



2022-2023 ANNUAL REPORT

Training Centre Visitor

Report prepared by the Training Centre Visitor

The Training Centre Visitor respectfully acknowledges and celebrates the Traditional Owners of the lands throughout South Australia and pays its respects to their Elders, children and young people of past, present and future generations.



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The Hon. Nat Cook MP
Minister for Human Services
GPO Box 2832
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30 September 2023

Dear Minister

I am pleased to present to you the annual report of the Training Centre Visitor for the year ended 30 June 2023, as required under section 18(1) of the *Youth Justice Administration Act 2016*.

This report provides a summary of the work of the Training Centre Visitor for the 2022-23 financial year, including activities and achievements.

With kind regards

A handwritten signature in black ink, appearing to be "Shona Reid". The signature is stylized with loops and a long tail that extends downwards and to the right.

Shona Reid,
Training Centre Visitor

Content Warning

This report contains information and case examples about youth detention that may be distressing to some readers. This includes discussion about self-harm and violence against children.

If you or someone you know is in danger, call **000** immediately.

If you experience distress or find the information in this report confronting, we encourage you to seek support from family, friends and community or contact services like:

Kids Help Line on **1800 551 800**

Lifeline on **13 11 14**.

Request to the Media, Stakeholders and Politicians

This report contains descriptions, quotes and representations of the lives of children and young people. Behind each statistic, quote and anecdote is a child, whose whole life and self is more than the sum of one experience. When reporting or commenting on these matters we ask you do so in that context.

The TCV encourages reference to key best practice guidelines when reporting on information disclosed in this report, including Mindframe's [Reporting suicide and mental ill-health: A Mindframe resource for media professionals](#) (2020).

Acknowledgement of Young People's Stories

The Training Centre Visitor acknowledges the children and young people who shared their views and lived experience with herself and her Visiting Advocates – without your honesty, this would be a lesser report.

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About this Report

This report refers to the work and activities of the Training Centre Visitor (TCV) in 2022-23. The TCV also holds the roles of Guardian for Children and Young People, Child and Young Person's Visitor, Youth Treatment Order Visitor and (nominally) holds the OPCAT National Preventative Mechanism (NPM) role as the Training Centre Visitor. Annual reports have been prepared separately for each of these mandates, except for the NPM role which is currently not resourced or legislated.

Case Studies and Quotes

Children and young people are at the heart of this report, and the TCV has amplified their voices and experiences throughout in three main ways:

- **Stories:** to ensure an understanding of the experiences of young people, the TCV has included descriptions of experiences common in youth detention, and as described to Visiting Advocates. These stories, while familiar to many in the sector, are not inspired wholly by the experience of any specific young person, any resemblance to existing young people is coincidental.
- **Case examples:** when young people's stories are utilised to exemplify TCV practice or success, they have altered identifying characteristics to protect children and young people's privacy. These are identified by the label 'Case Example.'
- **Quotes:** this report presents direct quotes from children and young people in youth detention, from discussions they had with the TCV and Visiting Advocates during visits in 2022-23. All quotes are anonymised, and the child or young person consented to use in our reporting.

Data

The data referred to within this report is ascertained via three primary sources:

1. DHS provides data on a regular basis regarding the operations of the Centre, including Centre young person population information.
2. The TCV reviews key Centre operational records (electronic and handwritten) on a quarterly basis, regarding matters such as complaints and reportable incidents.
3. The TCV engages with Young People, Centre staff and stakeholders during visits, and requests DHS records relating to specific young people for the purpose of advocacy matters.

This information and data are collated and analysed by the TCV and her staff, in performance of the TCV's statutory functions. This process occurs in the context of the views and experiences of young people, Centre staff and stakeholders regarding their perspectives on the operations of the Centre.

While the TCV has been cautious to ensure that all data in this report is accurate at the time of publication, it is acknowledged that there may be unintentional errors or discrepancies.

It is also acknowledged that, for some data, the Department of Human Services (DHS) may not collate and/or report on comparable datasets.

Where DHS does report on comparable information, the TCV acknowledges there may be variance in the information reported, due to matters such as information sources relied upon, quality assurance

processes, counting rules/methodology and interpretation of results. Accordingly, information in this report may contain discrepancies to information in nationally published youth justice data sets created by the Australian Institute of Health and Welfare. Where the TCV is aware of a significant discrepancy, this is included in text or footnotes throughout this report; however, the TCV recommends caution in comparing information in this report to nationally published youth justice data sets for the purpose of cross-jurisdictional and/or time-series comparisons.

Please note that some data may not add up due to decimal rounding.

Images and Artwork

This report contains photos of the Kurlana Tapa Youth Justice Centre (the Centre), taken by Visiting Advocates with the consent of Centre Management. All photographs of the Centre infrastructure and assets were approved by Management prior to their inclusion in this report.

These images, particularly those of rooms, show only a fraction of many similar spaces in the Centre. In taking the photos, Visiting Advocates attempted to provide a representative indication of facilities, but acknowledge some rooms may be in different states of repair.

The identities of children and young people in detention are confidential, therefore their faces cannot be shown in this report. Instead, Visiting Advocates have asked permission to utilise handwriting samples to show their individuality and personalities.

Language and Terminology

The social services sector, South Australian community, and children and young people use different language to express their experiences with and about the youth justice system. In this report, wherever possible, the TCV adopts language and terminology used by the children and young people in youth detention who were visited throughout the year.

Children and young people detained in the Centre are legislatively referred to as 'residents of the Training Centre'. However, as they do not 'reside' there by choice, this terminology is problematic. Equally, the TCV does not define these individuals by their experience of detention and does not use the (common) terminology of 'detainees'. In this report, children and young people who were detained during 2022-23 are referred to as 'young people'.

The language used throughout this report will be, as far as possible, faithful to the words of young people. This means the report may contain some swearing and confronting content. This is the language used by the young people with whom the TCV office works, who often may swear to express the intensity of their feelings. The TCV is committed to amplifying these voices.

List of Acronyms and Abbreviations

| | |
|-------------|--|
| BSO | Behaviour Support Officer |
| BSP | Behaviour Support Plan |
| CAMHS | Child and Adolescent Mental Health Service |
| CYP | Children and/or Young People (Child and/or Young Person) |
| CYP Visitor | Child and Young Person's Visitor |
| DCP | Department for Child Protection |

| | |
|-----------------------|--|
| DHS | Department of Human Services |
| DRMP | Dynamic Risk Management Plan |
| OGCYP | Office of the Guardian for Children and Young People |
| OOHC | Out-of-home care |
| RICS | Resident Incident Comment Sheet |
| SADI Project | South Australian Dual Involved Project |
| SAYDP Project | South Australian Youth Detention Population Project |
| <i>CYP Safety Act</i> | <i>Children and Young People (Safety) Act 2017</i> |
| NDIS | National Disability Insurance Scheme |
| NPM | National Preventive Mechanism |
| OPCAT | <i>Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment</i> |
| TCV | Training Centre Visitor |
| The Centre | Kurlana Tapa Youth Justice Centre (formerly the Adelaide Youth Training Centre) |
| The Guardian | Guardian for Children and Young People |
| <i>YJA Act</i> | <i>Youth Justice Administration Act 2016</i> |
| YEC | Youth Education Centre |

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From the Training Centre Visitor

During the first 12 months of my tenure, I have gone to great lengths to further understand the Kurlana Tapa Youth Justice Centre (the Centre), its operations (including its operational philosophy) and most importantly the young people who are detained in this custodial setting.

It is important that I in the first instance acknowledge and pay my respect to the young people that I had the privilege to meet, talk and sit with, while at the Centre. The Centre is often an overwhelming place for a young person and I truly appreciate that, despite all that's going on for any particular young person, they so openly and willingly allow us to hear their stories and experiences.



As such, I would like to assure readers that, in writing this report, commentary and themes were generated from the very real, collective experiences of young people. I have placed their words throughout this report (as much as possible), so they can tell their own story and truth about their time at the Centre and its impact on them. This is the best way I know to elevate their voices and bring to light their experiences in this format.

This Annual Report pays significant attention to the Centre and whether its operations are consistent with its purpose – creating a youth justice rehabilitative environment for young people. I am mindful, and ask the reader to also be mindful, that 90% of the young people detained on an average day throughout the year were on remand. This means most of the young people held in the Centre were only alleged to have committed a crime at the time of their detainment. This insight weighs heavy on me, especially with my concerns about isolation and limited opportunities for rehabilitative opportunities for young people.

Over the course of the year, I have been vocal about isolation and limited time young people have spent 'out of their rooms'. I do this because I fail to see how a Centre that is charged with the responsibility to rehabilitate can achieve this aim when young people are secured in their rooms for extended periods without adequate access to services/programs/supports, and, in some cases, appropriate levels of human interaction.

I thank wholeheartedly my staff, who took a deep dive into exploring perspectives of young people, DHS generated data and then critically (and painstakingly) analysed handwritten reports within the Centre. These efforts have brought forward an important knowledge about the operational philosophy of the Centre and what that has meant for the young people that live within it. This knowledge and understanding are fundamental as I look to the next four years of my term and how I will play my part in overseeing the 'care, treatment and control' of young people detained at the Centre.

A number of themes were identified in this work, including: the need for a trauma informed operational philosophy; rights of young people to time 'out of rooms'; behaviour management; gender inequity and workforce trauma.

My office has maintained an active weekly presence at the Centre, and this consistency in connection has played a significant role in understanding the contemporary workings of the Centre and the overall temperament of the young people. Critical staffing shortages have dominated much of the Centre's

operations over the last year, but in the last quarter of this reporting period I am pleased to see some improvements in staffing numbers at the Centre.

I do remain extremely concerned about the impact of detention, and the cumulative effects of a lack of time 'out of rooms', on the mental health of young people. I believe wellbeing focussed and trauma informed intervention is urgently required across all aspects of the Centre, to ensure it can meet its rehabilitative purpose.

I would like to acknowledge the working relationship I have with many key stakeholders and organisations that work with young people who come into contact with the Centre; your insights and support for young people are so important.

I am also very grateful for the constructive working relationship with the Minister for Human Services, Department of Human Services Executive and the Centre management and staff. I thank each of them for their contribution to the work highlighted in this report and their ongoing efforts to build the capacity and Centre operations for the young people. This is a very dynamic and unpredictable environment to care for young people, and your desire for ongoing meaningful improvement is acknowledged.

I pay my respects to the staff working with young people in the Centre, who everyday are invested in supporting young people through some of the trickiest and most turbulent times in the life so far. Young people at the Centre, most often, have significant trauma and/or developmental needs and your compassion and care plays a big role in the experiences and rehabilitative engagement during their time in custody.

Finally, I want to acknowledge the hard work, expertise, and commitment of my staff particularly those who have spent time with young people at the Centre. Your advocacy makes direct and long-lasting impacts – often going unseen. Thank you.

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Shona Reid, *Training Centre Visitor*

About the Training Centre Visitor

Four Roles in One Office

During the reporting year, the Training Centre Visitor (TCV) also held three other statutory appointments, as the Guardian for Children and Young People (the Guardian), Child and Young Person's Visitor (CYP Visitor) and Youth Treatment Orders Visitor (YTO Visitor). The TCV is supported by staff who are situated within the office hosting these four mandates.

Table 1: The Training Centre Visitor's statutory appointments

| Appointment | Description |
|--|---|
| Training Centre Visitor | Promote the rights of young people sentenced or remanded to detention in youth training centres in South Australia, and to advocate for their best interests. |
| Guardian for Children and Young People | Promote the rights of all young people under the guardianship, or in the custody, of the Chief Executive of the DCP and to advocate for their best interests. |
| Child and Young Person's Visitor | Promote the rights of young people who are under the guardianship, or in the custody, of the Chief Executive of the DCP and who are living in residential care , and to advocate for their best interests. |
| Youth Treatment Orders Visitor | Monitor the health, safety and wellbeing of young people detained under mandatory treatment orders for drug dependency. |

This Annual Report details the work, activities, and achievements of the TCV. Annual reports have been prepared separately for each of the concurrent positions of Guardian, CYP Visitor and YTO Visitor.¹

The Training Centre Visitor

Shona Reid commenced as the TCV on 1 August 2022, with her predecessor, Penny Wright, being the TCV in the first month of the financial year.

The TCV provides advice to the Minister for Human Services ('the Minister'), who must provide the TCV 'with the staff and other resources ... reasonably need[ed] for exercising the [TCV's] functions.'²

The TCV is supported by a Principal Training Centre Advocate, a Visiting Advocate, additional duties from an Advocacy Team member, and general support from policy officers and administration staff.

Section 12 of the Act expresses the essential independence of the role: the TCV must act independently, impartially and in the public interest. The Minister cannot control how the TCV exercises her statutory functions and powers, nor give direction regarding the content of any TCV report.

Statutory Functions

The statutory functions assigned to the TCV are to:

- visit and inspect the Centre

¹ More information about these roles, including relevant reports, are published on the Guardian's website, at www.gcyp.sa.gov.au.

² *Youth Justice Administration Act 2016* (SA), s 13.

- promote the best interests of young people and act as their advocate, particularly with respect to their care, treatment and control
- advise the Minister about systemic reform needed to improve the care, treatment and control of young people or the management of the Centre
- inquire into and investigate matters referred by the Minister.³

In carrying out her duties, the TCV must encourage young people to express their own views and give proper weight to those views. She must also pay particular attention to the needs and circumstances of young people who:

- are under the guardianship or custody of the Chief Executive of the Department for Child Protection (i.e. 'in care')
- are Aboriginal and/or Torres Strait Islander
- have a physical, psychological, or intellectual disability.

The TCV is guided by the objects and principles of the *YJA Act*, which have the key aims of promoting rehabilitation while providing for the safe, humane, and secure management of young people, whilst ensuring their access to appropriate programs while in detention.

Associated aims require:

- having regard to the rights of victims of crime and the need to promote community safety
- having regard to cultural identity and linguistic background
- recognising the importance of family and community participation in the administration of youth justice
- supporting young people's reintegration within the community.

The *YJA Act* also requires recognition and observation of international and national requirements or guidelines relating to the detention of young people, where possible.

All persons and bodies who exercise functions or powers under the *YJA Act* must observe the **Aboriginal and Torres Strait Islander Youth Justice Principle**.⁴ Core aspects of this principle include recognition of the individual cultural identity of Aboriginal young people, supporting them to access and participate in cultural practices, and encouraging participation by family and community members in all matters related to the young person.

Overlapping Mandates

The TCV also holds statutory functions and responsibilities regarding young people in care, through her concurrent roles as the Guardian and CYP Visitor. Young people in care are significantly overrepresented in all aspects of the youth justice system, including youth detention.⁵ While young people in care amount to 1% of the South Australian child population, one in three young people in detention on an average day were under guardianship orders in 2022-23. The TCV uses the language of 'dual involved' to describe young people in these circumstances, to reflect that they exist under two separate court orders: relating to their care and protection, and their detention.

³ Ibid, s 14.

⁴ Ibid, s 3(3); *Youth Justice Administration Regulations 2016*, r 5.

⁵ For more information about the overrepresentation of young people in care in youth detention, see OGCYP, *Final Report of the South Australian Dual Involved Project: Young people in South Australia's child protection and youth justice systems* (2022) ('the Final SADI Report').



Figure 1: Young people & overlapping mandates

This social phenomenon – which is commonly referred to as ‘care criminalisation’ – is deeply reflective of the complexity of vulnerable young people’s lives, often associated with experiences of disability, trauma and social stigma, prejudices, and exclusions.

Dual involved young people are also under the Guardian’s mandate. As up to 90% of the dual involved population in South Australia live in residential care,⁶ a significant proportion are also within the CYP Visitor’s mandate.

While each of the TCV, Guardian and CYP Visitor mandates emphasise the voice and best interests of young people, the different functions provide multiple (and sometimes overlapping) avenues to address their concerns.

OPCAT

In December 2017, Australia ratified the *Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT). Intended to prevent mistreatment of people in detention settings, OPCAT requires each country to establish an independent National Preventive Mechanism (NPM) to inspect places of detention and closed environments providing preventive oversight and broad civil society input.

The TCV was administratively assigned an NPM role by the state government with respect to young people at the Centre, that presumptively commenced in January 2023. In a nominal role, the TCV participated actively in National NPM Network meetings convened by the Commonwealth Ombudsman.

There is overlap between the TCV’s statutory functions under the *YJA Act* and an OPCAT NPM’s responsibilities. These functions are complementary, with separate responsibilities for an NPM under OPCAT. In South Australia, these responsibilities are neither funded nor legislated and, as such, do not meet fundamental OPCAT requirements.

At the time of submitting this Annual Report, the OPCAT process in Australia continues to be problematic in the context of the UN Subcommittee for the Prevention of Torture’s (SPT) aborted Australian inspection in late 2022.⁷ Commonwealth and state governments have been seriously criticised (nationally and internationally) for failure to comply with basic OPCAT commitments. Identified problems go to the heart of OPCAT compliance, including for South Australia, where current NPM arrangements do not meet SPT requirements. This has been raised by the TCV with successive South Australian governments.

As indicated in last year’s TCV Annual Report, performance of NPM functions is vastly different to that of the TCV (with the TCV being a responsive mechanism and the NPM being a preventative mechanism). Without appropriate legislation and resources, it is not possible to undertake the NPM function as intended. Considerable problems about enabling appropriate scope and capacity to conduct an NPM role remain to be resolved, including with respect to a capacity to engage with Civil Society and the SPT itself.

⁶ Ibid.

⁷ United Nations, Office of the High Commissioner for Human Rights, ‘UN torture prevention body terminates visit to Australia, confirms missions to South Africa, Kazakhstan, Madagascar, Croatia, Georgia, Guatemala, Palestine, and the Philippines’ (20 February 2023), <<https://www.ohchr.org/en/press-releases/2023/02/un-torture-prevention-body-terminates-visit-australia-confirms-missions>>.

Young People in Detention

Youth Detention in South Australia

South Australian legislation allows for the establishment of 'training centres' as 'necessary or desirable for the care, rehabilitation, detention, training or treatment of youths'.⁸ The only 'youth training centre' in South Australia is Kurlana Tapa Youth Justice Centre (the Centre).

While detained, young people are under the custody of the Minister, and the Chief Executive of DHS is responsible for ensuring that there are adequate arrangements in place in the Centre to maintain young people's physical, psychological and emotional wellbeing, and promote their social, cultural, educational and vocational development.⁹ The primary purpose of youth detention in South Australia is rehabilitation and supporting young people to reach their full potential as members of the community.



Image 1: Words written by a young person in the Centre

The Young People

In 2022-23, 324 individual young people were admitted to the Centre, this amounted to an 11.0% increase in the individual young people admitted to youth detention, compared to the previous year. An additional 12 young people were in detention on 1 July 2022, who either remained in detention for the full year or were released and not readmitted in 2022-23. This brings the total number of young people detained to 336 individuals.

Inconsistency with information in State Budget 2023-24

The increase in youth detention admissions in 2022-23 was inconsistent with information published in the 2023-24 Budget Papers on 15 June 2023. The state budget estimated a reduction in the number of young people who had one or more admissions to youth detention, from 292 in 2021-22 to an estimated number of 284 for 2022-23. The TCV's records indicate that, at 15 June 2023, 316 young people had already been admitted to youth detention for the 2022-23 financial year.

On an average day in 2022-23, there were 32.3 young people detained,¹⁰ with 90.4% of the Centre population held on *remand* – meaning that they have not been sentenced to a period of detention. In most

⁸ *Youth Justice Administration Act 2016 (SA)*, s 21.

⁹ *Ibid*, ss 21, 24.

¹⁰ This average was calculated based on a data set created by the TCV's staff, compiled from a Centre population list that DHS provided daily throughout the reporting period (discussed at [The TCV Youth Detention Population Project](#)). The TCV notes that there is some variation between her calculations and aggregate data DHS provided at the end of the reporting period, which the TCV understands may derive from different counting rules and methodology. The aggregate data DHS provided indicates that the average daily population in 2022-23 was 31.5 young people, with relevant demographic proportions as follows: (1) 33.9% were under guardianship orders; (2) no information available for disability; (3) 55.2% were Aboriginal young people; (4) 19.6% were girls or young women. Due to this discrepancy, the TCV acknowledges that average daily population information published in this report is not directly comparable to national youth justice data sets created by the Australian Institute of Health and Welfare, to which DHS contributes data annually. The TCV intends to work with DHS in 2023-24 regarding methodology and data delivery formats, to improve alignment between data collected by the TCV and as reported by DHS for the creation of national youth justice data sets.

circumstances, those on remand have not been found guilty of the alleged criminal charges for which they are detained. Other key characteristics of the average daily detention population included the following:

- 35.6% were under guardianship during 2022-23 ('dual involved')
- 59.5% had a known diagnosed disability¹¹
- 54.7% were Aboriginal young people
- 19.5% were girls or young women.

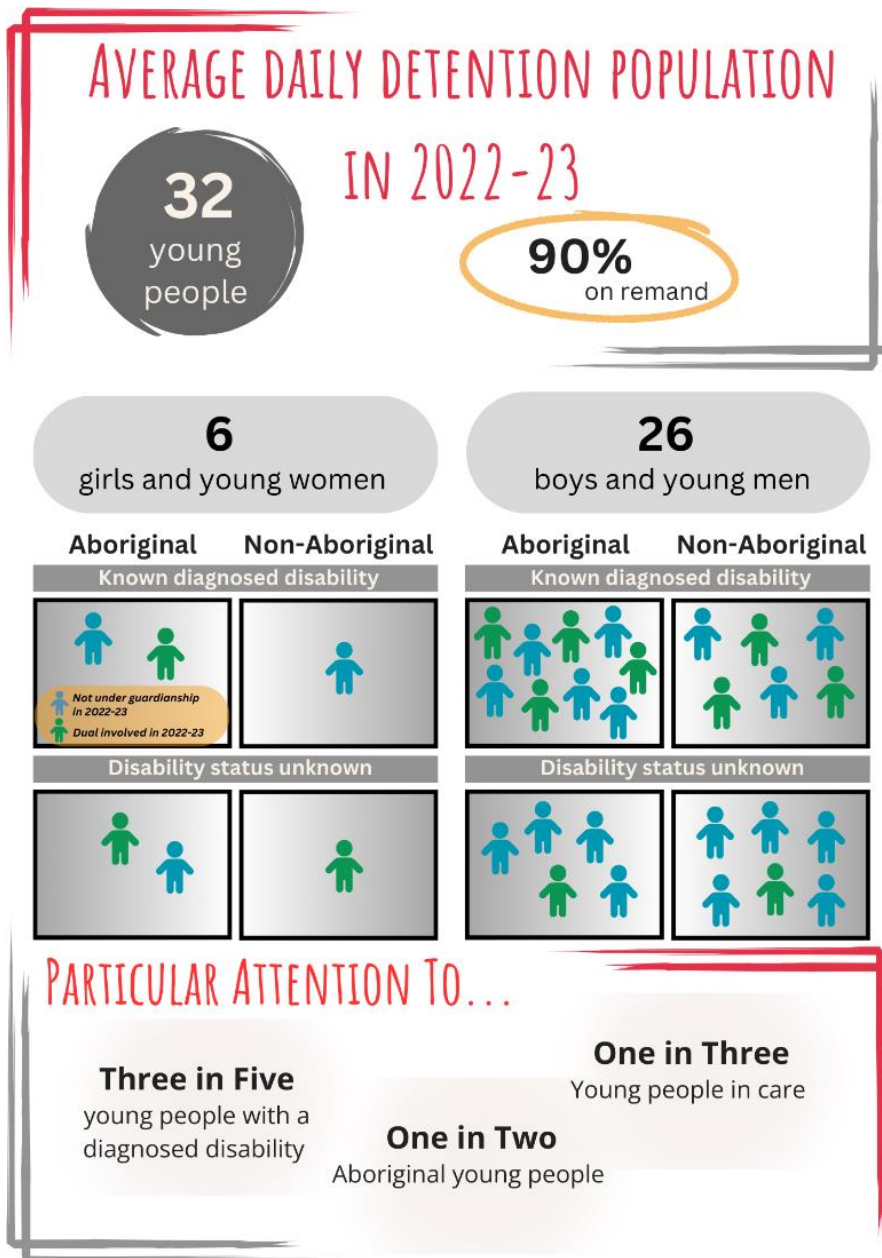


Figure 2: Average daily detention population demographics in 2022-23

¹¹ There are significant challenges with sourcing accurate and reliable information about the number of young people in detention with disabilities, and it is likely this figure is a significant underestimate. The TCV's approach for monitoring the population of young people with disability is discussed at [Young People with a disability](#).

