- Any complaints from the young person during the BSS period or the month following closure.

It is acknowledged that some referrals or support from services as well as complaints may have occurred outside this audited period.



## Framework and template

The AYTC Behaviour Management Framework (version 2013) makes minimal reference to Behaviour Management Strategies (BMS) and Plans (BSP). These plans are now referred to as the Behaviour Support Strategy or BSS. The Behaviour Management Framework is based on the *DCSI Training Centres: New Direction Framework*, establishing the principles of a new model. The framework outlines six 'new direction framework initiatives'. Reported by AYTC management, all residents are part of the incentive phase progression scheme (under the Behaviour Support Framework) but not all require a BSS. Those young people assessed as having particular vulnerabilities or concerns would have a strategy in place either in a BSS and/or in their case plan.

The Behaviour Management Framework lists BSS as one of multiple possible actions in response to a particular incident or behaviour. The incidents or behaviours include:

- Documented reports/case notes of below expected behaviour standards (fighting, uncooperative, negative attitude)
- Visitor attempts to bring in contraband during a visit
- Bullying/intimidation, standover, inciting other residents
- Sexualised behaviour, sexual offending
- Involvement in a critical incident
- Ongoing severe behavioural disturbance
- Deterioration of mental health or social and emotional wellbeing
- Death of a relatives or close family friends
- Positive drug or alcohol test

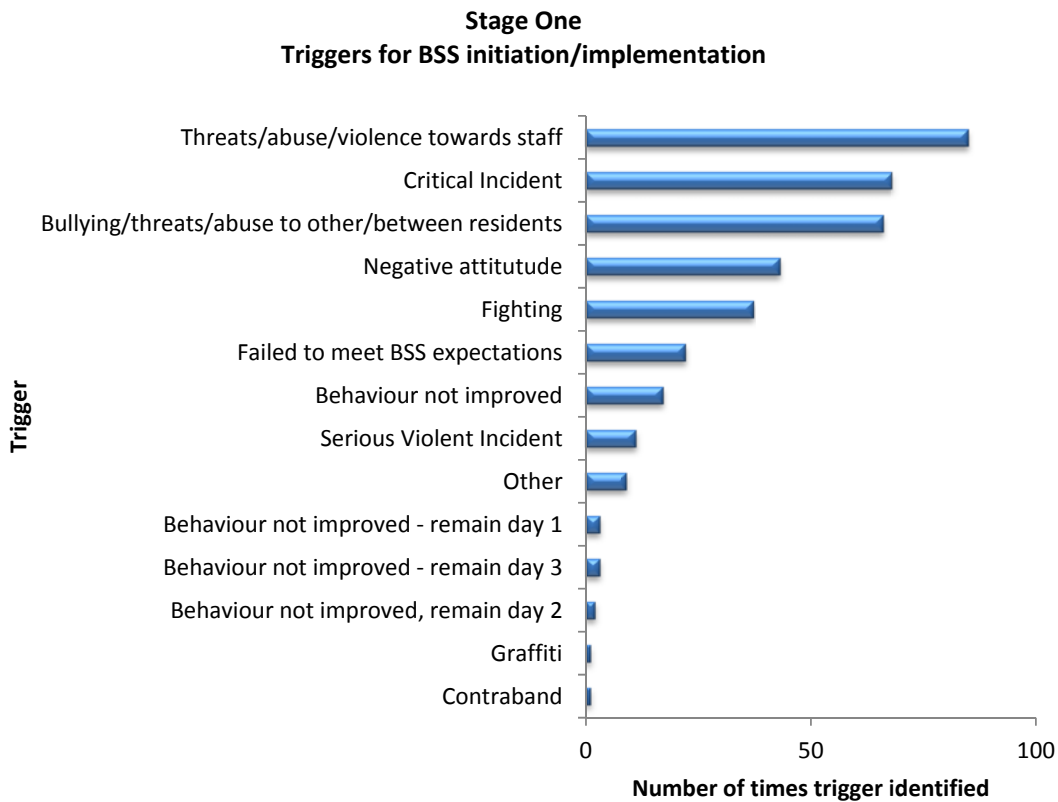
There is no definition of a BSS in the Framework. The BSS form (in current use) offers an opportunity for staff (Behaviour Support Officers) to detail the history and context for the situation and identify supports available to staff and residents. The form includes a section to share strategies for staff to communicate and work with the resident and identify reward or incentives for correcting negative behaviour. The BSS template articulates the need to identify opportunities for contact with other

residents at all stages of the BSS. A risk management section calls for consideration of risk issues including items that may or may not be provided to the resident in their bedroom. The review section encourages remarks or comments made by the young person and those who reviewed the strategy.

## Triggers

The audit revealed the following as triggers for implementation of 181 BSS (see Graph 1). More than one trigger could be recorded for each BSS so the total is 368 triggers recorded.

Graph 1



## Preparation of BSS

From the information provided by AYTC and the audit, BSS are initiated and drafted by a Behaviour Support Officer (BSO), sometimes in conjunction with the Duty Supervisor, Unit staff or Management Team. BSOs provide the BSS to the Duty Supervisor for approval. The audit suggests that review processes are unclear and appear to involve the BSO and occasional consultation with unit staff. Participation by the Duty Supervisor, Management team or residents in the reviews is not apparent.

The auditor observed that the BSS is used for multiple purposes:

1. As a consequence for negative behaviour for a resident
2. General deterrence to other residents engaging in similar behaviours
3. Time away from the main group for the resident to settle
4. Risk management if the resident is deemed a threat to themselves or others
5. To protect vulnerable residents who may be victimised
6. To alleviate pressures on staff and residents when negative behaviour is persistent.

When the audit was initiated, AYTC was reviewing the Behaviour Support Framework and associated tools including the BSS. On 16 March 2015, the General Manager issued a notice to all staff to ensure compliance with the *Family and Community Services Regulations (2009)*. This notice directed:

- The change of term from Behaviour Management Strategies to Behaviour Support Strategies with a reminder that AYTC 'operates under a framework of progression and support of positive behaviours'.
- A statement about the 'prohibited treatment' of residents through isolation (other than in a safe room) from other residents while on a BSS. It stated that residents must be 'given every opportunity to associate with other residents' with risks mitigated. If mixing is assessed as a

possible risk, then 'contact with other residents must be managed in a way to mitigate that risk' and the rationale case noted on C3MS<sup>4</sup> with the Duty Supervisor advised.

- If it was not 'operationally viable' for resident contact to occur, a case note should be made available about how the risk of isolation has been addressed.
- All residents must have access to stimulation in their bedrooms, unless due to risk the item needs to be removed. This should be case noted.

The audit concluded that despite this directive, 25 per cent of BSS post-16 March 2015 did not propose contact with other residents at all stages of the BSS.<sup>5</sup> In this 25 per cent, the direction 'do not mix' was *not* listed as a BSS condition. However, the phrase 'positive behaviour will allow resident to mix with others' or a similar condition was also *not proposed* to promote resident mixing (as it was in the remaining BSS).

Therefore, the absence of any conditions promoting the mixing of residents was considered as mixing was not proposed at all stages of the BSS (for this 25 per cent).

The Centre reported that for all BSS post-16 March 2015, the term 'do not mix' was removed from the template and strategies. It could therefore be assumed that mixing did occur *unless* stated otherwise.

In the 25 per cent of BSS that did not include a phrase for mixing, no case note regarding risks of mixing or safety was located.

The BSS is written by one staff member and administered by a group of others. The need for specific directions about what is proposed in the conditions list is therefore important.

The General Manager's direction involved a change in template for the BSS. The audit acknowledges that the transition for BSO's to use the new template as per the Manager's instruction may have caused some delay in applying the directive. It is noted, the conditions proposed are not part of the template but free word text and therefore at the writer's discretion, whatever template is used.

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<sup>4</sup> C3MS is the Connected Client and Case Management System

<sup>5</sup> Prior to the directive on 16 March 2015 20 per cent of plans did not propose contact.

## Definitions

AYTC and GCYP discussed definitions of seclusion, isolation and segregation prior to and during the audit period but there is as yet no agreement on definitions and no policy document or procedures which include definitions. In consultation with the Assistant General Manager, the auditor confirmed via email from the AYTC policy team (8 September 2015) that:

*'...there is no commonly accepted legislated definition of the term 'isolation' although we understand that there is a better understood definition of 'solitary confinement' in international guidelines. This has been described as circumstances which prevent an individual from contact with others for more than 22 out of 24 hours each day. It would, therefore, be regarded as 'isolation' if a resident of the AYTC were not given contact with other residents for at least two hours of each day.*

*'Limiting a young person to a restricted regime of association is only appropriate under certain circumstances (for example, if they had an infectious medical condition, if they were at acute risk of harming themselves or others, if there were some other identified significant risk to the security of the Centre). In these circumstances, it is expected that the reasoning be well articulated, and approved at the appropriate level of authority, with regular review of the young person's wellbeing and the appropriateness of the ongoing separation'.*

The *United Nation Rules for the Protection of Juveniles Deprived of their Liberty* (1990) states that "All disciplinary measures constituting cruel, inhuman or degrading treatment shall be strictly prohibited, including ... solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile concerned". It further states that juvenile offenders, children or minors 'should not be subjected to solitary confinement'. The UN makes reference to a 2010 report that states 'solitary confinement does not reduce violence among juvenile offenders detained in the youth prison.'<sup>6</sup>

The *Family and Community Service Regulations* (2009), Part 3, Section 7 states that 'isolation (other than in a safe room) from other residents is 'prohibited treatment' in reference to 'Training Centres'. The *Model Charter for Children and Young People Detained in Youth Justice Facilities* supports rights

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<sup>6</sup> Wildeboer, 2010, cited in UN Report, 1990.

of residents to not be subjected to isolation unless necessary for safety reasons, and never as a punishment.<sup>7</sup>

There is intended to be legislative development during 2016 for the Youth Justice Administration Regulations which will describe safe and appropriate circumstances when isolation/segregation may occur.

In the absence of a legal or operational definition of seclusion or isolation, GCYP sought definitions from elsewhere for the purpose of this audit and report. Isolation may be defined as the ‘physical isolation of individuals who are confined to cells/rooms for disciplinary, protective, preventive or administrative reasons, or who by virtue of the physical environment or regime find themselves largely isolated from others. Restrictions on social contacts and available stimuli are greater than for the general detainee population’.<sup>8</sup>

While the Training Centre does not adopt the term solitary confinement, it is necessary to include a definition here to ensure that the practice is clear and is not adopted within institutional settings. Solitary confinement is defined as the ‘physical isolation of individuals who are confined to cells/rooms for more than 22 hours a day. Meaningful contact with others is reduced to a minimum and there is a quantitative or qualitative reduction in stimuli. Available stimuli and occasional social contacts are seldom freely chosen, generally monotonous and often not empathetic’.<sup>9</sup>

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<sup>7</sup> The *Model* Charter was approved by the Minister for Communities and Social Inclusion in December 2015, and is now referred to as the Charter.

<sup>8</sup> Sixth Annual Report of the United Kingdom’s National Preventative Mechanism, 2015.

<sup>9</sup> Sixth Annual Report of the United Kingdom’s National Preventative Mechanism, 2015.

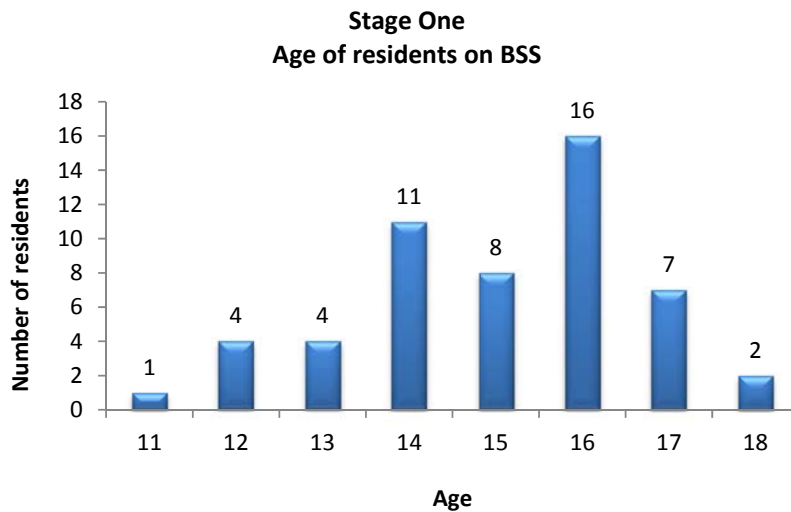
## Profile

### Gender

The sample for stage one (n=181 BSS) involved 45 males (85 per cent) and eight females (15 per cent). Seven males and one female were subject to the Guardianship of the Minister. The sample for stage two (n=45) comprised 30 males (81 per cent) and seven females (19 per cent)<sup>10</sup>. Of the 28 males, two were under Guardianship of the Minister, as were two females.

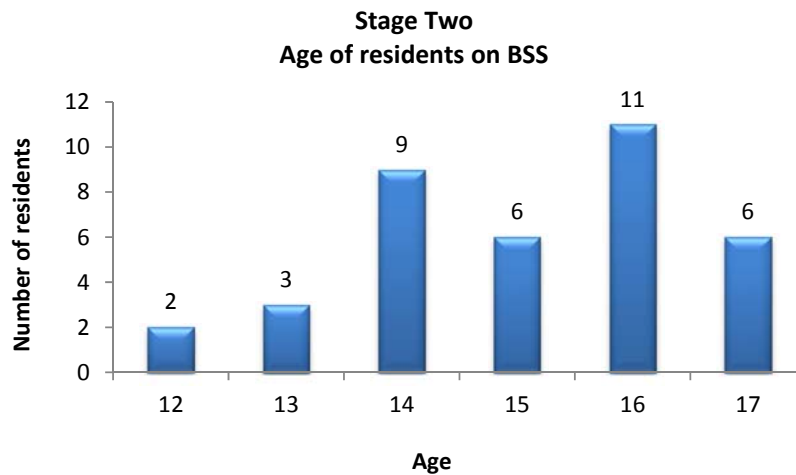
### Age

Graph 2



<sup>10</sup> Due to the small sample of females, the issues identified may not reflect the needs of females in AYTC

Graph 3



## Special needs

This section considers two broad categories of special need. First, the audit sought information on the special needs and/or disability status of the 53 residents involved in the 181 BSS during stage one. Of the 53 residents;

- Eighty-three per cent did not have disability recorded<sup>11</sup>
- Two per cent had a language disability or difficulty noted and five per cent with developmental delay
- Four per cent were recorded to have an intellectual disability
- Four per cent a suspected disability but undiagnosed
- Two per cent had 'other'

<sup>11</sup> The limited capacity of C3MS affects reliability of this finding. It is anticipated that a higher percentage of young people in the Centre may have a disability.



The audit confirmed the limited capability of C3MS to record special needs for a young person. Based on GCYP monitoring duties and discussions with AYTC staff the auditor suggests that the evidence here does not adequately reflect the disabilities and special needs of the population within AYTC. The Youth Justice Directorate have advised that needs are recorded in the 'Life Domains' section of a client's C3MS record and are a shared cross-functionality between DCSI and DECD. Improvements in recording in this section are being explored by Youth Justice in collaboration with the Families SA reporting team.

Stage one also recorded information from electronic client records (C3MS) about the mental health and wellbeing of residents. Forty-two of the 53 residents (or 80 per cent) had evidence on their file of a mental health issue such as self-harm, use of medication, suicidal ideations, depression or a suspected diagnosis. Multiple issues could be recorded for audit purposes for one resident. The following was found that of the 42 residents that had recordings:

- Twenty per cent did not have a mental health issue recorded
- Nearly 30 per cent of young people did not have a diagnosis but a mental health issue was suspected
- Depression was identified in 16 per cent of residents
- Thirty three per cent were recorded as having a trauma background
- Suicidal ideations or self-harm were noted or mentioned for nearly 74 per cent of residents
- Forty per cent of young people had or were taking medication at some stage

## Cultural identity

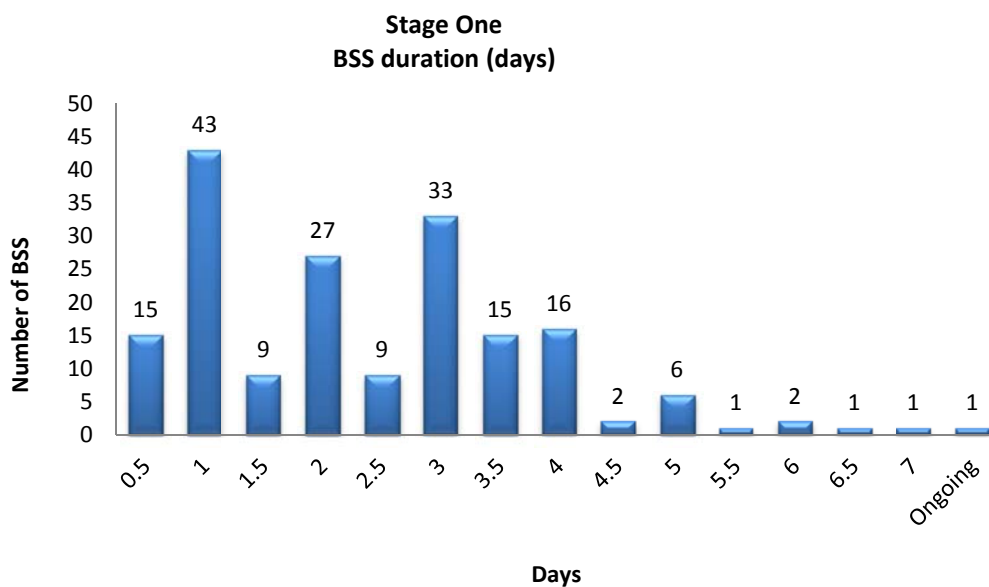
Twenty-five of the 53 residents subject to a BSS audited during stage one were recorded on C3MS as Aboriginal or Torres Strait Islander. Five were identified as Sudanese and 21 as 'other Australian'. Two were recorded as 'other'.

In stage two, 16 of the 37 residents were identified as Aboriginal or Torres Strait Islander. Five identified as Sudanese, fourteen as 'other Australian' and two residents were identified as 'other'.

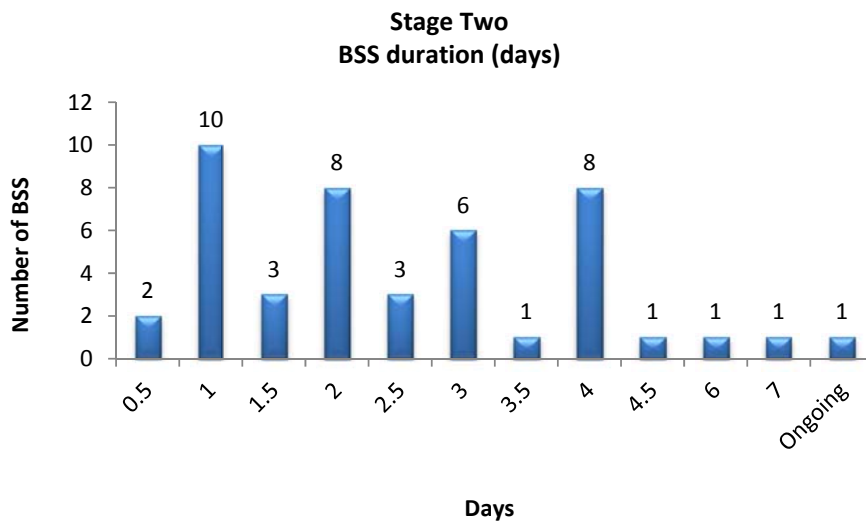
## BSS length and extension

Graphs 4 and 5 depict the length of the BSS audited during stage one and two respectively. Of the 181 BSS reviewed in stage one, 40 (22 per cent) were extended (or another BSS implemented immediately following the original BSS). For 119 BSS (66 per cent) there was no extension or it was not applicable to extend the BSS, for example, the BSS served a limited purpose such as supporting a unit transition. Fifteen (eight per cent) of the BSS initiated turned into 'ongoing' BSS, or BSS that were considered as permanent strategies to manage an ongoing behaviour concern for a resident. For seven of the BSS (four per cent) the recordings were unclear and could not be determined.

Graph 4



Graph 5



The median duration of the BSS audited in both stages was two days. The maximum length of a BSS audited in stage one and two was officially one week, however, one BSS was assessed as 'ongoing' or indefinite. The shortest BSS length was for half a day.

Forty-three per cent of the BSS audited in stage one were for three days or more. Forty two per cent of BSS audited in stage two were for three days or more. This results in nearly half the BSS length for three or more days. This does not reflect the residents who had multiple BSS which may have resulted in longer periods on a strategy.

## Findings and Discussion

The audit identified significant systemic failure in regards to access to education as well as opportunities for young people to interact with both staff and other residents while on strategies. The audit highlighted a failure of the system to ensure sound accountability for approving the strategies, which include periods of isolation. Concerns were identified about strategies supporting residents with complex needs arising from their mental health, trauma and disability. Cultural support was ad hoc and could be planned for in a more comprehensive way<sup>12</sup>. The following data will demonstrate inconsistent practice and/or recordings in relation to the provision of stimulation, exercise and reintegration strategies. The purpose of strategies appears to be unclear for residents and a greater involvement of residents in the process including reviews and options for complaints is likely to be beneficial.

There was no evidence that contact with family or friends via phone calls and visits was prohibited or denied for residents on strategies.

### 1 Purpose and Risk

The audit revealed that BSS is used for multiple, and potentially conflicting, purposes.<sup>13</sup> BSS are used to protect the safety and wellbeing of staff and residents from a resident(s) who is engaging in violent or risky behaviour. Risk sections were not routinely used on the BSS form to record risk management. For five BSS reviewed in stage two, a formal risk management plan was in place in addition to the strategy, overriding the strategy with a more restrictive regime. Risk management plans generally allowed four periods of 30 minutes exercise per day. When the risk management plan expired, the BSS was then implemented. Risk management plans were reviewed regularly and involved centre management.

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<sup>12</sup> Cultural positions are informed of incidents however immediate involvement will depend on time/day of incident

<sup>13</sup> Refer to Recommendation 5

A second purpose was as a disciplinary measure to communicate to the resident(s) involved that the behaviour was unacceptable. Anecdotal evidence from monitoring visits to AYTC suggests that most residents view the BSS as being for discipline. It also acts as a message of general deterrence to other residents about engaging in similar behaviours.

Anecdotal information from AYTC staff during the audit suggests a third purpose, with some residents in need of time away from the main group and, if victims of bullying, appreciate the protection a BSS can provide. This was confirmed by a number of BSS viewed during the audit, where victimisation was clearly an issue. These strategies should minimise the isolation of the resident and ensure regular activities.

Finally, the BSS also serves to relieve unit staff of continual pressures and incidents associated with the behaviour of some young people. Staff are challenged in a repeated way and no doubt seek relief in the form of a BSS to reduce incidents and restore a settled environment in some units for a short period. The BSS may therefore on occasions be used in response to the needs of staff and in response to a duty of care to other residents in the unit.

It is suspected that conflicts may also arise between the Behaviour Support Officers and unit staff regarding the conditions imposed and subsequent implementation of BSS. The BSO is responsible for writing the BSS while the unit staff implements the strategies. There may be disagreements about what conditions should be imposed or the practicalities of imposing strategies. The AYTC project worker allocated to assist on the audit confirmed that this can occur and communication about the BSS between the BSOs and unit staff is encouraged.

