NSW GOVERNMENT

Managing Safety in Juvenile Justice Centres

November 2018

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Executive Summary

In February 2017 the Public Service Association (PSA) lodged a dispute in the NSW Industrial Relations Commission (IRC) against Juvenile Justice to address the risks to staff safety in custodial facilities. The PSA has expressed the view that there is a need for a dedicated unit to manage high risk detainees to mitigate risks to staff safety. The matter has been subject to ongoing consultation between the PSA and Juvenile Justice and remains before the NSWIRC.

During a report back in the NSWIRC, on 1 December 2017, Chief Commissioner Kite recommended that parties work together to identify areas of common ground. In light of this recommendation, both parties met on 18 January 2018 and it was agreed that a working party would be established. Juvenile Justice and the PSA have been in extensive consulation covering a range of issues and identifying all of the risks and controls currently in place.

A multidisciplinary workshop was held to explore three options for a custodial operating model. The options are outlined below:

Option 1: State wide risk dispersal model

This model has a system logic where all detainees, no matter their classification, reside in a facility closest to their community. It disperses risk in the system.

Option 2: Remain with the current metropolitan dispersal model

The model transfers all A1 classifications to Metro facilities (status quo). This model (current) accommodates and moves all A1 classification detainees into the three metropolitan facilities. The system logic is partial concentration on the basis that metropolitan centres have more resources (internal and external) to engage the detainees in positive activity (to change their behaviour) and deeper staff capability and experience to manage risk.

Option 3: **High Risk Unit**

This model has a system logic of risk concentration where detainees deemed as high risk are managed in a central unit, within either one or two metropolitan facilities.

Each model has associated benefits, risks to staff, risk to detainees and operational implications (Appendix 2). Following extensive consultation with the PSA it was found that the inherent risk to staff safety in Juvenile Justice custodial facilities cannot be eradicated in any of the above models.

Safety Concerns

Staff safety concerns focus on the management of high ris' detainees. That is the detainees assigned an A1 risk rating on the basis of known behaviour - A1bs. There are generally around 25-30 A1 detainees in the system (10% of the custodial population) at any given time. Whilst not all A1 detainees engage in misbehaviour, a small number are often the source of a high volume of incidents. Equally, lower risk detainees can also present risk to staff and have engaged in violence towards others (detainne and/ or staff assaults).

At any given time there are approximately 6-10 detainees on risk management regimes (DRMPs) in the custodial system. These are the detainees who are actively engaging in high risk behaviour. This cohort changes on a day to day basis.

It is difficult to establish trend data because, until 2015, A1b detainees were transferred out of Juvenile Justice and managed in Kariong by CSNSW. In 2015 the mix of detainees within the detention centres changed with the decision to transfer and manage all juveniles back in the Juvenile Justice system. It changed again as a result of the closure of the CBP in 2016 and the closure of the Juniperina girls centre.

Since 2016 there has been an increase in the total number of incidents reported in centres, particularly for self-harm and assaults in Baxter and Reiby. Whilst the number of incidents has increased, the number of staff injured as a result remains stable (workers compensation claims each year) but staff concerns are magnified.

Risk Mitigation and Management Arrangements for Juvenile Justice

Mitigation and Management of Detainee Assaults

- All frontline staff are being trained in de-escalation (Connect, Redirect and Resolve) and protective tactics to manage high risk detainees, should a potentially unsafe situation arise. Skilling all frontline staff in de-escalation techniques is intended to reduce the frequency and intensity of use of force over time.
- Juvenile Justice has conducted an analysis of incidents over the last five years and is developing response strategies for each centre. The strategies need to be tailored to each centre because the mix of detainees varies. For example strategies being developed for Reiby are targeted at self harm amongst female detainees.
- Juvenile Justice is looking to utilise CCTV footage from incidents to work with and coach frontline staff. The analysis to date has demonstrated that there are instances where best practice and recent training is not being applied in practice. The analysis is being used to guide Centre Managers to work with their staff to execute their training consistently.
- Juvenile Justice is flexible in how it accommodates and manages high risk detainees. Detainees on DRMPs are at times segregated from the units and placed on an empty unit for time limited periods. Equally, after the closure of CBP additional staff were assigned to DRMP detainees on each shift.
- Juvenile Justice uses Detainee Risk Management Plans (DRMPs) for managing individual detainees and has worked on maturing the use of DRMPs in the system over the last 12 months so that they are tailored plan to address specific risks and behaviours. DRMPs enact a more

restrictive management regime tailored to the risk, which can include segregation from the mainstream routine on a unit.