About the Centre

The Centre is divided into five separate units, each housing a maximum of 12 young people. The units are named after Australian flora: Bluegum, Kangaroo Paw, Frangipani, Saltbush and Wallaby Grass.

Young people in these units are grouped by age, gender, and requirements arising from risk assessments, including any 'non-associations' they may have with other young people.

'Non-associations' (or 'no mixes') are when young people are not allowed to be in the same unit or classes, usually because they have been in conflict either in the community or while in detention. This may be based on information the Centre has obtained from community, young people, or SAPOL. Young people do not always agree with non-associations in place.

Populations may move around over time; however, certain units always house the same cohorts of young people, because of their specific location or facilities. For example, Frangipani has 'hardened' rooms with steel panels covering TV controls, and light switches.

This is generally where young people are sent if they are no longer permitted to be a part of Centre routines and require a 'protective actions' response.¹² When serving this role, the unit is known as the 'Protective Actions Unit'.

In most circumstances, units accommodate cohorts with the same or similar routines, this helps to balance staffing needs and manage experiences for young people (e.g., for issues such as perceived fairness of different bedtimes).

For boys and young men, units are separated into age cohorts that align with age-based routines. Those requiring protective actions are most often located (aptly) in the Protective Actions Unit.

Bluegum is always assigned to girls, due to its rear location and specially constructed fencing as a visual barrier. Ordinarily, all female young people are accommodated in this unit, regardless of age cohort or their type of routine.¹³

The Centre grounds host facilities available to further the rehabilitation of young people including:

- Youth Education Centre ('YEC')
- Health Centre
- Visitor Centre
- Gymnasium, pool and oval
- Cultural garden.



Image 2: Aerial shot of the Centre sourced via Google Earth

¹² Operational rules define protective actions as: 'the range of additional actions and supports available to support a resident in consideration of both their static and dynamic risk factors. Protective Actions are tailored to a resident's individual needs in consideration of their safety, the safety of others and the security of [the Centre]': Government of South Australia, DHS, *Adelaide Youth Training Centre – Operational Order 69: Use of Restricted Routine* (v 2.2, 26 September 2018), p 17. This includes placing young people on personalised regimes to undertake risk assessments and respond to identified safety risks.

¹³ The TCV has observed that this can cause issues with peer dynamics, particularly when girls and young women are being managed on different routines. This is discussed in more detail later in this report.



Image 3: Picture of Centre grounds

In 2022-23, the TCV observed the infrastructure and grounds were not freely accessible to young people. Sometimes, this was due to 'standard' operational matters, but often related to staffing challenges, resulting in an inability to safely move young people across the Centre. In 2022-23, much of young people's days were spent in indoor unit spaces, or their rooms.

The 'New Build'

The Centre is completing building works on site, including the development of a new unit (Enhanced Support Unit), new Police Custody unit, classroom and extended visiting centre. It is anticipated these will be completed in 2023-2024.

Life in the Centre

Life in the Centre is governed by legislation and operational rules. For young people, much of their daily lives are determined by the combined effect of the 'Behaviour Support Framework' (BSF) and 'the ordinary routine of the Centre'.

The Behavioural Support Framework

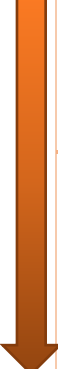
The BSF is an incentive-based framework, which provides 'privileges' to young people for 'good' behaviour. This includes things such as later bedtimes, snacks, and items in their rooms (for example, radios).

The foundational principle of the BSF is a behaviour scoring program, which allocates 'phase' levels from one to three, with varied privileges. Young people who demonstrate 'positive' behaviour can escalate to higher phases; whereas those with 'negative' behaviours may regress to lower phase levels and lose privileges. Phase scores (completed by staff and teachers) are based on their interactions, hygiene, behaviour to staff, and other factors.

The BSF also incorporates 'protective actions' options, which place young people on individualised regimes that segregate them from other residents, for safety and security reasons. These require a Dynamic Risk Management Plan ('DRMP').

'DRMPs' are signed, official plans which the Centre puts in place when they take a Protective Actions response for a young person. DRMPs are most often for behavioural reasons, but may also be instigated for medical and safety reasons. DRMPs need to be reviewed at regular periods, which varies depending on the severity of the restrictions in place.

Table 2: Protective actions routines

| | | |
|---|----------------------------------|--|
|  | <p>Structured Routine</p> | <p>limit young people’s interactions with peers, and engagement in education, programs, and activities. Similar restrictions apply to young people on ‘Admission Routines’, when they are first admitted to the Centre, while health/security assessments are underway.</p> |
| | <p>Restricted Routine</p> | <p>limit young people’s ability to participate in normal routines, such as education, programs, sport, and recreation time. Young people on Restricted Routines are often kept on ‘no-mixes’, meaning they are not allowed to interact with any other young people. The practical reality is that they are often confined to their cells for the entire day, other than four to six 30-minute exercise periods throughout the day.</p> |

The Ordinary Routine of the Centre

Operational rules set out an ‘ordinary routine’ for all young people on Phase level, Admission and Structured Routines.¹⁴ This **Ordinary Routine of the Centre** dictates when young people get up in the morning, go to school, exercise, eat their meals and go to bed.

Following this ordinary routine, young people are locked in their rooms overnight¹⁵ and during ‘shift handover’ in mid-afternoon. At all other times, young people should have the opportunity to be outside their rooms, engaging in rehabilitative programming, school, exercise, or recreation periods.

A right to time out of rooms

Time out of rooms is not a ‘privilege’ for young people in detention, it is a fundamental human right. Upholding this right includes ensuring meaningful opportunities for human contact (with both staff and other young people) and time outside, in fresh air. These are simple things, which are essential to the physical and mental health of all people. But they are especially important for young people, due to their stage of development.

Young people’s right to time out of rooms in detention is protected under international human rights law, and the Charter of Rights in South Australia.

Interruptions to routines may occur due to:

- **Staffing shortages:** operational and security rules mandate safe staffing ratios for the Centre, based on the number of staff required in each unit as well as to provide ‘escorts’ to court, professional visits and services such as offsite medical treatment. When these staffing ratios cannot be met, matters such as visits or medical appointments may not be possible. There may also be insufficient staff to allow all young people in a unit (or across the centre) to be safely unlocked at the same time.
- **Incidents and ‘codes’:** when available staff are summoned to assist in an incident, other young people are usually secured in their rooms until the ‘code’ is stood down (i.e. resolved).
- **Health and safety risks:** if there are mechanical failures in door locks, radios, CCTV or other essential mechanisms, or health issues such as infectious diseases, it may result in young people being secured in their rooms to alleviate risk.

¹⁴ There is no standard routine for those on Restricted Routines, which instead involves individualised plans based on safety and security considerations.

¹⁵ Bedtimes range between 7:30pm to 10:00pm.

When these interruptions occur, Centre management and staff plan a 'modified routine' for the shift, which aims to provide equitable access to time 'out of rooms', education, programs, activities, outdoor spaces and recreation time.¹⁶ However, these often result in young people spending less time out of their rooms or units, with flow-on effects for school attendance, exercise, engagement with rehabilitative programs and contact with staff and/or other young people.

This could occur within a particular unit, or across the centre, and may involve 'rolling unlocks', where only some young people are unlocked at a time. These are difficult circumstances for both young people, and staff, and the TCV has observed many staff who go 'above and beyond' to create the best possible routine, on the available staffing.

The most significant impact, however, is felt by young people, who may face restricted time 'out of rooms'. When this occurs for extended periods – either on one occasion or cumulatively over time – it has the potential to cause physical, psychological and emotional harm to young people.

The impact of modified routines was one of the issues that young people consistently raised throughout 2022-23 and, as such, underpins discussion throughout this report.

A Young Person's Room

Each young person within the Centre is issued a bedroom (or 'room').¹⁷ For the most part, these rooms all have:

- **A television:** which plays select channels and is automatically turned off at certain hours in line with routines.
- **A single bed:** with pillow and blankets. Young people occasionally complain about the mattresses, and blankets, which are '*too thin*'. In winter, some young people will ask for additional blankets.
- **Storage shelves:** where young people keep their clothes and other personal items allowed in their rooms.
- **A pinboard:** for young people to display photos, lyrics and other things meaningful to them. Some young people display drawings, others may have photos of family (including their own children), or footballers they like. Any photos put up in units must be printed out and provided by staff. This means that young people often call their families back and forth, asking them to email photos to case workers.

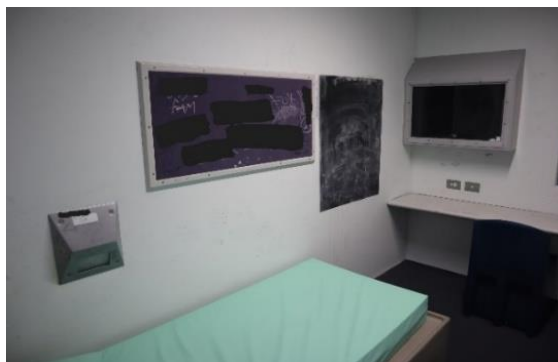


Image 4: View of young person's room

Some rooms (though not all) will have a desk and chair. Other belongings may be limited in rooms, due to (perceived or actual) risk of property damage, self-harm or other injury.

¹⁶ Under operational rules, variations to the ordinary routine of the centre of 10 minutes or more must be recorded, including the reasons for the variation: Government of South Australia, DHS, *Adelaide Youth Training Centre – Operational Order 71: Regime Routine and Phase Times* (v 1.1, 19 March 2018).

¹⁷The Centre refers to a young person's sleeping quarters as their 'room', and the TCV adopts that terminology throughout this report. However, it must be acknowledged that many of these rooms in fact have cell-like qualities which can be distressing to young people and would not be classified as a typical 'bedroom' outside this custodial environment.

Counting the Hours: telling time in rooms

Young people do not have clocks in their rooms, and being unable to tell the time can be emotionally and psychologically difficult – especially during modified routines. To work through this issue, some young people report turning their TVs on, to use the time stamp. Others make calls through the intercom, asking staff repeatedly for the time (which also gives them a reason for interaction). Reportedly, one young person in 2022-23 drew herself a clock on paper and stuck it to her pinboard.

Rooms also have facilities intended for operational control, for example cuff traps,¹⁸ intercom for communication between young people and staff, CCTV cameras playing on a monitor in the staff room at all times, and a viewing panel in the door and bathroom wall (able to be accessed if staff need visuals of a young person in emergency). Some young people, particularly those new to the Centre, find this level of observation unnerving and report feeling exposed.



Image 5: Cuff trap in young person's door

Emmy*

Emmy is 14 years old and has not been in custody before. She usually exercises to calm herself down – doing squats, push-ups and lunges. But she feels uncomfortable doing that in her room, knowing the CCTV is on her. She understands this is how life is in the Centre – but she still feels self-conscious. She tells Visiting Advocates “I know I just have to get used to it”.

Most (though not all) rooms show signs of young people who have been in them before – particularly graffiti (which may be identifying). A ‘good room’ will have a desk and chair, possibly be disability accessible (these are bigger) and have less graffiti or etchings on the fixtures, doors, walls, and window. Many young people take pride in their rooms, keeping them as clean as possible and displaying photographs and items. On occasion, they will specifically ask a Visiting Advocate to see how clean their rooms are, or alternatively, to sight new photos they have put up.

Mitchell*

Mitchell is 13 years old. When he is brought into the Centre for his latest admission, he is placed in a room previously occupied by a young person who has bullied him in the community. As he settles to go to bed, Mitchell sees graffiti about himself scratched onto the wall by this young person. He is not able to sleep.

Each room is also equipped with a bathroom available to the young person, known as the ‘wet area’. Separated from their sleeping area by privacy walls and a shower curtain, this is where a young person

¹⁸ If young people are required to wear cuffs, they put their hands through this hole in their room door, so cuffs can be applied. During modified routines food and drink may be delivered this way.

goes to the toilet, showers, and brushes their teeth. They cannot control water temperature (which was an issue that young people with disability-related sensory sensitivities raised with the TCV in 2022-23).

For young people who are considered a self-harm risk, shower curtains may be removed as they constitute a possible 'ligature'.¹⁹



Image 6: Image of a 'wet area', minus shower curtain. The toilet is located behind the shorter wall, shower on far left.

Care and Control in the Centre: Staff

Centre staff (here used to mean operational staff, or 'youth workers') have significant capacity to shape a young persons' experience in detention. They have a multifaceted role – while they provide emotional support to young people, they have the power to restrain, cuff and punish them as well. The balance between 'care' and 'control' can be difficult to maintain.

The qualification required for this role is a Certificate IV in Youth Justice (fully funded by DHS). Staff may complete this in the first 12 months of their employment to support and develop practice. While there are layers of seniority, the general staff fall into three categories: Behaviour Support Officers, staff based in units, and security and support staff.

Table 3: Staff roles at the Centre

| Unit Staff | Behaviour Support Officers (BSOs) | Security and Support |
|---|---|---|
| <ul style="list-style-type: none"> • Provide direct care and guidance for young people. • Respond to the needs of young people in their designated units. • Model prosocial behaviours • Ensure young people are meeting the requirements of daily routines and structure is maintained. • Supervise young people in education and programs. • Rate compliance by way of scoring young people in line with the BSF. | <ul style="list-style-type: none"> • Are responsible for the development and maintenance of DRMPs. • Assist youth workers and youth support workers in behaviour management across the centre. • Attempt to engage and de-escalate young people. • Lead restraints and planned interventions on young people. | <ul style="list-style-type: none"> • Complete routine security checks of the facility. • Assist by completing escorts for professional visits, family visits, internal medical appointments and other internal movements (including court, case conferences etc). • Assist youth workers in the running of shifts. • Learn the roles of youth workers and upskill for professional development. |

For the Centre to fully operate, there are minimum numbers of staff required. Depending on the number of units in use, this can range from 29 – 32 staff for morning shifts, from 27 – 30 for afternoon shifts, and 9 – 10 for night shifts.

Any staff shortage can alter a shift routine, whether for a single unit, or across the entire Centre.

¹⁹ A 'ligature' in medical terms is a suture to tie off wounds. In the Centre (and residential care) ligatures refers to items young people tie around their necks or limbs as a form of self-harm. The Centre tries to reduce the risk of ligatures, including through modifying rooms and items available to young people.

The Youth Worker Position Description states Youth Workers contribute to:

- maintaining an appropriate level of care, safety, and supervision in a custodial environment
- improving the social and living skills of young people in custody, and assist in their effective transition into the community and/or reunification/reconnection with their families, family-based care providers or other suitable care options
- assessing and responding to the individual needs of young people to increase their chances of successful positive behaviour change
- the delivery of programs and services, which facilitate the development and/or rehabilitation of young people
- ensuring young people have opportunities to experience education and opportunities for social, sporting, and cultural activities.

[Youth Workers - Job in Adelaide - Department of Human Services \(ethicaljobs.com.au\)](#) (accessed 26 Sept)

On a good day, staff are supportive and engage energetically in youth work with young people. They can also be extremely passionate about young people's rights. The TCV is pleased to report occasions where staff have directly supported young people to speak to her or her staff, as well as advocating day-to-day for them within the Centre. This can include agitating for reviews of association restrictions, raising requests for different equipment or conditions, and scoring well in phases.

Bryan*

Bryan is 16 years old and located in the Protective Actions Unit due to a series of association issues with other young people in the Centre. He is quiet and withdrawn and does not like leaving his room. One day, when Visiting Advocates attend the Centre, before they leave the Protective Actions Unit a staff member approaches them to ask if they could speak to Bryan. They voiced concern about his wellbeing and said they would facilitate getting him out of his rooms, and supervise, if he wanted to speak to the Visiting Advocates. The staff member explained he had encouraged Bryan to call the TCV about some aspects of his experience in the Centre but felt he would engage better in person.

The TCV notes that young people often identify staff who they believe 'get them' and are sources of support in the Centre. However, this is often juxtaposed against staff young people do not feel comfortable with. Some young people report staff may be jaded and begrudging of the system they work for. This can present in staff being resistant to changing standards of care for young people (including the removal of 'pain points' as a restraint technique), or occasionally being reported to discourage young people seeking contact with the TCV.

Unlike with other young people, tension which develops with staff is not always addressed through measures like mediation, or no-mixes (although in certain cases this may occur). Staff usually retain control over young people in a myriad of ways, including the ability to issue consequences or low phase scores which impact young people's time in the Centre.

"If [you have conflict with staff] you just get put back in the same unit again. You don't do mediation or nothing, so you know there's always going to be an issue there"

Young Person, aged 17.

Even well-meaning staff may use rough language or 'banter' when engaging with young people, which can quickly cross a line. The TCV notes on occasion staff trying to develop rapport with young people will

overstep, mimicking behaviours of other staff with longstanding relationships or dynamics with young people. This can have long lasting impacts on relationships with young people.

The complexity of staff dynamics with young people is discussed throughout this report and it is an ongoing matter that will always require attention.

Rights in the Centre

All young people have fundamental human rights. These rights do not have to be earned, and they cannot be lost.

Young people in detention, and in care, also have unique and dedicated rights, which are relevant to their particular circumstances, and in some cases their particular vulnerabilities. This includes rights set out in the [Charter of Rights for Youths Detained in Training Centres](#) (Charter of Rights), a document which must be approved by the Minister. They are based upon the United Nations Convention on the Rights of the Child (UNCRC), which Australia has ratified. Section 5 of the *Children and Young People (Oversight and Advocacy Bodies) Act 2017* provides that every State Authority in South Australia must seek to respect and uphold the rights of children in the UNCRC when carrying out its functions and powers.

All people and bodies involved in providing services to, and making decisions about, young people in youth detention must have regard to the *Charter* and implement its terms 'to the fullest extent possible'.²⁰ This includes the TCV and all relevant DHS staff, from Executive, through to operational staff.

Core rights in the Charter include to be treated with dignity, to have access to key services such as health and education, to spend time outside and to have contact with family and community members.

Young people's rights are also protected through the Aboriginal Youth Justice Principle, which articulates the specific application of core rights for Aboriginal young people.

DHS reports that young people are provided with copies of the Charter on admission, and poster versions appear throughout the Centre. However, despite distribution and display of these rights, many young people report a disconnect between the principles espoused by the Charter, and their daily lives.

These rights belong to young people and are protected by law. Rights come with responsibilities and, if breached, there are legal consequences. ***Many young people in youth detention are facing legal consequences for actions – alleged or proven – and the harms that may have resulted. It is both reasonable, and imperative, that the South Australian government equally bears responsibility for the treatment of detained young people, including harms caused.***

The TCV aims to place Charter rights at the centre of her commentary and statutory reporting.

"It says we have exercise every day. Not true. Every religious belief... bullshit! Makes it sound like a holiday house or some shit. It says they will prepare you for release when you get out, which is bullshit"

Young person, aged 14

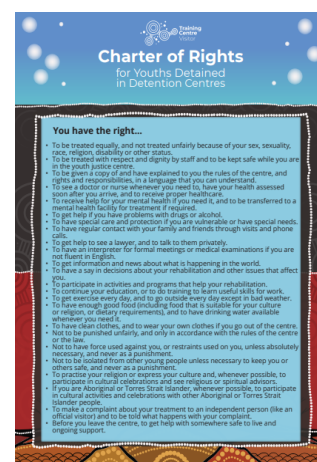


Image 7: Charter of Rights Poster

²⁰ The Charter is available on the TCV's website, at: OGCPY, *Your rights in detention* <<https://gcyp.sa.gov.au/what-we-do/your-rights-in-detention/>>.

The TCV in 2022-23

Visit

Visiting is a core TCV function – it gives insight into Centre operations and young people’s wellbeing.

The TCV must visit the Centre and can ‘inspect all parts...used for or relevant to the custody of youths’. She may inquire about the care, treatment and control of young people, and take necessary action to exercise her functions.

Since its inception, the TCV has employed one female and one male Visiting Advocate. While young people are usually content to engage with any Visiting Advocate present, the TCV ensured wherever possible that they had the opportunity to work with the Visiting Advocate they felt most comfortable with.



Image 8: Visit Snapshot 2022-23

Inclusion and diversity in the TCV’s office

The TCV is firmly committed to promoting diversity in her office through inclusive recruitment and retention strategies – noting the importance of ensuring that the diversity of children and young people’s characteristics and experiences are reflected in her staff.

With only a small TCV visiting team (per funding arrangements), other OGCYP staff with lived experience – including out-of-home care, youth justice involvement, disability, different cultural backgrounds and LGBTIQ+ experiences – provide advice and support to the TCV’s visiting advocates.

Visiting Advocates aim to ‘sight’ each young person during a visit and give them the chance to speak, privately if requested.

During the visits, they:

- observe young people’s interactions with peers and staff
- speak to young people, gauge their wellbeing and identify advocacy matters
- monitor maintenance repairs, ambiance, and the quality of environments
- follow up existing individual or collective matters
- seek specific feedback from young people about issues that have arisen.

Visits are led by young people, with Visiting Advocates open to whatever they want to discuss. As time ‘out of rooms’ is highly valuable to detained young people, Visiting Advocates aimed to strike a balance between providing them the opportunity to raise concerns, and not encroaching on this time.

Case Example: seeing the safe room

During a visit to the Centre, the TCV spoke to young women in Unit Bluegum who urged her to see the safe room. They told her it was 'dirty' and that the TCV should keep an eye out 'for the blood'. The TCV attended the safe room and noted it was covered in graffiti, including 'I want to die.'

Barriers to Visiting

The TCV was provided access to the Centre and at no stage was this ever denied to the TCV or her Visiting Advocates, however access to young people was limited by operational limitations, most notably staffing numbers. A significant concern throughout the financial year was the inability to visit effectively due to ongoing modified routines and the impact of staff shortages, the latter often leading to 'rolling unlocks' where only some units were allowed up at any given time. This stymied movements through units and limited potential conversations. Only nine out of 50 visits went ahead without being impacted by staffing shortages, modified routines or incident-related lockdowns.