## 2 Isolation and Exercise

### 2.1 Isolation

According to the *Australasian Standards for Juvenile Custodial Facilities*, residents should only be separated in response to an 'unacceptable risk of immediate harm to the young person or others'. Separation that may compromise the physical or mental health of residents is strictly prohibited. Data should be kept about the frequency, length and rationale for separation. The standards also support the accessibility of staff for residents.

It is acknowledged by the Youth Justice Directorate that there is intended to be legislative development during 2016 for the Youth Justice Administration Regulations that will describe safe and appropriate circumstances when isolation/segregation may occur. Figures of the number of attempted suicide/self-harm (Report on Government Services 2016) are fortunately quite low; the majority of segregation occurs due to a likelihood of risk to others. Regardless, the intended development by Youth Justice of the use of Regulations will consider required observation periods and methods, and referrals to health/mental health practitioners in addition to dynamic risk/needs assessment.

Children and adolescents in youth justice facilities have a 'wider range of mental and physical health problems than those in the general community' (Sawyer, 2010).<sup>14</sup> There is a higher incidence of suicide attempts and suicide related behaviours amongst young people who have been in custody or in contact with the justice system (National Health and Medical Research Council, 1999).<sup>15</sup> When isolation is enforced on children and young people who are already vulnerable, this can be a distressing, destructive and risky combination. Isolation not only deprives residents of social interaction but also reduces their stimulation, activities and ensures even further loss of basic control around decisions than the incarceration has already caused.<sup>16</sup>

Residents are required to eat alone for most of their BSS, unless the strategy states that sharing meals with other residents is part of reintegration. This usually occurs towards the end of a strategy. For residents who are placed on consecutive BSS, this can result in young people eating meals alone for extended periods. For example, one resident had three BSS over an eight-day period resulting in over 16 meals eaten alone in their room. Another had seven BSS over a two-week period that could result in approximately forty meals eaten alone in one consecutive period for the resident.

The following graph indicates that 65 per cent of BSS resulted in residents eating between one to nine meals alone in their room during the strategy period. Thirty five per cent of residents ate ten or more of their meals alone during the strategy. Again, this does not reflect the experience of residents placed on consecutive BSS resulting in greater periods of isolation and meals eaten alone.

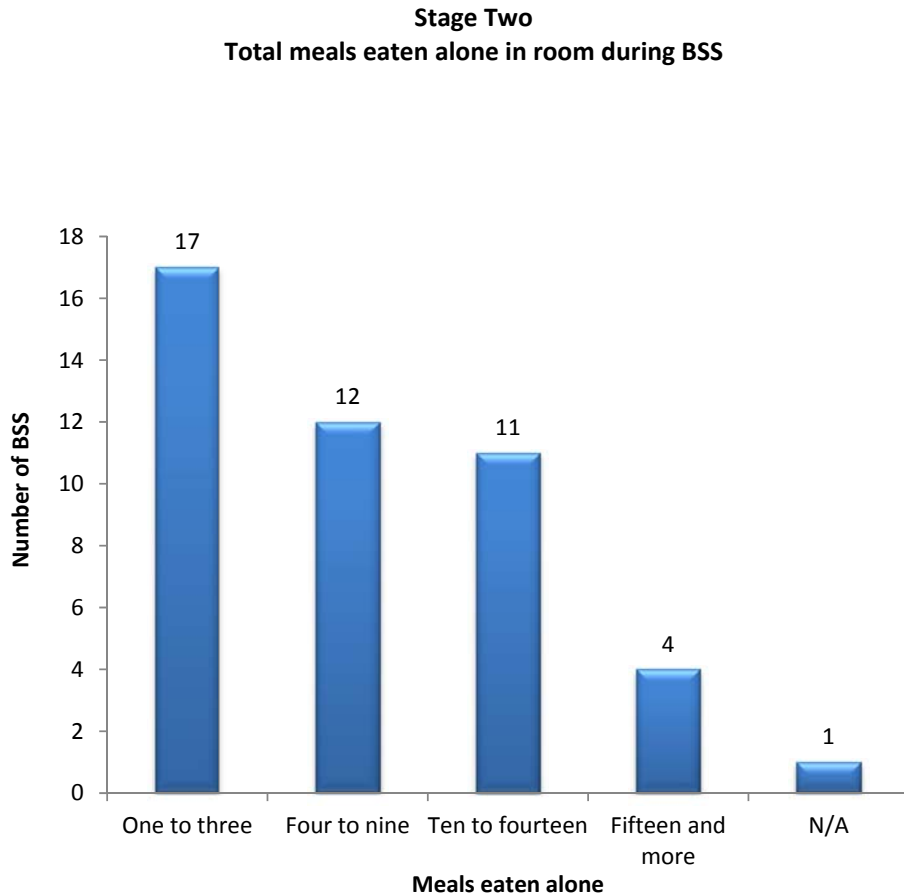
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<sup>14</sup> Cited in *Suicide Prevention Australia Report*, 2010, pg. 7.

<sup>15</sup> Cited in *Suicide Prevention Australia Report*, 2010, pg. 7.

<sup>16</sup> Shalev, S, *Sourcebook on Solitary Confinement*, 2008.

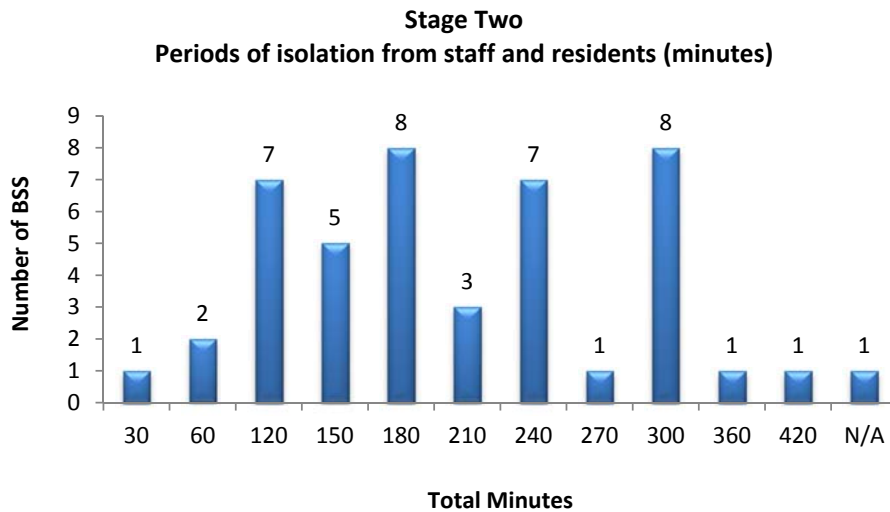
Graph 6



Residents on BSS were left for significant periods in their room with no notes in unit logs to suggest that face-to-face or verbal contact had occurred with them by any person in the centre.<sup>17</sup> The audit assumed meals were delivered to all residents in their rooms (unless stated) for breakfast, lunch and dinner and this was counted as face-to-face contact. The audit counted minutes between contact as logged (refer Graph 7 below).

<sup>17</sup> Refer to Recommendations 4 and 5

Graph 7



Based on the data collated in stage two, Graph 7 shows that the shortest period a resident was in their room with no contact was 30 minutes on one occasion. The greatest period was 420 minutes (or seven hours) on one occasion. The median period of time the residents spent isolated in their room was 180 minutes or three hours of no contact at all logged to have occurred. This is significant period of isolation for any resident. These times were between the hours of 7am to 7pm only, not overnight.

## 2.2 Exercise

Daily recreation time should be structured into routines including in the open air (weather permitting).<sup>18</sup> Unit log books showed that the exercise proposed in the strategy were provided unreliably during the BSS period.<sup>19</sup> The auditor noted that it is possible that not every exercise period was logged. The ability for unit staff to facilitate hourly exercise is likely to be impacted by incidents that arise in the unit and the needs of other residents. Less than a quarter of stage two residents were recorded to have refused approximately one exercise period per BSS. The greatest number of exercise periods refused by a resident in one BSS was recorded to be five. The resident

<sup>18</sup> Australasian Standards for Juvenile Custodial Facilities, Section 4.5, 1999

<sup>19</sup> Refer to Recommendations 4 and 5



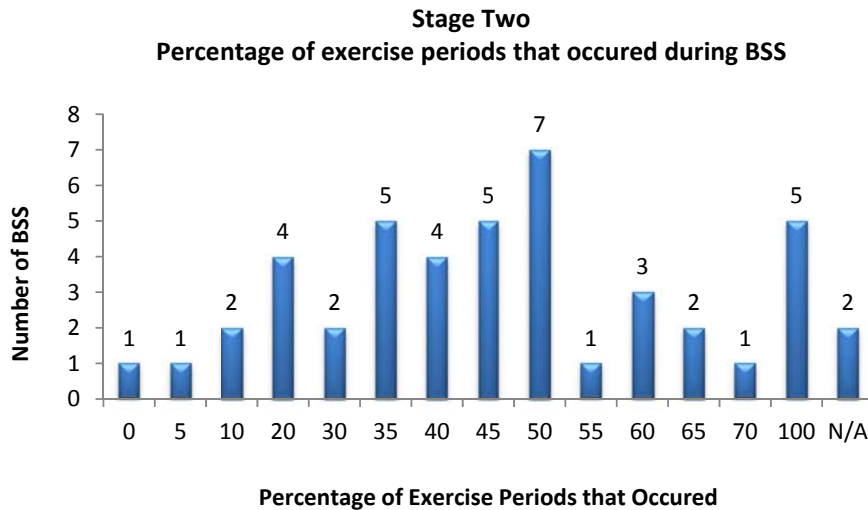
was noted to be 'withdrawn' and depressed by staff. The log provides a record of time residents spend outside of rooms and is arguably critical in demonstrating that significant periods of isolation do not occur.

Thirty-one of the 45 BSS (stage two) required '50/10' or 50 minutes of time in their room and ten minutes of exercise every daytime hour. This was generally implemented on day one. In this circumstance, between the hours of 7am and 7pm, the most a resident would have outside their room would be 120 minutes per day if no other reintegration strategies were in place (as was often the case, particularly for day one). Due to the lack of evidenced exercise periods in the logs, it is argued that even this amount of time outside their room was unlikely (refer Graph 8 below). The audit counted time out of rooms for phone calls and visits as one exercise period on each occasion (even if exercise itself did not occur).

For the purpose of the audit, general waking hours were assumed to be 7am to 7pm (an early bed). The audit counted exercise periods as occurring between the hours of 9am (following breakfast and showers) and 7pm. The audit allowed one hour for lunch and one hour for handover where it is possible no exercise could reliably be offered. The expectation was therefore that there was, at a *very minimum*, eight hours in which exercise periods should be offered per day. For example, on a 50 minute in room and ten-minute exercise regime per hour, the log should show eight, ten-minute exercise breaks for the resident for the day. For a '40/20' routine (40 minutes in their room and 20 minutes exercise per hour), the log should show eight, 20 minute exercise periods per day (or 160 minutes). The audit notes that some exercise periods were used for phone calls or professional visits. This was still counted as exercise periods, or time out of their rooms in the audit.

Stage two of the audit revealed the following regarding the percentage of exercise periods that occurred for residents on strategies:

Graph 8



Graph 8 presents the percentage of exercise periods that were logged to have occurred during the BSS period audited in stage two. The least amount of exercise periods that occurred were none on one occasion. The greatest percentage of exercise periods logged to have occurred was 100 per cent (on five occasions). The median percentage of exercise periods that occurred during the strategy was 45 per cent. This indicates that for around half of all strategies audited, the exercise periods that occurred were only half of what was planned in the strategy. For example, if a strategy planned 16 exercise periods, approximately eight were logged to have occurred. This either indicates a lack of staff to facilitate exercise periods, inadequate logging that exercise has occurred or in a handful of cases, resident behaviour prevented periods offered or they were declined by the resident. However, the last two situations were not observed to be a frequent occurrence.

In some circumstances, residents appeared to not exercise for a number of hours while on a strategy. For example:

- One resident had no logged exercise between 11.40am and 6.30pm
- One resident had no logged exercise between 9.15am and 4.00pm
- One resident had no logged exercise until first offered at 3.30pm (after going into his room for early bed at 7.00pm the prior night)
- One resident had no logged exercise between 10.30am and 5.00pm

### 2.3 The situation pre- and post the issuing of the 16 March 2015 directive

On 16 March 2015 the General Manager issued a notice to all staff to ensure compliance with the *Family and Community Services Regulations* (2009). This notice directed:

- The change of term from Behaviour Management Strategies to Behaviour Support Strategies with a reminder that AYTC 'operates under a framework of progression and support of positive behaviours'.
- A statement about the 'prohibited treatment' of residents through isolation (other than in a safe room) from other residents while on a BSS. It stated that residents must be 'given every opportunity to associate with other residents' with risks mitigated. If mixing is assessed as a possible risk, then 'contact with other residents must be managed in a way to mitigate that risk' and the rationale case noted on C3MS with the Duty Supervisor advised.
- If it was not 'operationally viable' for resident contact to occur a case note should be made available about how the risk of isolation has been addressed.
- All residents must have access to stimulation in their bedrooms, unless due to risk the item needs to be removed. This should be case noted.

The BSS audited often outlined conditions for isolation from residents in the first instance, with the assumed aim of settling or correcting negative behaviour before the resident could re-join the other residents.

Since 16 March 2015 BSS have been required (as per Manager's notice) to include contact with other residents and staff at *all* stages of the BSS. In stage two, 25 BSS prior to the 16 March were audited and 20 BSS post 16 March. Log recordings that demonstrated residents had mixed with other residents in any way (such as during exercise periods) was recorded as a contact.

Prior to 16 March 2015, 20 per cent of BSS (or five of the 25 BSS) did not plan for mixing with other residents at any stage of the strategy. Eighty per cent of strategies (or 20 BSS) planned for resident contact to occur during the BSS period. This mixing was in 68 per cent of cases dependent on mediation, positive behaviour or a risk assessment. The remaining 12 per cent had no conditions attached to the proposed mixing.

Of the 20 BSS prior to 16 March, that included mixing with other residents as part of the strategy:

- Seven strategies planned mixing for day one
- Eight strategies planned mixing for day two
- Five strategies planned mixing for day three

Audit data showed that in the cases where mixing was planned, in:

- Three cases contact was not provided as planned, with no explanation apparent
- Five cases contact was not provided as planned, with a rationale provided
- Nine cases the contact was provided as planned
- Three cases the contact was provided but delayed

After 16 March 2015, 25 per cent of BSS (or five of the 20 BSS) *did not* include the condition – ‘positive behaviour will achieve mixing’ (or a similar direction) in the strategy. This 25 per cent did not use the statement ‘mix with staff only’ however, did not direct unit/floor staff to undertake mixing as the remaining audited strategies did. Sixty-five per cent of strategies (or 13 BSS) planned for resident mixing to occur during the BSS period as per including a statement directing unit staff to encourage this to occur. The mixing in 35 per cent of cases was dependent on mediation, positive behaviour or a risk assessment. Ten per cent of cases (or two BSS) were unclear or not applicable about resident mixing (for example a phone BSS not involving resident contact).

Of the 13 (of the 20) BSS that proposed mixing with other residents as part of the strategy:

- Five strategies planned mixing for day one
- One strategy planned mixing for one-and-a half days
- Five strategies planned mixing from day two
- Two strategies planned mixing from day three

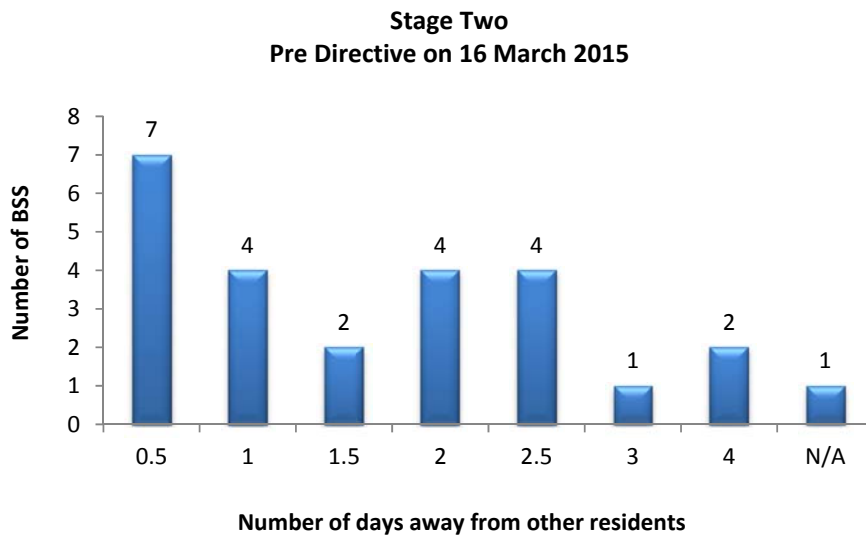
Audit data showed that in the cases where mixing was planned, in:

- Four cases contact was not provided as planned, with no explanation apparent
- One case contact was not provided as planned, with a rationale provided

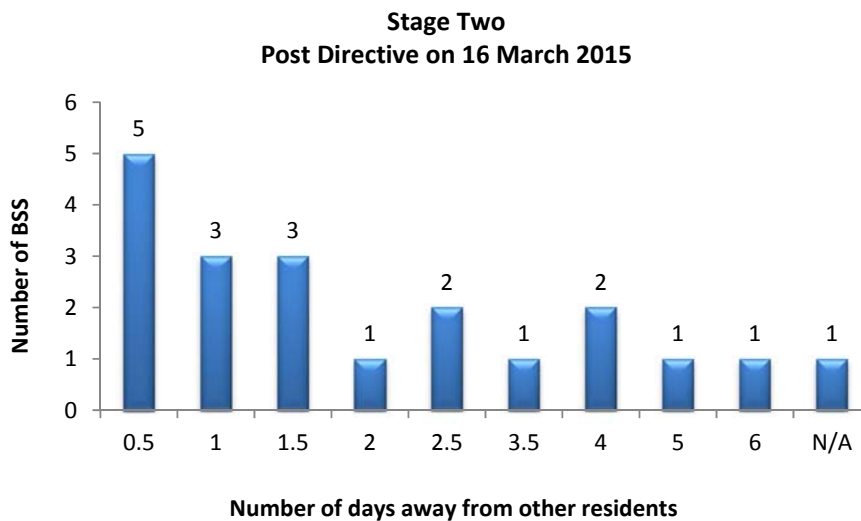
- Four cases the contact was provided as planned
- One case the contact was provided but delayed
- Three cases was provided earlier than planned or not planned but provided

In summary, the following graphs depict the actual time (in days) the resident on a BSS had away from other residents before and after the directive issued on 16 March 2015. There is little difference between the mixing of residents pre- and post-directive during the strategies. The audit found little evidence of consistent documentation about the rationale why mixing had or had not occurred, including how risk could be mitigated. Five BSS had attached risk management plans that in detail addressed concerns about safety and resident mixing.

Graph 9



Graph 10



Graphs 9 and 10 above indicate that the range of time the BSS proposed the resident had away from other residents ranged from half a day to four days (pre directive) and half a day to six days (post directive). Prior to the Manager's directive on 16 March, the median number of days the BSS planned for residents to spend away from other residents was one and a half days. The median number of days post the directive was also one and a half days. It appears the planned proposed isolated time for residents remains unchanged despite the directive.<sup>20</sup>

### 3 Education

Residents are entitled to an education in the Training Centre suited to 'his or her needs and abilities and designed to prepare him or her for return to society'.<sup>21</sup> The centre's educational programs should suit the individual needs of residents.<sup>22</sup>

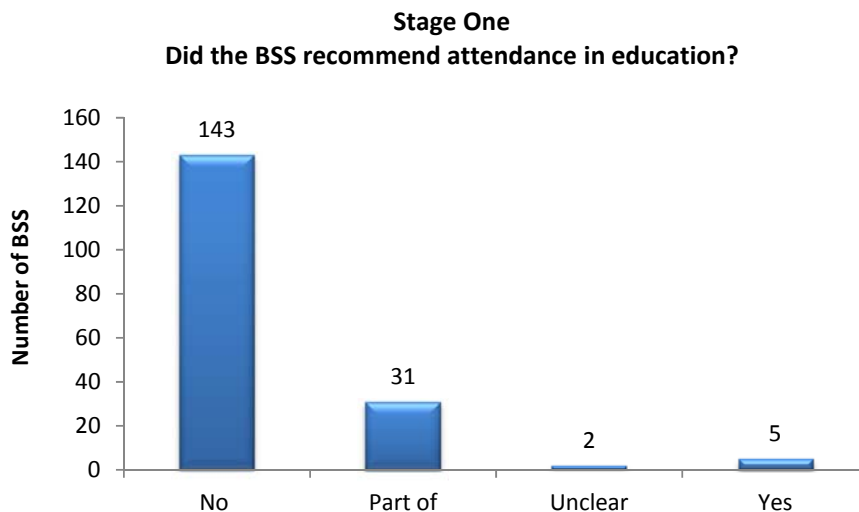
<sup>20</sup> Refer to Recommendations 4 and 5

<sup>21</sup> United Nations *Rules for the Protection of Juveniles Deprived of their Liberty*, 38, 1990

<sup>22</sup> Australasian Standards for Juvenile Custodial Facilities, 1999

Eighty per cent of the BSS audited in stage one did not recommend or mention education attendance in the Youth Education Centre (143 of 181 BSS).<sup>23</sup> Seventeen per cent included plans about either full or partial school attendance. Only three per cent of BSS included full attendance at the centre's education centre as part of the strategy. This was often in cases where the strategy related to transition between units or improving the safety of resident phone calls. Where education was not mentioned in the conditions, it was assumed residents did not attend lessons.

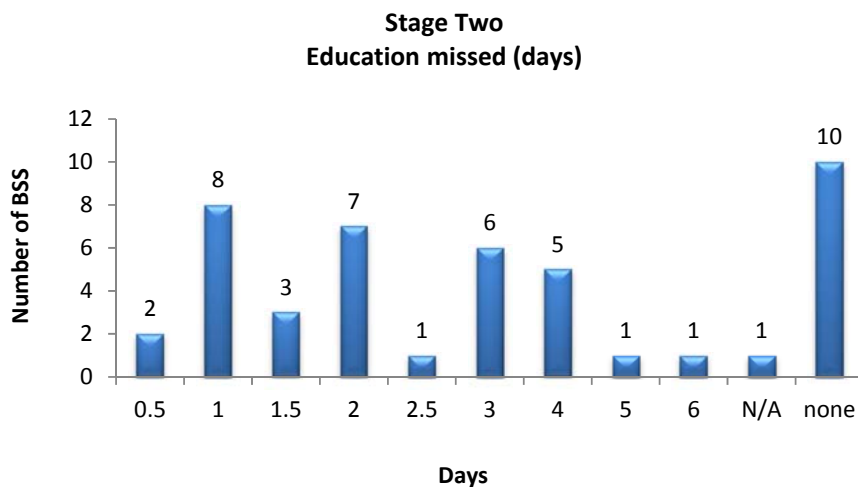
Graph 11



The total days of education a resident missed while on a strategy was extracted during stage two. AYTC management advised that when residents are moved to Saltbush on a BSS, activity packs are provided to residents missing school as the Youth Education Centre (YEC) does not provide education to residents who are in this unit. These packs are not supplied by the YEC and the content or provision of these packs was not confirmed in the audit. While a small number of BSS and log entries mentioned that education was sourced from YEC for residents, this was not common. Ten of the 45 strategies reviewed involved the resident not missing any education. This was due to the BSS including school attendance, or the strategy being within a non-school day such as weekends or school holidays.