- The introduction of the National Security Interest (NSI) is a regulatory provision which allows Juvenile Justice to accommodate NSI designated detainees separately from each other to prevent further radicalisation.

Mitigation and Management of Detainee Self Harm

Self harming behaviour is distressing for detainees and frontline staff. Juvenile Justice has strategies in place to prevent self-harm and suicide, including screening and referral, specialist assessment, therapeutic intervention and post-release support.

Prevention strategies

Juvenile Justice centres are designed to provide safe, secure and developmentally appropriate accommodation for all detainees. The most important safety measures to prevent self-harm and suicide are the development of rapport and positive engagement between staff and vulnerable detainees.

Safety measures include:

- Removing any materials from detainee's room that could be made into a noose or cutting implement;
- Checking that medication has not been stored by detainees;
- Placing a detainee in an observation room;
- Considering shared accommodation, where applicable and reviewed for risk;
- All detainee rooms are fitted with modified fixtures to remove hanging points;
- All rooms are checked regularly with broken items or fixtures removed and/or replaced;
- When a detainee is identified as being at-risk of self-harm or suicide five minute checks and one-to-one supervision can be deployed along with negotiation, motivational interventions and the removal of clothing and bedding if necessary.

Centres also ensure that the following controls and measures are maintained to prevent swallowing dangerous substances:

- Carefully controlling the approved use and storage of potentially dangerous substances such as bleach, detergents, disinfectants, thinners, petrol, chlorine, etc.
- Locating dangerous substance storage areas outside the secure area of a centre.
- Ensuring local processes do not enable high risk detainees to have access to dangerous substances, power outlets or electrical equipment.
- Maintaining close supervision of detainees at-risk of self-harm/suicide when they use or have access to any electrical equipment or power outlets.

Screening and referral

All detainees are screened by Juvenile Justice staff on admission to custody where self-harm and suicide risk is assessed using the Detainee Risk Questionnaire, and by Justice Health nursing staff within 24 hours.

Detainees with mental health concerns are referred to the centre-based Juvenile Justice Psychologist, Justice Health Clinical Nurse Consultant Mental Health and/or Justice Health Psychiatrist. Immediate transfer to hospital is organised if required. All Juvenile Justice clients, whether in custody or in the community, are able to self-refer to a Victims Services Counsellor.

Specialist assessment

A specialist risk assessment determines the individual's mental health and self-harm history, triggers and patterns; biological, psychological, social, cultural and factors; stressors and coping strategies, level of insight and readiness to change.

Self-harming behaviours may be:

- Stereotypic (high frequency, usually without implements and not causing much tissue damage, often associated with developmental disability or neuropsychiatric disorders).
- Major (low frequency, usually with an implement and causing severe physical injury, often associated with psychotic disorders and/or substance abuse).
- Moderate/superficial (normally occurring within developing, non-psychotic young people, and can be further categorised into compulsive, episodic or repetitive).

The function of the behaviours may be to generate feelings of relief; a distraction from negative thoughts or to regulate negative affect (reducing levels of anxiety, fear, anger, frustration, sadness, loneliness etc); and/or to provide evidence of existence. Individual triggers and maintaining factors are identified and discussed to determine how they can be managed. An individual My Safety Plan is then developed with the detainee, and progress monitored.

Therapeutic intervention

Juvenile Justice Psychologists provide ongoing assessment, treatment and/or referral of young people with mental health concerns. Working with Juvenile Justice Caseworkers, referrals are made to Child and Adolescent Mental Health Services (CAMHS) (in the community) and Justice Health staff (in custody).

In each Juvenile Justice centre, coordination of mental health service delivery occurs via the multi-disciplinary Client Services Meeting where cases are reviewed regularly, and collaborative decisions made to ensure effective and safe management of detainees through an agreed intervention plan.

Juvenile Justice uses Austinmer (6 beds) as an acute mental health facility to manage detainees whom require tailored interventions to address their mental health concerns and any associated self-harm risks.

Post-release support

Ongoing support post-release is organised early, in conjunction with the Justice Health Community Integration Team, to plan for a smooth transition from custody to community and referral to external health providers as required.