On multiple occasions, Visiting Advocates waited for up to half an hour for young people to be released from rooms so a visit could commence.

On at least 12 occasions, individual young people could only participate in 'visits' by calling through locked room doors (see image 9). This undermined their core right to privacy. On multiple occasions, young people appeared visibly distressed, but unable to speak openly to Visiting Advocates without other young people or staff overhearing.

"I'm not talking through a fucking door"

Young Person, aged 17

Where young people were out of their rooms, the impact of frequent modified routines and the limited time 'out of rooms' meant Visiting Advocates respected their need to socialise, play games or eat snacks rather than engage with Visits. The TCV was mindful of not forcing young people to choose between advocacy support and what precious time they had 'out of rooms'.

Visits to Young People with Covid-19

Over the course of the year, a spate of Covid-19 clusters interrupted visiting. When an outbreak occurred within the Centre, management promptly relocated close contacts and young people with confirmed infection to a 'Covid-19 Treatment Unit', to enable routines to continue as normally as possible for the rest of the Centre.

While necessary, these measures required scrutiny from the TCV because of the impact on young people's rights. The Centre was respectful and supportive of the TCV's need to speak to these young people, and facilitated Covid-safe visits, wherein Visiting Advocates:

- wore Covid-safe gear ('PPE')
- waited outside the courtyards of the Covid-19 Treatment Units, and

Figure 3: Visits conducted in 2022-23

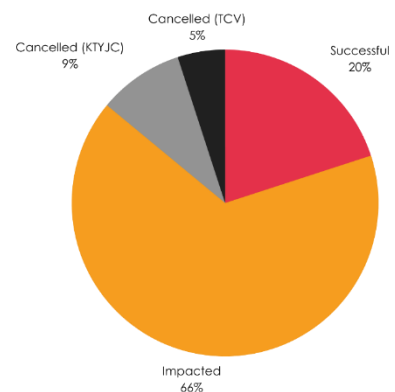


Image 9: View of room door, from inside a young person's room

- spoke to young people one-at-a-time – when they accepted the offer to leave their rooms – and engaged through the fence.

The Visiting Advocate who took this role did not attend any other units housing unaffected young people during these visits, or for the remainder of the week, to reduce any risk of transmission.

Ongoing Improvement

The TCV is committed to ongoing improvement, to meet the needs and best interests of young people. In 2022-23, there was dialogue with young people and Centre management to this end, with methods to improve use of the visiting function trialled, including:

- returning to more formal notification and confirmation processes for visits
- altering visiting schedule from afternoon to morning visits, which enables greater access to young people.



Image 10: TCV Poster – You have rights in Kurlana Tapa

Expansion of the Dual Involved Visits

In response to continued over-representation of dual involved young people in detention, the TCV utilised her Guardian mandate to enable visits by an Advocate for dual involved young people. This supported young people to raise issues regarding their guardianship. The Advocate conducted **14 visits** during the financial year.

While important, this additional work is *not funded*, despite a recommendation from the Guardian/TCV in the *Final Report on the South Australian Dual Involved Project (2022)*. Performing this work, unfunded, increasingly burdens the TCV and Guardian's resources and cannot be guaranteed going forward.

Advocacy

The TCV advocates on behalf of young people ‘to promote the proper resolution of issues relating to their care, treatment or control.’²¹

When possible, Visiting Advocates support young people to advocate on their own behalf, including through the Youth Advisory Committee or feedback/complaints process (discussed below). In many cases, though, the perceived power imbalance or sense of futility required Visiting Advocates to support a young person to be heard.

The TCV’s Advocacy approaches issues through the following classification system –

- minor matters, which can be resolved immediately, and
- matters requiring open files (including enquiries, advocacy and monitoring matters) which may require further information, formalised advocacy positions and/or the TCV’s continuing oversight to monitor (and, at times, guide) the management and resolution of the matter.

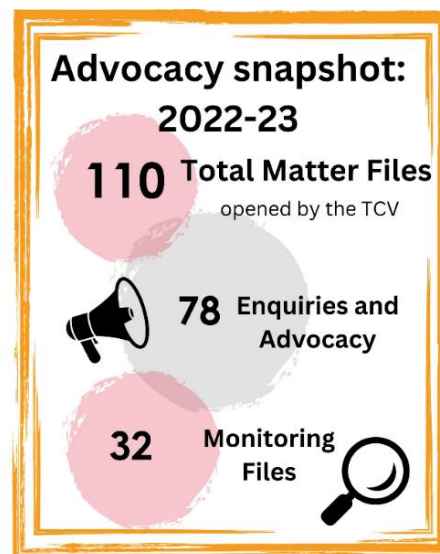


Image 11: Advocacy snapshot: 2022-23

Matters Raised in 2022-23

In 2022-23, assistance was required or requested from Visiting Advocates on **163** occasions, resolving into 110 total files.

Table 4: Top three issues raised by young people in 2022-23

| | Issue | % |
|---|-------------------------------------|-------|
| 1 | Staff | 19.1% |
| 2 | Cultural support and discrimination | 12.2% |
| 3 | Access to/contact with community | 8.7% |

Matters for Immediate Resolution

Many issues that arose during visits in 2022-23 were resolved quickly and informally with Centre management, staff or other agency work units.

Typical matters for immediate resolution include:

- referrals to other services or mandates,
- those that do not need escalation beyond unit or other direct interface staff
- issues which young people can be supported to raise themselves.

²¹ Youth Justice Administration Act 2016, s14(1)(d).

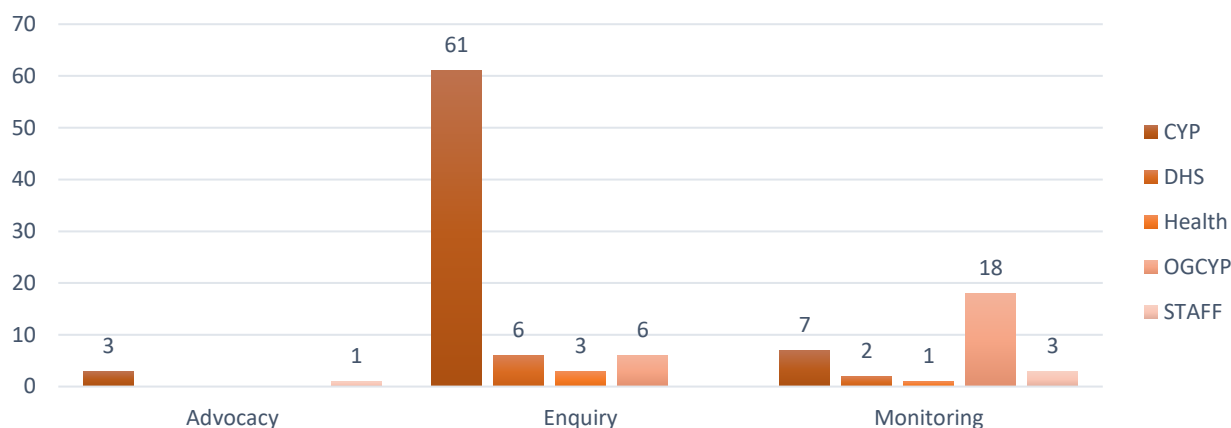
Such matters arise frequently, may involve several young people, and can re-emerge over time. Some matters warranted discussion with Centre management, which contributed to broader systemic advocacy, but did not generate specific case work. This happened, for example, in relation to complaints about food.

Matters Requiring Open Files

Matters that require open files are categorised as Enquiries, Advocacy and Monitoring matters.

Both **Enquiries** and **Advocacy** matters were most often opened directly on the request of young people. Conversely, **monitoring** files were opened mostly on direction of the TCV, either through her TCV or Guardian mandate.

Figure 4: Files opened by the TCV in 2022-23, based on source



Enquiries and Advocacy

The TCV managed 78 Enquiries in 2022-23, with four initiated as formal Advocacy matters.

'Enquiries' are matters with the TCV requires further information to assure herself of the progress and management of an issue relating to care treatment and control.
'Advocacy matters' involve the TCV putting forward a specific formal advocacy position.

Case Example: Enquiry - Review of Incident
 Lewis* asks for support regarding an incident where he was restrained to prone position by multiple staff, alleging they were unusually rough in the restraint. Visiting Advocates request his voice be raised to the review committee. While a review of the footage does not suggest malpractice by staff, Visiting Advocates provide the Review Committee with Lewis' feelings about the restraint, as a matter requiring additional attention.

Some examples of positive individual outcomes achieved included securing post-release placements, ensuring provision of ongoing medical care for existing health issues, and approval of specific family members or friends for phone contact.

Individual advocacy matters may have systemic implications. Where appropriate, both individual and systemic lenses were applied, to ensure work initiated with and for one young person might have broader application.

Case Example: Access to Library Books

Over the financial year, young people raised frustration at their lack of access to library books. Young people could borrow books if they had a class scheduled to occur in the library room, but otherwise needed to rely on contact directly from teachers, or program facilitators, to get fresh reading material. Over the school holidays, this frustrated young people.

Visiting advocates liaised with Centre Management and the YEC, to raise awareness of this issue. This resulted in development of a system allowing young people to attend the library during school holidays, and a commitment to expand the library using books from the decommissioned Jonal Campus.

Monitoring

The TCV opened 32 monitoring matters over 2022-23. These matters may require straightforward tracking of a young person's progress within the Centre or can involve intensive ongoing dialogue with the young person, and associated work with various DHS/Centre and other agency staff. This may occur over an extended period.

Case Example: Sampson*

Sampson is 16 years old and reaches out to Visiting Advocates because he feels he is being unfairly held in the Protective Actions Unit – he is concerned that he is not progressing on his DRMP and feels staff are trying to prevent him from re-joining the general population. Visiting Advocates engage in discussion with Centre management, tracking Sampson's progress on his DRMP and seeking additional justification when rationale is not clear, and ensuring Sampson has opportunity for discussion with staff so he can raise his concerns. Following the TCV's monitoring and advocacy, he re-joins the general population.

Monitoring is usually undertaken in two main circumstances:

1. When the TCV determines that an advocacy matter which the Centre or DHS has accepted should be monitored until its implementation.
2. When a young person's general circumstances or vulnerabilities warrant focused and ongoing oversight. For example, where a young person has spent a significant time on remand or shows a steep decline in mental or physical health.

In addition to opening monitoring files in response to developments in young people's cases, the TCV immediately commences monitoring in the following circumstances:

- **Young people accused of significant offending, particularly when the circumstances are reported in the media:** These young people may have particular vulnerabilities, including a risk of differential treatment by staff, isolation from their communities, and the emotional and psychological stress of facing public scrutiny.
- **Young people between 10 and 13 years old:** The TCV strongly advocates for the South Australian government to raise the minimum age of criminal responsibility to at least 14 (discussed further at [Raising the Age](#)). As young people under 14 years old are highly vulnerable in a detention environment, the TCV monitors each of their circumstances.
- **Young people facing a 'section 63 application':** The TCV has observed that, when a young person is 17 years or older, there are times when individual staff (or groups of staff) raise the view that they should be moved to the adult system through a 'section 63 application'. The TCV has requested to be notified of all circumstances where such an application is being considered, and will often formally monitor their circumstances, and advocate on their behalf where appropriate and/or requested. In some cases, young people may not even know that consideration is being given to making an application to transfer them but may still feel ramifications of staff frustrations

and personal views about their ongoing care at the Centre. This can be distressing, particularly for young people who consider staff a primary support in their lives.

'Section 63 Applications' are made by the Chief Executive of DHS to the Court, requesting a court order to transfer a young person to an adult prison. When successful, these applications remove a young person from the existing supports in youth detention.

The TCV has observed that there is some staff resistance to detaining young people aged 18 and over; however, in accordance with the *YJA Act*, the Centre must be equipped to support young people up to the age of 21.

Advocacy and the Guardian's Mandate

In addition to matters relating to their care within the Centre, dual involved young people may raise issues related to their guardianship status. These matters are outside the TCV's mandate but can be addressed in her capacity as the Guardian. In these circumstances, Visiting Advocates facilitate an internal referral to the Guardian's advocates.

While these matters are primarily addressed by one of the Guardian's advocates, the TCV's Visiting Advocates still maintain oversight in many circumstances and may engage in conversations with young people as a key contact point during visits. In addition, the TCV notes the following points of intersection, requiring attention from (and interface between) multiple mandates:

- Centre visits resulting in referrals to the Guardian and CYP Visitor Mandates
- referrals to the TCV from external sources
- requests for advocacy on DCP matters, outside specific dual involved visits
- interface between young people residing in residential care, who are in detention at the time of a visit by the CYP Visitor.

Dual Involved Young People: Advocacy Arising

Of the 27 guardianship query files arising from Dual Involved visits, eight were assessed to have a relevant role for the Guardian, resulting in an Advocate making direct enquires with the allocated DCP office. These matters related to placement issues, transition from care planning and long remand periods. The other 19 queries were assessed as requiring no further action from the Guardian, with outcomes being provided to young people where necessary. Further avenues of support were provided to young people when it was assessed no role was warranted from the Guardian.

Case Example: Amy*

Amy is 17 and has been in the Centre for several months. She is under Guardianship and usually lives in residential care, so as she gets closer to her birthday she starts feeling nervous about whether she will have a house to return to on her release. Amy asks Visiting Advocates to put her in touch with the Guardian, to advocate for more action on her Transition from Care plan. Visiting Advocates also open a monitoring file for Amy, because she seems like she is struggling in the Centre, especially with the added stress of leaving care.

Inspect

The TCV's functions include to inspect the 'training centre'. A 'formal inspection' would generally consider all aspects of the lives of young people and the systems that determine the quality of their care, treatment, and control.

In 2022-23, the TCV performed her inspection function through various inspection projects.

Review of Records

Reviews of Records are one of the ways in which the TCV maintains oversight of the care, treatment and control of young people. These Reviews consider:

- reported incident files (including staff reports, internal review documents, etc)
- feedback forms completed by young people
- medical attendances
- participation in (and cancellation of) programs and activities
- key behaviour support (or management) mechanisms, such as phase scores and DRMPs.

This process is resource-intensive, but essential for maintaining a robust understanding of the Centre while monitoring management and operational processes.

In the previous financial year (2021-22), the TCV updated data collection processes and systems for analysis, which enabled greater insight into operational practices. In 2022-23, work to refine collection and analysis tools continued, allowing for stronger identification of themes and time-series comparisons.

This provides the basis for identification of the strategic themes referred to in this report.

The TCV Youth Detention Population Project

From 1 July 2022, the TCV commenced the *South Australian Youth Detention Population Project* ('SAYDP Project'). The aim of the project was to better understand trends in the youth detention population across key demographics, including for matters such as repeat admissions, periods in detention and sentenced detention.

The key deliverable arising from the project was the development of a data set from which to commence baseline reporting in 2022-23, to monitor changes in population trends in future years – including those relating to TCV recommendations to improve the care, treatment, and control of young people.

The primary information source for the data set was a 'daily population list' that DHS provides to certain stakeholders, which includes the following relevant information:

- young people's details (age, gender, cultural background, and guardianship status)
- legal authority for detention, including whether the young person is held on sentenced or unsentenced detention and commencement/expiry dates
- 'unit' that the young person is accommodated within.

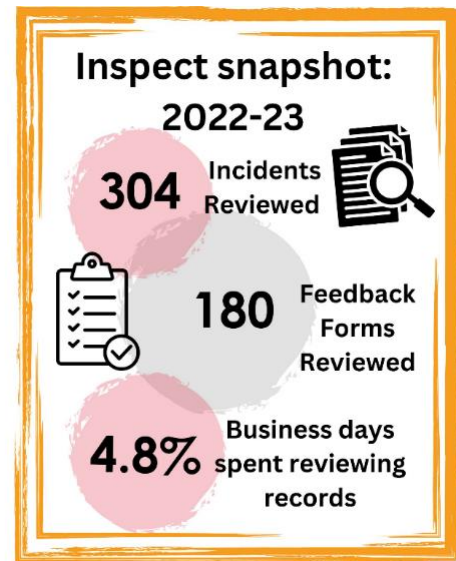


Image 12: Inspect snapshot – 2022-23

The TCV cross-referenced data collated from the Review of Records with DHS' population data, to gain more insight about practices such as use of force, self-harm behaviours and medical emergencies across various demographics. Information obtained from the SAYDP Project is referred to throughout this report.

Monitoring Modified Routines

Young people have consistently voiced their frustration to the TCV about 'modified routines' and spending long periods of time in their rooms. A key priority for the TCV in 2022-23 was to better understand the full extent of modified routines, in order to provide advice on systemic reform measures to reduce both the prevalence and impact on young people and monitor the effect of various strategies.

Freya*

Freya is 14 years old, and upset at time in rooms. She tells staff that she does not remember the last time she saw sunlight.

For many years,²² there have been challenges in sourcing information from DHS about the extent of modified routines, including the amount of time that young people spend 'out of rooms'. As explained to the TCV, the root of this issue is that the Centre's IT systems do not currently have the capability to readily extract information about lock and unlock times for young people's rooms, and Centre management asserts that resourcing constraints prohibit manual record keeping on an individual level.

The TCV has maintained and will continue to maintain a consistent position that,

"While I am sympathetic to the challenges posed by this situation, I consider that the government has a statutory responsibility to keep and report on these matters to ensure adequate arrangements in place for the wellbeing of detainees. This responsibility exists whether or not the available record-keeping and reporting tools are efficient."²³

The TCV notes records on movements are held in the adult correctional system and reported through the Report on Government Services.²⁴ It is essential that young people are afforded the same accountability and protections.

Midway through 2022-23 DHS adopted a new reporting approach, which led to greater transparency about the extent of modified routines. Commencing in January 2023, DHS provided records on a weekly (or fortnightly) basis about the time that routines started and finished in each unit, for each shift. This provided highly relevant information about the time that units in the Centre were spending 'locked down' due to modified routines.

The TCV engaged in regular inspection and analysis of this information throughout 2022-23, and publicly reported key information resulting in media coverage (which is discussed in more detail in [Isolation in Youth Detention](#)). The TCV intends to continue discussions with DHS in 2023-24, about solutions to understand the nature and extent of isolation practices and modified routines.

²² From the commencement of the program, the TCV has raised concerns about isolation practices, including due to modified routines. As an example, in 2017, the TCV referred the circumstances of two young people to the Ombudsman, who had been confined to their cells for more than 22 hours per day. In response to the Ombudsman's provisional report, the (then) TCV confirmed that she held 'concerns in relation to record keeping practices, lack of consistency and transparency regarding segregation and isolation practices'. In the Ombudsman's report following that investigation, it was noted that the investigation faced significant challenges in determining the periods of time the young people were confined to their cells, due to inadequate record keeping. In November 2019, the Ombudsman made a number of recommendations regarding improved record keeping and transparency about periods of isolation, including due to centre lockdowns (which include for modified routines). Four years later, the TCV observes that many of the same issues surrounding record keeping about isolation continue. For more information about the Ombudsman's investigation, see: Ombudsman SA, *Investigation into the treatment of young people in the Adelaide Youth Training Centre* (2019).

²³ Letter from TCV to the CE, DHS, 'RE: Centre lockdowns and modified regimes at the Kurlana Tapa Youth Justice Centre' (7 September 2023).

²⁴ Productivity Commission, *Report on Government Services 2023* (2023), Part C, Chapter 8, Table 8A.13 ('ROGS 2023').

Promote Best Interests

All who administer the *YJA Act* must consider and promote the wellbeing and best interests of young people in the Centre. As well as this general responsibility, the TCV has a specific statutory function to promote the best interests of young people detained.

The TCV promotes the best interests of young people in all individual advocacy matters, in addition to the following activities:

- addressing seminars, and contributing to workshops and training
- publishing articles and reports on the TCV's website and blog
- contributing to inquiries and other projects through verbal and written submissions
- liaising with government, non-government and community stakeholders
- maintaining constructive and cooperative relationships with DHS Youth Justice, particularly Centre staff and management.



Image 13: Promote snapshot 2022-23

Education and Training

To promote the best interests of young people, the TCV works to increase stakeholder knowledge and awareness of the Charter of Rights, the work of the TCV (including in her other capacities as Guardian and CYP Visitor), and the experiences and perspectives of young people in detention.

As well as providing presentations to new Centre staff, the TCV and her team present to various government and non-government agencies throughout South Australia to raise awareness of the TCV's role and functions, and young people's rights in detention.

In 2022-23, this included presentations to the Minister for Human Services, Commissioner for Aboriginal Children and Young People, Youth Affairs Council of South Australia (YACSA), South Australian Council of Social Service (SACOSS), University of Adelaide Faculty of Law, Uniting Country SA, Centacare CSA, Aboriginal Family Support Services (AFSS), Legal Services Commission (LSC) and various DCP offices.



Image 14: The TCV at YACSA AGM

Education sessions for incoming Centre staff

Over the financial year, the Centre had a particular focus on staff recruitment and retention, recruiting a total of 57 new (or returning) staff members. Visiting Advocates delivered regular information and education sessions to incoming Centre staff.

Speeches and Keynotes

During 2022-23, the TCV provided the following speeches and keynote addresses:

- Launch of The Constellation Project, Lived Experiences Voices Report (Nov 2022)
- Tindo Utpurndee – Sunset Ceremony (Jan 2023)
- SA Royal Commission into Early Childhood Education and Care First 1000 Days Roundtable (Feb 2023)
- SAMHRI International Women’s Day Event (Mar 2023)



Image 15: The TCV at Tindo Utpurndee (Sunset Ceremony)

Stakeholder Engagement

In 2022-23, the TCV and her staff met regularly with key stakeholders to exchange information and discuss important (and emerging) matters of interest for young people in care and youth detention South Australia. This included meetings and correspondence with:

- The Australian and New Zealand Children Commissioner’s, Guardians and Advocates (ANZCCGA)
- First Nations caucus of the ANZCCGA
- Australia’s (OPCAT) National Preventive Mechanism network
- Minister for Aboriginal Affairs and Attorney General, Kyam Maher
- Minister for Human Services, Nat Cook
- Minister for Child Protection, Katrine Hildyard
- Members of the Legislative Council and House of Assembly
- Ombudsman SA, Wayne Lines
- SA Chief Psychiatrist, John Brayley
- SA Commissioner for Aboriginal Children and Young People, April Lawrie
- SA Commission for Children and Young People, Helen Connolly
- SA Commissioner of Police
- The Child Death and Serious Injury Review Committee
- The Child Development Council
- DHS Chief Executive, commencing with Lois Boswell, and then Sandy Pitcher
- DCP Chief Executive, Cathy Taylor, then Jackie Bray
- Department for Education Chief Executive, Martin Westwell
- YACSA CEO, Anne Bainbridge
- SACOSS CEO, Ross Womersley
- (Then) CREATE Foundation SA State Coordinator, Ashleigh Norton.

Regarding direct service provision at the Centre, the TCV and her staff met with relevant DHS executives, Centre Management, SAPOL, MYHealth, CAMHS, YEC and NDIS justice liaison officers.