<sup>23</sup> Refer to Recommendation 2

Graph 12



Graph 12 shows those residents who missed attendance in education due to being on a strategy. Thirty four of the 45 BSS audited in stage two resulted in residents missing between half a day to a maximum of six days (on one occasion). The median number of days that residents missed due to their strategy was two days. This does not reflect residents placed on consecutive BSS that resulted in them missing additional days of school.

There were a number of cases audited as part of stage one where consecutive or frequent BSS did not propose school attendance. While stage one did not audit if attendance at school did occur (despite not being proposed), if the strategy was carried out as planned, the residents are likely to have missed the following education days:

- Resident A: Ten BSS and one risk management plan (over a month period) would result in the resident missing 23 days of school (minus five days for school holidays and two for public holidays) therefore a total of 16 days of education days between 25 March and 28 April 2015.
- Resident B: Four consecutive BSS would result in the resident missing nine days of school between 3 February and 14 February 2015.



- Resident C: Eight consecutive BSS would result in the resident missing 15 days of school between 7 February and 29 February 2015. The same resident then missed an additional 12 days between 19 March and 3 April 2015 due to six consecutive BSS.
- Resident D: Three consecutive BSS would result in the resident missing five consecutive days of school between 2 February and 7 February 2015.

It is therefore argued that residents on BSS are missing out of educational opportunities while in AYTC on BSS.<sup>24</sup> This is true particularly for those residents on consecutive or frequent BSS that results in missing significant periods of schooling. There is little evidence to suggest residents are provided with consistent educational support in the units while on BSS and appear to spend most of their time in their room with no more than two books which can be swapped at the unit library.

Youth Justice is in current discussions with the Department for Education and Child Development regarding the need for more flexibility in the education service model, including teaching in the units, teaching outside of the traditional School Terms Calendar and consideration of broader learning options for the older population. Youth Justice and YEC will be developing a joint Strategic Plan in conjunction with SA Health over the coming months.

## 4 Stimulation

The *Australasian Standards for Juvenile Custodial Facilities* (1999) has standards and indicators for isolation and appropriate stimulation for residents if isolated. The standards state that residents should be provided with 'opportunities, choices and support for self-management'. Non-punitive methods are encouraged and access to a 'range of techniques to deal non-punitively with young people's inappropriate behaviours'.

Additionally, records of 'disciplinary proceedings and outcomes' should adhere to legislation, policy and procedure.

While most BSS proposed the provision of stimulation while on the strategy, unit logs did not reliably record the provision of stimulation to residents. There was no complete, accurate record of the provision or denial of stimulation to residents in their room for the whole duration of the BSS. AYTC

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<sup>24</sup> Refer to Recommendation 2

management verbally confirmed with the auditor that the provision of stimulation is not recorded in the unit log, unless there is an identified risk. The audit confirmed that even in cases of risk, documentation about stimulation not provided to residents was not common or reliable.

All residents must have access to stimulation in their bedrooms while on a BSS. According to AYTC management a minimum of a magazine, two books, a set of playing cards and stress ball is provided to residents, when assessed as safe. The unit library can be accessed during exercise periods for book exchange. The auditor did not confirm whether residents with no or low literacy had other options than reading materials. The BSS conditions outlines the provision of radio, reading materials, playing cards, puzzles and television which generally increases during the period of the BSS, dependent on positive behaviour.

Stage two of the audit found nine BSS that had brief references in the unit log to the provision of stimulation. Anecdotally, the provision was generally mentioned once in this circumstance throughout the entire BSS. For example, 'TV was turned off due to poor behaviour' or 'resident was provided with a book'. In two BSS the provision of stimulation was not relevant or required due to the strategy not limiting the resident to their room. In the remaining 36 BSS there was no logged evidence about the provision of stimulation. There is no evidence to confirm that residents on a BSS within AYTC are provided with the stimulation proposed or what the reasons were for why it was not to be provided.

Twenty of the 45 BSS in stage two involved the resident moving to Saltbush<sup>25</sup> unit. Two residents were already in Saltbush prior to the BSS implementation. In five cases, the resident remained in Saltbush beyond the duration of the BSS and in four cases it was unclear if they had remained or returned to their unit. The rationale for their stay beyond the BSS duration appeared to be due to unavailable space in their unit or ongoing disruptive behaviour. One resident spent approximately one additional month in Saltbush due to safety concerns about returning the resident to another unit. Saltbush unit has a more restrictive routine with greater periods of isolation and less provision of stimulation in resident rooms as part of its regression routine.

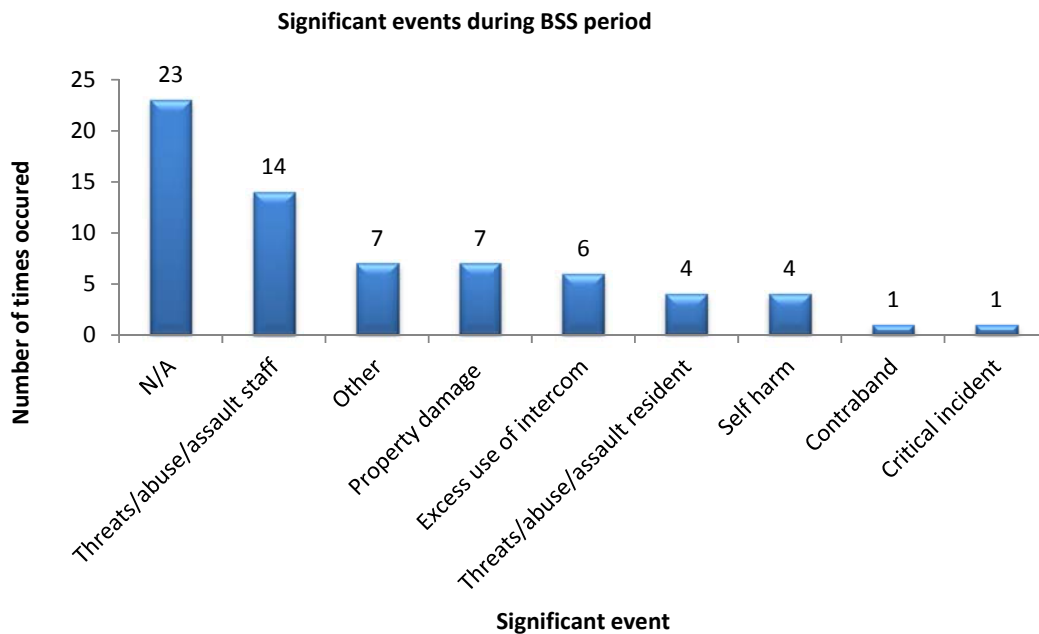
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<sup>25</sup> Saltbush is the unit at the Goldsbrough St campus of AYTC which accommodates boys new to the Centre (admissions) and those who have regressed in their behaviour support stages.

Resident behaviour was shown in 50 per cent of strategies reviewed as part of stage two, to escalate or de-stabilise during the BSS period.<sup>26</sup> While BSS are in place to settle behaviours, some residents appeared to engage in destructive or learned negative self-soothing type behaviours during their periods of isolation from others and lack of access to stimulation.

The most frequent of the disruptive behaviours observed in the audit process during strategies involved resident threats, abuse and other negative behaviours directed towards staff (appeared on 14 occasions). Contraband and critical incidents were the least occurring events (one observed for each). Property damage and excessive use of intercom were also frequent, accounting for another 14 occasions.

Graph 13



<sup>26</sup> Refer to Recommendation 5

## 5 Re-integration Strategies

The Australasian Standards for Juvenile Custodial Facilities (1999), in relation to protective care (those who may be assessed as vulnerable, a threat to themselves or others), note that intervention plans should 'minimise the separation of an identified young person, and allow access to activities provided to other young people without placing the identified young person at risk'.

In circumstances where protective care is required, plans should 'minimise the separation' of residents and 'allow access to activities' in a way that mitigates the risk.<sup>27</sup>

Re-integration strategies are employed to assist the transition of the resident. On 16 March 2015, the General Manager directed that 'residents must be given every opportunity to associate with other residents...at all stages' of the BSS. Of the 45 BSS reviewed as part of stage two, 33 planned for mixing with other residents to occur. Mixing was also assumed to occur with other residents when the term 'Saltbush or unit routine' was used. It was assumed in these circumstances, residents would have at least one meal with other residents and/or a brief activity.

Stage two of the audit sought to record the re-integration strategies that were evidenced to be adopted during the life of the BSS. Options included:

- Meals with other residents
- Visits from other residents to their room
- Exercise with other residents
- Games or activities with other residents
- School
- Activities with staff
- Other

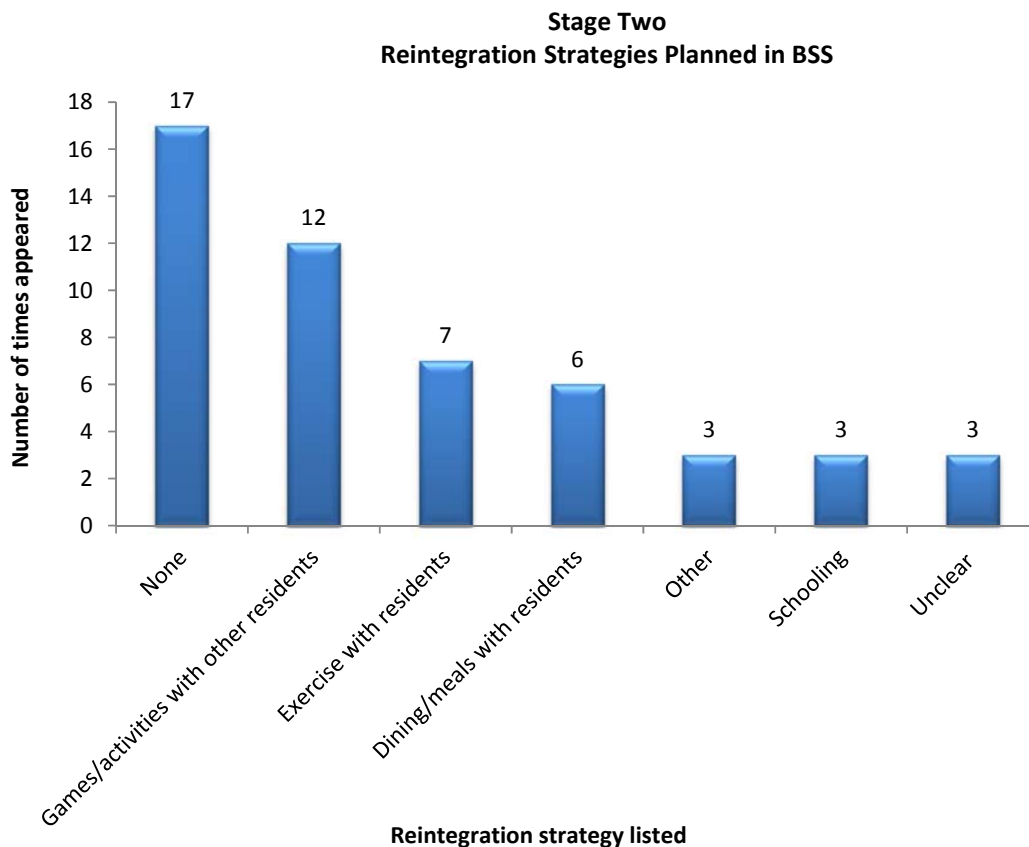
Of the 45 BSS reviewed during stage two, the following re-integration strategies were recorded (more than one could be selected for each BSS). In 17 of the BSS audited (37 per cent), the strategy

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<sup>27</sup> *Australasian Standards for Juvenile Custodial Facilities*, Section 7.4, 1999

did not list any reintegration strategy for the resident.<sup>28</sup> This is a significant proportion. This may be due to resident's return to the mainstream population quickly, however this direction or intention for them to return should be clearly documented in the strategy. The clear listing of conditions allows the staff member who is implementing the strategy to follow the BSS directions that were drafted by the BSO. The most popular reintegration strategy adopted was activities with other residents, such as attending the basketball court or pool. This accounted for one fifth of the strategies adopted. Exercise with other residents was listed on seven occasions as a strategy (15 per cent) and joining other residents for meals was listed on six occasions (ten per cent).

Graph 14



<sup>28</sup> Refer to Recommendations 4 and 5

Mediation was frequently adopted as a strategy for rebuilding relationships between residents following an incident, bullying or assault. Of the 45 BSS reviewed in stage two, 21 recommended mediation to manage further risk and before mixing between certain residents was allowed. In 85 per cent of cases, there was evidence mediation occurred but the details of who provided the mediation and the approach taken was limited.

The Behaviour Support Framework does not detail the mediation approach.<sup>29</sup> It is unclear if it is a structured mediation session or an informal restorative approach. Mediation can be risky, particularly when retribution is possible, the power between participants is unbalanced and one person may be the 'victim'. The Assistant General Manager confirmed that a safety assessment is undertaken prior to the session to ensure the participant's safety. The definition, purpose, goals and follow up of mediation goals should be clear for staff and residents. Recordings about agreements reached in mediation should be accessible to residents.

## 6 Accountability mechanisms

### 6.1 Approvals

All disciplinary proceedings should adhere to the centre's policies, procedures and international principles. Proceedings should be implemented in an 'impartial and fair manner'.<sup>30</sup> Accountability for BSS development and implementation is seriously limited. No apparent approval is required from the Assistant General Manager or General Manager for BSS of any length of time or degree of restrictive conditions proposed in a BSS.<sup>31</sup> BSS are initiated and drafted by a Behaviour Support Officer (BSO) and approved by the Duty Supervisor. It is unclear in what circumstances the initiation and draft is completed in conjunction with the Duty Supervisor, Duty Managers, unit staff or Management team. There is no review process to ensure consistency across BSS initiation or implementation across the centre.

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<sup>29</sup> Refer to Recommendation 5

<sup>30</sup> Australasian Standards for Juvenile Custodial Facilities, Section 7.3, 1999

<sup>31</sup> Refer to Recommendation 5

The use of the safe room in AYTC is governed by the *Family and Community Services Regulations* (2009), Part 3 (9). For a resident aged over 11 to be contained in a safe room for any period between 12 and 24 hours, the General Manager's approval is required.<sup>32</sup> For periods between 24 and 48 hours (for residents aged 15 years and over) the Director's approval is required. There is no such assignment of authority for the use of BSS. Isolation of residents in bedrooms in a BSS does not require approval.

The *United Nations Rules for the Protection of Juveniles Deprived of their Liberty* (1990) states that no resident should be 'sanctioned more than once for the same disciplinary infraction' and 'collective sanctions should be prohibited'. Residents currently need to repeat day one, or subsequent days of their strategy if their behaviour is deemed unsatisfactory. This can result in a resident's strategy being drawn out over days, unable to reach the expected standards. One example was found where a 'group BSS' was implemented in the Frangipani Unit. This was the same strategy for all residents in the unit at that time due to general disruptive and racist behaviour.

The audit revealed little input by other professionals or services into the development of the BSS. The strategy is provided by the BSO to the Duty Supervisor for approval. Unit staff then implement the BSS as written. Errors in the BSS may be executed in the unit, as it is written. Examples of this were observed, such as one day a resident is allowed television, the next day it is subject to positive behaviour, or changes in proposed periods outside of their room for example, 40/20 for exercise back to 50/10.

## 6.2 Reviews

The stage two audit sought to record whether a review of the BSS occurred. It was found that:

- Nine strategies had no record of review on the BSS form or C3MS
- Thirty-two strategies had the review recorded on either the BSS form or C3MS
- In four cases the review was unclear or did not occur for other reasons (such as release)

While reviews were generally dated to have occurred as scheduled, review processes were poorly documented and appeared to involve only the BSO, occasionally in consultation with unit staff. The

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<sup>32</sup> Children aged under 12 years cannot be detained in the safe room.

role of the Duty Supervisor, Management team and resident in reviews was not apparent. It was also unclear how exemplary behaviour may lead to an early review of a strategy, particularly over weekends. For example, unit staff commended one resident for excellent behaviour but he still had to complete his BSS.

Reviews occurred in a timely way but who attended was unclear. Generally, record of a review was a single statement that the BSS was reviewed and closed. The review did not provide detail about the success, challenges or considerations for future strategies, nor feedback from residents.<sup>33</sup>

Of the 181 BSS reviewed during stage one, four per cent of BSS forms were complete (all sections had been filled out, dated, and signed). The remaining 96 per cent did not have all sections filled out, including sections for reviews. Eighty-five per cent were dated correctly. Stage two examined if the conditions proposed in the strategy each day were consistent across all days. For example, that if positive behaviour allowed access to television on day two, then positive behaviour would also allow access to on day three and four. The audit found that most strategies were consistent in the conditions proposed (80 per cent).

Rather than the BSS form listing re-integration strategies for the resident to work towards, the auditor observed the form was used to list behaviours that the young person was *not* to display. A small number of excellent BSS forms were noted by the auditor that provided insights about how to engage the resident, behaviour management approaches, communication tips and sharing knowledge about what works.

### 6.3 Frequency of BSS use in the centre

In regards to the number of BSS initiated compared to admissions, the following table summarises admissions and BSS during the month period:

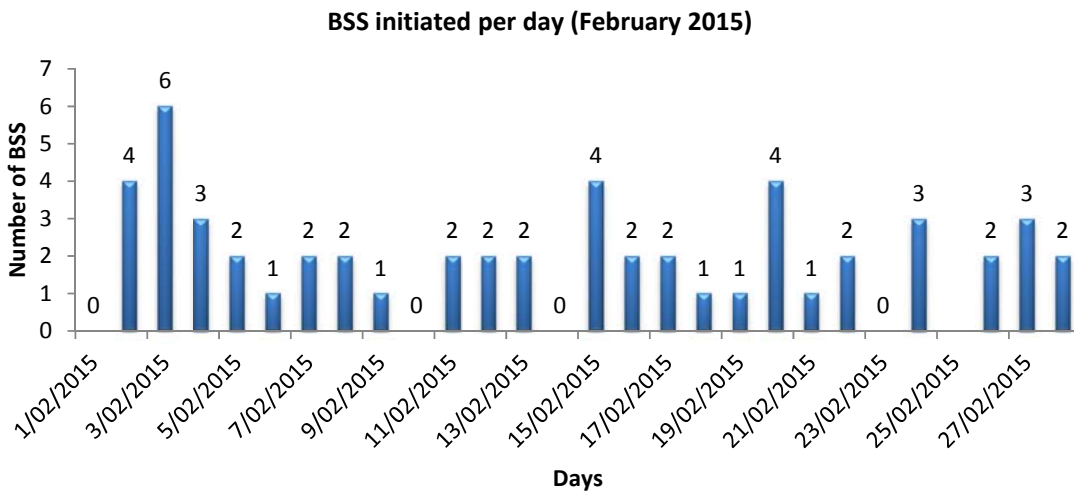
Month	Admissions	BSS initiated
February 2015	127	54
March 2015	135	72
April 2015	99	55

<sup>33</sup> Refer to Recommendation 5

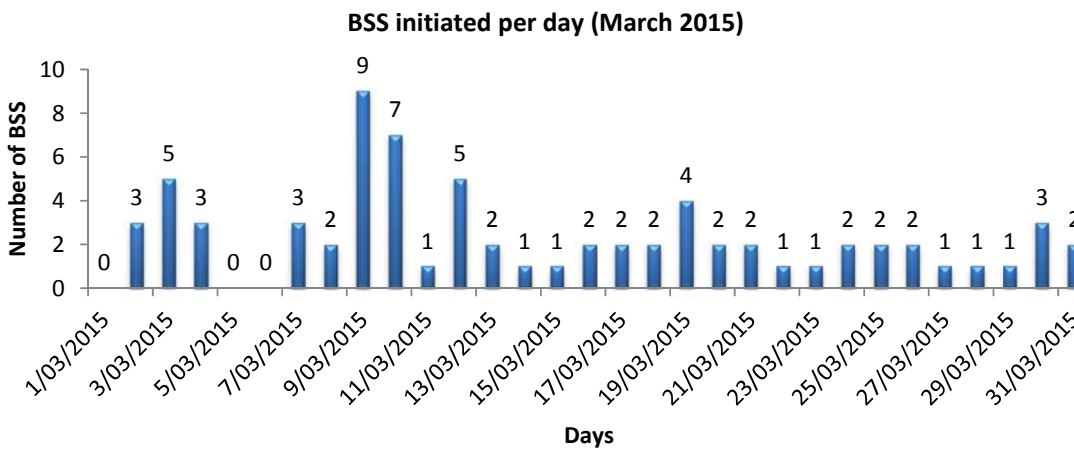


The audit parameter was for 89 days. Only 14 of those days (15 per cent) did not see the initiation of a BSS within the centre (refer Graphs 15, 16 and 17).

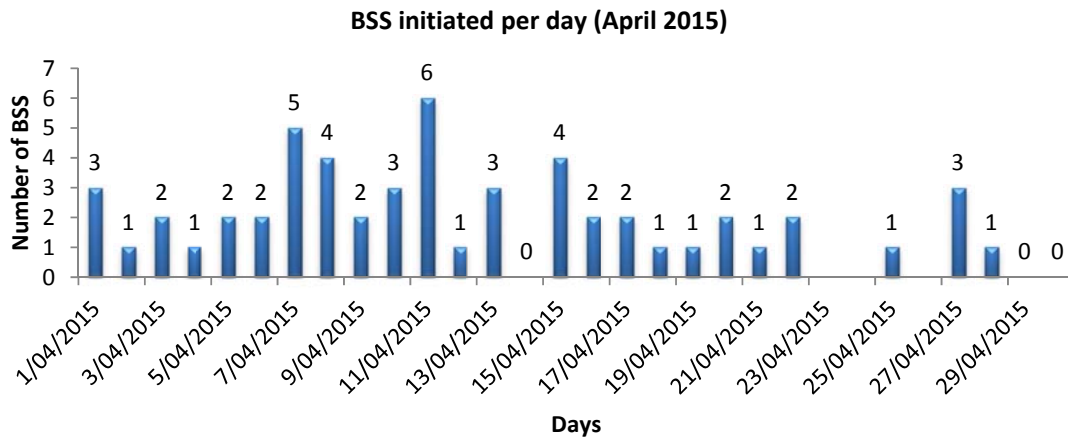
Graph 15



Graph 16



Graph 17

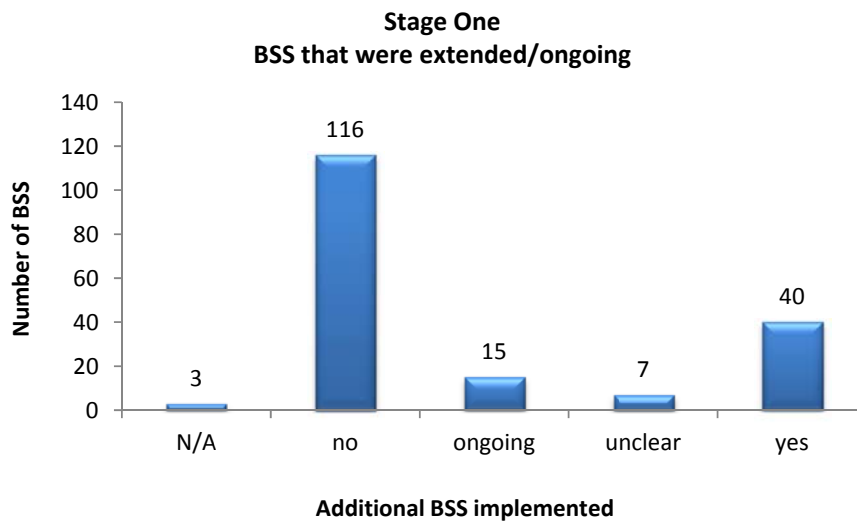


Given the frequent use of BSS, it appears that this strategy is repetitively used to manage behaviour but does not necessarily have success in long-term behaviour management. Some residents were placed on a BSS repeatedly for similar behaviours only a matter of days or weeks apart. The strategies appeared to do little to change behaviour by some residents yet continued to be employed with no rehabilitative effects.<sup>34</sup>

Twenty-two per cent of BSS audited in stage one were extended. This meant that at least one additional BSS was implemented following the original BSS. Sixty four per cent of BSS did not have an additional BSS implemented immediately following their initial BSS, as per Graph 18 below. A number of residents had numerous BSS during the audit period, however they were not consecutive. Eight per cent of BSS were considered ongoing.