Juvenile Justice and PSA Consultation Outcomes

The mandate of the working party is to maintain the safety of staff, detainees and the broader community. Its focus is on the small cohort of detainees who display escalating high risk behaviours and increased instances of self-harm and staff assaults within the Frank Baxter, Cobham and Reiby Juvenile Juvenile Justice Centres (JJCs). Whilst the primary focus of the working party is within the metropolitan facilities, the scope may broaden to include risks highlighted within Acmena, Orana and Riverina JJCs.

The working party reviewed the following areas:

- Staff training - how staff initially respond to incidents and how they can de-escalate behaviours;
- Detainee Risk Management Plans (DRMPs) - how they are managed and how they have matured;
- Review of the individualised management regime put in place to respond to high risk behaviours;
- Intake and assessment processes within Frank Baxter and Cobham JJCs;
- Activities and Programs;
- Allied Health Services;
- Flexible accommodation options.

The table below details the working groups consultation:

Date	**What consultation occurred**
8 March Location: Cobham	Visited the Cobham JJC to meet with union delegates to discuss the risks associated with the Centre.
9 March Location: Baxter	Visited the Frank Baxter JJC to meet with union delegates to discuss the risks associated with the Centre.
21 March Location: Reiby	Visited the Reiby JJC to meet with union delegates to discuss the risks associated with the Centre.
23 April Location: Central Office	Juvenile Justice and the PSA met to discuss the individual ranking of controls currently in place within JJCs.
7 May Location: Central Office	Meeting held to discuss where Juvenile Justice and the PSA were in agreement on controls currently in place that were adequately reducing risk in each custodial facility.
22 May Location: Cobham	Working party observed the DRMP process, with a multidisciplinary team of people, discussing detainees who were or may be subject to DRMPs. At this meeting the PSA Executive raised the idea of a potential Juvenile Justice multidisciplinary workshop (which was subsequently scheduled on the 15 August).
8 June Location: Central Office	Subsequent meeting held to discuss the controls and rationale behind each ranking that were in disagreement between Juvenile Justice and the PSA.
18 July Location: Central Office	Juvenile Justice met with the PSA and highlighted three options for future operating

	models. All the controls in disagreement were discussed and categorised against each of the three operating options as being either 'specific' or 'non-specific' to that model.
15 August (Workshop) Location: Yasmar	Subsequent meeting held on controls and the rationale behind each ranking.
28 August Location: Central Office	Meeting post the workshop. Juvenile Justice advised the PSA that they were developing a position paper.

Risk identification and ranking of controls

Following the visits of the Cobham, Frank Baxter and Reiby JJCs with union delegates, the following areas of risk were identified across all facilities:

- Mental health issues
- Risks to staff
- Risks to detainee on young person
- Risks of self (self-harming events)
- Security and infrastructure
- Staff support
- Staff training and recruitment

For the areas of risk identified above, Centres undertook a process of identifying controls currently in place that aimed to mitigate that risk. It was agreed that the areas of risk and associated controls would form the basis of negotiations moving forward. Controls developed and both parties 'ranked' each control independently against the following criteria:

- What they believed worked well (green);
- What required some improvement (amber) and;
- What did not work well (red).

Juvenile Justice and the PSA were in agreement that the controls currently in place, shown below were adequately reducing risk in each custodial facility:

- Weekly Client Services Meetings;
- Regular Justice Health Meetings;
- Alert systems within CIMS;
- Perimeter Checks;
- Centre based training (the PSA highlighted that the new ITAP had improved reality based training);
- Rostering and allocation of shifts;
- Gradual transition into retirement (more flexible and viable).

Additionally, Juvenile Justice and the PSA identified areas where they were not in agreement that a control was adequately reducing risk in a custodial facility. Refer to Attachment 4, which includes all the controls ranked by Juvenile Justcie and the PSA.

Future Operating Models

Juvenile Justice and the PSA identified three options for future custodial operations:

1. A state wide risk dispersal model. This model has a system logic where all detainees, no matter their classification, reside in a facility closest to their community.
2. Retain the current metropolitan dispersal model. This is the current operating model for Juvenile Justice. This model transfers all A1 classifications to metropolitan facilities.
3. A high risk unit. This model has system logic where detainees deemed as high risk are managed in a central unit, within either one or two Metro facilities.

Following the proposal of the options above, all controls that were in disagreement were discussed and categorised against each of the three operating models (listed above) as being either 'specific' or 'non-specific' to that model as defined below.