Regional and Remote Engagement

Accompanied by a Visiting Advocate, the TCV commenced a series of visits to promote her functions within regional and remote South Australian communities. This is a dialogue-focussed process that will inform her understanding of regional and remote matters of interest.

The first visits occurred in Ceduna (7 to 8 June) and Whyalla/Port Augusta (21 to 22 June) and included visits to the local police stations.

The TCV will continue to forge connections through attendance at events, and discussions with stakeholders, community leaders, and other significant bodies.



Image 16: The TCV and a Visiting Advocate during a visit to Port Lincoln

Young People from Regional and Remote Communities in the Centre

The TCV has observed increasing trends of young people from regional and remote communities transported to the Centre (after bail was refused) – who are often Aboriginal and include some of the youngest people detained in the Centre. Many are bailed at their first court mention, at which point DHS must arrange transport back to their communities. The TCV is committed to exploring this trend more in the coming financial year.

Submissions

The TCV made 12 formal submissions to royal commissions, inquiries, reviews and other consultation processes during 2022-23.²⁵ This included the following:

- **Review of the *Children and Young People Safety Act 2017*:** the Guardian/TCV made a submission to the five-year legislative review of SA's child protection legislation, with 25 recommendations for legislative reform to improve the lives of young people in care and/or youth detention.
- **Commissioner for Aboriginal Children and Young People's inquiry into the Aboriginal Child Placement Principle (ACPP):** the Guardian/TCV supported Commissioner Lawrie's inquiry into the ACPP with a comprehensive analysis of internal data regarding the application of the ACPP, and commentary on key barriers to implementation – including regarding dual involved young people.
- **Royal Commission into Early Childhood Education and Care:** the Guardian/TCV highlighted barriers to accessing ECEC services for young parents with care experiences, including those who are dual involved.
- **Review into South Australia's Outcomes Framework:** the Guardian/TCV advocated for the inclusion of measures and indicators that reflect the lives and experiences of young people in care and/or detention.
- **Social Development Committee Inquiry into NDIS impacts on participants with complex needs:** the Guardian/TCV highlighted the overrepresentation of NDIS participants in OOHC and youth detention, and the interaction between service barriers and paths to care and detention.

²⁵ The TCV was also a signatory to a further three joint submissions as a nominal member of Australia's OPCAT NPM network: Australian NPM Members' Joint Submission to the UN Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions' Call for Input on Deaths in Custody, March 2023; Australian NPM Members' Joint Submission on the UN SPT Draft General Comment No. 1 on Places of Deprivation of Liberty (Article 4), submitted to the UN Subcommittee for the Prevention of Torture, April 2023 ; Australian NPM Members' Joint Submission to Australian Human Rights Commission's Consultation on Youth Justice and Child Wellbeing Reform across Australia, June 2023

- **DHS Review of the Incident Management Unit (IMU):** the TCV highlighted key limitations in IMU processes which were not considered child-centred, including the conflation of young people’s complaints with internal incident review responses.

Media Presence

Over the financial year, the TCV raised her concerns about conditions at the Centre in the public domain on multiple occasions through her own social media (including Facebook, LinkedIn and blogs) and interviews with various local and national media outlets. The ongoing media discourse, highlighting young people’s experiences in the Centre is integral in amplifying their voices.

Relevant media coverage of the TCV’s functions in 2022-23 included:

- Penny Wright, TCV, [Adelaide's youth detention centre is not a 'new path' but a dead end - InDaily](#) *InDaily* (online) 29 July 2022
- Stephanie Richards, ["Chronic" staff shortage still impacting detained SA kids](#), *InDaily* (online), 14 April 2023
- Stephanie Richards, ['Child detainees suffering in isolation in Kurlana Tapa Youth Justice Centre cells, watchdog says'](#), *ABC* (online), 21 June 2023
- Sarah Collard, ['Children self-harming to escape prolonged confinement in cells, South Australian watchdog says'](#), *The Guardian* (online), 29 June 2023
- Miles Kemp, ['Scathing report on Adelaide's Youth Justice Centre shows basic human rights not upheld'](#), *The Advertiser* (online), 30 June 2023



Image17: Media snapshot – 2022-23

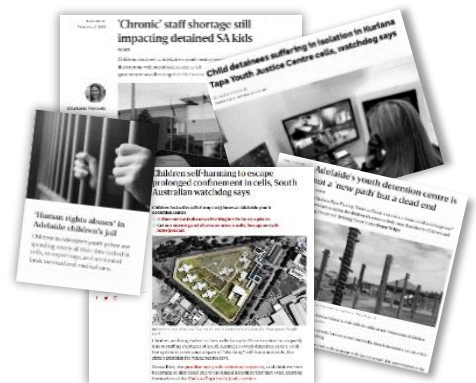


Image 18: Selected Media 2022-23

Inquire

Under s.14(1)(e) of the *YJA Act*, the TCV must ‘inquire into, and provide advice to the Minister in relation to, systemic reform necessary to improve the quality of care, treatment or control of young people in the Centre and/or its management.

The TCV fulfils this function through reports, correspondence, and meetings with the Minister. Important matters flagged with the Minister for Human Services in 2022-23 included:

- arrangements for implementing South Australia’s obligations under OPCAT
- implementation of recommendations from the Final Report into the South Australian Dual Involved Project (‘the SADI Report’)
- barriers in the Centre to accessing health services
- excessive use of isolation practices and modified routines.



Image 19: Inquire and Advise snapshot – 2022-23

This year the TCV initiated her first formal inquiry into a matter at the Centre, raised by the young person impacted. This has enabled their voice to be captured and centred. The inquiry aims to identify key areas of systemic reform required to improve the quality of care, treatment and control for young people detained in the Centre.

Investigate

Section 14(1)(f) of the *YJA Act* states that the TCV must ‘inquire into and investigate any matter referred to the Visitor by the Minister’.

No matter was referred for investigation in 2022- 23.

Barriers to the TCV Functions

Lack of Accountability and Transparency

The Centre is legislatively required to keep proper records relating to its operation and management.²⁶ In 2022-23, the TCV observed significant gaps in Centre record keeping that obscured her capacity to perform her functions – including safeguarding young people’s human rights – and called into question the Centre’s compliance with its legislative responsibilities.

These gaps create a ‘blind spot’ about the Centre’s general functioning, resulting in serious risks for the health, safety and wellbeing of young people detained.²⁷

Detention is a harsh environment, and young people’s wellbeing can deteriorate quickly. Reliance on individual staff members to hold and communicate information they personally judge to be significant, compromises the Centre’s accountability and its care for young people. Numerous reviews, inquiries and coronial inquests regarding custodial environments (for both adults and young people) have highlighted the danger presented by unclear or inadequate recording of acute health and safety information, at shift handover, and over time.

By contrast, clear and comprehensive record keeping enables the workforce to appropriately respond to young people’s needs and implement appropriate systemic responses.

The TCV has observed inadequate record keeping across many practices within the Centre, with key examples discussed below.

Incident Recording

Over the financial year, the TCV reviewed records for 407 incidents, across 304 incident files provided by the Centre.²⁸ Upon further inspection of records outside of incident files (including Centre shift reports and ambulance logs), a further 384 instances were identified where the TCV considered incident files should have been opened in accordance with the Centre’s operational orders.²⁹ This indicates these events – some of which involved self-harm, restraints by staff and ambulance attendances – were not recorded in the appropriate manner. Including these circumstances, the total number of incidents during the financial year rose from 407 to 791.

As an example, over the financial year there were 33 medical emergencies requiring hospitalisation, 31 of which required ambulance attendance. The Centre provided corresponding incident reports for just 14 (42.4%) of these medical emergencies.

²⁶ *Youth Justice Administration Act 2016*, s 21(e)

²⁷ The TCV and other relevant oversight bodies, including the Ombudsman SA, have consistently raised concerns about the consequences of a lack of transparency about the extent of isolation practices, and other restrictive practices such as use of force, mechanical restraints and searches. As an example, see the above discussion at n 19.

²⁸ The number of incidents is higher than the number of files, as some files relate to more than one young person. The TCV considers that a separate incident file should be opened and recorded for each young person involved, to ensure that statutory record keeping requirements and substantive rights are met following an incident, with respect to individual young people.

²⁹ Per the definition in Government of South Australia, DHS, *Adelaide Youth Training Centre – Operational Order 33: Incident Reporting* (v 3.1, 1 December 2016), at [3.1], and subsequent definition of ‘minor incidents’.

These gaps in information compromise the Centre's management of its own service provision, and exposes it to risks including:

- lack of oversight of behaviour management and de-escalation techniques
- incomplete understandings of young people's self-harm, including injuries
- diminished capacity to assess staff responses to incidents (particularly if precipitated by multiple, minor incidents)
- monitor the wellbeing of young people in the Centre.

The TCV believes that greater rigour is necessary with respect to recording incidents that occur in the Centre.

CCTV Footage

CCTV and other footage remain some of the only objective sources by which the TCV can review incidents. When an incident is recorded as having occurred, Centre staff download and collate footage from all relevant cameras for purposes of future review. All other footage is stored for a total of 28 days before wiped from the system. This means that retrospective requests to view the behaviour of staff or young people in a unit, outside a recorded incident, are not actionable. This removes the TCV's potential oversight of:

- sexually inappropriate behaviour, bullying, discrimination or other mistreatment reported over four weeks after it occurred
- staff conduct not tied to a single incident
- any unreported incidents (see above).

Body Worn Camera Footage

The TCV observed the Centre attempt to roll out body worn cameras to its staff, following relevant recommendations arising out of the Royal Commission into Institutional Responses to Child Sexual Abuse. This roll out was impacted significantly by Covid and manufacturing issues, resulting in inconsistent capture of footage throughout the financial year. In theory, staff should wear these cameras and activate them during an incident, providing valuable audio footage and close oversight of restraint techniques. In practice, they are not consistently activated or utilised, placing both young people (and staff) at risk.

Incomplete Recording of Access to Medical Treatment

DHS has publicly stated that the young people detained in the Centre are at higher risk of presenting to hospital emergency departments than other young people in the state.³⁰ Despite DHS knowledge of this vulnerability, the TCV has observed serious issues with DHS' records about medical treatment. These records are not held in a central location by the Centre, with locum attendance, cancelled appointments, access to virtual health clinics stored across various IT systems and/or manual logs. This significantly

³⁰ A DHS spokesperson stated to the ABC that 'young people who come from the youth justice system were six times more likely than the general population to present to hospital emergency departments': Stephanie Richards, 'Child detainees suffering in isolation in Kurlana Tapa Youth Justice Centre cells, watchdog says', *ABC* (online), 21 June 2023 <<https://www.abc.net.au/news/2023-06-21/staff-shortages-at-adelaide-youth-justice-centre/102498964>>.

impacts the TCV's capacity to monitor the health care of young people in the Centre, including where such care is expressly required under the *YJA Act*.³¹

Where requested information is unable to be provided, it not only hampers the TCV's use of her functions but indicates gaps in internal DHS oversight and reporting about young people's health.

Time Spent 'Out of Rooms'

Despite legal obligations to ensure young people are not isolated for extended periods, the Centre does not have capacity to collate and track the movements of young people. While this data may be available in raw form (shift logs, incident reports, etc) proper understanding of a routine requires consideration of a variety of source materials, not easily accessed. As a result, there is no clear, centralised record of a young person's movements during their time in the Centre.

In the absence of a fully functioning system, the TCV has continued to advocate that DHS maintain manual records and reporting regarding the prevalence and extent of modified routines, with the primary purpose to understand how long young people spend out of their rooms.

DHS did not meet this basic record keeping requirement in 2022-23.

The TCV is less focused on reporting about time *in* rooms (although there are numerous legislative provisions preventing extended isolation), with a primary conceptual focus on a lack of time *out* of rooms. Young people in their rooms are prevented from participating in education, programming, and mental/physical healthcare – all essential to their rehabilitation.

This issue has been the subject of TCV recommendations and other key oversight bodies for years. Most significantly, in November 2019, an SA Ombudsman report into conditions at the Centre found there were significant record keeping failures about times young people spend locked in their rooms, including due to modified routines. A key recommendation was to implement an electronic logging system, as soon as practicable, to automate record keeping and provide better transparency around this issue. While DHS report this recommendation is complete, challenges with extracting or reporting on information from the relevant system continue to hamper transparency.³² The TCV considers that the system, as introduced, is not an acceptable ongoing solution.

It is notable that the Report of Government Services records adult custodial times 'out of rooms'. This leads the TCV to question:

why is this possible for adults, but not young people?

³¹ Under sections 28(6)(b) and 33(2)(b) of the *Youth Justice Administration Act 2016 (SA)*, a young person must be examined by an appropriate health professional 'as soon as practicable' following either use of force and/or being placed in a safe room, to assess both physical and mental health needs.

³² In 2020-21, DHS introduced an electronic logging system, which was intended to lead to considerable improvements in reporting capability. Unfortunately, this system did not have the anticipated functionality, and further enhancements are required for it to operate as intended. The most recent advice from DHS is that options are still being considered, with no estimated timeframe for implementation.

Reasonable Resourcing and TCV Independence

Under the *YJA Act*, the Minister has a statutory obligation to provide the TCV with the staff and other resources she reasonably needs to exercise her functions.

In practical terms, the TCV's funding is negotiated with the DHS, via an annual budget development process set out in a Memorandum of Administrative Agreement. As a result, the TCV is placed in the untenable position of engaging in budget negotiations with the agency that she oversees. This funding process is inconsistent with the TCV's fundamental position as an independent statutory body.

All negotiations for increased funding have been unsuccessful and, in 2022-23, the TCV continued to operate under the same 'establishment' budget as the first year of program implementation in 2017-18.

In 2022-23, the TCV again highlighted she is unable to reasonably perform her statutory obligation to pay particular attention to the needs and circumstances of particularly vulnerable young people identified in the *YJA Act* – being young people under guardianship, with a disability and/or who are Aboriginal – based on current resourcing.

Under these arrangements, the TCV has the resources for a Principal Training Centre Advocate, a Visiting Advocate, a portion of the Policy staff situated in her office, and goods and services. The funds provided by DHS do not reflect the diversity in expertise and experience (including lived) required to perform her multiple functions (i.e. visiting, advocacy, inspections and advice) for all young people in the Centre – and then apply the specialist knowledge and expertise to perform each of these functions in nuanced ways that pay particular attention to and meet the needs of three highly vulnerable groups of young people.

The matters discussed in this report demonstrates the complexity of experiences for young people under guardianship, with disability and who are Aboriginal – including those whose experience of intersectionality crosses all these attributes. Performing the function to pay particular attention to the needs of these young people minimally requires increased resourcing to create dedicated (and identified, where appropriate) positions to complement the existing TCV staff.

Restricted Coverage of Places of Detention

Since late 2017, the TCV has called for a review of the *YJA Act* to address multiple legislative barriers to her ability to perform her functions.

One of the most significant issues is that the TCV's functions are restricted to young people who are *physically* within the Centre precinct – rather than based on their status as a young person detained, in the custody of the Minister.

Why would detained young people be outside the Centre?

There are many reasons why a young person may be temporarily absent from the Centre but still a 'detainee' / 'resident of a training centre'. These include accessing medical care, Court attendances, and being taken to a police station for questioning.

Also relevant is that young people may be detained *before* they come into the Centre's custody, for example when they are initially detained in police cells prior to admission.

The TCV believes young people in custody – regardless of whether they are in or outside the Centre – should have access to child-focussed, independent oversight.

At the Centre, young people reported concerns about their treatment in police cells, including rough restraints and verbal abuse. The TCV has observed reports in DHS shift logs indicating self-harm occurred in police cells prior to admissions. These high-risk behaviours occurred outside the TCV's statutory oversight, and she is unable to make formal inquiries into these matters, unless they are dual involved. The same goes for when a young person leaves the Centre for medical treatment or professional services.

During the financial year, the TCV received data about the number of young people held in police cells in 2021-22.³³ This information revealed that 1,097 individual young people were taken into police custody³⁴ across a total of 2,819 detentions. This was four times the rate of admissions to the Centre.

With respect to demographics, this information showed that the proportion of Aboriginal young people admitted to police custody was lower than admissions to the Centre – which indicates that Aboriginal young people were less likely to be bailed than their non-Aboriginal peers.

Table 5: Admissions of young people (aged 0 – 17 years) to police custody and youth detention in South Australia in 2021-22, by demographic

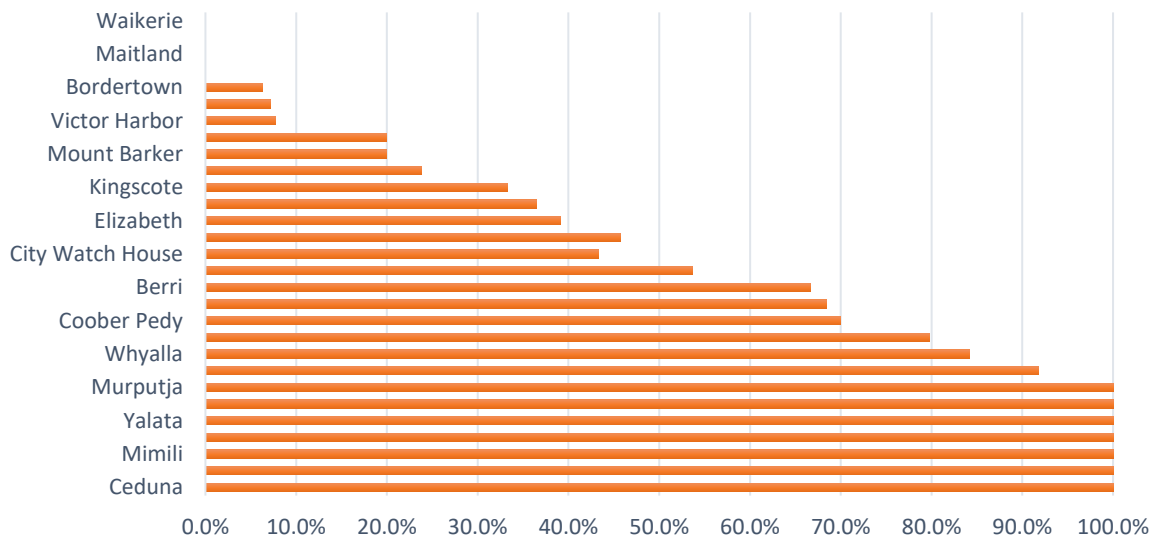
| Demographic | Admissions to police custody | Admissions to the Centre |
|----------------|------------------------------|--------------------------|
| Under 14 years | 684 (24.3%) | 179 (23.6%) |
| Aboriginal | 1,286 (45.6%) | 359 (47.3%) |
| Female | 779 (27.6%) | 189 (24.9%) |
| Total | 2,819 (100.0%) | 759 (100.0%) |

³³ The TCV intends to request data for 2022-23 in the coming months.

³⁴ This includes any child or young person taken into custody under the *Summary Offences Act 1953* and the *Public Intoxication Act 1984*.

Nearly one in four admissions to police custody were for young people under the age of 14 years and, in some regional and remote areas, up to 100% of admissions to police custody were for Aboriginal young people.

Figure 5: Proportion of admissions to police cells in 2021-22 for Aboriginal young people, by police station



During 2021-22 the average time young people were in police custody was four hours, however 15 young people were held in police custody for more than 24 hours: one in the Adelaide metropolitan area, with the remaining 14 in regional and remote areas. For those young people detained for longer than 24 hours, 80.0% were Aboriginal and 13.3% were under the age of 14 years.³⁵

³⁵ SAPOL data included the following note: 'The two young people under 14 years old who were held for more than 24 hours were already on bail for related matters and arrested in the afternoon leading to them missing court on the day of arrest.'

Pay Particular Attention To

In exercising her duties, the TCV must pay particular attention to the needs and circumstances of young people who:

- are under guardianship (i.e. are 'in care')
- are Aboriginal
- have a disability (physical, psychological, or intellectual).

This year, following the development of the Youth Detention Population Project, the TCV had capacity to not only focus engagement on young people within these cohorts, but meaningfully track their experiences within the Centre.

The TCV stresses that young people must always be seen as individuals first, not statistics or cohorts. However, understanding this demographic information is key to improve preventive and diversion services in the community, and understanding young people's needs in the Centre.

Dual Involved Young People

Overrepresented in the Centre

In 2022-23, 88 individual young people in care were detained at the Centre, across 254 admissions.³⁶ With an average of 11.6 dual involved young people detained on any given day, young people in this cohort amounted to 35.6% of the average daily population. Compared to the previous financial year, there was a slight increase in both the number of dual involved young people admitted to detention and their proportion of the average daily population in 2022-23.³⁷



Figure 6: Representation of daily proportion of dual involved young people in the Centre in 2022-23 (rounded to the nearest whole number)

While young people in care account for 1% of the South Australian population, more than one in three young people in the Centre on an average day were in care – a social phenomenon commonly referred to as 'care criminalisation'.³⁸ South Australia is not unique in this respect, with care criminalisation being the subject of national and international commentary and research.

³⁶ Aggregate data provided by DHS at the end of the reporting period indicates that 85 young people under guardianship orders were admitted in 2022-23, across 249 admissions. The reason for the discrepancy is that the TCV adopts a different counting methodology to DHS, which includes young people on interstate orders. The TCV further identified individuals who were known through other mandates to be under South Australian guardianship orders, but not recorded as such by DHS.

³⁷ As the SAYDP Project commenced in 2022-23, there is no comparable data set applying the TCV's methodology for the 2021-22 financial year. Applying DHS methodology, there was a 2.4% increase in the number of individuals admitted, and an increase of 0.7 percentage points in their proportion of the average daily population.

³⁸ See, eg, Susan Baidawi et al, *Research report – Care criminalisation of children with disability in child protection systems*, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023).

What causes care criminalisation?

The TCV has observed that the South Australian government approaches discussions about care criminalisation with caution, and resistance to findings that attribute causative factors or responsibility to aspects of the child protection system. In this environment, it is important to highlight that the TCV holds the view that causation is not a useful framework to approach this discussion, due to the complexity of the individual experiences and lives of young people in care. It is acknowledged that intersectional experiences which carry increased statistical criminogenic risk are often concentrated for young people in care – including witnessing or being subject to family, gendered violence and/or sexual abuse, homelessness, food insecurity, substance misuse, trauma disorders and social isolation.

There is significant work already underway by government across areas such as:

- improving access to family support services
- embedding trauma-informed practice frameworks into service delivery
- expanding early assessment and service delivery for young people with disability
- improving mental health supports for young people and families.

This work is acknowledged and respected – including the reality that it will take time to see the results of current efforts. However, promoting the best interests of young people does involve turning a critical lens on features of the child protection and social services systems – to identify ‘missed opportunities’ where practice improvement can better promote trauma recovery and diversion, and identify those features of both systems which contribute to criminogenic risks and, at times, set young people up to fail.

“I know the statistics for kids like me. I’ve researched it.”

Dual Involved Young Person, aged 17.