<sup>34</sup> Refer to Recommendation 5

Graph 18



BSS implementation routinely followed time outs or early beds, which were generally adopted as the first line of action. Nearly three quarters of residents were awarded an early bed or time out prior to the BSS being implemented. It was unclear if options other than a BSS were available following ineffective early beds or time outs as BSS were routinely adopted with no evidence of any other approach used. BSS should form part of a package of options to support and respond to behaviour issues within the centre but not be the only option following an early bed or time out. In stage two, in cases where this was logged, nearly three quarters of residents experienced early beds or time outs in the 48 hours prior to a BSS being implemented.

The incentive scheme for residents offered under the Behaviour Management Framework was not able to be included in the audit process on this occasion.

## 7 Contact with family and friends

The centre has an obligation to ensure that residents communicate with family, friends and the outside world. Denial of family contact cannot be used as a method of behaviour management.

No concerns arose during the audit process about phone calls and visits from family and friends while on a BSS. Only one strategy had a possible contact restriction due to a breach of Order outlining the requirements for phone calls. Residents were often restricted to phone calls while on their exercise periods. In 32 of the BSS audited in stage two, phone calls were logged to have occurred while the resident was on a BSS. No evidence was found of denying phone calls or visits.

## 8 Residents' experience of BSS

Every resident has the right to raise concerns about the centre, its processes or services and to receive timely feedback.<sup>35</sup> Residents should be advised of the rationale for strategy implementation, the details of the strategy and given an opportunity to present their views or appeal the decision.<sup>36</sup>

Four of the 45 BSS audited in stage two had a related written complaint. On at least two other occasions, residents made verbal complaints that did not appear to be acted on. In one case a resident asked for a pen to make a complaint but this was denied due to the BSS prohibiting pens and pencils. The offer was made for the resident to pursue the matter the following day. There was no evidence that this occurred.

In 65 per cent of BSS (29 in total) there was evidence that the resident had been spoken to about the BSS by an AYTC staff member including unit staff or the BSO involved. This usually occurred shortly after the BSS was initiated, but in some circumstances the communication was delayed. On a few occasions case notes or logs detailed the positive progress made by residents on their BSS. Logs were also used to record their failure to achieve expectations.

No BSS form recorded the resident's views, experiences or comments on the BSS process.<sup>37</sup> There were a small number of log entries that referred to a resident's dissatisfaction with the process.

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<sup>35</sup> Australasian Standards for Juvenile Custodial Facilities, Section 2.7, 1999

<sup>36</sup> United National Rules for the Protection of Juveniles Deprived of their Liberty, 1990

<sup>37</sup> Refer to Recommendation 5

## 9 Mental health support, cultural input and collaboration

Cultural support provided to residents on a BSS who identified as Aboriginal or Torres Strait Islander was ad hoc. It included visits from CAMHS (Journey to Home Program) or the AYTC Aboriginal Case Coordinator. The auditor reports that less than ten BSS listed visits for cultural support as a condition of the strategy, despite nearly 50 per cent of residents subject to a BSS being Aboriginal.<sup>38</sup>

The prevalence of mental health concerns and the history of trauma for Aboriginal young people in custody are well documented.<sup>39</sup> Many Aboriginal residents endure grim experiences of isolation from family, friends and community while in custody. A significant percentage will require culturally appropriate and responsive support, through counselling and in their education.<sup>40</sup> Support should be available as residents plan to re-enter community and ensure they do not experience further isolation and disconnection than already endured.

Similar cultural supports need to be considered for residents who may identify from different cultural backgrounds.<sup>41</sup>

Residents within the centre who present with mental health concerns have the right to access support services. The Standards say that policies and procedures on suicidal ideations or self-harming behaviours should include requirements for referral and assessment.<sup>42</sup> AYTC uses Assessment, Care and Treatment (ACT) Plans which sit alongside a BSS if required. What was not clear from the audit was the impact of substance use and withdrawal on resident mental health and the implications for behaviour support and management.

Forty-two of the 53 residents who were subjects of a BSS audited in stage one were documented in C3MS case notes to have a mental health issue such as a trauma background, suicidal ideations, experiences of self-harm or prescribed medication for mental ill health.

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<sup>38</sup> Refer to Recommendation 1

<sup>39</sup> Amnesty International, 2015 and Australian Law Reform Commission, 1990

<sup>40</sup> Australian Law Reform Commission, 1990

<sup>41</sup> Australian Law Reform Commission, 1990

<sup>42</sup> Australasian Standards for Juvenile Custodial Facilities, Section 7.5, 1990

Of the 37 residents involved in the second stage of the audit, 27 had a documented mental health issue, trauma background or emotional support need. Of the BSS for the 27 residents with an identified mental health support need, 13 of the BSS (48 per cent) mentioned the mental health or emotional supports of the residents. The number of ACT plans enacted for residents while on a BSS was not recorded.

In approximately 10 of the 45 BSS audited in stage two, a referral was made for mental health support.<sup>43</sup> In some circumstances, a mental health service such as CAMHS was already engaged and the worker was asked to visit the resident. In most cases where a significant incident had occurred that required mental health support, an ACT plan was put in place beside the BSS. The audit noted that according to centre management, some referrals might take place informally and fail to be recorded on the C3MS database.

Centre management also advised that if a resident has more than three BSS in a three-week period, a referral to Youth Justice Psychological Services is made. Referrals can also be made if other significant concerns exist for the resident's mental health or wellbeing. The audit did not seek data on how and if this occurred.

In 41 of the 45 BSS audited in stage two, visits from professionals were not planned. In only a handful of cases, visits from professionals were logged not to have occurred due to very disrupted behaviour from residents, with a log or case note to say the visit may occur again at a later date.

There is opportunity to build in visits from professionals and services as part of a BSS as a re-integration strategy, support to the young person and prevent feelings of isolation. This may be particularly beneficial for residents with mental health issues. Exercise periods, socialisation and access to support services are critical in supporting a resident with mental health needs to re-integrate into the main resident population in a sustainable and successful way.

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<sup>43</sup> Refer to Recommendation 5

## References

Amnesty International, 2015, 'A Brighter Tomorrow: Keeping Indigenous Kids in the Community Out of Detention in Australia.

[http://www.amnesty.org.au/images/uploads/aus/A\\_brighter\\_future\\_National\\_report.pdf](http://www.amnesty.org.au/images/uploads/aus/A_brighter_future_National_report.pdf)

Australasian Juvenile Justice Administrators Standards for Juvenile Custodial Facilities, 1999

Australian Law Reform Commission, 1997, 'Seen and Heard: Priority for Children in the Legal Process', ALRC Report 84, Australia.

<http://www.alrc.gov.au/publications/report-84>

National Health and Medical Research Council, 1999 '*Setting the Evidence Based Research Agenda for Australia, National Youth Suicide Prevention Strategy*', Department of Health and Ageing, cited in Suicide Prevention Australia '*Position Statement – Youth Suicide Prevention*', 2010, NSW, Australia

Sawyer, M., Guidolin, M., Schulz, K., McGinnes, B., Zubrick, S. & Baghurst, P., 2010 'The Mental Health and Wellbeing of Adolescents on Reman in Australia'. *Australia and New Zealand Journal of Psychiatry*, cited in Suicide Prevention Australia '*Position Statement – Youth Suicide Prevention*', 2010, NSW, Australia.

Shalev, S., 2008 '*A Sourcebook on Solitary Confinement*', Mannheim Centre for Criminology, London School of Economics

The Behaviour Support Framework, Operational Model, 2013, Adelaide Youth Training Centre.

The United Nations Rules for the Protection of Juveniles Deprived of their Liberty, 1990.

United Kingdom's National Preventive Mechanism, 2014-2015, *Monitoring Places of Detention*. Report prepared by Her Majesty's Inspectorate of Prisons, London, 2015.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/481254/npm-annual-report-web-version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481254/npm-annual-report-web-version.pdf)

Wildeboer, R., 2010 'The Impact of Solitary Confinement in a Youth Prison', *Inside and Out*, cited in United Nations General Assembly, 2011, '*Interim report of the Special Rapporteur of the Human Rights Council on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*'.



# Appendix

## Office of the Guardian for Children and Young People

### Audit Tool Stage One Data Collection Sheet

AYTC, 2015

Information required	Data drop down or recording options
<i>Person</i>	Insert number
<i>Name</i>	Insert name
<i>C3MS Identification Number</i>	Insert C3MS Id.
<i>Age at time of BSS</i>	Insert age
<i>Gender</i>	Insert gender
<i>BSS number</i>	Insert number (ie. First, second, third)
<i>BSS start date</i>	Insert date
<i>Intended duration</i>	<ul style="list-style-type: none"> <li>• A.M</li> <li>• P.M</li> <li>• One Day</li> <li>• Two Days</li> <li>• Three Days</li> <li>• Four Days</li> <li>• Five Days</li> <li>• Six Days</li> <li>• Seven Days</li> <li>• Seven to Ten</li> <li>• Ten to Fourteen</li> <li>• Fourteen plus</li> <li>• Other</li> </ul>
<i>BSS end date</i>	Insert date
<i>Initiator of BSS</i>	<ul style="list-style-type: none"> <li>• Behaviour Support Officer</li> <li>• Case Manager</li> <li>• Manager</li> <li>• Unclear</li> <li>• Other</li> </ul>
<i>Trigger for BSS implementation</i>	More than one possible:

	<ul style="list-style-type: none"> <li>• Threats, abuse, violence towards staff</li> <li>• Bullying, threats, abuse to other/between residents</li> <li>• Serious Violent Incident</li> <li>• Behaviour not improved, so remained on BMS day one</li> <li>• Behaviour not improved, so remained on BMS day two</li> <li>• Behaviour not improved, so remained on BMS day three</li> <li>• Sexualised behaviour</li> <li>• Drug and Alcohol Use / Positive test</li> <li>• Offending</li> <li>• Critical Incident</li> <li>• Fighting</li> <li>• Negative attitude</li> <li>• Mental Health</li> <li>• Death of relative or friend</li> <li>• Other</li> <li>• Behaviour not improved</li> <li>• Failed to meet BSS expectations</li> <li>• Contraband</li> <li>• Graffiti</li> </ul>
<i>Day 1 a.m conditions</i>	<p>BSS conditions recorded- For example:</p> <ul style="list-style-type: none"> <li>• 50 minutes in room, 10 minutes exercise in court yard</li> <li>• Mix with staff only</li> <li>• No access to TV</li> <li>• No access to kitchen</li> <li>• Positive behaviour will achieve TV or radio</li> <li>• No pens and pencils</li> </ul>
<i>Day 1 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 2 a.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 2 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 3 a.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 3 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 4 a.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 4 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 5 a.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 5 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 6 a.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 6 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 7 a.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>Day 7 p.m conditions</i>	As per example above (Day 1 a.m conditions)
<i>No contact with other residents</i>	In hours:

	<ul style="list-style-type: none"> <li>• 0</li> <li>• 1-12</li> <li>• 12-24</li> <li>• 24</li> <li>• 24-36</li> <li>• 36-48</li> <li>• 48</li> <li>• 72</li> <li>• 96</li> <li>• Other</li> </ul>
<i>Saltbush move</i>	<ul style="list-style-type: none"> <li>• Already in Saltbush</li> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>Was there a review held?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>BMS Review date</i>	Insert date
<i>Review documented on BSS form?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>BMS extension</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Ongoing</li> <li>• Not applicable</li> </ul>
<i>BMS extension rationale</i>	<ul style="list-style-type: none"> <li>• Another incident occurred</li> <li>• Behaviour not improved</li> <li>• Not adhering to current BSS</li> <li>• N/A</li> <li>• Other</li> <li>• Not Stated</li> <li>• Unclear</li> </ul>
<i>Extension length</i>	<ul style="list-style-type: none"> <li>• A.M</li> <li>• P.M</li> <li>• One Day</li> <li>• Two Days</li> <li>• Three Days</li> <li>• Four Days</li> <li>• Five Days</li> <li>• Six Days</li> <li>• Seven Days</li> <li>• Seven to Ten</li> <li>• Ten to Fourteen</li> </ul>

	<ul style="list-style-type: none"> <li>• Fourteen plus</li> <li>• Other</li> </ul>
<i>New BMS start date</i>	Insert date
<i>New BSS proposed end date</i>	Insert date
<i>Risk management plan</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>Guardianship Order</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>Cultural status</i>	<ul style="list-style-type: none"> <li>• Aboriginal or Torres Strait Islander</li> <li>• Other Australian</li> <li>• Sudanese</li> <li>• Other</li> </ul>
<i>Disability</i>	<ul style="list-style-type: none"> <li>• Developmental delay</li> <li>• Intellectual</li> <li>• Language</li> <li>• Suspected but undiagnosed</li> <li>• Other</li> <li>• None recorded</li> </ul>
<i>Mental health</i>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Diagnosed</li> <li>• Medication</li> <li>• Self harm</li> <li>• Suicidal ideations</li> <li>• Suspected but undiagnosed</li> <li>• Trauma background</li> <li>• Other</li> <li>• None recorded</li> </ul>
<i>Referral to service/person</i>	Name details and position
<i>Individualised plan</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>Dated correctly</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>All sections complete</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
<i>Education attendance/comments</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Part of BSS</li> <li>• Unclear</li> </ul>
<i>Additional qualitative information</i>	Qualitative data and other comments recorded related to BSS and implementation

Office of the Guardian for Children and Young People

Audit Tool Stage Two Data Recording Sheet

AYTC, 2015

Information required	Data drop down or recording options
<i>Person</i>	Insert number
<i>Name</i>	Insert name
<i>C3MS Identification Number</i>	Insert C3MS Id.
<i>Pre or Post 16 March 2015</i>	Pre Post
<i>BSS date</i>	Insert date
<i>Trigger</i>	More than one possible: <ul style="list-style-type: none"><li>• Threats, abuse, violence towards staff</li><li>• Bullying, threats, abuse to other/between residents</li><li>• Serious Violent Incident</li></ul>

	<ul style="list-style-type: none"> <li>• Behaviour not improved, so remained on BMS day one</li> <li>• Behaviour not improved, so remained on BMS day two</li> <li>• Behaviour not improved, so remained on BMS day three</li> <li>• Sexualised behaviour</li> <li>• Drug and Alcohol Use / Positive test</li> <li>• Offending</li> <li>• Critical Incident</li> <li>• Fighting</li> <li>• Negative attitude</li> <li>• Mental Health</li> <li>• Death of relative or friend</li> <li>• Other</li> <li>• Behaviour not improved</li> <li>• Failed to meet BSS expectations</li> <li>• Contraband</li> <li>• Graffiti</li> </ul>
<i>Length of BSS without extension</i>	<p>In days:</p> <ul style="list-style-type: none"> <li>• 0.5</li> <li>• 1</li> <li>• 1.5</li> <li>• 2</li> <li>• 2.5</li> <li>• 3</li> <li>• 3.5</li> <li>• 4</li> <li>• 4.5</li> <li>• 5</li> <li>• 5.5</li> <li>• 6</li> <li>• 6.6</li> <li>• 7</li> <li>• 7.5</li> <li>• Ongoing</li> <li>• Not applicable</li> </ul>
<i>Period of isolation from other residents (as BSS proposed)</i>	<p>In days:</p> <ul style="list-style-type: none"> <li>• 0.5</li> <li>• 1</li> <li>• 1.5</li> <li>• 2</li> <li>• 2.5</li> </ul>

	<ul style="list-style-type: none"> <li>• 3</li> <li>• 3.5</li> <li>• 4</li> <li>• Not applicable</li> </ul>
<i>Were the conditions proposed consistent?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Other</li> <li>• Not applicable</li> </ul>
<i>Were reviews logged and/or documented</i>	<ul style="list-style-type: none"> <li>• Yes – on C3MS</li> <li>• Yes – on BSS form</li> <li>• No – neither C3MS or BSS</li> <li>• Unclear</li> <li>• Not applicable</li> <li>• Other</li> </ul>
<i>Date of review and attendees</i>	<p>Insert date</p> <p>Insert attendees</p>
<i>Significant events during BSS period</i>	<ul style="list-style-type: none"> <li>• Critical incident</li> <li>• Contraband</li> <li>• Graffiti</li> <li>• Abuse/threats/assault staff</li> <li>• Abuse/threats/assault resident</li> <li>• Over use of intercom</li> <li>• Self-harm</li> <li>• Other</li> <li>• Not applicable</li> <li>• Property damage</li> </ul>
<i>Exercise periods proposed</i>	<ul style="list-style-type: none"> <li>• 50/10</li> <li>• 40/20</li> <li>• 30/30</li> <li>• 4 x 30 min</li> <li>• Other</li> <li>• Not applicable</li> </ul> <p>Detail:</p>
<i>Percentage of exercise periods offered</i>	<ul style="list-style-type: none"> <li>• 0</li> <li>• 5</li> <li>• 10</li> <li>• 15</li> <li>• 20</li> <li>• 25</li> <li>• 30</li> <li>• 35</li> <li>• 40</li> <li>• 45</li> </ul>

	<ul style="list-style-type: none"> <li>• 50</li> <li>• 55</li> <li>• 60</li> <li>• 65</li> <li>• 70</li> <li>• 75</li> <li>• 80</li> <li>• 85</li> <li>• 90</li> <li>• 95</li> <li>• 100</li> </ul> <p>Detail:</p>
<i>Additional items removed from room</i>	<ul style="list-style-type: none"> <li>• Cutlery</li> <li>• Bedding</li> <li>• Water turned off</li> <li>• Drinking cups</li> <li>• Finger food</li> <li>• Other</li> <li>• Not applicable</li> <li>• No</li> </ul>
<i>Move to Saltbush?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Already in Saltbush</li> <li>• Unclear</li> <li>• Not applicable</li> </ul>
<i>Time spent in Saltbush while not on BSS</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Not applicable</li> </ul> <p>Detail time.....</p>
<i>Periods of isolation prior to BSS</i>	<ul style="list-style-type: none"> <li>• Evidence of early bed(s)</li> <li>• Evidence of time out(s)</li> <li>• No</li> <li>• Unclear</li> <li>• Not applicable</li> <li>• Other</li> </ul> <p>Detail:</p>
<i>Did log mention any stimulation?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>



	<ul style="list-style-type: none"> <li>• Not applicable</li> <li>• Other</li> </ul> <p>Detail:</p>
<i>Was stimulation allowed as proposed?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• No data in log</li> <li>• Other</li> </ul> <p>Detail: TV/reading materials/other detail.</p>
<i>Information logged that stimulation was provided or denied and rationale</i>	<ul style="list-style-type: none"> <li>• No data</li> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Some stimulation provided</li> </ul> <p>Qualitative detail:</p>
<i>Number of meals eaten alone</i>	<ul style="list-style-type: none"> <li>• None</li> <li>• One</li> <li>• Two to three</li> <li>• Four to six</li> <li>• Seven to nine</li> <li>• Ten to twelve</li> <li>• Thirteen to fourteen</li> <li>• Fourteen or sixteen</li> <li>• Sixteen or more</li> </ul> <p>Detail:</p>
<i>Did the BSS plan the resident could mix with other residents?</i>	<ul style="list-style-type: none"> <li>• Yes, no further conditions stated</li> <li>• No</li> <li>• No, mix with staff only stated</li> <li>• Unclear</li> <li>• Yes, dependent on positive behaviour</li> <li>• Yes, dependent on mediation</li> <li>• Yes, risk assessment required</li> <li>• Not applicable</li> <li>• Other</li> </ul> <p>If mixing allowed, from what day: (ie. Day 1, day 2, unclear)</p>
<i>Longest period of contact with</i>	In minutes:

<p><i>anyone</i></p>	<ul style="list-style-type: none"> <li>• 0</li> <li>• 30</li> <li>• 60</li> <li>• 90</li> <li>• 120</li> <li>• 150</li> <li>• 180</li> <li>• 210</li> <li>• 240</li> <li>• 270</li> <li>• 300</li> <li>• 330</li> <li>• 360</li> <li>• 390</li> <li>• 420</li> <li>• Not applicable</li> <li>• Other</li> </ul> <p>Detail:</p>
<p><i>Evidenced no contact with other residents for</i></p>	<p>In days:</p> <ul style="list-style-type: none"> <li>• 0</li> <li>• 0.5</li> <li>• 1</li> <li>• 1.5</li> <li>• 2</li> <li>• 2.5</li> <li>• 3</li> <li>• 3.5</li> <li>• 4</li> <li>• 4.5</li> <li>• 5</li> <li>• 5.5</li> <li>• 6</li> <li>• 6.5</li> <li>• 7</li> <li>• Other</li> <li>• Not applicable</li> <li>• Unclear</li> </ul> <p>Detail:</p>
<p><i>Contact with other residents planned for Day x</i></p>	<p>Day:</p> <ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> </ul>

	<ul style="list-style-type: none"> <li>• 4</li> <li>• 5</li> <li>• Not planned in BSS</li> <li>• Other</li> </ul>
<i>Was contact with other residents provided as planned?</i>	<ul style="list-style-type: none"> <li>• Not planned in BSS</li> <li>• Provided as planned</li> <li>• Not provided as planned (no explanation)</li> <li>• Not provided as planned (rationale documented)</li> <li>• Provided earlier than planned</li> <li>• Not planned but provided</li> <li>• Provided but delayed</li> <li>• Not applicable</li> <li>• Other</li> <li>• Unclear</li> </ul> <p>Detail:</p>
<i>Contact with professionals planned in BSS?</i>	<p>Day:</p> <ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• Not planned in BSS</li> <li>• Other</li> </ul>
<i>Was contact with professionals provided as planned?</i>	<ul style="list-style-type: none"> <li>• Not planned in BSS</li> <li>• Provided as planned</li> <li>• Not provided as planned (no explanation)</li> <li>• Not provided as planned (rationale documented)</li> <li>• Provided earlier than planned</li> <li>• Not planned but provided</li> <li>• Provided but delayed</li> <li>• Not applicable</li> <li>• Other</li> <li>• Unclear</li> </ul> <p>Detail:</p>
<i>Face to face contact with centre staff</i>	<ul style="list-style-type: none"> <li>• Provided as planned</li> <li>• Assumed to occur in meal delivery or exercise periods</li> <li>• Not applicable</li> <li>• Other</li> </ul>