- Specific – the term specific is categorised as a control which when attached to a particular option either reduces the risk or is strongly controlled within that particular model.
- Non-specific - the term non-specific, is categorised as a control which when attached to a particular model neither increases nor decreases the risk.

The PSA agreed that many of the controls were 'non-specific' to any one of the three options, indicating that a change from the status quo metropolitan dispersal model to the high risk unit model would not necessarily reduce or eliminate risk.

Appendix 2: Multidisciplinary Workshop

On the 15 August a multidisciplinary workshop was held with staff across the state wide custodial landscape, from all levels and skill sets to explore the three future operating models, in the context of addressing safety concerns within custodial environments. The below future operating model options were discussed.

Option 1: State wide risk dispersal model

This model has a system logic where all detainees, no matter their classification, reside in a facility closest to their community.

Option 2: Remain with the current metropolitan dispersal model

This model transfers all A1 classifications to Metro facilities.

Option 3: **High Risk Unit**

This model has a system logic where detainees deemed as high risk are managed in a central unit, within either one or two metropolitan facilities.

The workshop also included a discussion about acceptable and unacceptable risk and there was a unanimous consensus that there is an inherent risk with the work performed in Juvenile Justice Centres, regardless of the type of operating model. However, there is a shared goal that staff should arrive to work and leave at the completion of their shift, safely.

The workshop was divided into groups, and the following key areas were discussed in relation to the models above:

- Benefits of each option
- Risks to staff
- Risks to detainees
- Operational implications

The tables below demonstrate feedback from the workshop in relation to the three operating models in relation to their associated benefits, risks to staffs, risks the detainees and operational implications.

Option 1: State wide risk dispersal model

Benefits	Risks to Staff	Risks to Detainees	Operational Implications
• Reduction in assaults in the metropolitan area • Up-skilling staff within the regional centres • A reduction of manipulative behaviours with A1 detainees to generate a transfer to metropolitan centres • Maintain family ties and relationships with friends and the community • Address the issue of capacity for A1 detainees (currently limited to the two metro Centres) • Less transportation around the state • Due to the location of staff and detainees they are able to form consistent longer term relationships	• Risk to staff in regional areas increased due to lack of training • Increased Use of Force in regional Centres • Transition to a new model may be unsettling • May cause high staff turn over	• Negative copycat behaviour • May increase detainee on detainee assualts • The needs of low risk detainee not being met due to the focus on high risk detainees	• Ability to separate detainees due to infrastructure within regions • Potential increased cost of improving infrastructure and increased costs for training in the regions • Limitations in access to services within the regions • Disruption to routines • Difficulties recruiting within the regions • May decrease workers compensation matters in the metropolitan areas but will increase in the regions

Option 2: Remain with the current metropolitan dispersal model

Benefits	Risks to Staff	Risks to Detainees	Operational Implications
• Familiarity • Well resourced • Infrastructure is established • Reduces risk in regional Centres • Skilled staff in metropolitan facilities • Pro social modelling deters detainees from acting out and reduces the likelihood of incidents	• The current model risks resentment between metropolitan and regional centres as there is a perception of 'unfairness' in the dispersal of detainees across the state. • Concentration of high risk detainees within two centre increases risks for staff i.e. workers compensation claims, increased assaults, burn out, high staff turnover • The detainee can be disruptive and negatively influence other young detainees in the shared unit triggering an escalation in behaviours • A lack of resources and programs (funding based) • A lack of understanding and direction regarding the DRMP tool and or other interventions that are tailored to the individual • Detainees may escalate behaviour in order to trigger a transfer (from regional to metro) • Movement of detainee increases risk • An increase in Use of Force leaves staff feeling vulnerable	• Isolation of detainees from the regional areas due to a lack of visits and family dislocation • Detainees away from their community • More vulnerable and impressionable detainees are at risk due to the exposed behaviour of high risk detainees • The criminogenic needs not being met or reoffending is not reduced due to the focus on high risk detainees • Detainees transitioning on and off DRMPs may increase risk • Self-harm contagion effect • Risk of injury during movements	• Lack of infrastructure to manage high risk detainees • Difficult to manage during a six hour period (The minimum standard time detainees are out of their room whilst on a DRMP) • Inconsistency in work practice across the state • Deskilling regional staff who do not supervise and manage high risk classifications • The impact transportation has on the operation of the centre • Staff fatigue is resulting in increased overtime, workers compensation claims which if impacting upon the departments budget