SADI Report

The TCV’s SADI Report is an example of this work. Led by the voices and experiences of young people, the report set out 15 recommendations intended to complement existing government reform strategies, with the goals of reducing the overrepresentation of young people in care in youth detention and improving supports available for them.³⁹ As noted earlier in this report, the TCV is disappointed with the lack of government engagement with those recommendations. Parliament is urged, again, to amend the *YJA Act* to ensure, at least, a young person has access to TCV support from the time they enter police custody until they are released.

Advocacy from the Guardian Mandate

Despite the lack of specific funding, a Dual Involved Advocate regularly attended the Centre to connect with these young people. Over the financial year, 27 individual queries were opened in this context.

³⁹ OGCYP, The Final SADI Report (n 5).

Table 6: Queries from dual involved young people, related to their guardianship status, in 2022-23

| Raised Concerns: | | % |
|------------------|------------------------|-------|
| 1 | Case management issues | 29.6% |
| 2 | Placement issues | 26.0% |
| 3 | Transition from care | 22.2% |

These matters are discussed in more detail in the annual report for the Guardian mandate.

Key Advocacy Themes

In 2022-23, The TCV continued to support dual involved young people in her capacity as both the TCV and the Guardian (unfunded), with **36.5%** of the young people who approached Visiting Advocates seeking support during the year being dual involved.

Table 7: Top 3 issues raised by dual involved young people, related to their detention, in 2022-23

| Issue | | % |
|-------|-----------------------|-------|
| 1 | Access to Community | 21.4% |
| 2 | Staff | 21.4% |
| 3 | Restraint | 9.5% |
| 4 | Dual Involved related | 9.5% |

Beyond these specific matters, during visits multiple themes arose directly related to young people’s status as dual involved. For example:

- **Police callouts to residential care placements:** young people in the Centre reported care teams calling police, leading to their remand. On occasion, they discussed not trusting their care teams, one young person stating they believed their carers had called the police on them *“maybe 10 times”*.
- **Preference for Detention:** young people occasionally express a preference for being in custody over residential care. Through her CYP Visitor mandate, the TCV has observed the context to these sentiments firsthand. This was discussed in the SADI report.

“I’d prefer to be locked up then be in my own placement and deal with that shit”

Young Person, aged 17.

- **Connection to the outside world:** during periods of detention, young people in care may not be permitted contact with family, and other community contacts may also be limited. This can make for an isolating time in custody. Access to community was a prominent theme raised by dual involved young people across 2022-23.

Contact in the Centre

During detention a young person's community contact occurs through timed and recorded phone calls, to a select list of pre-approved phone numbers. A parent or guardian must approve numbers to be added to these lists. Young people in care often report frustration at DCP not approving contacts who they regularly associate with in community. This can include family, partners and friends. The decision to block contact may aim to preserve a young person's safety, but it can seem inconsistent to young people. It also means during detention young people may be deprived of contact with their usual support network. This is discussed in the CYP Visitor Annual Report.

- **Connection with legal guardian:** young people often reported a belief that, while they are in detention, DCP carers and caseworkers do not feel obliged to check-in on them or work on their behalf. Requests were made in 2022-23 for more contact with their DCP caseworkers, or to meet the carers at a new house prior to their release to start building relationships. Some young people reported caseworkers hanging up on them during phone calls, if they felt young people were being abusive or rude, which can increase feelings of isolation – particularly in the absence of family contact their peers might have.

"How can [my caseworkers] expect me not to be angry? I'm in here."

Young Person, aged 14

- **Privacy of personal spaces and belongings:** Dual involved young people who ordinarily lived in residential care also spoke about concerns that their belongings would be tampered with or 'stolen' while they were in custody. Occasionally, young people would receive phone calls from the community advising them that another young person had entered their bedroom, or taken their clothing or other objects. In some cases, young people worried their rooms might be used as 'ghost beds'.

'Ghost Beds' are beds in residential care houses left vacant by a young person (while they are on a trip, or more often in youth detention) which is then temporarily occupied by another young person. This is particularly an issue for some regional houses acting as transition points and for houses where young people are commonly serving periods of remand or detention. DCP does not endorse use of this term, however Visiting Advocates have observed it is used commonly throughout the sector.

- **Release from custody:** Due to casual workforces in residential care, there were occasions where young people reported being released to Carers they did not know, bringing up complicated emotions, including anxiety. It can be unnerving for a young person to be picked up by a stranger. Young people also raised waiting long periods of time to be picked up by carers, after receiving bail at court hearings. Young people often need to wait until shift handover at their residential care placement to be picked up. This meant additional hours in custody, often confined to their room.

Elijah*

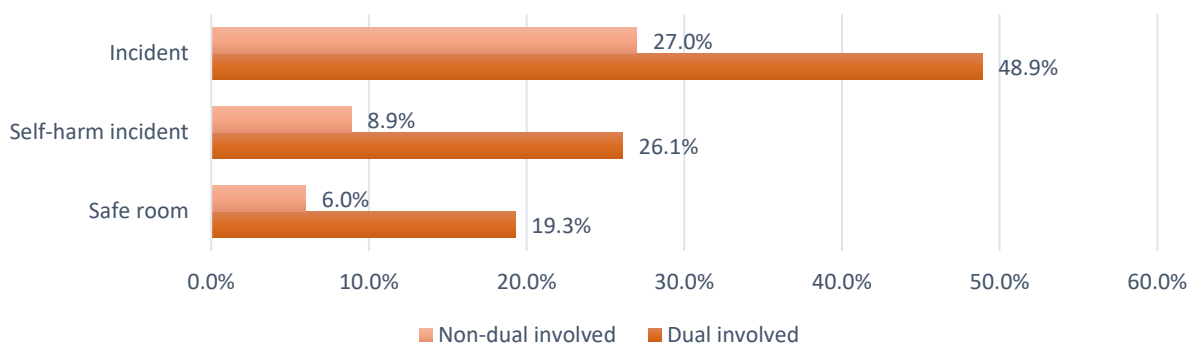
Elijah is 15 years old, and lives in residential care. After the Judge bails him to his residential care house in the morning, he is placed in his room at the Centre to wait for his care team to collect him. He knows his carers won't come to pick him up until the shift changeover at his residential care house. Elijah waits in his room for hours, not allowed out to make phone calls. He is on a pen ban (staff think he will graffiti the room before he leaves) so he isn't able to write the rap lyrics he's working on to stay calm. This is hard for Elijah, and time passes slowly.

Compounding Issues in Detention

Youth detention in South Australia is a highly institutionalised environment, which may be characterised by locked doors, limited privacy, disruptions to routine and, at times, use of force and physical restraint by adults. This can be a highly distressing environment for any young person; but, for those with experiences of childhood and adolescent trauma, it is an environment where they are surrounded by potential 'triggers'. This carries a high risk of undermining their trauma recovery.

The TCV was concerned to note in 2022-23 that dual involved young people were statistically more likely than their peers to be involved in incidents involving self-harm and the safe room. In some circumstances, the TCV observed this directly arose from physical and psychological distress associated with their detention.

Figure 7: Proportion of individual young people involved in an incident, self-harm incident and safe room use in 2022-23, by dual involved status



The reasons for this over-representation across serious incident involvements are not clear. With many young people expressing a preference for youth detention over residential care placements, the TCV notes that this also raises serious questions about conditions and experiences in residential care. This is discussed further in the CYP Visitor Annual Report.⁴⁰

Changing Population Trends: Aboriginal Dual Involved Young People

In light of the large intersection between OOHC and youth detention experiences it is important to consider the impact of a growing number of Aboriginal young people living in OOHC, and particularly residential care.

Comparison of data published in the TCV's SADI report and information collated during 2022-23 demonstrated a significant change in the proportion of dual involved children and young people who are Aboriginal:

- During the SADI project (spanning over the 2020-21 and 2021-22 financial years), the majority of dual involved young people were non-Aboriginal (57.7%)⁴¹

⁴⁰ OGCYP, Child and Young Person's Visitor 2022-23 Annual Report (2023).

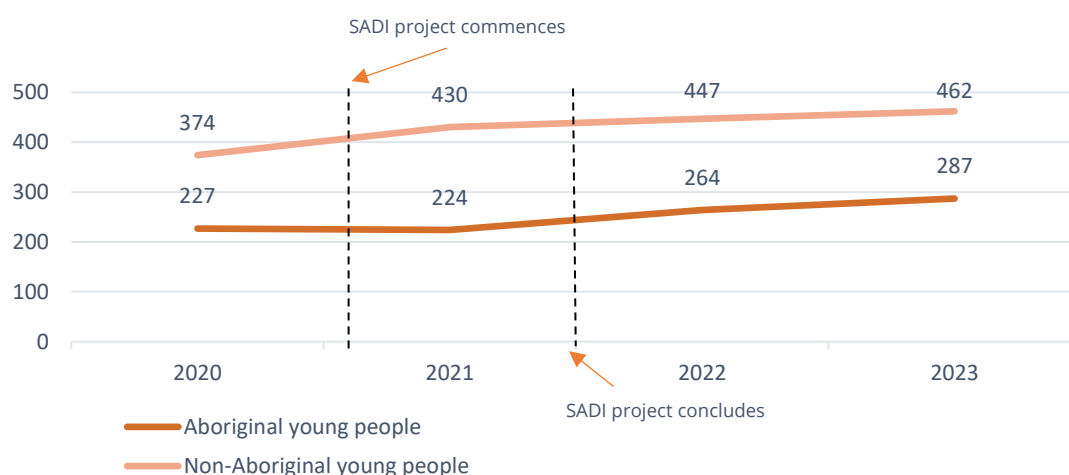
⁴¹ Between 1 February 2021 and 31 December 2021, a total of 71 children and young people in care were detained at the Youth Justice Centre, 30 of whom were Aboriginal: OGCYP, The Final SADI Report (n 5), p 90.

- This trend reversed in 2022-23 – with the majority of dual involved young people being Aboriginal (54.5%).⁴²

The increase in Aboriginal dual involved young people reflects an overall trend of rising numbers of Aboriginal young people in detention (discussed below at [Closing the Gap](#)). While there are many complex and interconnected factors which are potentially impacting upon this trend, one potential contributor is the rising number and proportion of Aboriginal young people who are coming into care, as well as those being placed into residential care.

As highlighted in discussion above, being in care is a statistical risk factor for coming into youth detention. In this context, it is highly concerning to note that the number and proportion of Aboriginal young people in OOHc and residential care is increasing.⁴³ Figure 8 below depicts that, over past years, there has been significant growth in the number of Aboriginal young people in residential care: 28.1% since 30 June 2021, compared to 7.4% for non-Aboriginal young people.

Figure 8: Number of children and young people in residential care in South Australia at 30 June, by cultural background and financial year, 2020 to 2023⁴⁴



The TCV acknowledges there is no simplistic causative relationship between the residential care environment and a path to youth detention. Many young people living in residential care have significant pre-existing vulnerabilities for youth justice contact. There is also community stigma associated with residential care, which can impact the services young people receive – including potential discrimination or prejudice regarding access to health and mental health services, school exclusions (or engagement requirements), and police and court responses to alleged offending.

Noting the correlation between placement in residential care and youth detention, the TCV asserts there is a need for an investment-based, broad-spectrum approach to simultaneously address the full gamut of factors that contribute to the overrepresentation of young people in residential care in youth detention. This includes:

- exhausting appropriate family-based options, before resorting to residential care placements

⁴² Between 1 July 2022 and 30 June 2023, a total of 88 children and young people in care were detained during at the Youth Justice Centre, 48 of whom were Aboriginal. Data source: Government of South Australia, DHS (unpublished).

⁴³ Most recent figures show that, at 30 June 2022, compared to the same time the previous year the number of Aboriginal young people in OOHc **increased by 4.2%**, while the number of non-Aboriginal young people **decreased by 0.6%**. The number of Aboriginal young people in residential care increased by 18%, at nearly **five times the rate of non-Aboriginal young people (4%)**: OGCYP, *Child Protection in South Australia from the Productivity Commission's Report on Government Services (2023)*, p 35.

⁴⁴ Data source: Government of South Australia, DCP (unpublished). These figures are inclusive of independent living.

- understanding and addressing pre-existing vulnerabilities for youth justice involvement, and proactively targeting responses to combat these risk factors
- reducing aspects of the residential care environment that create their own risk factors for youth justice involvement.

These matters are discussed in more detail in the Guardian and CYP Visitor Annual Reports.

Aboriginal Young People

Charter of Rights *If you are Aboriginal or Torres Strait Islander, whenever possible, to participate in cultural activities and celebrations with other Aboriginal or Torres Strait Islander people.*

Closing the Gap

In all matters relating to Aboriginal young people, the TCV is guided by the *National Agreement on Closing the Gap*⁴⁵ as a key mechanism to improve their lives, wellbeing and opportunities.

With a mandated focus on Aboriginal young people in detention, the TCV actively monitors Target 11 in particular: to reduce the rate of Aboriginal young people in detention by at least 30 per cent by 2031. However, it is important to note that each of the outcomes and targets under the national agreement are intrinsically connected, and progress to reduce numbers and rates of Aboriginal young people in detention cannot be achieved within the youth justice portfolio alone. Achieving this target requires simultaneous strategies to address systemic discrimination and inequality for Aboriginal young people across all social determinants of health, safety and wellbeing.

Accordingly, while monitoring trends in the number and personal characteristics of Aboriginal young people in detention is essential to properly understanding progress against Target 11 (as well as the cultural support needs in the Centre), the TCV stresses the importance of looking beyond mere numbers about overrepresentation. It is essential to:

1. critically examine the experiences of Aboriginal young people in detention
2. understand where they are thriving and falling behind
3. steer systems and resources where they are most effective.

This should be focused not only on reducing overrepresentation in detention, but also improving outcomes across all life domains for Aboriginal young people who have spent time in detention.

Considering the above discussion regarding the increasing proportion of dual involved young people who are Aboriginal, the TCV draws particular attention to Target 12 – to reduce the rate of Aboriginal young people in out-of-home care by 45 per cent by 2031 – as a key mechanism for reducing the number of Aboriginal young people in detention. The Guardian’s upcoming annual report contains significant commentary on the implementation of the *Aboriginal and Torres Strait Islander Child Placement Principle* in South Australia, which must be treated as the guiding framework for achieving progress against Target 12.

The ACPP is critical for preventing pathways to out-of-home care as well as improving physical health, social and emotional wellbeing outcomes for young people who do live in care. This has flow-on effects to

⁴⁵ *National Agreement on Closing the Gap* (2020). The parties to the agreement are the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments, including the Commonwealth and South Australia.

all areas of their lives, including the risk of youth justice involvement and detention. From 2022-23, the Guardian is commencing annual reporting on compliance and associated matters relating to implementation of the ACPP, including:

- family scoping efforts, and supports for placements with Aboriginal family members and other carers
- reunification efforts
- qualitative information about cultural support plans, including the extent to which they plan for and achieve meaningful connection to family, culture and community
- involvement of Aboriginal children and young people in key decision making about their own lives.

Similarly, the TCV welcomes the Minister for Human Services' commitment in South Australia's *Implementation Plan for the National Agreement on Closing the Gap*, to adopt the TCV's recommendation to report annually on the implementation of the Aboriginal Youth Justice Principle.⁴⁶ These principles set out key strategies for improving wellbeing and outcomes for Aboriginal young people, including requirements to engage family, community and Aboriginal organisations in case planning and decision-making.

DHS have advised that the initial format and content for an annual report is expected to be completed by 30 November 2023, with the expectation that this reporting will then form part of DHS Annual Reporting from the 2023-24 reporting period. The TCV looks forward to reviewing the template and providing feedback.

Population Data in 2022-23

In 2022-23, 179 Aboriginal young people were detained at the Centre, amounting to 53.3% of all young people detained. The average number of admissions was 2.5, with the average daily population of Aboriginal young people amounting to 54.7% of the total population.



Figure 9: Representation of daily proportion of Aboriginal young people in the Centre in 2022-23 (rounded to nearest whole number)

Table 8: Comparison – key detention population indicators in 2022-23, by Aboriginality⁴⁷

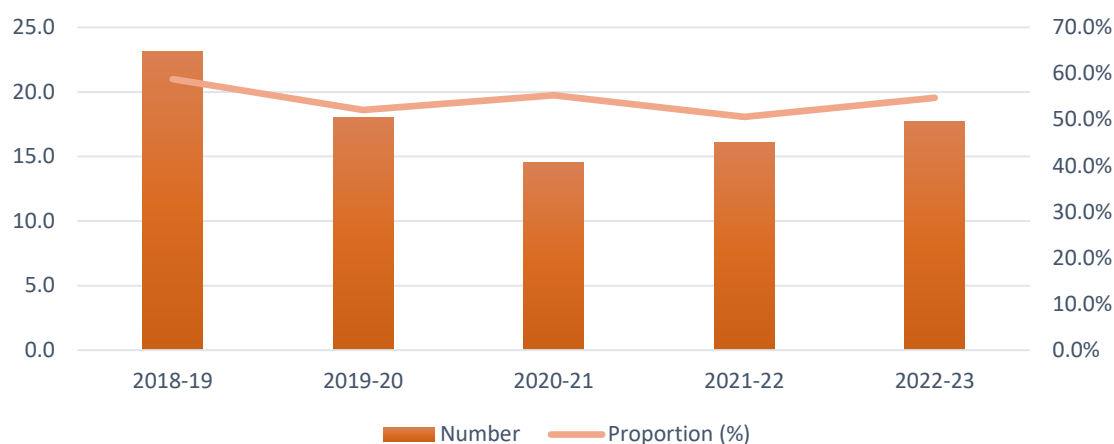
| | Aboriginal | Non-Aboriginal | All |
|--|------------|----------------|------|
| Individuals detained | 179 | 157 | 336 |
| Average daily population (sentenced) | 2.3 | 0.8 | 3.1 |
| Average daily population (all) | 17.7 | 14.7 | 32.3 |
| Admissions | 442 | 297 | 739 |
| Average admissions per young person (no.) | 2.5 | 2.0 | 2.3 |
| Days in detention (no.) | 37.0 | 33.0 | 35.1 |

⁴⁶ Government of South Australia and South Australian Aboriginal Community Controlled Network, *South Australia's Implementation Plan for the National Agreement on Closing the Gap* (2021).

⁴⁷ Average daily population information may not be directly comparable to other publicly available youth justice data sets. See n 10 for detailed explanation.

The TCV noted an increase in the number of Aboriginal young people detained on an average day, for the second year in a row.

Figure 10: Daily average population of Aboriginal young people , by number and proportion of the total average daily population, 2018-19 to 2022-23⁴⁸



While the average daily population of Aboriginal people has decreased by 23.4% since 2018-19, the reduction in the average daily detention population has only been 4 percentage points, from 58.8% to 54.7%.

These figures indicate there has been meaningful success in efforts to reduce the youth detention population in South Australia since 2018-19; however, relevant measures have not been especially effective in reducing the overrepresentation of Aboriginal young people in youth detention.

It is significant to note recent commentary by the South Australian government regarding relevant Closing the Gap Outcome 11: that Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system.

With reference to the associated Target 11 – to reduce the rate of Aboriginal and Torres Strait Islander young people (10 – 17 years) in detention by at least 30 per cent – the Minister for Human Services recently responded to concerns about a growth in the number of individual Aboriginal young people detained, through highlighting that Target 11 is focused on a per capita rate:

“It is a rate we are targeting, not an actual number. ... We believe that we are on track to exceed this target.”⁴⁹

Target 11 is indeed focused on the rate of Aboriginal young people aged 0 – 17 years in youth detention, per 10,000 children in the population. In 2018-19 (the baseline reporting year for all Closing the Gap targets), 27.3 Aboriginal young people, per 10,000 in the population, were in youth detention on an average day. In the most recently published data (for 2021-22), this figure had reduced by 33.7%, to 18.1 per 10,000 children in the population.⁵⁰ On the basis of these figures, it is reasonable to predict that Target 11 may in fact be exceeded by 2031.

This initial success should be treated with caution, noting the wide-ranging impacts of the COVID-19 pandemic on youth justice services from 2019-20, directly following the baseline reporting year. Relevant

⁴⁸ Data source: Government of South Australia, DHS (unpublished).

⁴⁹ South Australia, House of Assembly, *Estimates Committee B*, 29 June 2023 (Nat Cook, Minister for Human Services) p, 89.

⁵⁰ Productivity Commission, *ROGS 2023* (n 24), Part F, Ch 17, Table 17A.5.

impacts include the effects of 'lockdowns' and travel restrictions on young people's movements within their communities, service delivery (including policing and courts) and global health advice to avoid custodial options wherever possible, to reduce transmission for vulnerable population groups.

Noting the figures highlighted above regarding a year-on-year increase in the average daily population of Aboriginal young people following 2020-21, it is important to ensure that progress against Target 11 is not treated as complete. The full social and economic effects of the COVID-19 pandemic are yet to be seen, but matters such as higher cost of living, rental stress and mental health impacts have flow-on effects for young people's lives which can increase criminogenic risk factors. This includes experiences of homelessness, family violence and poverty. Social policy should anticipate – and focus on addressing – the very real possibility of an increased demand for youth justice services in coming years, which may reverse some of the progress against Target 11 achieved to date.

Further, the reporting success against Target 11 takes a very literal approach, which does not address the underlying intent articulated in Outcome 11 – namely, that, Aboriginal young people are not overrepresented in the criminal justice system. In South Australia, there has been a significant reduction in the average daily detention population for both Aboriginal and non-Aboriginal young people since 2018-19. Accordingly, while the 'rate' has gone down, this same progress is not matched in the overrepresentation of Aboriginal young people in detention.

In this context, the TCV welcomes the publication in early 2023 of the Report of the Advisory Commission into the Incarceration Rates of Aboriginal Peoples in South Australia, including the following key 'pillars' necessary to reduce incarceration rates:

- address and eliminate racism
- increase accountability
- facilitate self-determination and leadership
- intervene early
- support and rehabilitate
- reform service responses.⁵¹

The TCV looks forward to monitoring the implementation of relevant recommendations from the Advisory Commission.

Engagement with the TCV

In 2022-23, Aboriginal young people sought support from the TCV around cultural wellbeing and community connections while detained. This often takes place through informal discussions and in-unit activities. They also sought TCV support about other issues this reporting year, including:

- phone calls and management system
- access to interpreter services
- perception of differential treatment or racism by staff
- insufficient number of Aboriginal staff within the Centre
- lack of Aboriginal cultural support
- limited access to cultural programs.

⁵¹ Report of the Advisory Commission into the Incarceration Rates of Aboriginal Peoples in South Australia (2023).

A Representative Team?

The TCV notes that she and one of her Visiting Advocates identify as Aboriginal. This circumstance is a significant reason young people in the Centre trust and engage with her office. However, it has occurred by chance. There is no current specific funding for an Aboriginal Visiting Advocate, and therefore this support for young people is not guaranteed.

Table 9: Top 3 issues raised by Aboriginal young people in 2022-23

| | Issue | % |
|---|---------------------|-------|
| 1 | Staff | 25.6% |
| 2 | Access to community | 16.3% |
| 3 | Restraint | 9.3% |

Over the course of the financial year, the TCV was made aware of the lack of available translators and interpreters, with young people requiring assistance but not having suitable services available to support them. On occasion staff turned to other young people (who were also detained) to facilitate communication with young people for whom English was a not a first language. Management attempted to protect young people from this responsibility, but a lack of interpreters impacted this.