	Detail:
<i>Contact with family and friends provided while on BSS?</i>	<ul style="list-style-type: none"> <li>• Assume provided as no evidence it did not</li> <li>• Phone calls evidenced in logs</li> <li>• Visits evidenced in logs</li> <li>• Unclear</li> </ul>
<i>Did risk management section of BSS note about mixing with others?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
	Detail:
<i>Was there a formal risk management plan initiated during BSS period?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> </ul>
	Detail (including exercise periods proposed in plan):
<i>Was mediation proposed? If so, date, attendees, details.</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• N/A</li> <li>• Other</li> </ul>
	Detail, including date/attendees:
<i>Was contact allowed with other resident(s) following mediation?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Other</li> <li>• N/A</li> </ul>
	Detail:
<i>Where references made to the residents mental health in the BSS?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Other</li> <li>• Not applicable</li> </ul>
	Detail:
<i>Were referrals made regarding support or mental health?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Other</li> </ul>
	Details:
<i>Evidence of services or support</i>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>

<i>people having input into the details of the BSS</i>	<ul style="list-style-type: none"> <li>• No</li> <li>• Unclear</li> <li>• Other</li> <li>• Not applicable</li> </ul> <p>Detail:</p>
<i>Was a complaint made about the BSS by the resident?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Other</li> </ul> <p>Detail:</p>
<i>Is there evidence the resident was spoken to about the BSS?</i>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unclear</li> <li>• Other</li> <li>• Not applicable</li> </ul> <p>Detail:</p>
<i>What education program was in place for the resident prior to (or during BSS if proposed)</i>	<ul style="list-style-type: none"> <li>• Youth Education Centre</li> <li>• Saltbush education support</li> <li>• Other</li> <li>• Unclear</li> <li>• Not applicable</li> </ul> <p>Detail:</p>
<i>How many days of education did the resident while on the BSS?</i>	<ul style="list-style-type: none"> <li>•</li> <li>• 0.5</li> <li>• 1</li> <li>• 1.5</li> <li>• 2</li> <li>• 2.5</li> <li>• 3</li> <li>• 3.5</li> <li>• 4</li> <li>• 4.5</li> <li>• 5</li> <li>• 5.5</li> <li>• 6</li> <li>• 6.5</li> <li>• 7</li> <li>• Other</li> <li>• Not applicable</li> <li>• Unclear</li> </ul>

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	Detail:
<i>Reintegration strategies adopted (can select more than one)</i>	<ul style="list-style-type: none"><li>• Dining/meals with other residents</li><li>• Exercise with other residents</li><li>• Games/activities with other residents</li><li>• Schooling</li><li>• Other</li><li>• Unclear</li><li>• None</li><li>• Not applicable</li></ul>
<i>Any other information relevant</i>	Detail:

**Braendler, Fiona (DCSI)**

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**From:** Green, Stephen (DCSI-YouthJustice)  
**Sent:** Wednesday, 3 August 2016 1:33 PM  
**To:** Ledger, Samuel (DCSI-YouthJustice); Bennett, Rohan (DCSI-YouthJustice)  
**Subject:** FW: Re: GCYP visit- Jonal Unit A

FYI

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**From:** Hopkins, Michelle (GCYP)  
**Sent:** Wednesday, 3 August 2016 12:16 PM  
**To:** Ricciotti, Angela (DCSI-YouthJustice); Fowler, Brenton (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice)  
**Subject:** Re: GCYP visit- Jonal Unit A

Dear Angela, Brenton and Steve,

Thank you for facilitating our recent visit to Jonal Unit A at Adelaide Youth Training Centre on 25 July 2016. GCYP wish to provide the following feedback for your consideration and response. Belinda Lorek visited Jonal B and will provide separate feedback.

The Advocate's met with the Acting Accommodation Services Manager prior to the visit to discuss the current dynamics in the unit. The Accommodation Services Manager advised that there had been an incident between two of the Unit A residents during the previous evening and that they were currently in their rooms. It was reported that mediation between the residents would occur later that day.

The Acting Accommodation Services Manager also informed the Advocates that there was young person, not under the Guardianship of the Minister, being held at AYTC due to a lack of placement. Other information provided included that the Education Centre was closed that day due to a memorial service being held for an ex-resident, and that there was an application with the Youth Court to have a resident moved to the Adult Corrections system.

There were six residents in Jonal Unit A. Two residents were locked in their rooms during the visit but were given the opportunity to come out of their rooms and speak one-on-one to the Advocate.

The Advocate was able to participate in lunch time activities with the residents who were relaxed and casual during the visit. The residents who were out of their rooms commented on the fact that they got along well with staff and had enjoyed the holiday programs. All residents spoke with the Advocate although one was notably reserved, residents were observed to be very careful and supportive of this person. All residents were familiar with GCYP although not all residents were clear on the purpose of the visit.

Residents raised concerns around food. During the visit residents were having soup and ham and cheese rolls for lunch. One resident advised that she was not able to eat pork products due to her religion and there was no alternative provided for her. The Advocate asked what she ate on those occasions and she said bread. The Advocate was able to raise this with the Accommodation Services Manager post visit. The Accommodation Services Manager advised he had not been aware of this and would follow it up. Residents complained that the food was dull and often cold.

The Advocate discussed various aspects of unit life, such as visits, phone number approvals, gym equipment and clothing, no concerns were raised. Residents did talk with the Advocate about staff, stating that some teams were better than others but that they were used to the staff in that unit. One resident spoke specifically about the health services she had access to, commenting that they were taking care of her properly.

There was a post visit meeting with the Accommodation Services Manager where the few issues raised were discussed.

Thank you again for facilitating our visit to Jonal Unit A. GCYP look forward to discussing your response as required.

Kind Regards

**Michelle Hopkins** | Advocate

Office of the Guardian for Children and Young People

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**Braendler, Fiona (DCSI)**

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**From:** Lorek, Belinda (GCYP)  
**Sent:** Thursday, 8 September 2016 3:37 PM  
**To:** Ledger, Samuel (DCSI-YouthJustice)  
**Cc:** Green, Stephen (DCSI-YouthJustice); Evans, Jodie (GCYP); Shaw, Amanda (GCYP)  
**Subject:** GCYP Request for records and discussion (Unclothed Searches)

Dear Sam and Steve

During our monitoring visit in July 2016, a resident raised a concern about unclothed searches. The resident noted that it was 'never a pat down' and 'always' a routine unclothed search following visits with family. I raised this matter following the visit, with the Acting Accommodation Services Manager who advised that unclothed searches post visits from family or friend visits were standard practice for each resident. I asked if this practice was informed by a risk assessment and was advised it was not.

GCYP was provided a copy of the AYTC Security Order 6 (Version 1.1) Searching of Residents and Visitors, dated 13/04/16, which GCYP reviewed.

Please note the following areas in which GCYP seek further information. Can the subsequent records please be provided and items listed for discussion at the next Review of Records with the Guardian on 26 September 2016;

1. GCYP wish to sight and review the unclothed search register held by AYTC between the period 1 March 2016 to 31 August 2016.
  - a. Subsequent discussion regarding the supervision of unclothed searches, the role of the Duty Supervisor in searches, details recorded and number of forced unclothed searches undertaken.
2. A discussion about any other training, procedures or practice definitions which supports the Security Order. Including strategies adopted by the Centre to ensure the dignity of young people is preserved.
3. Clarification about how the current practice aligns with the Security Order. For example, the Order notes the use of an ion scan to determine if an unclothed search is required and random searches post contact visits.
4. Data from AYTC about the number of times contraband has been found via an unclothed search post a contact visit in a six month period 1 March 2016 to 31 August 2016.
5. As per the Family and Community Services Regulations, 2009, s10, how a Manager provides the direction for residents to be searched following reasonable cause to suspect the resident has a prohibited item.
6. The Cultural guidelines that inform unclothed searches and the AYTC Cultural positions that have provided advice on these guidelines and practice. For example, the particular practices for the search of an Initiated young man.

Please contact our office should you have any questions prior to the Review of Records.

Regards

Belinda

**Belinda Lorek** | Advocate

Office of the Guardian for Children and Young People

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**Braendler, Fiona (DCSI)**

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**From:** Lorek, Belinda (GCYP)  
**Sent:** Thursday, 29 September 2016 1:43 PM  
**To:** Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Fowler, Brenton (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Barr, Sue (DCSI-YouthJustice); Shaw, Amanda (GCYP); Evans, Jodie (GCYP); Hopkins, Michelle (GCYP)  
**Subject:** GCYP Feedback for Monitoring Visit to Wallaby Grass (21 September 2016)

Dear Angela, Brenton, Steve and Sam

Thank you for facilitating our visit to Wallaby Grass at Adelaide Youth Training Centre on 21 September 2016. GCYP provide the following feedback for your consideration and response. Advocate Michelle Hopkins visited Kangaroo Paw and will provide a separate feedback.

We met with the Accommodation Manager prior to the visit and was provided an overview of the current residents. The Accommodation Manager also advised that we were unable to visit Blue Gum as it was closed due to low resident numbers.

There were seven residents in Wallaby Grass and each resident was eager to voice their requests for advocacy. Several of these matters are most appropriately referred to the Youth Advisory Committee (YAC) and this was suggested to the residents. They were listed by the representative to take to the YAC that afternoon. I list them here to ensure they were raised and if not, placed on the agenda for the next YAC meeting;

- Requests for additional clothing to allow time for washing and return.
- Flexibility of the phase system to allow rewards on a given day if behaviour permits. For example, being allowed to finish watching a television program as a once off (while on phase 1) beyond 10pm in response to settled behaviour that day or evening.
- Access to radio during meal times as opposed to television.
- Concern that food is sometimes undercooked.
- The bedroom blinds afford privacy however go up at different times each day and across units. Residents stated blinds can go up prior to them showering, without warning. They would like to be further consulted about a consistent time for the blinds to be opened.

Three residents raised concerns about the frequency of contact with their AYTC case coordinators. The residents noted these positions were critical in ensuring they were supported and had their questions or concerns followed up. Residents said that visits were infrequent and they would like weekly visits from their coordinators. Residents reported good support from staff in preparing for their transition to community.

One of the two phone booths in the unit is currently broken. Residents estimate it has been broken for three weeks. This causes unnecessary delay in access to the phone. No other concerns were raised about phone calls or access to visits.

Residents provided mixed reports about staffing within the unit. Most reports were positive, however several residents shared their experience of feeling staff did not like them, judged them on their alleged offending and also treated them differently. One resident said that staff 'forgot' he was in his room for 45 minutes, three evenings in a row. He felt this was oversight was intentional. Another noted that one staff member had awarded him two consequences for one incident. He stated he believed that one consequence in response to the incident would have been adequate and again,

felt this was attributable to him personally as opposed to a consistent consequence adopted for all. No other concerns were raised about plans, regressions or consequences.

[REDACTED]. This was raised post visit with the Accommodation Manager for follow up.

In regards to education, two residents reported their dissatisfaction with the current TAFE program. The residents reported that the coordinator is not providing or collecting TAFE work on time. These concerns have been raised with the school but reportedly not resolved. One resident would like information on accessing university studies during his time in custody. Two residents reported the school work was not challenging or meeting their educational goals and needs.

Two residents shared they were trying to settle after transferring from Blue Gum. They reflected on the positive relationships they had built with staff in Blue Gum and that the transfer to Wallaby Grass had felt like starting again with staff and residents.

GCYP have encouraged the residents to access the complaints process as needed. Some reported satisfaction with the complaints process, others had little faith in an internal system to resolve their concerns.

In summary, GCYP request an update from AYTC on the following;

- Confirm the listed matters have been added to the YAC agenda.
- Provide GCYP clarification on the expectation of frequency of face to face contact between case coordinators and their allocated residents for future reference.
- Update GCYP on the plans and time frame to fix the phone in Wallaby Grass.
- How concerns or complaints about education are best progressed.

Regards

**Belinda Lorek** | Advocate

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**Braendler, Fiona (DCSI)**

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**From:** Hopkins, Michelle (GCYP)  
**Sent:** Friday, 30 September 2016 1:32 PM  
**To:** Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Ricciotti, Angela (DCSI-YouthJustice); Fowler, Brenton (DCSI-YouthJustice)  
**Cc:** Lorek, Belinda (GCYP); Shaw, Amanda (GCYP); Evans, Jodie (GCYP); Barr, Sue (DCSI-YouthJustice)  
**Subject:** GCYP Monitoring Visit Feedback

Dear Sam, Steve, Angela and Sam

Thank you facilitating our office in our visit to the Adelaide Youth Training Centre on 21 September 2016. At this time I was able to visit Kangaroo Paw and provide the following feedback for your consideration.

The Advocates met with the Accommodation Manager prior to the visit and were provided an overview of the current residents. The Accommodation Manager also advised that Blue Gum Unit was closed due to low resident numbers.

There were 8 residents present in Kangaroo Paw and all appeared quite settled, all were familiar with the Office of the Guardian for children and Young People.

There were several themes to the issues raised by the young people and I will outline these as follows;

**Food**

The temperature of the food was raised

There were also suggestions around having healthier options and that a lot of the meals had a high fat content. The portion sizes should not be the same for all boys because some are younger and some older, some are bulkier and some are not.

Access to BBQ, some of the residents had previously been in detention when the BBQ's were still used

***Clothing***

One of the residents only had two shirts and shorts. The other residents told him that was not correct and to ask for more. He raised this with staff and they were going to arrange another shirt for him.

The residents raised the sizing of the clothing as being an issue. They requested XXL as the shorts and jumpers are too tight and when residents bend down the shorts rip.

***Staff***

Generally the young people were used to the staff and particularly liked the team that was operating. They said there were good with the bad but most importantly was consistency, so that they knew what staff expectations were. All were happy with their workers and felt that they had their numbers and visits approved in a timely manner.

***Recreation***

The young people repeatedly requested more games for the X-Box and that these be updated regularly. They said particularly with school holidays coming up.

The young people also requested more programs.

***Bullying***

One of the young people did complain of bullying and of the other young people making fun of him. I asked him if he felt scared and he said that he didn't.

I was able to witness some teasing by other residents and although it did seem to be an issue, I think that generally the staff were aware of this and appeared to handle it quite well. This young person did appear to have some special treatment as a consequence, for example more access to staff and phone calls and none of the other residents complained about this.

## **YAC**

On this occasion the Advocates were invited to attend the AYTC Youth Advisory Committee meeting. Although, unable to stay for the entire meeting there was some feedback that we felt was important to share.

There was a high ratio of adults to young people at the meeting, with nine staff and three young people. This could be quite intimidating for the young people and they appeared uncomfortable when called upon to contribute. In fact only one of the young people gave any feedback while the Advocates were present.

Updates from the previous meeting were provided by the Chair and were addressed to the staff rather than to the young people. Some of these matters appeared to be dismissed as unrealistic without consultation, adequate explanation or an opportunity for the young people to comment or negotiate.

Youth Committee's or Councils commonly adopt a model that is developed and facilitated by young people. The model generally encourages youth participation, is informal in a setting reflective of this, ensures understanding and is non-intimidating. These were not noted features of the current model adopted within the centre.

GCYP advocates for a review of the current YAC model and are happy to be consulted in this process.

This feedback was provided to the Accommodation Manager post visit who acknowledged the model could be better developed to meet the needs of residents. The Accommodation Manager was going to seek the views of the participants about how they had experienced the recent meeting.

Thank you for your continuing cooperation with this process, our office will continue to actively monitor this space.

Kind Regards,

**Michelle Hopkins** | Advocate

Office of the Guardian for Children and Young People

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**Braendler, Fiona (DCSI)**

---

**From:** Shaw, Amanda (GCYP)  
**Sent:** Monday, 17 October 2016 3:58 PM  
**To:** Barr, Sue (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice)  
**Subject:** GCYP monitoring report - March to August 2016  
**Attachments:** 2016-10-11 AYTC monitoring report for March to August 2016.pdf

Dear Sue, Sam and Steve

Thank you for your assistance in facilitating my visit with Belinda Lorek to AYTC for viewing the records and with the Advocates' visits to residents in the past six months.

Attached is the report for this period. Again, apologies for the delay in completing this due to the blackout and temporary ICT issues we had following that, and me being out of the office for a week. Please let me know of any concerns or questions associated with the report.

Regards,

**Amanda Shaw | Guardian for Children and Young People**

Office of the Guardian for Children and Young People

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

*October 2016*

*(reporting on March to August 2016)*

## Summary

The Guardian's review of records on 26 September 2016 and five visits to residents since April 2016 found:

- The response to residents' feedback is generally prompt, respectful and appropriate however there were one response reviewed that was dismissive of residents' concerns and experiences.
- More staff than residents attend the Youth Advisory Committee and, from a recent observation by Advocates, did not seem resident-focused. It may be timely to review the Youth Advisory Committee, inviting resident representatives, as well as the broader population, what works for them.
- Care concerns (notifications to the Child Abuse Report Line) are monitored well by AYTC management and decisions about action are made promptly.
- In this period of review the operational requirements accounted for 86 per cent of the staff training.
- The number of incidents is down by 29 per cent on the prior reporting period.
- The separate categorisation of 'use of force' to distinguish from physical restraint remains problematic. A definition for 'use of force' was provided on this occasion. It was explained that a 'use of force' will not be recorded where a physical restraint occurs. However, the Guardian's view is where the use of force and restraint are two separate actions, both should be recorded. Based on the sample of incidents viewed the 'use of force' is under-reported in the aggregate data. ,
- The adaptation of the Behaviour Support Strategies at the Goldsborough campus is welcomed and provides a positive opportunity to implement a similar routine at the Jonal campus, pending a review.



- The quality of the incident reports was variable. The detail contained in individual staff and supervisor reports ranged from limited to informative and appropriate.
- The length of time to approve (and finalise) the incident reports has reduced slightly. However, there remain a number of reports that are approved (and finalised) well beyond the previously agreed three-week timeframe.
- The inappropriate use of radio call signs to refer to units (in place of the unit names) continues.
- The length of time residents are detained in safe rooms is generally short and good records of staff interaction with residents while detained continue. The use of the safe rooms did increase from the previous review period.
- The current practice associated with searching of residents at Goldsborough campus is not reflective of the Security Order due to the absence of an ion scanner. GCYP recommends the acquisition of at least one ion scanner as a priority to ensure that in all circumstances the least intrusive search is utilised.
- The AYTC managers' responses to feedback from GCYP following visits to residents are thoughtful and prompt, including offers to pursue matters relevant to staff conduct.

## Background

Twice yearly, the Guardian visits the Adelaide Youth Training Centre (AYTC) to review records and interview the General Manager and Assistant General Manager about safety issues for residents. Advocates from the Office of the Guardian (GCYP) visit AYTC every two months to speak with residents in two units of the Centre.

The agreed schedule for monitoring visits is:

- Review records for the preceding six months. To date these have been incident reports, written records of complaints, use of safe rooms, minutes of residents' meetings, staff training schedule and a summary of the care concerns. In this review of records, the use of spit protection was provided and the register for unclothed searches was requested to be viewed.
- On other occasions, obtain the views and voice of the residents during informal visits.
- Clarify identified problems with the General Manager.
- Interview other staff as required.
- Report observations to the General Manager and Assistant General Manager, AYTC, and Director, Youth Justice.
- Discuss persistent issues with the Director, Youth Justice on a quarterly basis.

## Complaints and feedback

In the review period March to August 2016, there were 72 written complaints and feedback forms from residents. This is down from the 98 in the previous six months and 116 in the same period last year. All complaints and feedbacks were documented and available for viewing. A sample of 50 per cent was reviewed.

There were apologies where these were required, explanations of policy, information about efforts to resolve issues and a commitment to consider suggestions from residents. However, not all responses were appropriate and respectful. Of the sample viewed one response was somewhat indifferent and non-committal to resolving the issue identified by the resident. Within the sample were two feedback forms that commented positively about staff.

Of the sample, 32 of the feedback and complaint forms were dated. Four (of the sample of 36) did not have dates provided by the complainant however the response letters by the Centre were dated.

The timeframe for responding varied, with 63 per cent (20 of 32 dated complaints) within seven days. Twelve of the 32 dated complaints were responded to outside of the seven-day timeframe, ranging from eight to 14 days.

The common issues were:

- Behaviour management including phase progression, regression and perceived unfair consequences
- Other residents' behaviours
- Allegations of favouritism by staff, inconsistency of application of rules and staff use of inappropriate language directed at residents
- The quality and quantity of food

There were eight **residents' meetings** held in this six-month period. In March and April, meetings were held separately at Goldsborough and Jonal campuses. It was minuted that the meetings were separated due to the different issues for the respective campuses. From the minutes provided it does not appear that residents' meetings were held at Jonal campus in May and June. Combined residents' meetings recommenced in July. A member of the management team convenes the meetings.

The minutes of the meetings were good and easy to read. The 'outcomes' column is used to track progress on issues.

Noticeably there is twice as many staff attending residents' meetings than resident representatives. During the visit to residents in September, the Advocates were invited to

attend the Youth Advisory Committee meeting. The Advocates separately commented on the high ratio of staff to residents (3:1)<sup>1</sup>.

The replacement of mirrors at both campuses has been an agenda item since August 2015. According to the minutes, security issues interrupted the installation of the selected mirrors. As of August 2016 Unit B (Jonal) was the last unit awaiting mirrors.

There have been intermittent issues associated with the operations of the barbecues. Management has approved weekly barbecues.

## Care concern investigations

There were nine new care concern referrals during the reporting period. The Care Concerns Investigation Unit (DCSI) has concluded its involvement in six of the matters, all of which have been subsequently referred to DCSI Human Resources. Three matters are still subject to ongoing investigation by Care Concerns Investigation (DCSI). The General Manager reported that the liaison with the Manager of the CCI Unit continued to be very positive.

## Training

The training register was provided. About 86 per cent of the staff training had been operations. The remainder (14 per cent) had been for relationship/communication/specialised skill development.

During the reporting period, 22 staff completed training (including refresher training) in MAYBO Physical Intervention and 52 staff completed training (including refresher training) in MAYBO Care Conflict Management.

Sixteen staff have been trained in Adolescent Development and Mental Health First Aid.

In interview the General Manager expressed an interest in trauma-informed practice training for staff.

## Incidents

There were 114 reported incidents in this six-month period, down from 160 in the six preceding months. Forty of these incidents involved the residents of Unit B (Jonal Campus). The disproportionate number of incidents (to resident numbers) at the Jonal campus continues a trend. Previously disproportionate numbers of critical incidents were also noted in Saltbush unit however residents from that unit are now accommodated in Frangipani. Frangipani had the second highest number of incidents per unit.

The two previous monitoring reports recommended that the category of 'use of force' as distinct from 'restraint' be discontinued as the separation of 'use of force' from 'restraint' was not defined. The aggregate data and incident reports documented them separately. In interview, GCYP sought further clarification given previous concerns and the recommendation.

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<sup>1</sup> See comments, including AYTC management response, about observations of the YAC meeting on 21 September in section titled 'Voice of children and young people'

The General Manager explained, and the Guardian sought confirmation, that the use of force is documented where there is forcible action without the occurrence of a restraint. The Guardian reviewed incident reports where the actions of 'restraint' and 'use of force' were separate actions and therefore both should have been recorded as occurring. For example, a resident, restrained by staff, was placed into his room. He received a verbal instruction to remove his shoes. As he did not comply with the direction, the shoes were forcibly removed from him. The action of the 'restraint' was separate to the action of the 'use of force'. The incident was recorded as a 'restraint' and not a 'use of force'.