Option 3: High Risk Unit

Benefits	Risks to Staff	Risks to Detainees	Operational Implications
• Concentrated risk reducing risk in other units • Concentration of resources including skilled staff • Reduced property damage • Could address mental health issues more effectively • Improved programming	• The concentrated risk is likely to increase the level incidents of staff • The severity of incidents is likely to increase given the concentrated risk • Staffing a high risk unit will be difficult • Likely exposure to multiple incidents in one place • May increase workers compensation claims • Potential increase of professional conduct referrals/matters if the unit is not governed appropriately • Division between staff i.e. 'pack mentality' • Potentially attract negative media attention	• Lack of pro social role modelling from other detainees • Increased isolation for detainees • Detainees may be motivated to exhibit behaviours to be placed in the unit and avoid returning to mainstream population • Increase risk of self-harm • Lack of intervention around reintegration • Contagion effect of high risk detainees influencing other high risk detainees resulting in detainee assualts • May normalise high risk behaviour	• Additional infrastructure and resources required to establish the model • There are instances where serious injury occurs on low risk units with no prior warning. A dedicated unit would not prevent situations such as these due to the difficulty in predicting such behaviour. • This model would require a multidisciplinary team not just custodial staff • There would need to be a strategy for how detainees are transitioned in and out of the unit • There would need to be a strategy for determining what cohort is placed in the unit and how this is determined • There would be an Impact on units and staffing • It would be operationally difficult to ensure individuals on the unit are able to access time out of rooms safely to engage in education and programmatic activity

			• Non-associations would be difficult to manage • NSI designated detainees can not be mixed under current management arrangements • Lack of programs available to these detainees

Appendix 3: Research and Evidence-base

Recently, the Inspector of Custodial Servies completed a report on how the use of force against detainees in Juvenile Justice Centres in NSW is managed. Juvenile Justice has been widely criticised for the Chisholm Behaviour Program which closed in 2016, which was designed to operate as a high risk, therapeutic unit but resulted in excessive segregation and confinement in practice. The Inspector's report found that it was problematic and resulted in poor outcomes for detainees. Juvenile Justice will need to consider the findings of this report as part of any future operating model.

Juvenile Justice has undertaken a comprehensive review of behaviour management approaches, drawing upon cross-sectional experience and evidence based best practice in custodial facilities. The review found that jurisdictions and sectors are moving away from traditional approaches that involve control and punishment, towards relationship oriented, rehabilitative and personal development methods to change behaviour. Studies overwhelmingly demonstrate that such approaches reduce risks to detainees and staff over time and are in fact more effective in modifying problem behaviours.

The review found that control-based approaches are more likely to increase aggressive responses and that the punishment-reward paradigm has been shown to do little in terms of sustaining motivation for positive behaviour or building capacity for self-control in young people (Lambie & Randall, 2013; De Valk et. al., 2015; Murray and Sefchik, 1992). Additionally, research has demonstrated that control focussed punitive practices can have potential harmful impacts and are ineffective in both addressing problem behaviours and reducing recidivism. In recognition of the potential harmful effects, in 2011 the United Nations Special Rapporteur declared use of behavioural management practices at the extreme end of the punitive continuum, to be inhumane and counterproductive to rehabilitative efforts. An immediate ban was called on the use of solitary confinement of youth (segregation, isolation, special management housing), which was further ratified by way of the Mandela rules in 2015.

Research has shown punitive practices can cause serious psychological, physical and developmental harm and place staff at greater risk of assault and other adverse outcomes (CJCA, 2015; Mohr and Pumariega, 2004; Nelstrop et. al., 2006; Pollastri, 2013; CJCA, 2016; Lambie & Randall, 2013). In recognition of the danger to staff and young people, as well as the financial burden of punitive practices, operant methods have been comprehensively phased out across education, child protection and disability sectors worldwide and are in the process of being phased out across juvenile justice agencies.

Although the Royal Commission into the Protection and Detention of Children in the Northern Territory is yet to deliver its final findings, the interim report both sets the tone and outlines the core practice principles for contemporary custodial systems in Australia: *"Children and young people who have committed serious crimes must accept responsibility for the harm done. However, while in detention they must be given every chance to get their lives on track and not leave more likely to re-offend.*

We have seen a commitment to rehabilitation in various forms in many jurisdictions within Australia and around the world. Reduced youth crime statistics convincingly show the positive value – human, social and economic – of rehabilitating children and young people." (Royal Commission, 2017, p.3)