Billy*

Billy is 15 years old and speaks three languages. English is not one of them – he struggles to understand instructions in the Centre. While other young people can refer to written materials and the instructional video on Centre routines, Billy does not have a way to understand Centre rules.

During an incident, Billy does not understand staff directions, becomes frustrated, and is ultimately restrained. It takes a while for staff to get an Interpreter on the phone to explain what happened. Until that point, he had no idea why he was grabbed by staff, and isolated.

Connection to Community

Aboriginal young people in detention often report feeling disconnected from their families, with no avenues to remedy this. One young person spoke to Visiting Advocates about their sense of solitude, moving from sleeping with their family close around them to a unit with no young people in neighbouring rooms.

The options for connection to community for young people in detention include:

- **Section 34 leave:**⁵² Aboriginal young people made up 63.1% of the 19 'section 34' applications over the financial year, but seven of the eight individual young people. The reasons for these applications were, in all cases, for connection to family and community (compassionate and family

⁵² "Section 34 leave" occurs when the Chief Executive may give permission for a young person to leave the centre or purposes of medical appointment, training, compassionate reasons, or purposes related to criminal investigation and youth justice, in accordance with *Youth Justice Administration Act 2016* (SA), s 34.

connection). Except for one individual, the applications were for one-off events, rather than to maintain/develop ongoing connection.

- **Community Visits:** Approved family and other contacts may attend the Centre to visit young people. These visits may be 'contact' or 'no contact', and for those on high phase levels may include activities like family BBQs. During Covid-19 restrictions, visits were put on hold, causing significant distress to Aboriginal (and all) young people. Visits only resumed later in 2022. Regardless, these were not feasible for young people from remote and regional locations.

All these methods occur on an individual level, rather than mechanisms that are embedded as systemic support for Aboriginal young people in the Centre. The TCV considers that there is a considerable room for improvement with building connections between the Centre and Aboriginal communities in South Australia, and embedding cultural supports within service delivery.

Significantly, the TCV observed that for the second consecutive year, community members, leaders and Elders (other than service-providers) were absent from the Centre, despite commitments in the Youth Justice State Plan.⁵³ This is disappointing noting that both Reconciliation Week (A Voice for Generations) and NAIDOC Week (For our Elders) promoted intergenerational connection, engagement and learning cultural expectations and norms.

Cultural Support in the Centre

With Aboriginal young people separated from family and community in an environment that is far removed from their cultural connections, being able to bring cultural connection into the Centre is of great importance – for the wellbeing of Aboriginal young people and for their rehabilitative needs.

However, young people expressed a lack of satisfaction with the support available. Some expressed frustration about what they saw as 'check-box' measures rather than meaningful support and engagement. This included through:

- centre décor and names espousing respect for Aboriginal culture
- limited or no connection to the Aboriginal cultural garden, (reportedly restricted due to staffing issues, the movement of other people across the campus and weather conditions)
- lack of cultural programs available

"You know what Kurlana Tapa means? New Pathways. How the fuck is this a pathway? They treat us like dogs"

Young person, aged 17.

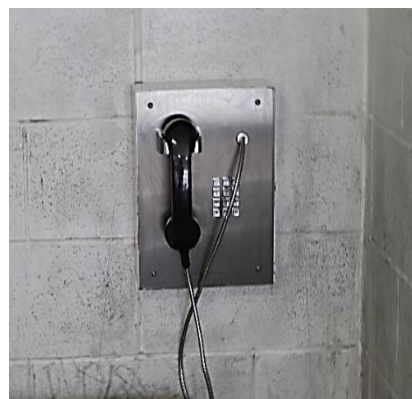
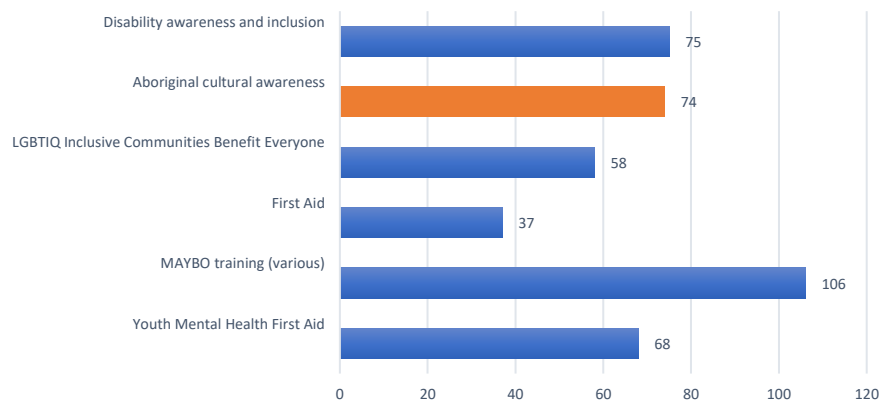


Image 20: Phone booth in one of the five units of the Centre

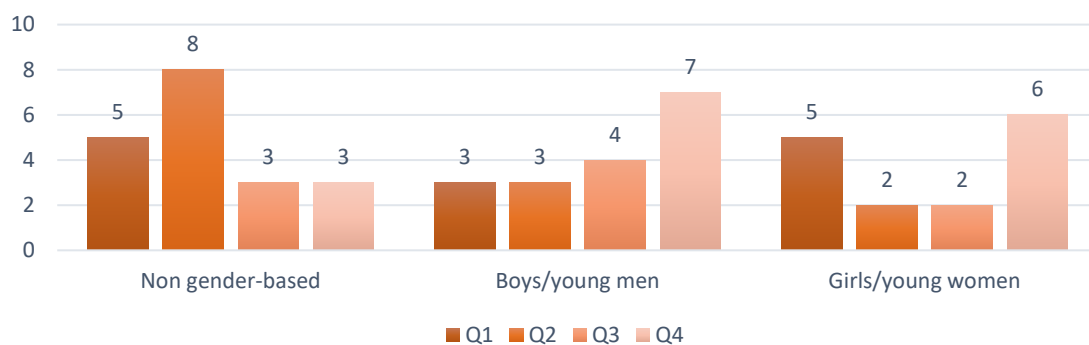
⁵³ Government of South Australia, DHS, *Young People Connected, Communities Protected: Youth Justice State Plan 2020-2023* (2020), p 28 ('Youth Justice State Plan').

Figure 11: Staff training completion rates in 2022-23, highlighting Aboriginal Cultural awareness training



The Centre offered inconsistent, unit-based activities for Aboriginal young people in 2022-23. Cultural programs delivered by external service providers were often cancelled, occasionally due to the lack of appropriate facilitators, or Centre staff.

Figure 12: Cultural programs for Aboriginal young people in 2022-23, by gender and quarter



The TCV understands that Aboriginal cultural activities relied on Aboriginal staff from:

- the Centre
- DHS (Exceptional Needs Unit and Community Youth Justice)
- visiting service providers such as CAMHS.

The Centre staff advised that Yarning Circles and cooking of kangaroo tails were undertaken as cultural support activities. Young people have mentioned that the yarning circle often lacks structure leading to opportunities to just discuss *'girls and crime'*. This has been consistent messaging dating back as far as 2019 – *'[They] should get more Elders in'* – and young people confirmed they desired a good connection to a Cultural Advisor as critical to success of any cultural programs.

As such activities have the potential to play a vital role in building narrative therapy approaches for young people, the TCV considers the Yarning Circles may benefit from more structure in the future, to meet young people's feedback.

The TCV sees great value building the repertoire of Aboriginal cultural supports within the Centre, both systemically and individually for Aboriginal young people. The investment in such activities provides a powerful opportunity to compliment the benefits of cultural support with the rehabilitative aims of the Centre.

Young People with a Disability

The TCV is legislatively required to pay special attention to young people with physical, psychological or intellectual disabilities. Key themes the TCV identified while performing her functions in 2022-23 are discussed below.

Disability Needs in the Centre

Since the TCV program commenced in 2017, there have been challenges sourcing information and data about the number of young people detained who have disabilities and disability-related needs. This stems partly from issues surrounding the under-assessment and diagnosis of disability related needs for young people in youth detention (or, ideally, prior to any youth justice contact).

DHS IT and case management systems currently do not have capacity to report on information about diagnosed disabilities at an aggregate level.⁵⁴ However, a DHS disability screening assessment project conducted in 2019 concluded that nine out of 10 participants had a disability-related need, with a previously unknown (and unmet) disability need identified for more than half of participants (53%).⁵⁵ As a result of the project, an NDIS Access Request was initiated for nearly a quarter of participants (22%), with a third recommended for external referral to services other than NDIS (such as CAMHS, a paediatrician, or through the Department for Education).⁵⁶

In response to challenges in receiving information about young people with disability, the TCV commenced collecting and recording disability information about young people in the Centre during the course of performing her visiting, advocacy and record inspection functions. This information is used to inform individual advocacy about appropriate care, treatment and control for young people with disability, and for disaggregated reporting purposes.

While the information is necessarily limited – based on both gaps in the TCV’s knowledge about young people’s circumstances, and underassessment and diagnosis of disability needs – this information is an important step in understanding the disability needs of young people with disability in the Centre.

Time on Remand

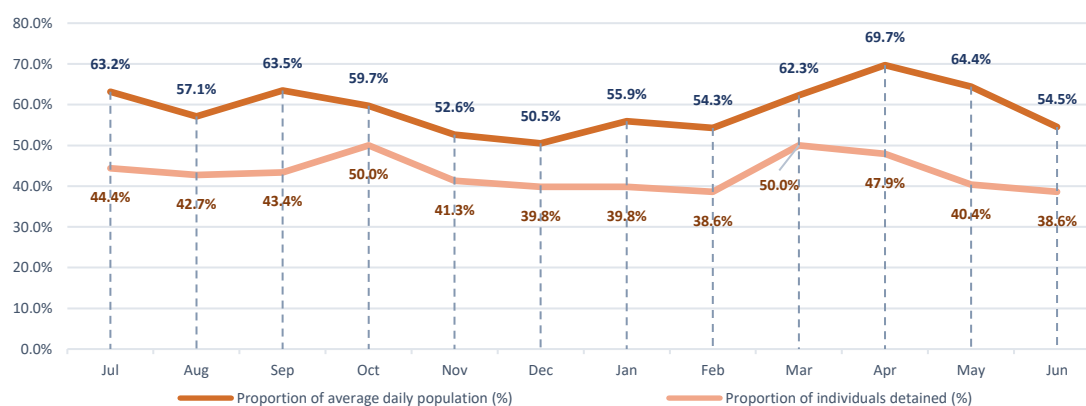
In 2022-23, the TCVU identified 85 (25.3%) young people in the Centre with a known diagnosed disability. Despite being one in four individuals detained during the year, young people with a known diagnosed disability amounted to 59.5% (3 in 5) of the average daily population for the year.

⁵⁴ The only relevant information that DHS’s case management system C3MS can capture is a young person’s NDIS number, if assigned. This means that DHS only has capacity to report on disability for youth justice clients if the young person is registered with the NDIS. Not every child or young person with disability is eligible for NDIS access, and some who would be eligible may not yet be registered. As such, reporting solely on NDIS registration does not meaningfully capture the extent of young people with diagnosed disabilities.

⁵⁵ Government of South Australia, DHS, Disability Screening Assessment Project Report: Identification of Population Needs at the Adelaide Youth Training Centre (Kurlana Tapa) (2020), pp. 5, 32 (*‘the Disability Screening Assessment Project Report’*)

⁵⁶ *Ibid*, 42-43.

Figure 13: Comparison – Young people with known diagnosed disability as a proportion of individual young people detained and the average daily population in 2022-23, by month



Data collated by the TCV indicates that young people with known diagnosed disabilities:

- spend longer periods in detention – the average detention period being 82.6 days, compared to 35.1 days for their peers.⁵⁷
- are admitted more frequently – an average of 3.0 admissions per individual, compared to 2.3 for the overall detention population.

NDIS Access and Supports in Detention

DHS reports quarterly to the TCV on the number of young people registered with the NDIS who were admitted to the centre and spent time on a ‘remand’ mandate.⁵⁸ In 2022-23, the proportion of young people on remand who were registered with the NDIS ranged between 9.3% and 18.6%.

Table 10: Proportion of young people admitted to detention in 2022-23, registered with NDIS and also spent time on a remand mandate, by quarter

| | Q1 | Q2 | Q3 | Q4 |
|---------------------------------------|-------|-------|-------|------|
| Proportion of young people (%) | 16.5% | 16.1% | 18.6% | 9.3% |

These figures are below the rate of disability need, and potential NDIS eligibility, identified in the 2019 DHS Disability Screening Assessment Project, indicating potential ongoing issues with screening/assessment for disability-related needs screening/ assessment.

⁵⁷ These figures should be interpreted with caution, as the TCV is more likely to become aware of disability information for young people who spend longer periods in detention. This causes a ‘skew’ in the data, whereby short periods in detention may be excluded from the average calculation. However, even noting this potential ‘skew’, the difference between the number of individuals detained, and the average daily population for the relevant cohort where the TCV was aware of diagnosed disabilities supports the finding that young people with diagnosed disabilities spent longer periods in custody.

⁵⁸ The Centre distinguishes between ‘detention’, ‘remand’ and ‘police custody’ mandates. While young people held on a ‘police custody’ are also held on remand, the terminology is used in this instance to identify young people who have been arrested, prior to attending court. If young people are admitted on ‘police custody’, and the Youth Court grants bail at (or prior to) their first court date, the Centre does not count these individuals as subject to a ‘remand’ mandate.

Mila*

Mila is 17 and has had regular admissions to the Centre since she was about 12, usually for minor offending. She has never been formally assessed for an intellectual disability, however, Centre staff consider this diagnosis would likely be appropriate. During each remand she is booked in for assessment appointments in community, but after she is released, she disengages. Though her mum tries, she cannot convince Mila to attend her assessments. This cycle repeats each time she is admitted. Although added up Mila has spent over six months in custody this year, she still has not completed her assessments.

When a young person is in detention, NDIS supports may be inaccessible, due to matters such as complex funding arrangements between State and Commonwealth governments, and barriers to service provider access. This means established routines and caseworker connections are put on hold. In this context, the support which the Centre can provide these young people is paramount.

Behaviour Support and 'Control'

Many young people with disabilities have quality Behaviour Support Plans ('BSP'), which are developed by the Centre and identify triggers linked to history of childhood trauma and/or disability-related behaviours. The plans identify steps staff may take to prevent a young person experiencing a flight/fight response, as well as de-escalation methods if such a response is triggered.

'Behaviour Support Plans' are drafted by the Enhanced Support Team, to provide staff with guides to supporting young people with disabilities. These include suggested methods to engage, identification of triggers, as well as barriers to communication. These detailed plans utilise clinical knowledge, and can take months to finalise. This does mean more comprehensive plans are less likely to be available to young people on short/infrequent remands.

Examples of common triggers include:

- sudden/unpredictable changes in routine (particularly with insufficient explanation or certainty about how and when the routine will be changed)
- negative peer interactions
- withdrawal of staff attention or contact
- being touched, or having people in their personal space.

Actions frequently identified that may avoid these triggers include maintaining centre routines, ensuring transparent communication with young people, keeping 'promises', and allowing young people access to space, activities, peer and visitor interactions that may provide outlets for frustration.

Micky*

Micky is 15 years old, and in the process of being assessed for an intellectual disability. His BSP says he gets distressed around men, and dislikes being touched. One day, after a phone call with his mum goes badly, he gets upset and hits the receiver multiple times. The unit staff (both male) approach the phone box. Micky is still upset. He shouts and swears at them. Micky wants to go outside to the courtyard until he calms down, but staff tell him he needs to go to his room. Micky refuses. Staff call for the BSOs to attend. The BSOs arrive, meaning there are now five men around Micky. When Micky refuses to go to his room, staff apply a 'touch test' to his shoulder. When staff touch him, Micky lashes out, heightened. Staff use MAYBO techniques to restrain him and take him to Protective Actions Unit.

"If you can't work with one kid, you shouldn't work with any of the kids"

Young Person, aged 17.

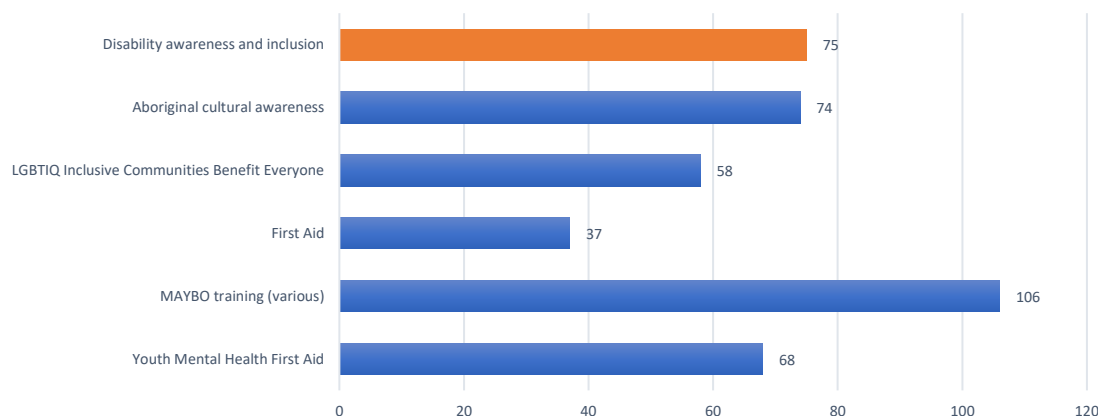
Unfortunately, many of these options are outside Centre staff control. Other options for support, for example, using ice cubes as a sensory tool, may be impractical or time-consuming and therefore unlikely to be implemented during modified routines.

Tilly*

Tilly is 16, and is diagnosed with chronic generalised anxiety. She struggles to regulate her emotions, and when she gets heightened often self-harms. Being alone in her room is a trigger for her. Her BSP tells staff to engage with her and use sensory tools to help her calm down and co-regulate. However, there are infrequently enough staff to engage with her full time, and especially during modified routines.

In times of operational strain, the TCV observed young people subjected to methods of control that interact negatively with these triggers – such as 'touch tests', isolation, or threats of phase regression or loss of privileges.

Figure 14: Staff training completion rates in 2022-23, by training type



The TCV has observed that de-escalation strategies were increasingly constrained throughout 2022-23, despite the existence of quality Behaviour Support Plans in place. There are times where this may be attributable to the skill of individual, particularly new, staff.

However, often, a lack of de-escalation strategies is related to operational capacity arising from understaffed units. In this environment, the measure of whether a de-escalation action is 'reasonable' centres around whether staff on any given shift have capacity to the implementation of known and recorded clinical strategies for a young person.

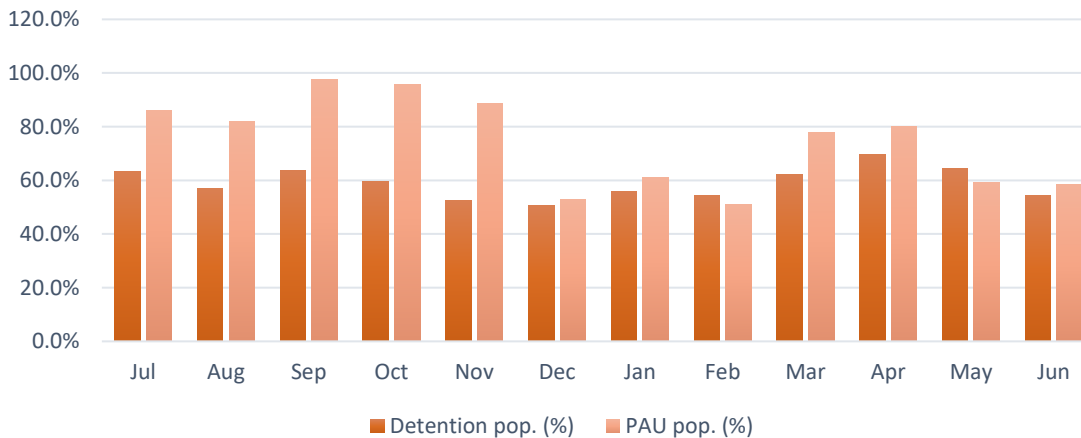
The New Build

In the 2023 calendar year, it is anticipated DHS will complete the 'new build' including the Enhanced Support Unit, which has been lauded as a development in trauma-informed and disability led practice. It promises to be a space with open architecture, sensory rooms and a larger outdoor area. EST will be co-located there, giving easier access to young people. However, the unit will only have 12 beds – enough to house less than half the Centre's daily average population. Noting up to 90% of the Centre may have disability or disability related needs, this may create a tiered system where young people will need to be selected for the rooms, with others likely still relegated to Protective Actions Unit.

Involvement in Incidents

The proportion of the average daily population in the Protective Actions Unit with a known diagnosed disability ranged from 53.0% to 97.7%. For the majority of months, this was significantly higher than their representation in the average daily population.

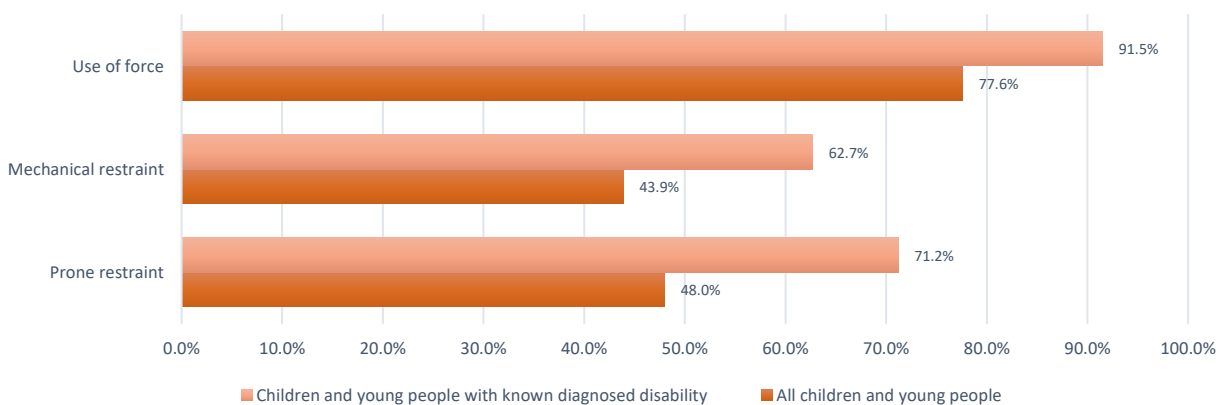
Figure 15: Comparison – Proportion of average daily population in PAU⁵⁹ with known diagnosed disability compared to proportion of average daily population in 2022-23, by month



As depicted in **Figure 16** below, nine in ten young people with disability (91.5%) who were involved in an incident had forced use against them, compared to three in four young people overall (77.6%).