In the past six-month period there had been 91 restraints and at least 9 uses of force (total 100) in 114 incidents involving 160 residents. Eighteen young people had been involved in three or more incidents and two were each involved in a minimum of 10 incidents.

GCYP reviewed a number of incident reports that documented residents are being restrained in the prone position, including a number of incidents at Jonal campus documenting a restraint in the prone position on a bed or mattress. GCYP sought to confirm that a restraint in the prone position was an approved restraint given the risks associated, particularly into a soft surface. The General Manager confirmed the restraint is approved and that although training focused on not 'going to ground', he acknowledged that it was not always achievable. The Assistant General Manager added that management is focused on quickly moving the resident 'up' from the restraint and stressed the importance of dialogue with a resident to facilitate this.

In the 114 incidents, there were 74 Behaviour Support Strategies (BSS) imposed or acknowledged as continuing. Twelve Risk Management Plans and 12 Assessment, Care and Treatment (ACT) Plans were documented as supports within incident reports. On some occasions, a resident was subject to more than one of these plans.

## Incidents – sample

A sample of 51 incident reports (45 per cent) was read. Overall, the reporting remained variable. The detail contained in individual staff and supervisor reports ranged from limited to informative and appropriate. Not all incident reports attached all associated documents, including residents' comments.

The quality of reports were reduced by simple errors, such as repeated misspelling of a residents' names (on some occasions, multiple spellings within the one report), simple typing errors and 'cut and paste' documents that included details about another resident. Of particular concern were a few documented exchanges between staff and residents that the Guardian considers inappropriate. For example, a staff member quoted himself as telling a resident that '... is not worth giving someone a mental disability'. In another report, a Behaviour Support Officer referred to a resident 'having a mental episode'. These examples were raised with the General Manager in interview.

As previously discussed with the General Manager, a timeframe of three weeks was agreed as appropriate for the completion of incident reports, inclusive of management approval. In the sample viewed in September 2016, the time taken to complete reports varied from

three days to 61, with median length being 18 days. Almost half of the sample viewed was approved outside of the agreed three-week timeframe, with the longest being 13 weeks.

The timeliness of recording the residents' comments on the incident also varied. Of the sample viewed, comments from eight residents were not obtained. Those comment sheets recorded that the young person had been released but similar to the preceding six months GCYP noted that there was sufficient time between the incident and the release date to invite the resident to make comment.

The March 2015 and April 2016 reports noted the replacement of unit names with radio call signs by staff and residents and acknowledged that the Assistant General Manager previously issued instruction about only using these terms for radio messages and never in reports or when talking with residents. The Review of Records demonstrated that some staff continue to use radio calls signs to identify units in documentation associated with critical incidents. Consequently, some residents also use this language.

## Safe room<sup>2</sup>

There were 33 recorded uses of the safe rooms<sup>3</sup>. Nineteen of these were under one hour, and 14 over an hour but less than 12 hours.

Of the sample of critical incident reports viewed, where required, all contained records of the use of the safe room. The C3MS printed report has little information other than the time spent in the safe room and the general reason for the use of the room. However all records viewed had an original detailed log sheet attached, documenting the time the resident entered and exited the room, observations made and efforts to counsel.

## Voice of children and young people

### Frangipani

The visit to residents in Frangipani (formerly Saltbush) unit was on **25 May** and a written report provided on 6 June. In summary the major topics of discussion (and response where required) were:

- Variable feedback about the new regression routine although consensus that planned time out of bedrooms had a positive effect for residents
- Positive feedback about access to education
- Residents expressed desire to have access to the gymnasium to assist with managing stress and energy levels
- Lack of stimulation provided in rooms
- Reported experience by two residents of differential treatment by a small number of staff. Residents referred to their experiences as 'discrimination'.

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<sup>2</sup> Previously referred to as Detention Room.

<sup>3</sup> This is a decrease on the 69 recorded uses in the previous reporting period.

AYTC: The Assistant General Manager immediately sought detailed information about what was reported by the residents .

### **Wallaby Grass**

The visit to Wallaby Grass unit was on **25 May** and written feedback provided on 6 June. In summary the major topics of discussion (and response, where required) were:

- Conduct of one staff member

AYTC: The Acting Accommodation Services Manager immediately agreed to follow this matter up with the staff member and Management.

- Access to radio in rooms, possibly via the televisions
- Increased opportunities to prepare own food in unit

### **Unit B (Jonal)**

The visit to Unit B (Jonal) was on **25 July** and written feedback provided on 3 August. In summary the major topics of discussion (and response, where required) were:

- Number of matters that could be progressed through the residents' meetings, for example provision of remote controls to residents as a behaviour reward, confirmation that underwear and socks is new when issued, provision of hot tea or milo at breakfast, access to the treadmill and access to tuck shop prior to phase two
- Unclothed searches following visits with family
- Temperature of showers reported to be lukewarm
- Beds are too short and uncomfortable resulting in sleep disturbances

### **Wallaby Grass**

The visit to Wallaby Grass unit was on **21 September** and written feedback provided on 29 September. In summary the major topics of discussion (and response, where required) were:

- Number of matters that could be progressed through the residents' meetings, for example additional clothing to allow time for washing and return, flexibility of the phase system, access to radio during meal times, inconsistency of opening of blinds

AYTC: all matters added to agenda for residents' meeting

- Infrequent contact with case coordinators; residents expressed desire to have weekly face to face visits

AYTC: It is expected that all Case Coordinators have face-to-face contact with their allocated residents once a week. The issue has been brought to the attention of the Manager, Assessment and Case Coordination who will monitor contact by Case

Coordinators. The Assistant General Manager offered to audit the contact history for three specific residents.

- Broken phone booth causing delays in access to the phone

AYTC: The phone had a fault restricting calls to seven minutes but was rectified following the GCYP visit.

- Inconsistent and, at times, problematic communication with staff
- Mixed feedback in the confidence of the complaints process to resolve concerns
- Some residents reported dissatisfaction with education programs that were not academically challenging

AYTC: Education acknowledges that the provision of TAFE courses is limited due to the increasing move to on-line delivery. Teachers have been downloading content, transferring to print but encountering challenges with regards to video clips and PowerPoint presentations. The Assistant General Manager has invited Education to provide a proposal on how residents' access to on-line TAFE components can be provided in a safe and responsible manner. Other matters pertaining to Education can be raised with Education representative at residents' meetings.

### **Kangaroo Paw**

The visit to Kangaroo Paw unit was on **21 September** and written feedback provided on 29 September. In summary the major topics of discussion (and response, where required) were:

- Food – reintroduction of barbecues and healthier meal options

AYTC: Produce for barbecues is being procured and Catering Supervisor has developed spring menu with healthier options (provided to GCYP). The kitchen provides sufficient catering to ensure enough food for residents regardless of age or size.

- Sufficient provision of clothing

AYTC: Residents' meeting representatives have been provided with information about ordering of clothing, including requesting sizes, and staff will be reminded of process.

- Positive feedback about staff, with particular focus on importance of consistency
- Enhanced recreation opportunities

AYTC: Residents' meetings representatives were provided an explanation about the deletion of new Xbox games by a resident. The centre is exploring how to prevent this in the future. Residents requested respite from programs in the first week of school holidays.

- Experience of bullying

AYTC: All residents are required to be active participants within the child protection curriculum at school. Posters are now displayed at both campuses reinforcing the message.

- In addition, after observing the Youth Advisory Committee meeting at invitation, the Advocates provided feedback that the high numbers of staff to residents could be intimidating for residents. The Advocates commented that residents appeared uncomfortable when called upon to contribute. The Advocates observed only one resident spoke during their attendance. Updates from the previous meeting were provided by the Chair and were addressed to staff in attendance, rather than to the residents. The Advocates noted that some of the matters appeared to be dismissed as unrealistic without consultation, adequate explanation or an opportunity for the residents to comment or negotiate.

AYTC: The format of the meeting was discussed together with the number of adults required to attend and need for a better balance between staff and resident attendance. The Accommodation Services Manager and the Catering Supervisor will attend with possibly one other staff member. This will provide for a less intrusive forum for residents to express their views and concerns.

## Interview with General Manager and Assistant General Manager

### **Anti-spit protection**

Prior to the Review of Records GCYP received correspondence from the Acting Director that data associated with anti-spit protection during incidents will be provided to GCYP as part of six-monthly reviews. In his correspondence, the Acting Director acknowledged that 'spit masks' is the common term used in the media.

Due to comments attributed to residents within incident reports and recorded on residents' comments sheets GCYP requested to see the anti-spit protection used by AYTC. The Assistant General Manager provided the current protection used and one that the centre is considering for future. GCYP is of the view that any reference to the protection as a 'spit mask' is misleading. The notion of a mask indicates application over the face only. To apply the anti-spit protection, it is required to be placed over the entire head and covers the head down to the neck. GCYP acknowledges that vision is not impaired and the purpose is to provide protection from fluids from the mouth. The new anti-spit protection under consideration has greater mesh allowing for visibility and does appear to be less intrusive than current anti-spit protection, however it will still be inaccurately described as a 'mask'.

### **Unclothed searches**

Resulting from concerns raised by residents with an Advocate during a visit, GCYP obtained a copy of the Security Order for unclothed searches, made further enquiries with AYTC management and requested to view the unclothed searches register at the Review of Records. The register was provided as requested.



It was reported that contraband was only found on one occasion, at Jonal campus. There were 290 visits and 157 admissions at Goldsborough campus that resulted in unclothed searches, with zero contraband found. With fewer visits and higher supervision at Jonal campus, unclothed searches do not occur as a standard practice after every visit.

GCYP sought explanation as to why the current practice at Goldsborough campus is not reflective of the Security Order. It was explained that the ion scanner has been abandoned due to servicing issues and that procurement to obtain a new scanner has been protracted and anticipate it will resolve in a number of months. GCYP queried whether the necessity for unclothed searches would decrease if an ion scanner was present. AYTC management agreed this would be the case.

GCYP also queried what cultural consultation and considerations have been given to the Security Order and practice of unclothed searches. AYTC management reported that staff have received training to ensure cultural safety during unclothed searches. It was reported that the Senior Aboriginal Advisor is currently reviewing the Security Order.

## **Health**

The General Manager reported improved access to health assessments because of Metropolitan Youth Health increasing allocation of staff. It was also reported that SA Health is implementing trauma-informed practice training for staff. Reportedly the restructure of Child and Adolescent Mental Health Service has reduced the availability of some staff.

## **Action from previous reporting period (April 2016)**

- **Consistency of incident report writing**

(March 2016)

In April it was agreed that GCYP would prepare a communique to AYTC, in addition to this report, highlighting expectations of critical incident reports. This was completed and AYTC intend to incorporate expectations in new documentation commencing from 1 December.

**Resolved**

- **Communication with new residents**

(February 2014- August 2016)

At the December 2014 meeting with AYTC management, the Assistant General Manager reported that a video and handbook for new residents would be produced in 2015 by the Youth Education Centre. It was anticipated that this would be finalised by the end of school term one, 2015.

At the September 2015 interview the General Manager reported that a third draft of the handbook was being reviewed by Youth Justice Policy staff and the Education staff had commenced but not completed the video.

In April 2016 the General Manager and Assistant General Manager reported that the handbook is now in draft format and with the Department's media section for the approval process. The video is still pending and discussions occurring about a possible collaboration with the school to develop the video as part of a project during 2016.

In September 2016 the General Manager and Assistant General Manager confirmed the residents' handbook has been completed and is now available to residents. Funding is being sought to produce a video and the school is currently developing a script for the video. Residents will be involved in the production.

**Partially resolved**

- **Anti-bullying**

(July 2014 – August 2016)

In December 2014 the Assistant General Manager reported that the Youth Justice Policy staff will prepare an anti-bullying policy.

In September 2015 the General Manager said that the plan was to mirror the approach taken in the education system and that work had commenced on this. He expects that it will form part of the revised Behaviour Support Framework.

At the April 2016 interview, the General Manager and Assistant General Manager reported that the Centre would adopt the DECD Anti-Bullying policy, which is the current policy for the school. A workshop for residents has been planned and scheduled for Youth Week workshop.

In September 2016 the General Manager and Assistant General Manager confirmed the Youth Week workshop occurred and residents have received the child protection curriculum via the school. Posters are now on display and expectations about safe and appropriate behaviours are communicated by management. The Assistant General Manager provided GCYP with a copy of the curriculum. As these strategies are in their infancy, this will continue to be monitored.

**Partially resolved**

- **Unit names**

(March 2015 – August 2016)

In March 2015 it was observed that increasingly the names of units were referred to by their radio call signs in written reports, including feedback from residents. This practice suggested that the social environment was tending towards crisis response and containment. This was promptly addressed and the practice has largely halted by September 2015.

However, the practice seems to have returned with staff and residents widely using radio calls signs in written reports and complaints reviewed in April.

Radio calls signs continued to appear in written reports and complaints reviewed in September.

**Unresolved**

- **Timeliness of completion of incident reports**

(September 2015 – August 2016)

In September 2015 it was agreed that a realistic timeframe for approval of incident reports by Managers was within three weeks. The five-day timeframe will continue to apply for completion of the staff, supervisor and residents' accounts of the incident.

The median timeframe for approval of the sample of incident reports reviewed in September 2016 was 18 days. Almost half of the sample viewed was approved outside of the agreed three-week timeframe, with the longest being 13 weeks.

**Unresolved**

### Areas for attention or discussion (September 2016)

The following items have been agreed as action or are for further discussion, arising from the review of records for March to August 2016 and the visits to residents.

- **Unclothed searches**

The requirement to undertake unclothed searches in the absence of an ion scanner means that AYTC is not using the least intrusive manner to conduct searches. Unclothed searches should not occur as a standard practice; rather as outlined in the Security Order. GCYP recommends the acquisition of at least one ion scanner as a priority.

**Unresolved**

**Braendler, Fiona (DCSI)**

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**From:** Lorek, Belinda (GCYP)  
**Sent:** Friday, 2 December 2016 9:57 AM  
**To:** Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Shaw, Amanda (GCYP); Evans, Jodie (GCYP); Hopkins, Michelle (GCYP); Barr, Sue (DCSI-YouthJustice)  
**Subject:** GCYP Monitoring Visit Feedback for Frangipani Unit

Dear Angela, Steve and Sam

Thank you for facilitating our visit to Frangipani Unit on 24 November 2016. Following your safety briefing , we jointly decided to defer the visit to Saltbush (which we later agreed for 26.11.16). This allowed two Advocates to visit Frangipani together. Thank you for making our visit possible despite challenging circumstances.

As you noted from the outset, many of the residents in Frangipani were quite unsettled. Seven residents were present for the visit. Three were on a Regression Routine. Two had arrived at the centre the previous week. One resident had been moved to the Unit for increased safety and supervision. The last resident was in Frangipani temporarily while his room was fixed in his usual unit.

One issue raised by residents may be added to the YAC agenda. This includes the quality and quantity of books in the library. Residents brain stormed ways a greater number of books could be acquired by library and then accessed by the residents.

Residents would like to hold a further discussion with staff about the lack of privacy while using the Frangipani Unit phone. The lack of a privacy screen (as in other units) allows all residents in close proximity to overhear the phone conversations. While GCYP acknowledge this may be for safety reasons, further information on this arrangement is requested. One resident has evidently been teased following crying during a phone conversation with family.

Two residents shared their frustration at spending time in their room. Both independently noted that they come out of their room on one or two occasions each shift only while on Regression. This is for a period of approximately 30 minutes. One resident stated that spending this much time alone 'makes you think crazy things you would not normally think about'. Both noted that exercise in the court yard did little to clear their heads in such an enclosed space an infrequent basis. Additionally, the lack of exercise for young adolescents, lack of sunlight and reduced stimulation resulted in problems sleeping.

Residents reported no concerns with access to phone calls or visits. One resident was disappointed the school year was ending and would result in long period without study. This issue has since been addressed. Another resident shared his desire to connect with CAMHS.

One resident was served pork during the visit and immediately raised his concern with the staff member delivering the meal. The staff member stated 'why didn't you tell me' and immediately went to replace the meal. The young man examined his plate again but seemed calm and satisfied.

Regarding access to our phone number in units, you noted that GCYP requested our number be removed from auto dial following repeated calls from residents some years ago. I think the best way to address this in the interim is to place our contact details clearly near the phone possibly with detail about their right to access an assisted call. When GCYP soon recruit an Assessment and Referral Officer, we could look at trialling the number being re-instated for a period. Alternatively, this may be a matter for the TCV to explore in their role.

As you are aware, there are several matters GCYP are following up as individual advocacy queries of behalf of two residents. Two residents in Frangipani Unit have raised concerns about the use of restraint in two separate incidents. For them, these restraints stand out as a different experience to other restraints they have experienced within the centre. One of the two residents has also raised concern about the grounds for an unclothed search following a professional visit on one occasion but not on another. GCYP intend to update the residents on the progress of this and their options within the next two weeks.

Can you please update GCYP about the rationale for the phone screen in Frangipani Unit.

If you have any questions or concerns, please contact myself or Michelle Hopkins.

Kind Regards

**Belinda Lorek** | Advocate

Office of the Guardian for Children and Young People

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for Children and Young People in Care

*'We acknowledge Aboriginal people as the traditional owners of this land, their living culture and their unique role in the life of the State.'*

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**Braendler, Fiona (DCSI)**

---

**From:** Lorek, Belinda (GCYP)  
**Sent:** Friday, 2 December 2016 10:00 AM  
**To:** Ricciotti, Angela (DCSI-YouthJustice)  
**Cc:** Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Barr, Sue (DCSI-YouthJustice); Shaw, Amanda (GCYP); Evans, Jodie (GCYP); Hopkins, Michelle (GCYP)  
**Subject:** GCYP Monitoring Visit Feedback for Saltbush Unit

Dear Angela, Steve and Sam

Thank you for facilitating our visit to Saltbush Unit on 26 November 2016. Following your safety briefing on 24 November 2016, it was decided to defer the visit to Saltbush to 26 November 2016, which allowed two Advocates to visit residents in Saltbush Unit. Thank you for making our visit possible despite challenging circumstances.

As you had anticipated, the residents of Saltbush were quite unsettled. Thirteen residents were listed to be in the unit. We met with ten of the thirteen. Six of the ten residents were on a Regression Routine and in their rooms and/or been admitted to the Unit following an incident at the Flexi Centre that morning. We understood, this was due to Frangipani being at capacity and the need for some residents to be separated across both units for safety reasons.

Residents have again raised concerns during our visit about the amount of time they are required to spend in their rooms following an incident and/or while on Regression. GCYP acknowledge the move from the BSS to now adopt the Regression Routine with the view of a more streamlined process with clarity for staff and residents. However, residents continue to raise concerns about their experience and the impact of regression time in their bedrooms. For example, the following statements and concerns were raised by residents in Saltbush Unit during our visit;

- One resident advised he was on an 'eleven day regression' which was 'too long' as he was 'used to a three or four' (day Regression). He stated no one had explained to him why it was so long.
- The same resident stated that he was 'going crazy' and it was 'too boring'.
- A second resident stated the regression was 'like a BSS only longer'.
- A third resident recommended that every room should have a book, even for residents who are not literate, to encourage interaction with reading and provide stimulation.
- An additional three residents noted that too much time in your room makes you 'behave crazy' and make noise 'just to get out'.
- There was audible sounds during lunch coming from the residents in rooms including yelling and banging. The residents not in their rooms, stated that they have 'learned to zone out' of the noise but it 'happened all the time'. The same resident suggested the room divider in the Unit could be closed at night to stop the sound echoing from wing to wing.
- One resident was visited by the Advocate in his bedroom. He presented as calm and was sitting on the floor of his empty room. He stated he had not been provided any stimulation or a pillow despite presenting as calm. He could not understand why this decision was made as his behaviour was settled.
- Another resident was visited by the advocate in his bedroom. He was agitated and had not calmed following an incident that morning. He had no stimulation. He expressed concern about the cleanliness of his room (detailed further below).

Several residents shared their focus on plans for their transition into the community including housing, financial concerns and support needs. One resident noted he was feeling very anxious about the move. Another stated he could not accept that he would actually be able to leave the centre on the proposed date.

One resident commented that the staff on shift at the time of the visit were the 'best' staff team in Saltbush. They commended some individual staff for their respect and support. Two other residents agreed. The same resident raised concerns about the support provided by other staff teams. He gave the example that some staff have answered the intercom at night with 'early bed hotline' or 'we cannot take your call right now leave a message - beep'. He stated that sometimes, when you cannot sleep during the night and you are stressed, these responses are not funny. Additionally, one resident alleged that staff had told other residents the nature of his offending. This has not been confirmed.

Several issues raised by one resident, if you agree, are suitable to be placed on the YAC agenda;

- Clothing; residents should not be able to touch each other's clothing at any time as this causes conflicts.
- Residents advocate for a better system of residents logging how many phone calls they have made for the week, as some lose track of calls easily.
- Residents seek better management of time spent on game consoles by residents in the games room.

One resident, in his room following an incident appeared distressed and agitated. It is understood the resident has significant mental health issues. He was accommodated in Room 4 Saltbush Unit which has approximately fifty to seventy five per cent of the paint peeled off the walls. Peeled paint pieces were scattered across the floor. The Supervisor reported the vacuum was broken however, it was unclear if they had attempted to borrow one from another Unit or purchase a new one. There was a brown smudge mark on the carpet near the bed. There was what appeared to be old food crumbs or dirt on the bed skirting. The resident stated it was 'too dirty' for him to lie down (although he had no bedding anyway). The room on appearance appeared unhygienic and rundown.

As an Advocate for residents, we believe the environment in which residents are kept in should not be of this standard. This is particularly true for a distressed resident with significant mental health concerns. The resident requested we raise this with Management, which GCYP did following the visit. GCYP then asked the Supervisor to view several more bedrooms. One had similar issues with paint and white marks across the carpets. Another had old food shoved into the light switches. Management agreed to review the cleanliness and quality of Room 4. GCYP seek clarification as to whether our assessment is within the realms of what is an acceptable standard of room hygiene and quality within the Centre.

As you are aware, there are two residents who have raised concerns about the length of their Regression routine which is currently allocated to GCYP as an individual advocacy matter.

Following the review of the Regression routine for these two residents, and in response to the considerable issues raised by residents of both Saltbush and Frangipani Unit, GCYP seek to discuss with AYTC, the Regression routine implementation and the impact for residents. This will assist us in our monitoring role and associated advocacy.

If you have any questions or concerns, please contact myself or Michelle Hopkins.

Kind Regards

**Belinda Lorek** | Advocate

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**Braendler, Fiona (DCSI)**

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**From:** Lorek, Belinda (GCYP)  
**Sent:** Thursday, 9 February 2017 10:01 AM  
**To:** Rogers, Nicholas (DCSI-YouthJustice)  
**Cc:** Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Hawkins, Katherine (DCSI-YouthJustice); Shaw, Amanda (GCYP)  
**Subject:** GCYP Monitoring Visit Feedback to Jonal Unit A

Dear Nick, Steve and Sam

Thank you for facilitating our visit to Jonal Unit A on Monday 6 February 2017. There were seven residents present for the visit. In our meeting prior to the visit, it was noted the centre is currently challenged by high numbers, residents with complex needs and staffing difficulties in covering shifts.

The majority of the visit was dominated by residents raising their dissatisfaction about a recent event within the unit on Saturday 4 February 2017. Each resident advised that they had been secured in their bedrooms for an extended period during that day. The residents believed this was due to insufficient staffing numbers in the unit initially, then due to an incident in Jonal B. Residents reported they had been placed in their rooms at 12 noon on Saturday 4 February until approximately 5.30pm, when they were released for exercise. They were allegedly then secured to their room at approximately 6:00pm on Saturday 4 February until bed time. The residents stated because the next day was Sunday (5 February 2017), they remained in their bedrooms until 11:00am. This resulted in the residents allegedly contained in their bedrooms for almost a 24 hour period, with less than an hour exercise break.

This concern was raised with Nick Rogers following the visit who could not confirm the accuracy of the allegation. He noted that one resident had a phone call at 5.46pm and 5.47pm which would confirm their allocated time 'out' of their bedroom. GCYP advocated for this complaint be reviewed by Centre Management.

Several of the residents noted they have made a written complaint about this matter. Should the residents be unsatisfied with the response of the Centre to their complaint, GCYP advocate they are provided with the details of this office and the SA Ombudsman to review and progress their complaint if they wish. Can you please advise of the Centre's response to the complaint(s) as soon as possible?

One resident noted it is not uncommon for residents to remain in their rooms due to inadequate staffing numbers. The resident noted that on one occasion, staff had purchased 'each of us a whole pizza each' during that time. The resident noted this made the experience 'better'.

Several residents reported good relationships with staff within the unit. One resident noted the excellent support and understanding that a staff member had recently provided. One resident was observed seeking support of staff via a debrief following a difficult phone call. The staff member responded immediately, offering support. Staff were observed to interact respectfully with all residents.

One resident noted that she was on an ACT plan due to self-harm. The resident stated that while she understood the rationale, that not having a book in her room was an excessive safety restriction. She shared that lack of stimulation on the plan resulted in boredom.

In regards to education, one resident asked for advocacy in relation to commencing school following her assessment period. This concern was resolved during the visit by Education entering the unit to undertake the assessment.

General feedback for addition to the YAC agenda included concerns about the temperature in bedrooms during times of high humidity and the cholesterol content of food. Two residents shared their concern that a lack of exercise and high caloric intake had led to weight gain in custody.

Three residents raised concerns about the safety and permanency of their placements in the community. One resident shared her placement was unsafe, another said she was lonely living in a placement alone. GCYP advocacy was offered to these residents to

pursue any concerns, through contacting our office while in custody. Four of the seven young women at the time of the visit were under Guardianship of the Minister.

In summary, please advise of the Centre's response to the complaint(s) regarding the use of bedrooms for extended periods on 4 February 2017 and subsequent plans to progress the complaint if residents are dissatisfied with the Centre's response.

If you have any questions about the visit, please contact me.

Regards

**Belinda Lorek | Advocate**

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In the office Mondays, Wednesdays and Thursdays

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*'We acknowledge Aboriginal people as the traditional owners of this land, their living culture and their unique role in the life of the State.'*

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**Braendler, Fiona (DCSI)**

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**From:** Hopkins, Michelle (GCYP)  
**Sent:** Tuesday, 14 February 2017 9:46 AM  
**To:** Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Rogers, Nicholas (DCSI-YouthJustice)  
**Subject:** GCYP - Monitoring visit to AYTC Unit B

Dear Nick, Steve and Sam

Two Advocates visited Unit A and Unit B - AYTC Jonal Campus on Monday 6 February 2017. They were met by Security Services Supervisor Nick Rogers and given a briefing on the current populations of the two units. I visited Unit B which was at capacity and operated as two separate units at the time. I was given the opportunity to speak with all residents present on the day (12 residents).

The primary concern raised by the residents was the amount of time they were secured in their rooms. The residents reported this was due to staffing issues. It was concerning that the young people expressed their frustrations towards the staff and I heard comments such as; "Why do people take this job if they don't want to come to work?" and "They shouldn't get paid if they can't be bothered showing up?". This personalising of the issue towards staff was concerning. This was raised with the Security Services Supervisor directly following the visit.

Another issue of concern was the length of time taken to get phone numbers approved. This was reported to be longer than on previous admissions for residents. A number of residents reported that approval for their individual mothers' numbers took up to a week. Whereas residents reported in the past this took around two to three days. One of the residents expressed concern that his mother worried about his well-being during this time.

With regard to staff, the issue of consistency when turning off the television at night was raised.

Another issue of concern raised by the young people was the belief that the complaints forms were not addressed and that for this reason the young people "do not bother". One of the staff also reported that GCYP posters were located and displayed in the unit that morning in anticipation of the visit. These anecdotes were concerning in that they appear to suggest that the young people's right to express their views were not seen by the residents as taken seriously.

There was also a discussion about the YAC and I suggested the following could be raised at the YAC meeting:

- More variety of cereal
- More X-box games
- Multiplayer ability on the X-box
- Remotes in rooms
- Football socks
- New table tennis bats
- Level of chlorine in the pool, young people would like to be given goggles for this reason.
- Other minor concerns included; not enough size 7 sneakers in the stores means young people were wearing shoes that are too large, one resident reported only receiving three pairs of underwear and residents also suggested that there were not enough pillows for all residents to have two pillows and that some of the pillows needed to be checked as they were too thin and should be thrown out.

Thank you for the opportunity to visit and discuss these issues with you.

Kind Regards

**Michelle Hopkins | Advocate**

**Office of the Guardian for Children and Young People**

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**Braendler, Fiona (DCSI)**

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**From:** Hopkins, Michelle (GCYP)  
**Sent:** Thursday, 30 March 2017 12:23 PM  
**To:** Ricciotti, Angela (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice)  
**Cc:** Cameron, Kate (GCYP); Shaw, Amanda (GCYP)  
**Subject:** RE: GCYP monitoring visit

Dear Angela, Steve and Sam

Thank you for facilitating our visit to AYTC – Wallaby Grass on Monday 27 March 2017. Two Advocates were met by Angela Ricciotti and provided a briefing regarding the current population of the unit. Both Advocates visited Wallaby Grass. There were eight residents housed in the unit and all were present during the visit and had an opportunity to speak with an advocate on the day.

Issues raised by multiple residents included;

- The unit being locked down due to lack of staff in other units, the residents believed that this was unfair if their unit had a full team.
- The current telephone policy, which means that if the young people use all their phone calls early in the week they have none at the end of the week. Young people report that they sometimes have difficulty keeping track of how many calls they have made if they have been trying to sort things out early in the week.
- The variety and quality of the meals provided for vegetarian and Muslim residents.
- The quality of clothing provided to young people, examples included being given socks that were ripped. They also complained about the length of time it takes for a request to come through from stores, with one of the young people waiting two weeks for a pair of thongs they had requested.
- Again the issue of consistency around bed times and consequences with different staff was raised.
- A number of young people raised that they felt the progression from phase 1 to phase 2 was longer in Wallaby Grass than other units.

Some positive suggestions provided by the young people included;

- Use of the white board to inform the young people of the date, weather, meals and any programs/activities for the day.
- Residents also suggested that the TV guide be provided each week.

Staff agreed that these measures would alleviate the number of questions that they are asked by the young people.

- Several young men mentioned they felt that their time in Wallaby Grass was “easier” than in other units as the staff did not fuss about or impose consequences for insignificant matters.

Three individual matters were raised with the Advocates during the visit and further enquiries are currently being made with the regarding these.

Thank you for the opportunity to raise these topics with you.

Kind Regards,

*Michelle Hopkins* | Advocate

Office of the Guardian for Children and Young People

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**Braendler, Fiona (DCSI)**

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**From:** Shaw, Amanda (GCYP)  
**Sent:** Wednesday, 12 April 2017 2:35 PM  
**To:** Barr, Sue (DCSI-YouthJustice); Ledger, Samuel (DCSI-YouthJustice); Green, Stephen (DCSI-YouthJustice)  
**Cc:** Cameron, Kate (GCYP)  
**Subject:** GCYP AYTC Monitoring Report - September 2016 to February 2017  
**Attachments:** 2017-04-05 AYTC monitoring report for September 2016 to February 2017 (A16693490).pdf

Dear Sue, Sam and Steve

Thank you for your assistance last week (and before) in facilitating my visit with Kate Cameron to AYTC for viewing the records and with the Advocates' visits to residents in the past six months.

Attached is the report for this period. Please let me know of any concerns or questions.

Regards,

**Amanda Shaw | Guardian for Children and Young People**

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We acknowledge Aboriginal people as the traditional owners of this land, their living culture and their unique role in the life of the State.

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## **Government of South Australia**

Office of the Guardian  
for Children and Young People

# Adelaide Youth Training Centre monitoring report

***April 2017***

*(reporting on September 2016 to February 2017)*

## Summary

The Guardian's review of records on 3 April 2017 and six visits to residents since September 2016 found:

- The response to residents' feedback is generally prompt, respectful and appropriate however there were substantial differences in the quality of responses from different Managers and significant delays in responding to feedback in January and February due to the absence of the assigned administration officer.
- There is consistency in the issues raised by residents via the feedback process, communications with Advocates during monitoring visits and some matters on the Youth Advisory Committee agenda. Interestingly, the residents continue to express a lack of confidence in the complaints process and YAC for achieving change.
- Care concerns (notifications to the Child Abuse Report Line) are monitored well by AYTC management and decisions about action are made promptly.
- In this period of review the operational requirements accounted for 94 per cent of the staff training. The high numbers participating in ISG training possibly skewed the proportion.
- The number of incidents is up by 41 per cent on the prior reporting period and the rate of use of force (per incident) has increased.
- The use of Behaviour Support Strategies ceased and Dynamic Risk Management Plans were introduced as of 1 December 2016.
- The introduction of the *Internal Incident Review* improved the quality of incident reports however the quality of individual staff and supervisor reports continued to vary.



- The length of time to approve (and finalise) the incident reports has continued to reduce slightly, although a number of reports approved well beyond the previously agreed three-week timeframe remain.
- The inappropriate use of radio call signs to refer to units (in place of the unit names) continues.
- The length of time residents are detained in safe rooms has increased from the previous review period and of the sample reviewed, the documentation generally did not demonstrate offers of counselling or exercise for those detained for more than an hour.
- There were significant concerns during the reporting period about the possible excessive use of regression and the detrimental impacts upon residents' wellbeing.

## Background

Twice yearly, the Guardian visits the Adelaide Youth Training Centre (AYTC) to review records and interview the General Manager and Assistant General Manager about safety issues for residents. Advocates from the Office of the Guardian (GCYP) visit AYTC every two months to speak with residents in two units of the Centre<sup>1</sup>.

The agreed schedule for monitoring visits is:

- Review records for the preceding six months. To date these have been incident reports, written records of complaints, use of safe rooms, minutes of residents' meetings, use of spit protection, staff training schedule and a summary of the care concerns.
- On other occasions, obtain the views and voice of the residents during informal visits.
- Clarify identified problems with the General Manager.
- Interview other staff as required.
- Report observations to the General Manager and Assistant General Manager, AYTC, and Director, Youth Justice.
- Discuss persistent issues with the Director, Youth Justice on a quarterly basis.

## Complaints and feedback

In the review period September 2016 to February 2017, there were 94 written complaints and feedback forms from residents. This is up from the 72 in the previous six months and down from 98 in the same period last year. All complaints and feedbacks were documented and available for viewing. All complaints and feedback forms were reviewed.

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<sup>1</sup> At times due to high demands on GCYP and limited resources, one unit is visited rather than two.

Responses to residents' concerns were, on the whole, easy to understand, personal, sensitive and empathic. On a number of occasions the respondent advised the resident of an intention to discuss the issue further. When Business Managers responded to complaints, rather than the Accommodation Managers, the responses were observed to be less young person friendly. These responses were often lengthy, used words that may be difficult for residents to understand and lacked the empathy that was evident in many of the responses from the Accommodation Managers.

The timeframe for responding to complaints and feedback varied, with 48 per cent responded to within seven days. Significant delays in responses to complaints during January and February were noted. In interview the General Manager explained this was due to nominated administrative staff on leave. GCYP noted that a number of the complaints made during this time related to a staff member at Unit A (Jonal Campus) and there were extensive delays in responding to the residents' concerns.

The common issues were:

- Occurrence of lock-downs, reportedly due to staffing shortages
- Delays in being able to leave bedrooms due to staffing shortages
- Perception of inconsistency between staff in the application of rules and consequences
- Lack of regular access to a case manager
- The quality and quantity of food

There were five **residents' meetings** held in this six-month period. Meetings occurred monthly, with the exception of January 2017. Residents from Jonal Campus participated via video-link but not all units had representatives present at all meetings. GCYP acknowledges that continuity of representatives is challenging in an environment with a frequently changing population. Frangipani residents were not represented at any meeting.

The minutes were documented by AYTC staff. The 'outcomes' column is used to track progress on issues. GCYP noted that there are ongoing delays in the resolution of issues, with many issues carried over for several months.

## Care concern investigations

There were seven <sup>2</sup>new care concern referrals during the reporting period. The Care Concerns Investigation Unit (DCSI) has concluded its involvement in five of these new matters and two additional matters from the previous monitoring period. Two matters are still subject to ongoing investigation by Care Concerns Investigation (DCSI).

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<sup>2</sup> The information regarding Care Concern Referrals included an active investigation into an incident that occurred on 10 March 2017. The incident is outside of the current reporting period and not included in the new care concern referrals counted by GCYP for the purpose of this report.

## Training

The training register was provided. About 94 per cent of the staff training had been operations. The remainder (six per cent) had been for relationship/communication/specialised skill development. GCYP noted that the proportions are possibly skewed due to the high number of staff engaged in ISG induction and online training (total of 168 staff and supervisors).

During the reporting period, 121 staff completed training (including refresher training) in MAYBO Care Conflict Management, Physical Intervention and Mechanical Restraint.

Eight staff were trained in Adolescent Development and Mental Health First Aid, one was undertaking Certificate IV Youth Justice and individual staff undertook training in supporting progress and development of young people, aggressive and potential violent behaviour and non-violent crisis intervention.

In interview the Guardian sought an update on considerations of trauma-informed practice training for staff and noted that Bimberi Youth Centre in Canberra recently facilitated such training for staff via the Australian Childhood Foundation. The General Manager and Assistant General Manager reported an interest in improving multi-disciplinary practice and an internal Youth Justice project examining best practice.

## Incidents

There were 161<sup>3</sup> reported incidents in this six-month period, an increase from 114 in the six preceding months.

Over half of the incidents occurred within three units across the two campuses. Thirty-five of these incidents involved the residents solely located in Frangipani Unit, 29 incidents involved the residents solely located in Unit B (Jonal Campus) and 27 incidents involved residents solely located in Kangaroo Paw. There were 10 incidents that occurred external to unit environments and involved more than one resident from different units at Goldsborough Campus. Residents from Kangaroo Paw, Wallaby Grass and Saltbush featured in these incidents.

Kangaroo Paw (50 residents), Frangipani (41), Unit B (35) and Wallaby Grass (34) accommodated higher numbers of residents during the six-month reporting period.

Twenty-six residents were involved in more than three incidents; 17 residents in more than five incidents.

The aggregate data continues to separately report 'use of force' as distinct from 'use of restraint'. At the previous monitoring visit, the General Manager explained, and the Guardian sought confirmation, that the use of force was documented where there was forcible action without the occurrence of a restraint. Incident reports were reviewed where

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<sup>3</sup> The aggregate data provided by AYTC recorded 147 incidents however an independent count of the monthly data sheets confirmed 161 incidents involving 245 residents. Fourteen incidents from December 2016 were not counted in the aggregate data.

the actions of 'restraint' and 'use of force' were separate actions and therefore both should have been recorded as occurring.

In the past six-month period there was 155<sup>4</sup> restraints and at least 11 uses of force (total 166) in 161 incidents involving 245 residents. The rate of use of force (or restraint) per incident is 1.03.

In the 161 incidents, there were 32 Behaviour Support Strategies (BSS) imposed (or acknowledged as continuing) prior to the cessation of BSS's as of 1 December 2016. Twelve Risk Management Plans were documented in the same period. After 1 December 2016, 101 Dynamic Risk Management Plans were instigated in response to incidents. Eighteen Assessment, Care and Treatment (ACT) Plans were documented within the 161 incident reports. On some occasions, a resident was subject to more than one of these plans.

### Incidents – sample

A sample of 45 incident reports (28 per cent) was reviewed. Overall, the reporting remained variable. The detail contained in individual staff and supervisor reports ranged from limited to informative and appropriate. Not all incident reports attached all associated documents, including residents' comments.

The quality of reports were improved by the introduction of the *internal incident review* which itself highlighted quality issues in staff accounts of incidents, raised concerns about appropriateness of responses to some incidents and insight into residents' behaviours and wellbeing.

Within the sample reviewed there continued to be simple typing errors in staff accounts of incidents and 'cut and paste' documents that included details about other residents. Of particular concern was a duty supervisor documenting that he 'reminded the staff that residents do not get items in their rooms whilst completing a consequence' (in reference to items for stimulation which promote positive mental health when off-association from other residents) and the lack of application of knowledge and learning about warning signs that a resident was highly anxious. These examples were raised with the General Manager in interview.

As previously discussed with the General Manager, a timeframe of three weeks was agreed as appropriate for the completion of incident reports, inclusive of management approval. In the sample viewed in April 2017, the time taken to complete reports varied from four days to 54, with median length being 17 days. One-third of the sample was approved outside of the agreed three-week timeframe. It is noted that the timeframe for the completion of reports has improved.

The timeliness of recording the residents' comments on the incident also varied. Of the sample viewed, comments from 13 residents were not obtained. Those comment sheets

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<sup>4</sup> The aggregate data provided by AYTC recorded 144 incidents involving the use of restraint however an independent count of the monthly data sheets confirmed 155 uses of restraint. Eleven incidents from December 2016 were not counted in the aggregate data.

recorded that the young person had been released but similar to the two preceding monitoring periods GCYP noted that there was sufficient time between the incident and the release date to invite the resident to make comment. For example, a resident was involved in an incident on 4 December 2016. The resident comment sheet, dated 19 December 2016 documented that the resident was released from the centre. However, the aggregate data shows that the resident was still a resident in the centre and involved in two subsequent incidents on 12 and 13 December 2016. The aggregate data documented 44 residents were released from custody prior to the completion of a comment sheet.

The use of radio call signs by staff and residents to identify units continued in this reporting period. This continuing issue and the challenges associated were discussed in interview with the General Manager and Assistant General Manager.

## Safe room<sup>5</sup>

There were 54<sup>6</sup> recorded uses of the safe rooms<sup>7</sup>. Twenty-nine of these were under one hour, and 18 over an hour but less than 12 hours. There was one occasion of a resident remaining in the safe room for more than 12 but less than 24 hours. In interview the General Manager explained that the resident stayed in the safe room overnight as he refused to exit.

Of the sample of critical incident reports viewed, where required, all contained records of the use of the safe room. The Guardian was concerned, and subsequently raised this issue with the General Manager in interview, that only one of the log sheets attached to safe room use for more than an hour (from within the sample viewed) documented efforts to counsel and provision of exercise.

## Voice of children and young people

### Wallaby Grass

The visit to residents in Wallaby Grass unit was on **21 September 2016** and a written report provided on 29 September. In summary the major topics of discussion (and response where required) were:

- Infrequency of contact with AYTC case coordinators  
  
AYTC: It is expected that all case coordinators have face-to-face contact on a weekly basis. A discussion occurred with the Manager, Assessment and Case Coordination who agreed to monitor contact by the team.
- Variable reports on staff relationships and engagement; most were positive however several residents shared concerning perceptions

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<sup>5</sup> Previously referred to as Detention Room.

<sup>6</sup> The aggregate data provided by AYTC recorded 137 uses of the safe room, alarming the Guardian however an independent count of the monthly data sheets confirmed 54 uses of the safe room. The counts from October through to February were incorrect.

- A delay in a the time between resident’s referral and access to the health service
- Dissatisfaction with TAFE program; that work was not provided or collected on time, not sufficiently challenging

AYTC: Education representative attends YAC and responds to concerns or complaints about education provided. A ‘formal’ response was provided by the Education Centre explaining that there are delays in accessing educational materials due to TAFE moving to on-line delivery, limited materials existing in print and requirement to download all files and transfer all modules to print.

### **Kangaroo Paw**

The visit to Wallaby Grass unit was on **21 September 2016** and written feedback provided on 30 September. In summary the major topics of discussion (and response, where required) were:

- Provision of and sizing of clothing

AYTC: YAC resident representatives and staff were provided with information about provision of, and ordering process for, clothing

- Positive commentary about the consistency between different staff teams
- Increased opportunities to for recreation activities, particularly with the approaching school holidays

AYTC: YAC resident representatives were informed of funding available for X-box games but that a resident was responsible for deleting the games. AYTC exploring how to prevent this from re-occurring.

- Observed bullying behaviours between residents

AYTC: All residents are required to be active participants within the child protection programme curriculum at the Education Centre. Posters are prominently displayed throughout both campuses reinforcing the message.

### **Frangipani**

The visit to Frangipani was on **24 November 2016** and written feedback provided on 2 December. Upon arrival at the centre, the Advocates were provided with a safety briefing regarding Saltbush unit, therefore both Advocates jointly visited Frangipani. In summary the major topics of discussion (and response, where required) were:

- Many of the residents were quite unsettled
- Quality and quantity of books in the library

AYTC: Added to agenda for YAC

- Residents reported a lack of privacy when using the unit phone and acknowledging location may be for safety reasons, GCYP sought further information from management

AYTC: Due to the complexities that young people face when they are admitted and the risk they could pose to themselves, and others, it is best practice to observe and be aware of their behaviours. The issue will be raised at the next YAC meeting for further discussion.

- Experience and impact of regression routines

AYTC: Direct discussions with GCYP and continued monitoring

- Use of restraint in incidents

AYTC: Direct discussions with GCYP and continued monitoring

- Clarification regarding access to GCYP phone number

AYTC: A sign for each phone booth is being developed to inform residents of the contact information for GCYP and other contacts outside of residents' allocated list and how to make contact

## **Saltbush**

The visit to Saltbush unit was on **26 November 2016** and written feedback provided on 2 December. Following the Centre's safety briefing on 24 November 2016, it was decided to defer the visit to Saltbush, which allowed two Advocates to visit residents in Saltbush Unit. In summary the major topics of discussion (and response, where required) were:

- Experience and impact of regression routines

AYTC: Direct discussions with GCYP and continued monitoring

- Lack of stimulation provided to residents on regression

AYTC: All residents have access to stimulation items (risk assessed)

- Audible sounds during lunch coming from residents on regression in rooms. Residents not in their rooms reported the noise 'happened all the time' but had learned to 'zone out'

AYTC: Depending on the residents / dynamics / behavioural issues the unit space can often be a challenging environment for both residents and staff. Staff use the divider at times but it can cause observation issues. This issue will be discussed further with management team

- Poor quality physical environment (as observed and commented on by Advocates)

AYTC: Every effort is made to provide suitable accommodation for residents. Given the challenging behaviours faced daily, unfortunately rooms are often frequently

damaged in Saltbush and Frangipani. Of note the vacuum has been broken on four occasions by residents in the last six months and replaced every time. The issue with peeling paint is a design fault within the centre and due to graffiti and residents picking at it the appearance of some rooms is poor. The issue has been addressed in a works proposal for all rooms. The resident in question was removed from school following an incident (not regressed) and could not return to his accommodation unit until school finished (as no staff in unit when empty). He was therefore in this room temporarily.