“Restraint will be stressful and undignified for anyone and can be terrifying for a person who does not understand what is happening, for example, for a person who is psychotic, cognitively impaired or autistic, or, for a person who has experienced trauma and for whom physical intervention may be re-traumatising.” - MAYBO Physical Skills Risk Assessment⁶⁰

Figure 16: Number of individuals involved in incidents in 2022-23 where force was used, by disability status



Young people with a disability were also more likely to have mechanical restraints (such as handcuffs) used on them, as well as being restrained to the ‘prone’ position.

The overrepresentation in the Protective Actions Unit, and increased likelihood of experiencing force and intrusive physical restraints, indicates that current operational infrastructure, practices and staffing

⁵⁹ This excludes female young people, and male young people under 15 years old.

⁶⁰ Maybo Positive and Safer Outcomes, *Physical Skills Risk Assessments* (v 3.3, 2022), p 6.

arrangements are not adequate to safely work with young people with disability. As a result, young people with disabilities are being disproportionately subjected to dangerous and traumatising conditions and practices in detention.

Micky's* story continued

In the Protective Actions Unit, Micky struggles with the routine. He feels anxious spending time alone in his room, and frustrates staff by constantly making requests through the intercom, asking for drinks or snacks wanting to know the time, and asking when he will be out of his room. When he feels staff are not engaging, Micky tries to connect with them, and other young people, by calling out verbal abuse. He knows if he does this, they will interact and respond. This escalates on a few occasions, resulting in new 'no mixes' constraining who Micky can interact with, and therefore what unit he can go to. His behaviour is considered a sign he is not ready to re-join the population yet.

The TCV observed staff show skill and compassion working with young people to de-escalate distress. There are staff with considerable skill and experience in implementing trauma-informed practices when working with and supporting young people. However, these staff still require adequate operational resources to allow them to exercise that skill.

Systemic Advocacy and Oversight

This section of the report introduces systemic matters which emerged over the reporting period and bear upon the best interests of young people in detention. These are not the only issues young people face in detention, nor is this information exhaustive. However, the TCV intends it to provide insight into young people's daily concerns in this system.

Please note, unless otherwise stated, any tables in this section are derived from data obtained by the TCV through her quarterly Review of Records process.

Content warning

This section of the TCV's Annual Report details experiences of youth detention and, as such, reports on information that may be distressing to some readers.

This includes information about the prevalence of self-harm behaviours and suicidal ideation for young people in the Centre, and forms of institutional violence against young people such as physical restraints, and isolation and solitary confinement practices. Some types of force – including the use of prone restraint – have been linked to deaths in custody. In many cases, these experiences occur in the context of past trauma, including racism, child sexual abuse and witnessing or being subject to gendered violence.

The information contained in this report is intended to improve transparency about the (often harsh) realities of the youth detention environment and honour the experiences and trauma of those who are (or have been) in detention.

The TCV is committed to responsible reporting on self-harm, suicide and violence against young people, and care has been taken to avoid detailing distressing experiences or gratuitous descriptions of force and/or violence. Where necessary to promote the best interests of young people detained, more detailed information about self-harm and institutional violence may appear.

The TCV acknowledges that this information can be highly confronting and encourages those who may experience distress to read this section with an adult or other support person.

If your life or the life of someone you know is in danger, call **000 immediately**.

If you experience distress or find the information in this report confronting, we encourage you to seek support from family, friends and community or contact services like:

Kids Help Line on **1800 551 800**

Lifeline on **13 11 14**.

Isolation in Youth Detention

Charter of Rights *Not to be isolated from other young people unless necessary to keep you or others safe, and never as a punishment.*
To get exercise every day, and to go outside every day except in bad weather.
Not to be punished unfairly, and only in accordance with the rules of the centre or the law.
To have regular contact with your family and friends through visits and phone calls.

By its nature, detention separates young people from community, family, friends and broader society. A sentence of detention works towards the broad aims of ensuring the rehabilitation of the individual young person. Where necessary community safety and individual deterrence for young people are also relevant considerations.⁶¹

On any given day, **90.4% of young people in the Centre are not serving a sentence of detention**. These young people are on *remand*, meaning they have only been **alleged** to have committed a crime, and not found guilty by a court. Yet, they are subject to the same conditions as those who have.

In South Australia, youth detention is not intended to be a punishment. In fact, there is a heavy focus in legislation – and broader human rights principles – on ensuring that youth detention is rehabilitative.

'Remand' is when a young person is denied bail by a magistrate, police, or other bail authority. This can happen for a number of reasons – including a young person's safety, concerns they may abscond or run away, the need for protection for victims, and concerns about further offending.

While detention is not intended to be a punishment, the practical reality is that young people have a harsh experience, including being isolated from their daily lives and supports. During their time in the Centre, young people (on detention or remand) may miss school trips, sports games, church functions, birthday parties, and other life events and memories important to young people their age.

While they are detained, the legal (and societal) expectation is that these young people will be supported to grow and rehabilitate, so they can leave the Centre and re-join the community. To do so, they require access to rehabilitative services and programs, peer support, education, physical and mental health care and cultural support. Importantly, they also need positive role modelling and the opportunity to address any past traumas which may have contributed to their current circumstances.

Lee*

Lee is 16 years old, and very close to his siblings. While he is in the Centre, his older sister gives birth to his first niece – Lee knows his family is together, celebrating this. His mum doesn't like using the phone, but when he speaks to his younger brother he gets updates on how his niece growing, and how his sister is recovering. He asks his sister to email photos of his baby niece to the Centre, so he can pin them on his wall. Lee knows he is going to miss his niece's baptism. He doesn't know what his mum will tell the rest of the family about where he is.

After close analysis of the living conditions, daily routines, and voice of young people, the TCV has questions regarding whether the Centre is meeting its core legislative obligations. Most significantly over

⁶¹ *Youth Justice Administration Act 2016 (SA)*, s 3; *Young Offenders Act 1993 (SA)*, s 3; *Sentencing Act 1991 (SA)*, ss 3-4.

2022-23, isolation has been an overwhelmingly prevalent issue raised by young people, not just through their direct voice, but behaviour and presentations.

What is Isolation?

There is no legislative definition of isolation in South Australia,⁶² nor is there a standardised definition nationally or internationally. The TCV considers that 'isolation' in a technical sense occurs when a young person is kept alone from other young people. This occurs on a spectrum from standard Centre routines (for example, bedtime) through to harmful practices such as young people spending most of their day locked in their rooms.

Isolation, solitary confinement and human rights

Despite not defining isolation, legislation generally prohibits isolation and segregation practices being used against young people, subject to exceptions (i.e. acute health/ safety risks, provided 'all reasonable de-escalation actions have failed'). Even in these cases, there are important rights protections, namely that:

- young people must not be prevented from having peer-contact for more than 22 hours in any 24 hour period unless it would be detrimental to their wellbeing;
- segregating a young person must not limit their access to regular exercise periods or other stimulation, or otherwise breach their Charter rights.

It must be noted that this is a 'sterile' definition of isolation, which does not capture the emotional and physical impacts that isolation – for prolonged periods or cumulatively over time – has on a young person.

"It's a breach of our human rights!"

Young Person, aged 15

As a result of the harm that isolation causes, key United Nations bodies (including the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) have stated that 'solitary confinement, of any duration, on children constitutes **cruel, inhuman or degrading treatment or punishment or even torture**'.⁶³

In the Centre, extended periods of isolation have been a reality for years. Despite TCV advocacy, 2019 recommendations from the Ombudsman, and significant public campaigning over the financial year, DHS remains unable to maintain accurate records about the time young people spend 'out of rooms'. But young people's voices and experiences over this period have been clear – they are not spending enough time 'out of rooms', with tangible impacts on their rehabilitation, mental and physical health.

"Imagine your kid is in here. You wouldn't just leave them locked in this room"

Young person, aged 16

⁶² Section 29 of the *YJA Act* prohibits isolation, except for in specific circumstances set out in the *YJA Act* and *YJA Regulations*. No definition of isolation is contained in either the *YJA Act* or the *YJA Regulations*. The *YJA Regulations* prescribe circumstances where a young person may be 'isolated from the other residents of the centre by being placed in a locked room (which may be the resident's bedroom) and kept apart from the normal routine of the centre': r 6.

⁶³ Juan Ernesto Méndez, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, UN Doc A/HRC/28/68 (5 March 2015) para [44]. In accordance with the Mandela Rules, solitary confinement refers to the confinement of prisoners for 22 hours or more a day without meaningful human contact: Mandela Rules, r 44; see A/66/268, paras. 77 and 86, and A/68/295, para [61].

In the absence of adequate record keeping, the TCV's main source of information about modified routines has been:

- the direct voices and experiences of young people
- information from staff, including Centre management
- commentary from service providers
- reviews of operational documents, including incident files and complaints.

During 2022-23, these sources repeatedly confirmed there were ongoing critical staffing shortages in the Centre, leading to extensive modified routines.

How Often were Young People Isolated in 2022-23?

As discussed earlier, since the TCV program commenced in 2017, DHS has consistently been unable to provide data that answers the simple question: how long do young people spend 'out of rooms'?

During 2022-23, the TCV welcomed the DHS' response that a new data collection method would be trialled to monitor modified routines, with relevant data reported to the TCV on a weekly or fortnightly basis between January and June 2023. For the first time in the history of the TCV program, data was made available about the times that units:

- commence their morning routines,
- are locked back in their rooms for the 'shift handover'
- are released again for the afternoon routine, and
- are locked back in their rooms at night.⁶⁴

Based on this information, the TCV has been able to form a 'best case' understanding of the amount of time that young people are 'out of their room' – *assuming* that all young people are 'out of their rooms' during the times that unit routines are operating. In reality, this is most often not the case. As such, the figures presented in this part are likely a significant overestimate of the time that young people spent 'out of their rooms'.

Even adopting a 'best case' scenario, this data established alarming information about the frequency, and extended nature of modified routines. This largely confirmed information from young people, Centre staff and other service providers throughout 2022-23 – that young people were spending excessive amounts of time in their rooms.

Relevant information disclosed by DHS records included that unit routines were operating for significantly shorter periods of time than intended, meaning that young people spent less time 'out of rooms'. On many days, it was observed that young people left their rooms and returned only a short time later (sometimes, after as little as half an hour). While DHS have advised that young people ordinarily spend between 10 to

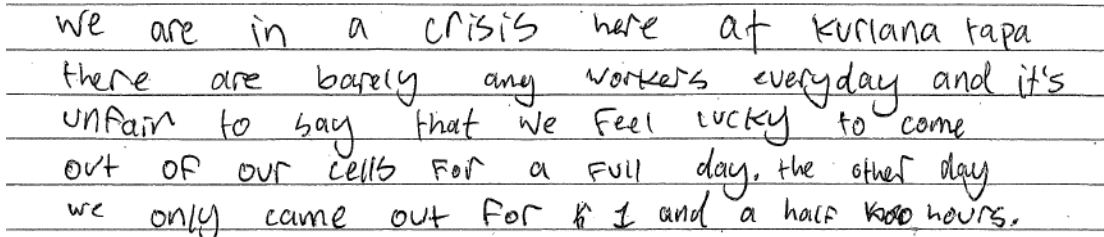
⁶⁴ This data has an important caveat: it is not based on individual young people's movements but, instead, the routine for the unit as a whole. Interpretative notes indicate that this data shows the time the routine commences at the beginning of a shift (based on the first young person unit is unlocked from their room) and the time the routine ends for the shift (based on the last young person to be locked back in their room). In between one shift ending, and the next shift beginning, young people are ordinarily locked in their cells (although sometimes young people may be let out for short periods, such as to make a phone call, attend professional visits or court hearings).

Significantly, some young people may still be locked in their cells while the routine is running, for reasons such as being on Restricted Routine, or having an earlier bedtime due to their age or behaviour score.

14 hours out of their rooms in a day,⁶⁵ DHS modified routines data showed an average period of less than 10 hours where units were unlocked per day. For one unit, the average period was just over 8 hours.⁶⁶

Even more concerning was a confirmed day where multiple young people across the Centre were held in conditions of solitary confinement (i.e. 22 hours or more without meaningful human contact) due to staffing shortages. Based on information received from various sources, including young people and Centre staff, the TCV does not consider that this is an isolated or rare event.⁶⁷

Image 21: Excerpt from letter written by a young person to the TCV, written July 2022



we are in a crisis here at Kurlana Tapa
there are barely any workers everyday and it's
unfair to say that we feel lucky to come
out of our cells for a full day, the other day
we only came out for 1 and a half hours.

Interpretative Discrepancy?

When the TCV raised her concerns to media outlets regarding highly limited time 'out of rooms' for young people, a DHS spokesperson publicly refuted her findings on the basis of a 'discrepant [data] interpretation'.⁶⁸

The TCV strongly disputes that her reporting on the conditions in the Centre and young people's experiences – including time 'out of rooms' and serious self-harm events that young people have attributed to this issue – are based on an interpretative discrepancy. Rather, this information is based on the direct voices and experiences of young people, as supported by information from Centre staff, multiple stakeholders and numerous sources of Centre records (including the modified routine logs introduced in early 2023).

Subsequent meetings and correspondence with DHS have not provided clear information supporting their basis for refuting those findings (including the scope of limitations upon relevant data). These

⁶⁵ Richards (n 30).

⁶⁶ DHS have advised that they dispute the relevant data is capable of supporting any calculation of averages. The TCV acknowledges that the relevant calculations are an overestimate of time 'out of rooms' based broadly on start and end times for unit routines (which is generally when young people are unlocked from their rooms). The TCV does not consider these calculations reflect the movements of individual young people, including those who are often locked in their rooms for up to 22 hours a day (and sometimes more) on Restricted Routines.

The TCV further notes that, after she spoke about her concerns to media outlets, DHS introduced a number of new interpretative caveats for relevant data as a key basis for disputing the TCV's findings. The TCV does not accept these subsequent caveats, which are inconsistent with initial interpretative notes, advice provided by Centre management, random 'spot checks' conducted by the TCV's staff to cross-reference information against other DHS records, and the TCV's broader understanding and observations of operational practices. At the date of this report, the TCV understands that DHS are currently undertaking enquiries to clarify the information provided.

⁶⁷ As an example, the TCV conducted a random audit of the times that young people in one unit were unlocked from their cells during a three-day period in Quarter 4 2022-23. This is a time-consuming process, which involves checking multiple different information sources and, in some circumstances, information will still be unclear. This process revealed two young people who, based on the information sources available to the TCV, were not unlocked from their rooms for 37 consecutive hours. DHS response to this information was as follows: 'DORIS records indicate that, throughout the day, all residents on a restricted routine were offered exercise periods and that two young people consistently refused the opportunity to leave their room. One of the young people who chose not to accept the exercise period had spent the night at hospital and returned to the unit at 6.30am. The other young person accepted an exercise period at 18:45, following offers throughout the day.'

The TCV considers that 'offers' to leave rooms for exercise periods can be highly problematic, including when staff observe that a young person is 'sleeping' and they are not in fact offered the period, waiting long periods of time in between offering these exercise periods and not engaging with the reasons young people may 'decline' the offer for a short period in an enclosed space, often with handcuffs. Regardless of the young person refusing offers of 'exercise periods', the reality is that they are kept in the same room, often in solitary confinement under imposed segregation conditions. DHS have advised that they dispute the TCV's characterisation of these circumstances, including for the relevant young people identified.

⁶⁸ Richards (n 30).

discussions have also not altered the TCV's conclusion that young people spent extended periods in isolation (and, at times, solitary confinement) in 2022-23 due to 'modified routines'.

It is alarming that matters as serious as how often young people are subject to conditions of solitary confinement or otherwise spend extended periods locked in their rooms cannot be readily resolved by DHS. Every minute young people spend in their rooms against standard routines is a minute they are not accessing rehabilitative services. The Centre remains *unable* to quantify these wasted minutes – which questions their ability to comply with their responsibility under the legislation.

Anecdotally, modified routines appear to be reducing in 2023-24, following substantial recruiting efforts from DHS. Without appropriate record-keeping, it is difficult to monitor the flow-on effect this has on time 'out of rooms' for individual young people, and on an ongoing basis. The TCV continues to urge DHS to implement improved record keeping and reporting tools that provide greater transparency about the Centre's ability to meet young people's right to adequate time out of their rooms.

The Impacts of Isolation

Young people in the Centre have a keen sense of the injustice regarding the limited time they spend out of their rooms, which they have voiced consistently to the Centre throughout the financial year.

"I don't see anyone. They don't let me communicate with anyone."

Young person, aged 17.

In 2022-23 15.0% of feedback forms completed by young people related to modified routines and isolation. This included matters such as:

- perceptions that other young people had more time out of their rooms
- early 'lock' times for a shift, including staff not providing reasons
- no food during lockdowns
- unpredictability of routines
- feeling that extended time in rooms were negatively impacting their mental health.

These Feedback Forms, addressed to the Centre itself and reviewed by Visiting Advocates, ranged from pleas for help, to suggestions to solve the staffing *"crisis"*.

"When you're in by yourself it's just you against everyone else, yeah. And that's when they really treat you like a dog. Coz they know they can get away with it because no one else witness it, you know?"

Young person, aged 17.

Like the young people themselves, the TCV noted the significant impact of isolations over the course of the financial year – while this touches on all aspects of a young person's time in detention, in this section the TCV will limit discussion to two primary issues: impact on mental health, and access to rehabilitation.

Mental Health Impacts

Isolation practices have no recognised therapeutic value and often retraumatise young people in detention and exacerbate medical, psychological and social problems. Young people are particularly vulnerable because they are still in crucial stages of development – socially, psychologically, and neurologically.

The experience of isolation can interfere with and damage these developmental processes. For young people with mental health problems or past experiences of trauma, isolation practices can have severely damaging psychological effects. Where young people are at risk of suicide or self-harm, isolation is likely to increase their distress and rumination. Isolation also negatively impacts on the young person's education, rehabilitation, physical health, and family involvement.⁶⁹

In 2022-23, the TCV witnessed firsthand observed the serious impacts of isolation on young people in the Centre through their behaviours, and words.

"[Isolation] fucks with your mental health."

Young Person, aged 16.



Image 22: View from young person's room window. Visible in the righthand corner is another unit's fenced courtyard.

The TCV's review of incident records revealed that **61.2%** of incidents in 2022-23 related to isolation or modified routines. This consisted of incidents:

- where young people refused to return to their rooms (often during modified routines, or at the end of exercise periods for young people on Restricted Routines)
- that arose when young people were not allowed out of their rooms (or were restricted to certain unit spaces), including to make phone calls to friends or family
- records showed that young people's behaviour was connected to complaints about modified routines, or staff members referred to the impacts of staff shortages or modified routines in their incident reports.

"We are left in our rooms with our emotions and thoughts and when we come out we just explode"

Young Person, aged 17

Of these incidents, **47.3% also involved young people engaging in self-harm behaviours** – including overdosing on medication, swallowing dangerous items, cutting themselves with sharp objects and tying ligatures.

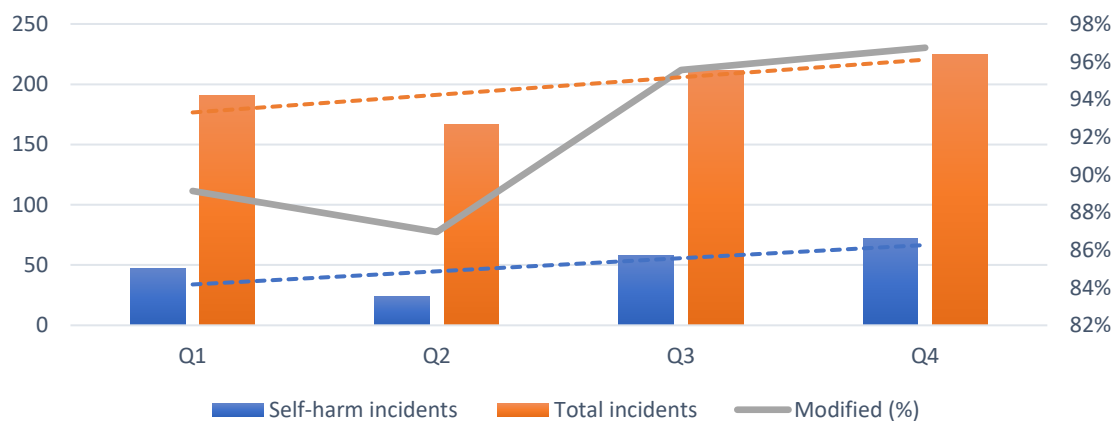
⁶⁹ This is reflected in Australian Children's Commissioners and Guardians, *Statement on Youth Justice Detention* (2017), pp 20-21.

Casey*

Casey is 17 years old, and has a neurodevelopmental disability. She has been on a Restricted Routine for three days. One evening, she asked to go the courtyard for an exercise period. Casey does not like the exercise periods – the courtyard is a small, enclosed space where Casey can't do her favourite exercise (dance) because she isn't allowed a radio. However, these periods are the only time of her day where she can stretch, see sunlight. Sometimes, she sees other young people walking past. Due to staffing shortages, and a 'code' in another unit, staff were unable to let Casey out for her exercise period. She became highly distressed, used a piece of fabric to make a ligature. Staff had to physically restrain her, and cut the fabric away with a 'life knife'. Staff cut the fabric away, then leave her in her room.

For some young people, particularly those with trauma backgrounds, time alone was identified (by them and their mental health professionals) as a significant trigger – other than self-harm emerging in the heat of an incident, young people were most likely to engage in self-harm behaviours while alone in their rooms.

Figure 17: Incidents and self-harm incidents,⁷⁰ compared to proportion of days with modified routines in 2022-23, by quarter



As depicted in the above chart, there was a correlation in 2022-23 between the prevalence of modified routines and self-harm incidents.

Over the financial year, the TCV was advised by staff and young people of the use of self-harm ideation in an attempt to connect with staff, and get 'out of rooms'. Concerningly, there were reports from young people and staff that some young people would try to get themselves admitted to hospital to achieve this. Regardless of their intention in doing so, the impact was often physical harm.

"... Being locked away for a long time as much as we have been can psychologically impact our minds ... please help us"

Young person in detention, aged 17

Many young people enter the Centre with pre-existing mental health conditions or disability related needs – for those reliant on co-regulation to calm themselves, there is a sudden removal of support when they are confined to their rooms. Beyond that, measures usually utilised to support young people to self-regulate are limited – exercise, fidget spinners, music, and being in nature are not guaranteed during

⁷⁰ This is based on all incidents identified by the TCV, including the 407 identified from incident files and the further 384 identified through reviewing shift reports and other DHS records.

modified routines. The impact may be exacerbation of symptoms of pre-existing mental health conditions. This can flow on to impact other aspects of young people's time in the Centre – in particular, their capacity to engage with rehabilitation.

"[time in rooms] builds up anger"

Young person in detention, aged 17

Prospects for Rehabilitation

At its simplest, the connection between modified routines and rehabilitation is clear – less time 'out of rooms' means less time engaged in programs aimed at reducing offending behaviour. However, the problem runs deeper. Throughout 2022-23, young people were regularly expected to maintain positive behaviours in untenable circumstances. Approximately 90% of these young people have disability related needs, and many have backgrounds of trauma and abuse which can be triggered by tense environments, restraints, or controls. This is reflected in the proportion of incidents related to time in rooms; as detailed above, 61.2% of incidents were related to isolation and modified routines.