A large amount of residents have significant mental health concerns, unfortunately these often result in purposeful damage and soiling to the bedrooms despite staff's best attempts. Accommodation Supervisors have been tasked with ensuring rooms are maintained and all residents are given the opportunity to clean rooms daily.

### **Unit A (Jonal)**

The visit to Unit A (Jonal) was on **6 February 2017** and written feedback provided on 9 February. In summary the major topics of discussion (and response, where required) were:

- Dissatisfaction amongst residents that they were secured in their rooms for extended period on Saturday 4 February, reportedly due to insufficient staffing and a subsequent incident in Unit B. As reported to GCYP, the residents were allegedly contained in their bedrooms for almost a 24-hour period, with less than an hour exercise break

AYTC: A detailed response was provided acknowledging the staffing shortage in combination with the management of challenging behaviour and staff injuries on the AM shift led to residents spending more time in their rooms than would normally occur. Unit A operated a normal routine on Sunday 5 February

- Positive feedback about relationships with staff
- Air-conditioning

AYTC: The air-conditioning system at Jonal is affected on high humidity days similar to the effect humidity has on evaporative air conditioners. Adelaide has infrequent days of high heat and high humidity.

- Access to a book in room whilst on an ACT Plan

AYTC: Residents are able to access books whilst on an ACT Plan. However, in instances where the resident has covered all viewing panels with paper or pages from a book then books may not be made available in the resident's room for a period to ensure staff are able to maintain visual supervision. This would only remain in place whilst there is a risk which is dynamically assessed. Access to stimulation for residents is an area on ongoing focus for improvement.

### **Unit B (Jonal)**



The visit to Unit B (Jonal) was on **6 February 2017** and written feedback provided on 9 February. In summary the major topics of discussion (and response, where required) were:

- Dissatisfaction with amount of time secured in bedrooms. Residents expressed they believed it was due to staffing issues. Residents were heard to express frustrations towards staff and their motivation
- Dissatisfaction with time taken to approve telephone numbers for contact
- Inconsistency amongst staff
- Lack of confidence in the complaints process

No response was received regarding feedback from the visit to Unit B.

## Interview with General Manager and Assistant General Manager

### **Unclothed searches**

In response to the Guardian seeking an update on the issues raised in September 2016, it was reported that extensive delays have occurred with regards to procurement. However, new ion scanners (with local servicing) are anticipated to arrive before the end of June. In the interim, the camera in the room at Jonal Campus (not used for the purposes of a safe room) has been deactivated or covered to preserve the privacy of residents. It was further reported that accommodations were recently made during the unclothed search procedure for a young person with a disability.

### **Experiences of bullying**

Acknowledging the anti-bullying workshops held in April 2016, the Guardian sought an update on the success of anti-bullying strategies given that in the sample of incident reports reviewed the incidence of bullying between residents was noted.

The General Manager and Assistant General Manager confirmed that the DECD Anti-bullying policy is promoted within the AYTC and there are strategies in place to improve the consistency between the Education Centre and units in behaviour management responses to bullying.

Reportedly, bullying is discussed with residents upon admission and management of bullying is highlighted at staff meetings. The Guardian was advised that AYTC maintains a non-association list to minimise contact between particular residents and meaningful mediation is used where appropriate.

Additionally, as part of the current National Youth Week, Peer Mental Health First Aid workshops were coordinated.

### **Education**

The General Manager stated that education services were not restricted unless there were associated safety issues for individuals or groups of residents. In response to a direct

question based on information reported separately to GCYP, the General Manager advised that residents of Frangipani were able to attend the Education Centre or have teaching staff attend the unit to work with residents. He added that decisions on the method of access to education was individualised.

### **Use of the regression unit**

Extensive discussion occurred regarding individual client circumstances. The Guardian requested information (without notice) on the length of time residents remained in the regression unit<sup>8</sup>. It was reported that where a resident was subject to regression for more than four to five days, the Assistant General Manager was informed and Youth Justice Psychological Services staff involved.

### **Use of the safe room**

Resulting from the review of incident reports, the apparent lack of exercise periods provided to residents detained in the safe rooms for more than an hour was raised by the Guardian. The General Manager expressed a view that if the resident was calm enough to be offered exercise they should be exited from the safe room. The Guardian commented on a log sheet that contained no information about the offer of counselling or exercise but deferred to the attendance of the Behaviour Support Officers when the resident said he was ready to leave the safe room. The resident exited the safe room upon the delayed attendance of the BSO (after two hours in the safe room). The Guardian also highlighted the incident report that contained a Duty Supervisor's note that he instructed staff that residents cannot have items when receiving consequences. The General Manager advised this was inappropriate. The Guardian noted that a safe room log sheet was missing from one of the incident reports reviewed.

### **Internal incident review**

The Guardian provided positive feedback about the internal incident reviews contained within some incident reports. The Assistant General Manager reported that reviews were held weekly and acknowledged that there may be some delay in reviewing matters as complex incident reviews could occupy an entire meeting. It was reported that the inclusion of staff peers in the review process has been positive and broader learnings were being disseminated between staff. GCYP was advised that Trevor Lovegrove, Incident Management Unit (DCSI), will attend some meetings in the near future to provide advice on AYTC approach to review.

### **Action from previous reporting period (September 2016)**

- **Unclothed searches**

(September 2016 – April 2017)

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<sup>8</sup> The Guardian agreed to send specific questions to the General Manager for response in addition to this report.

The requirement to undertake unclothed searches in the absence of an ion scanner means that AYTC is not using the least intrusive manner to conduct searches nor conducting unclothed searches as outlined in the Security Order. GCYP recommended the acquisition of at least one ion scanner as a priority.

Reportedly the procurement process has been lengthy; ion scanners have been ordered and delivery is anticipated prior to end of current financial year.

**Partially resolved**

- **Communication with new residents**

(February 2014- April 2017)

At the December 2014 meeting with AYTC management, the Assistant General Manager reported that a video and handbook for new residents would be produced in 2015 by the Youth Education Centre. It was anticipated that this would be finalised by the end of school term one, 2015.

At the September 2015 interview the General Manager reported that a third draft of the handbook was being reviewed by Youth Justice Policy staff and the Education staff had commenced but not completed the video.

In April 2016 the General Manager and Assistant General Manager reported that the handbook is now in draft format and with the Department's media section for the approval process. The video is still pending and discussions occurring about a possible collaboration with the school to develop the video as part of a project during 2016.

In September 2016 the General Manager and Assistant General Manager confirmed the residents' handbook has been completed and is now available to residents. Funding is being sought to produce a video and the school is currently developing a script for the video. Residents will be involved in the production.

In April 2017 it was reported that the script for the video to complement the Residents' Handbook is almost finalised and there is an intention to consult about the script with the YAC. Due to confidentiality and risk of identifying, residents will not be used in the filming or voice-over components.

**Partially resolved**

- **Anti-bullying**

(July 2014 – April 2017)

In December 2014 the Assistant General Manager reported that the Youth Justice Policy staff will prepare an anti-bullying policy.

In September 2015 the General Manager said that the plan was to mirror the approach taken in the education system and that work had commenced on this. He expects that it will form part of the revised Behaviour Support Framework.

At the April 2016 interview, the General Manager and Assistant General Manager reported that the Centre would adopt the DECD Anti-Bullying policy, which is the current policy for the school. A workshop for residents has been planned and scheduled for Youth Week workshop.

In September 2016 the General Manager and Assistant General Manager confirmed the Youth Week workshop occurred and residents have received the child protection curriculum via the school. Posters are now on display and expectations about safe and appropriate behaviours are communicated by management. The Assistant General Manager provided GCYP with a copy of the curriculum. As these strategies are in their infancy, this will continue to be monitored.

In April 2017 a number of strategies were reported to minimise the occurrence of bullying within the Centre however incidences of bullying continue and were noted in incident reports.

**Partially resolved**

- **Unit names**

(March 2015 – April 2017)

In March 2015 it was observed that increasingly the names of units were referred to by their radio call signs in written reports, including feedback from residents. This practice suggested that the social environment was tending towards crisis response and containment. This was promptly addressed and the practice has largely halted by September 2015.

However, the return of the practice was evident in the review of records conducted in April 2016 and remains evident a year later. Radio call signs continued to appear in written reports and complaints reviewed in April 2017.

**Unresolved**

- **Timeliness of completion of incident reports**

(September 2015 – April 2017)

In September 2015 it was agreed that a realistic timeframe for approval of incident reports by Managers was within three weeks. The five-day timeframe will continue to apply for completion of the staff, supervisor and residents' accounts of the incident.

The median timeframe for approval of the sample of incident reports reviewed in September 2016 was 18 days. Almost half of the sample viewed was approved outside of the agreed three-week timeframe, with the longest being 13 weeks.

**Unresolved**

## Areas for attention or discussion (April 2017)

Arising from the review of records and visits to residents for September 2016 to February 2017, the following items require attention or further discussion.

- Implementation of revised Behaviour Support Framework

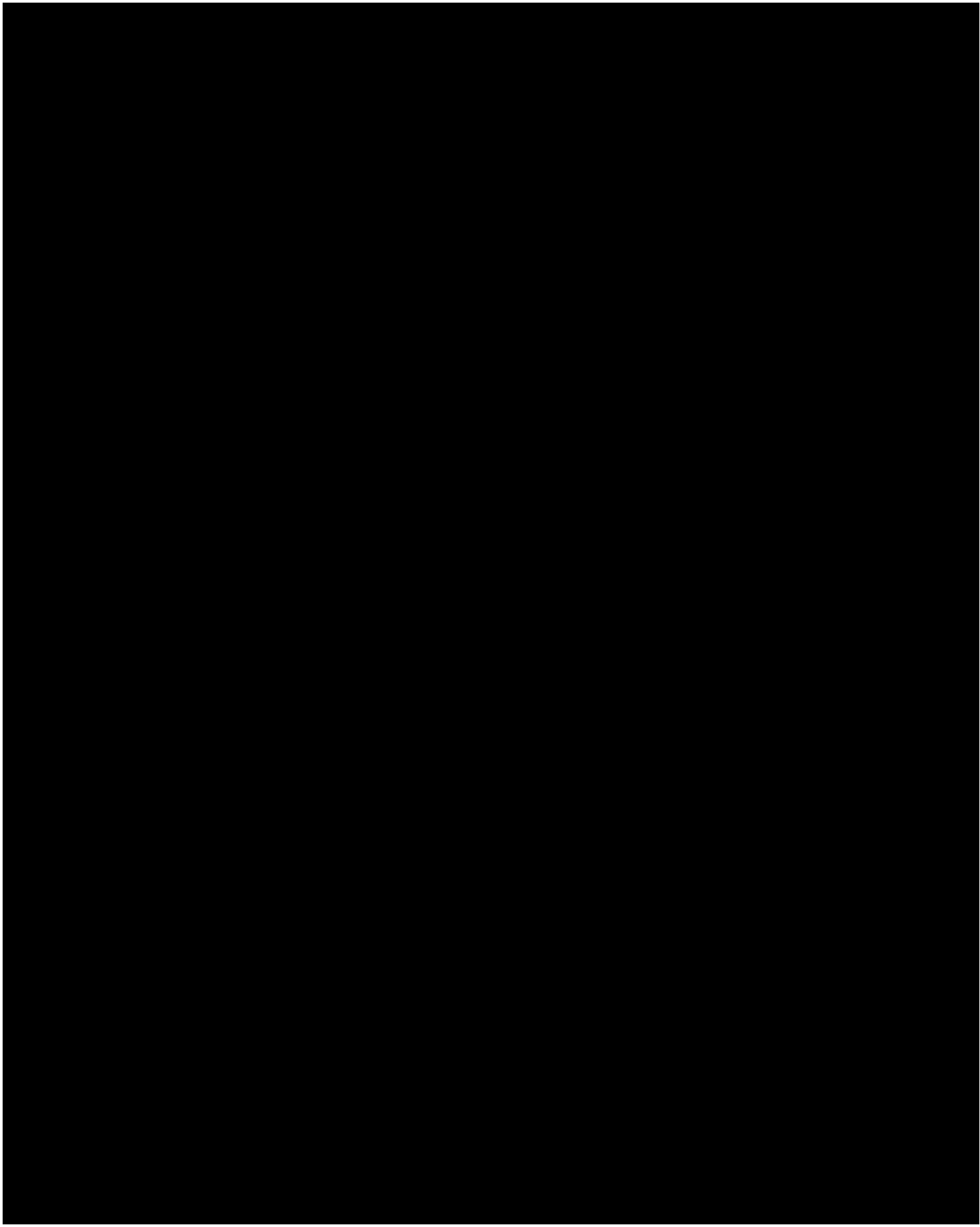
Guardian to invite Assistant General Manager to speak with GCYP staff regarding the revised Behaviour Support Framework and implementation of new measures

*Note: email communication sent by Guardian on 5 April 2017 seeking availability in May or June*

- Reported extended use of regression routines

Guardian to provide specific questions to General Manager following monitoring visit to gain more information about concerns raised with GCYP

*Note: email communication sent by Guardian on 5 April 2017*



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**From:** Shaw, Amanda (GCYP)  
**Sent:** Tuesday, 6 June 2017 10:48 AM  
**To:** Barr, Sue (DCSI-YouthJustice)  
**Subject:** RE: f-up meeting 31 May

Hi again Sue

I spoke with Kate this morning. Although she didn't get the residents' names, they did identify themselves as being from Wallaby Grass. The feedback from the Aboriginal residents was that they receive their 14 phone calls allocation and have had no problems with the numbers approval process, however they suggested that 14 calls across the week was insufficient to maintain the connection to significant family members and others – mothers, fathers, grandmothers and girlfriends. It was commented that family have expectations of daily contact and it is difficult to achieve when there are three or four individual people to separately contact.

Steve and Sarah's presentation about the revised BSF was received well here. With this feedback in mind, I noted the proposed additional phone calls available during phases 2 and 3 and the reduced timeframe in phase progression, with consideration to positive behaviour. Perhaps this is a particularly salient point when communicating with residents about the new Framework.

Regards,

**Amanda Shaw | Guardian for Children and Young People**

**Office of the Guardian for Children and Young People**

GPO Box 2281, Adelaide SA 5001 | Level 4 East, 50 Grenfell Street, Adelaide SA 5000

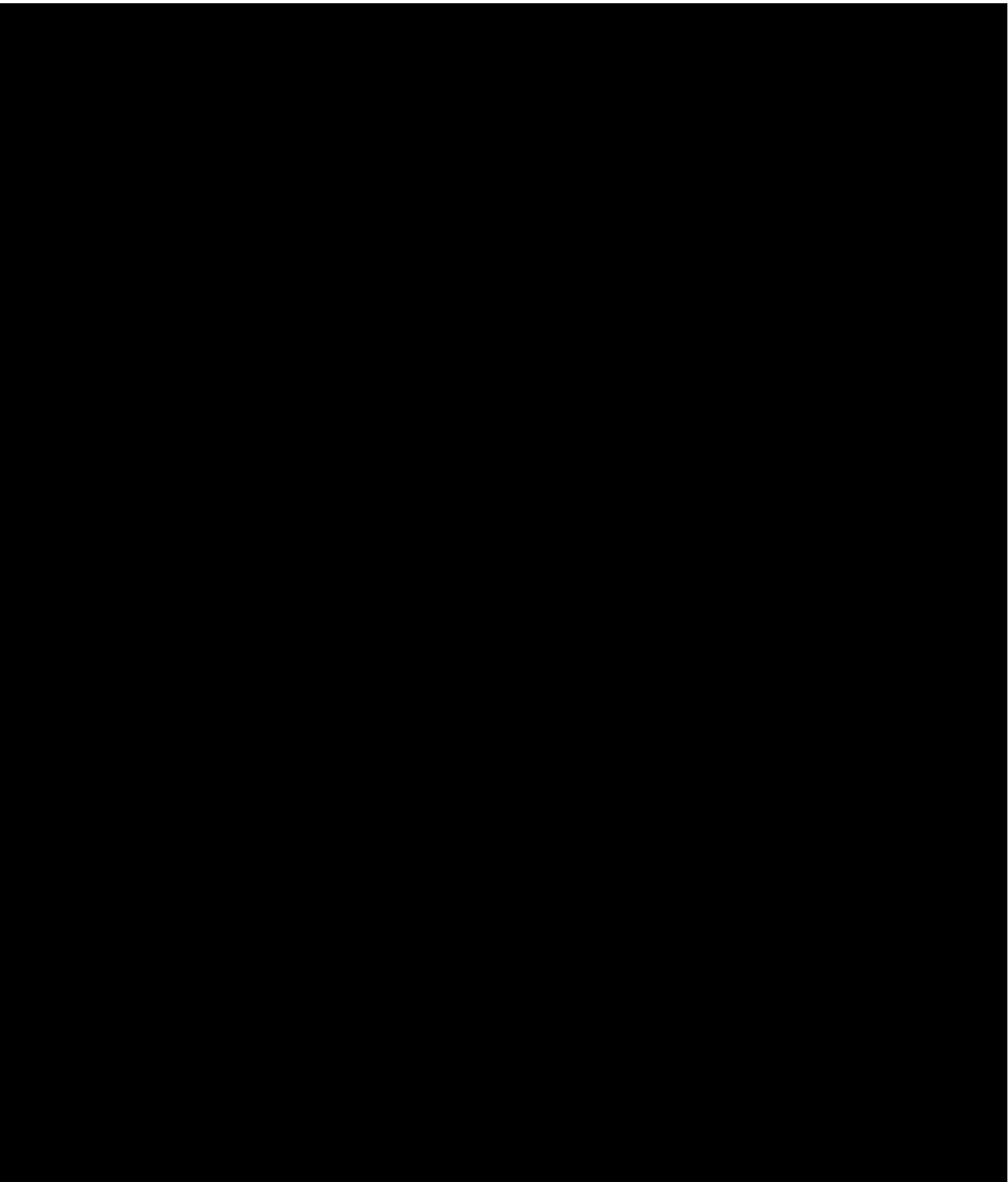
Ph: +61 8 8226 8570 | Email: [amanda.shaw@gcyp.sa.gov.au](mailto:amanda.shaw@gcyp.sa.gov.au) | Fax: +61 8 8226 8577

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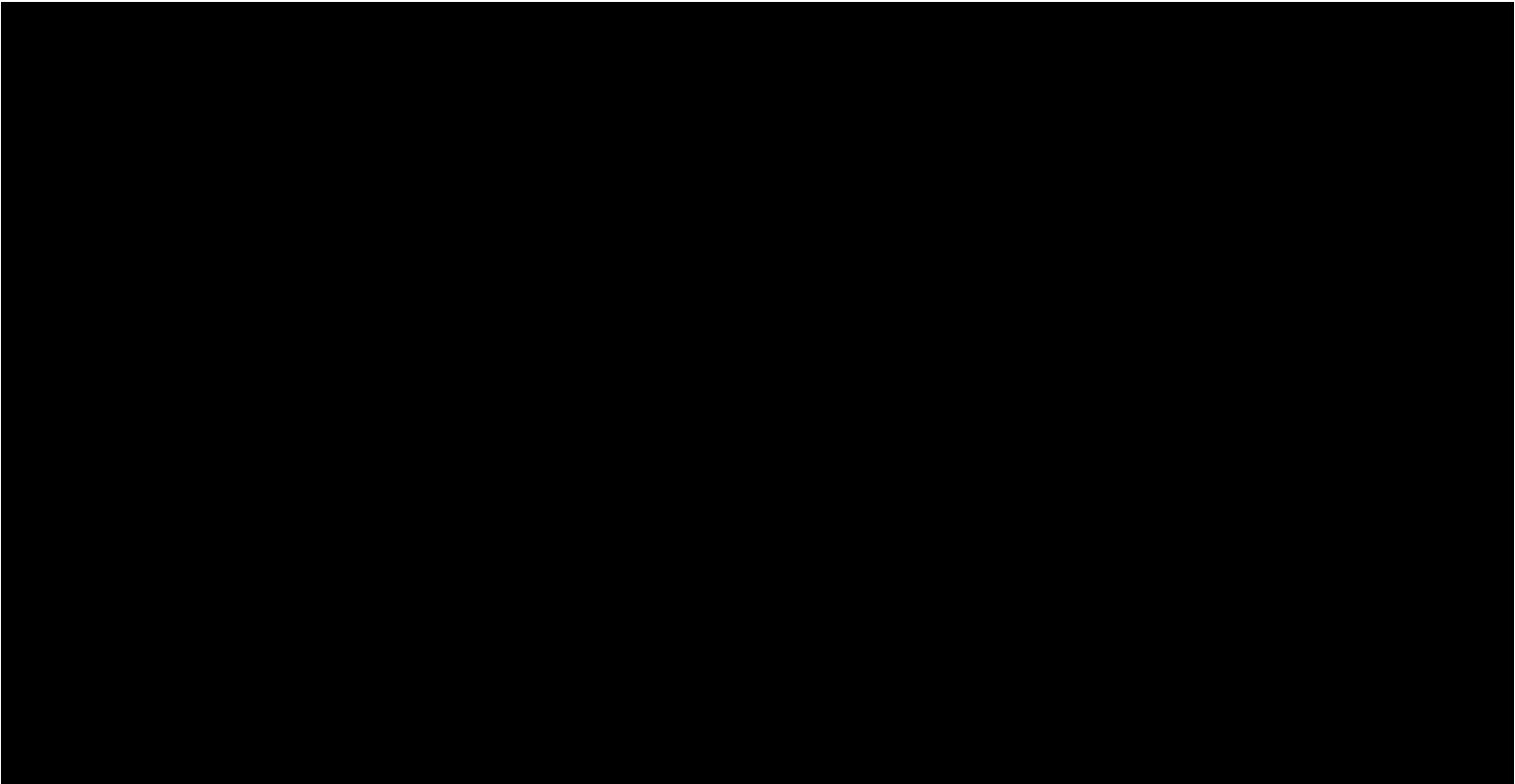
We acknowledge Aboriginal people as the traditional owners of this land, their living culture and their unique role in the life of the State.

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Champion for the  
**Charter  
of Rights**  
for Children and Young People in Care







**Braendler, Fiona (DCSI)**

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**From:** Ledger, Samuel (DCSI-YouthJustice)  
**Sent:** Thursday, 24 September 2015 12:36 PM  
**To:** Campbell, Jackie (DCSI)  
**Cc:** Barr, Sue (DCSI-YouthJustice)  
**Subject:** Re: Triage Outcome

Thanks Jackie

Sam Ledger  
General Manager  
Adelaide Youth Training Centre  
Youth Justice  
Mobile: [REDACTED]

On 24 Sep 2015, at 09:15, Campbell, Jackie (DCSI) <[Jackie.Campbell2@sa.gov.au](mailto:Jackie.Campbell2@sa.gov.au)> wrote:

Hi Sue and Sam

As discussed I reported back to the triage meeting and it was agreed that it is appropriate to manage this matter at the local level, via the process we discussed.

If you require any further information please do not hesitate to contact me.

Thanks

[Jackie Campbell](#) | Manager, Employee Relations and HR Administration

HR Directorate

p: (08) 8413 9067 (ext. 39067) | f: (08) 8115 1395

Department for Communities and Social Inclusion | South Australian Government | [www.dcsi.sa.gov.au](http://www.dcsi.sa.gov.au)

Location: Level 1 East, Riverside Building, North Tce, ADELAIDE SA 5000 | Postal Address: GPO Box 292, ADELAIDE SA 5001 (DX 550)

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