Rather than supporting young people to develop coping mechanisms, the limited time 'out of rooms' and resulting isolation may reinforce and exacerbate negative patterns.

"[time in rooms] makes you want to riot"

Young Person, aged 18.

Young people told the TCV there was no incentive to reach high phase levels, as modified routines limit the associated privileges (like late bedtimes or gym access). This belief was tacitly echoed by Centre staff, who commonly stated that young people are 'better off' on a Restricted Routine because it ensures time out of their rooms regardless of staffing constraints. Not only does this invert the intended outcomes of behavioural support strategies, but it also raises serious questions about the amount of time other young people spend in rooms.

"What's the point of being good if you're going to run modified every shift you're one short?"

Young Person, aged 17

As staff grapple with complex behaviours, the likelihood of heightened responses increases, including pre-emptive restraints and escalation to SAPOL for incidents which previously have been resolved by staff. This creates tensions and risks further criminalising young people in direct contravention of the object of the Centre.

The TCV has been aware of this potential connection for some time – in June 2022 Review of Records report she recommended to DHS that an in-depth analysis should be conducted of incidents occurring during short-staffed shifts. To her knowledge DHS has not commenced this.

Staffing Shortages in 2022-23

One of the foundational components of a rehabilitative environment is the relationship between young people and staff that support them during their growth and healing. At their best, staff play a key role in facilitating and furthering young people's rehabilitation – this theme was highlighted in the SADI report, which found for dual involved young people, Centre staff are a rare point of stability and connection.

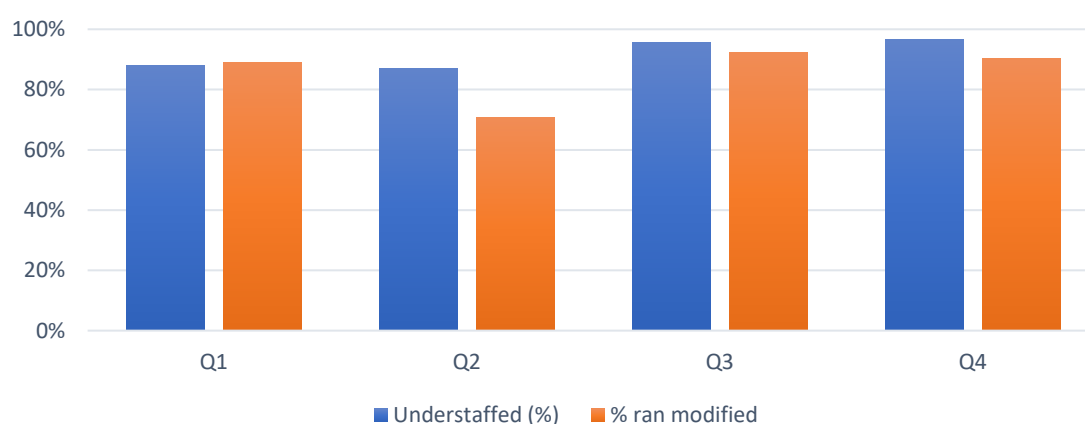
As modified routines linked to 'staff shortages' continue, the TCV watched tensions between young people and staff rise. Staff shortages reduce opportunities for staff to engage in 'youth work,' and undermine therapeutic potential within the Centre, to the detriment of both staff and young people. This was confirmed by young people's direct voice.

"[Staff are meant to] come to work for the kids, but I haven't learned one thing out of them."

Young Person, aged 14.

Based on review of shift reports for 2022-23, the TCV identified **14.9% of day-time shifts were understaffed by 10 or more operational staff**. This is a third of the full complement required to safely run the centre. The proportion of days where there was an understaffed shift ranged from 88% in Quarter 1, to 97% in Quarter 4.

Figure 18: Proportion of days understaffed and with modified routines in 2022-23, by quarter



When confined to their rooms, young people have limited points of contact and connection – they can call out to peers in rooms across from them, wait for scheduled phone time (assuming the person they call answers) or speak to their lawyer or other mandated services (for example, medical care). Beyond this, in times of high modification, young people's primary human connection comes through staff.

"[Staff are] supposed to be here to help us, not give us shit"

Young Person, aged 16

During modified routines, staff are also young people's source of information about how long they will be in rooms. Routines may change last-minute, and young people are usually notified by unit staff. As messengers of often-poor news – staff may face verbal abuse leading to resentment on both sides.

The TCV has heard young people refer to staff as **"liars"** when routines ran differently than expected. Over time, this can crystallise into resentment, and a belief staff do not care about anything but their pay checks.

"We're never modified on Sundays, because all the staff come in for the rates"

Young Person, aged 16.

Staffing shortages also leave the Centre vulnerable in the event there is an unplanned medical or other escort required. On occasion, even though routines were running appropriately, a medical emergency meant units needed to lock down, so their staff could be redirected to hospital escorts.

Indications of improvement?

The TCV has been advised rolling recruitment is currently the highest and most consistent it has ever been, outstripping attrition in the past three-months. DHS has indicated the Centre workforce will likely return to January 2019 staffing numbers by October 2023. These numbers all relate to the 2023-24 financial year. The TCV is gratified to hear of potential improvement, and will monitor operations over 2023-24.

Engagement and Oversight

The combination of decreased time 'out of rooms' and staff shortages, results in impacted engagement with and oversight of young people. When staff shortages are extreme, they may not have the required numbers to open young people's room doors. In these cases, communication occurs through intercom, CCTV and cuff traps, leading to feelings of abandonment.

Matthew*

Matthew is 14. One night shift, a shortage in his unit means staff are unable to open the doors. When Matthew tells staff via intercom that he has a headache, they discuss options, and ultimately slide two Panadol tablets under his door.



Image 23: Photo of a cuff trap and viewing window (external). As well as CCTV, these provide staff oversight while young people are in rooms

When young people are in their rooms, staff monitor their wellbeing through CCTV cameras with views of all areas except the bathrooms when the shower curtains are in place.

However, this can result in one person monitoring up to 12 different cameras at once. In this context, and with young people increasingly frustrated by isolation, this places the young people and the centre at significant risks of possible incidents or emergencies. This is further heightened when self-harm means higher numbers of young people are on 'constant observations,' which can significantly increase the number of staff required for a shift to run safely.

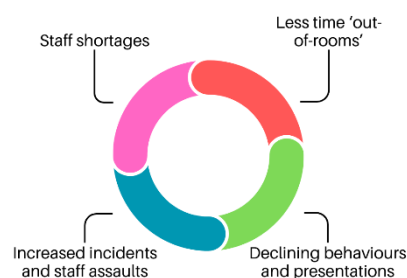
'Constant Observations' are mandated for individual young people considered to be at high risk of self-harm. When required, a staff member must watch a young person's camera at all times, to ensure anything which could result in harm can be stopped at early stages.

Flow on Impacts of Isolation: A Centre in Crisis

Because of its significant impact on young people's detention experience, isolation touches all aspects of their time in the Centre.

- **Access to education:** movements to education are impacted by staff shortages, meaning staff decide which units attend school and lessons may be cancelled.
- **Physical Health:** staff shortages often led to delayed or cancelled medical assessments and increased in-unit assessments, compromising privacy. This is particularly concerning in a context of prevalent incidents and self-harm.
- **Access to justice:** young people appearing via video link still require staff support to attend their own court appointments. Additionally, communication with lawyers occurs with staff support, meaning modified routines and isolation compromise access to legal advice.

Figure 19: Cyclical relationship between drivers of modified routines



All these issues exist regardless of modified routines, however, lack of time 'out of rooms' exacerbates them. Throughout this report, whenever such issues are discussed, the TCV will identify their overlap with isolation and excessive 'time in-rooms'.

"If Kurlana Tapa is so short-staffed and cannot provide the service, then alternatives need to be viewed or the service shut down or children not taken there."

- Amanda Lambden, Criminal Practice Director, Aboriginal Legal Rights Movement⁷¹

Rehabilitation and Education

Charter of Rights *To participate in activities and programs that help your rehabilitation.
To continue your education, or to do training to learn useful skills for work.
To have a say in decisions about your rehabilitation and other issues that affect you.*

The Centre has a legislative responsibility to serve both a public safety and rehabilitative function. This restorative approach is a core fundamental responsibility of the Centre, that seeks to provide an environment that rehabilitates, addresses treatment needs, and supports young people to successfully reintegrate into the community.

Time in the Centre is a concentrated opportunity for often vulnerable young people to connect with services to better their lives and circumstances, such as medical care, psychological support and assessments. However, young people rarely told the TCV that they felt they were improving over their time in detention. Rather, their time was filled with combative relationships (with staff and other young people), limited access to professional services and inconsistent education and programmatic opportunities.

"I don't understand it. The people here are getting worse but they're building more places for people to go. They shouldn't have made [the new build]"

Young Person, aged 16

⁷¹ Quote appears in Sarah Collard, 'Children self-harming to escape prolonged confinement in cells, South Australian watchdog says', *The Guardian* (online), 30 June 2023 <<https://www.theguardian.com/society/2023/jun/29/children-locked-in-cells-for-up-to-23-hours-at-south-australias-youth-detention-centre>>.

Education in Detention

Often, time in the Centre is an opportunity for young people to reconnect with education and training. Engagement with school in detention has potential benefits, such as reducing the risk of reoffending, improving employment outcomes, and enhancing the likelihood of engagement with education in community.⁷²

All South Australian young people aged 16 or under must attend an approved learning program (usually school).⁷³ In 2022-23, 62.8% of the Centre's daily population fall into this age range, meaning beyond the rehabilitative benefits school can provide, young people are legally required to attend. At the Centre, this legislative obligation is met through attendance at the Youth Education Centre ('YEC').

" They think I am here to learn a lesson.... How is this place going to learn me anything?"

Young Person, aged 16.

Providing education in a detention setting is highly challenging. Young people in the Centre may be as young as 10, meaning that the YEC needs to cater for young people from year 5 to year 12, potentially



Image 24: View of the Youth Education Centre. Pictured in the foreground is a search site, where young people are patted down after class.

within a single classroom. Of the young people attending class each day:

- 90% have a disability or disability-related need⁷⁴
- many have inconsistent engagement with education in the community
- some may have no correlation between age and educational level
- many are in and out of the Centre for broken periods through a school year, complicating their engagement with teachers and curriculum.

Noting the above, considerable effort is made to support the learning needs of young people in the Centre at any one time. The TCV recognises the work of the YEC teachers for their attention and efforts in this area.

Despite these limitations, young people place great value on their time in school. This is most evident in their reaction to class cancellations – for some young people, being told they are not attending school has resulted in heightened behaviours and verbalised disappointment.

Eric*

Eric is 15 years old, and struggles to regulate his behaviour at times. He loves school, particularly when he has the opportunity to paint. One day, during a break between lessons, Eric gets into a disagreement with staff which escalates to him causing a mess in the kitchen area. He is immediately sent to his room. Eric goes without a fuss, but staff decide he should not attend the afternoon education sessions. When he is told, Eric becomes very distressed. He covers the viewing window in his room and begins self-harming. Staff have to enter the room and restrain Eric – an ambulance is called.

⁷² Garner Clancey, Sindy Wang and Brenda Lin, 'Youth justice in Australia: Themes from recent inquiries' (2020) 605 *Trends & issues in crime and criminal justice* 1, p 11.

⁷³ *Education and Children's Services Act 2019* (SA), ss 60-61.

⁷⁴ Government of South Australia, DHS, *The Disability Screening Assessment Project Report* (n 55).

The educational barriers are compounded by the inconsistency of young people’s access to the YEC. To get to class, Centre staff must be available to provide escort and supervision for each lesson group. Any staff shortages may therefore result in school lessons being cancelled, or significantly reduced for young people.

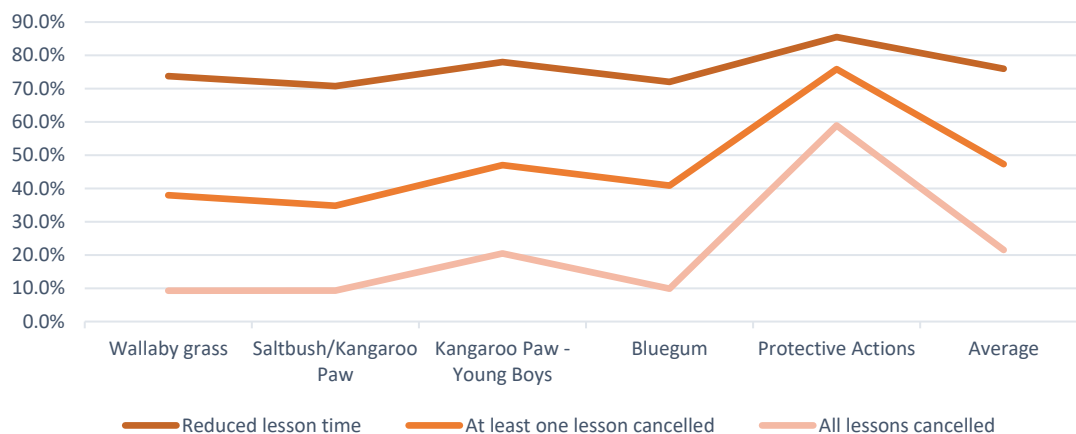
“The only thing I’ve learned in here is if you make two minute noodles, you should mix the sachets before you put the water in.”

Young Person, aged 14.

In analysing data provided by the YEC, the TCV examined the *length of time* in which young people had access to education (beyond mere unit attendance logs).

Over the financial year, 3 in 4 school days reported reduced lesson time for some or all young people. The impact of this reduced lesson time can vary significantly – it may be as little as 10 minutes, or school cancellation for the entire day. As shown in **Figure 20** below, there was a significant proportion of school days where at least one lesson was cancelled for a unit, ranging from 38.0% of days in a unit accommodating young men over the age of 14, to 75.9% in the Protective Actions Unit. As a result of these cancellations and reduced lessons, the TCV concluded that, over the financial year, units spent an average of two hours and 45 minutes in class each day.⁷⁵

Figure 20: Comparison: Reduced lesson time and lesson cancellation in 2022-23, by unit⁷⁶



Concerningly, the TCV identified that on 58.9% of school days, all lessons were cancelled for young people in the Protective Actions Unit. While young people in this unit may be precluded from attending school for reasonable security or safety reasons, the outcome is that young people with established high needs for rehabilitative and education support are deprived of it. The TCV asserts that the Centre should be providing alternative options to access education for young people in these situations. These are exactly the young people that need engagement in these activities and the Centre and YEC should be designing and creating unique opportunities to suit them and their needs.

In the community, there is capacity for teachers, guardians and individual young people to collaboratively decide on flexible learning arrangements, to support young people struggling with school attendance or

⁷⁵ This excludes the Police Custody unit, where young people are not eligible for school.

⁷⁶ Wallaby grass (young men 15 and over); Saltbush/Kangaroo Paw (young men, 15 and over); Kangaroo Paw - Young Boys (young men, under 15); Bluegum (girls, all ages); Protective Actions (young people on Structured and Restricted Routines).

participation. The TCV wants to emphasise this is *not* the case in the Centre – this limited school attendance does not reflect individual need. In fact, it often runs counter to it.

92% attendance?

In June 2023, DHS publicly stated ‘in recent weeks’ there had been 92% attendance at the YEC. Recent information provided by DHS has suggested this trend has continued thus far into the 2023-2024 financial year. The TCV understands this figure considers that attendance for a unit is satisfied if any one young person in the unit attends the YEC for any part of a school lesson. It also excludes those young people in the Protective Actions and Police Custody units. Accordingly, the TCV considers this representation misleading – the standard utilised to provide the figure of 92% would not be acceptable in any community education facility, as it does not measure the number of young people attending school or the length of time they spend in class. Analysis of 2023-24 data will be discussed in the relevant annual report.

These issues are not unique to South Australia and are faced nationally by youth detention centres and education providers within those settings. Some jurisdictions have tried measures such as offering school 6 days a week, 52 weeks a year to increase potential school access.⁷⁷ At this stage, while the YEC continues to explore solutions, there is no equivalent measure in place in South Australia. Such discussions have taken place between the TCV and the Chief Executive for the Department of Education.



Image 25: View of Centre garden

It should be noted that the YEC attempted to bridge gaps where they could, introducing a new measure of attending unit spaces to provide ‘home group’. This was generally well-received by young people, who relished the opportunity for further connection and engagement where they’d otherwise be confined to the unit space. However, for those of higher education levels and abilities, the use of time could be a source of frustration – one young person sarcastically described one class as the *“the playing games on iPads lesson”*, indicating a lack of intellectual stimulation with the curriculum.

The TCV notes that the inconsistent access to education across the Centre can have different impacts on young people, as depicted in Table 11 below.

Table 11: Impacts of inconsistent access to education for young people who are, and are not, actively engaged in education outside the Centre environment

| For those <i>who are actively</i> engaged in education outside the centre | For those <i>not actively</i> engaged in education outside the centre: |
|--|--|
| <ul style="list-style-type: none"> • Creates a gap in their education causing difficulty in re-integration upon returning to school after their time at the Centre. • Increases anxiety keeping the learning and education level they held prior to admission. • Contributes to disengagement from education upon exiting the Centre. | <ul style="list-style-type: none"> • Reinforces existing lack of contact with education and school systems • Potentially exacerbates or widens the gap between them and their peers in community |

⁷⁷ Clancey et al (n 72), p 11.

Positive Practice: diversification of education offered

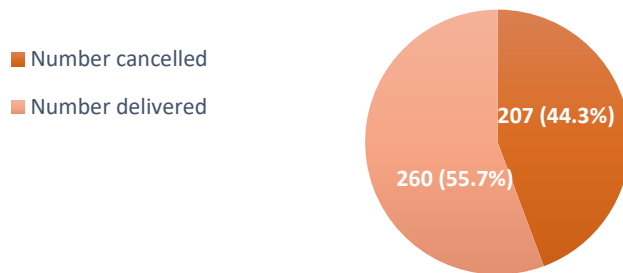
Since covid restrictions lifted, the YEC has emphasised inclusion of training and job skilling through its facilities. As one example, a barista course has been offered via the YEC. Young people express pride when making coffees for staff, peers, and even the TCV. One said on their release the first thing they'd do is apply for a job at McCafé. The New Build has been utilised to further education, and some young people have obtained White Cards, and one engaged in work experience, while on remand. While this experience was limited to a modest number of young people, it is positive.

Rehabilitative Programs

Outside of formal education (including on weekends and school holidays) young people should have access to programs to support their vocational and emotional development. DHS describes these as targeting "...criminal thinking, mental health, trauma, family inclusiveness, cultural identity and connection, social and independent skills, relationship skills and education."⁷⁸

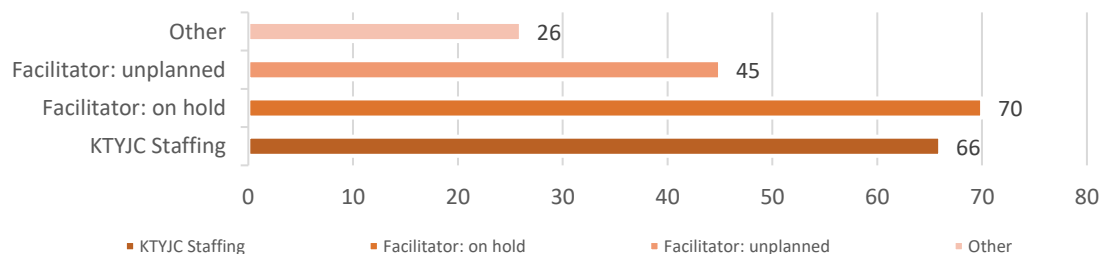
In practice, delivery is variable due to external provider and Centre operational restrictions or capacity. In 2022-23, while a total of 467 programs were scheduled during the year, only 260 were delivered, with the remaining 207 (44.3%) cancelled.

Figure 21: Proportion of programs scheduled and cancelled in 2022-23



This can be a source of frustration for young people, particularly when school or other forms of recreational and educational stimulation are not available. Anecdotally, young people track other units' movements to and from programs, seeking information on the quality of the activities, and whether they will be supported to attend. For programs which comprise not only a source of rehabilitation but a young person's cultural support, cancellations can be particularly distressing.

Figure 22: Reason for program cancellations in 2022-23



⁷⁸ Government of South Australia, Department of Human Services, *About the Centre*, available at: <<https://dhs.sa.gov.au/how-we-help/youth-justice/youth-justice-services/kurlana-tapa-youth-justice-centre/about-the-centre>>. Accessed in August 2023.

Centre staff shortages played a significant role in program delivery. It must also be noted that the Centre has responsibilities that run deeper than staffing on the day. For instance, Centre and DHS select, approve and schedule programs to support young people's education and rehabilitation. Even where programs remained 'on hold' for significant periods of time, the TCV is not aware of successful efforts to replace them, either with another facilitator, or remote or other forms of program delivery.

'On hold' programs: During the COVID-19 pandemic, some external providers ceased delivering programs to reduce the risk of transmitting infection between staff and young people. These programs were placed 'on hold' for an indefinite period of time, however, DHS continued to report these as scheduled programs and are included in cancellations accordingly. While these programs had all recommenced by the end of 2022-23, some remained on hold for a significant proportion of the year.

Not reflected in the above data is the impact programs can sometimes have on young people's routines in the Centre. Anecdotally, young people reported efforts to other units' program attendance (reliant on staff) meant they were confined to their rooms or unit spaces, because staff were diverted away from their area to support attendance of young people to such programs. This could be particularly frustrating when a program was only available to certain young people in a unit because of their specific needs. In these cases, young people reported occasionally being locked in their rooms while their peers attend programs.

Program Quality

There is no formal approval process to establish programs within the Centre, nor clear delivery and content expectations. The TCV notes that, according to the Centre, no program evaluations were conducted over the past two financial years, so there is limited accountability for program quality.

Amir* and Samuel*

Amir and Samuel are not friends in community, but have been a source of support to each other in the Centre.. Both practice religions other than Christianity. During the school holidays, all the young people are facilitated to attend a program provided by a Christian facilitator. As Amir returns from this program and sees Samuel standing in the courtyard, he jokingly calls out "you're going to hate this one, bro!"

When later asked who ran the program, Amir says it was "Jesus".

The TCV wants young people in the Centre to have access to programs which are meaningful, accessible and have rehabilitative and/or developmental value. However, it is important to note that young people's engagement in programs is impacted by their environment. Young people may have difficulty concentrating and participating in programs, when it might be the only time they have out of their rooms during the shift. Some young people noted occasions when, while on modified routines, they were allowed out of their rooms for programs and then 'locked away' once the program finished. As a result, they had no opportunity to phone their parents or other supports.

"We were up for programs, then told there's no more time for phone calls"

Young person, aged 16.

It is recognised that, particularly while staffing is compromised, the Centre is faced with the difficult task of maintaining appropriate program scheduling with conditions that facilitate engagement. If a modified routine will limit time 'out of rooms', Centre management may choose to support young people to engage in programs over other activities, including those which young people value (like phone contact with family).

This is just another reason why the foundational principle of a rehabilitative environment needs to be supported through adequate resourcing and appropriate models of care.

Improvements Over Time

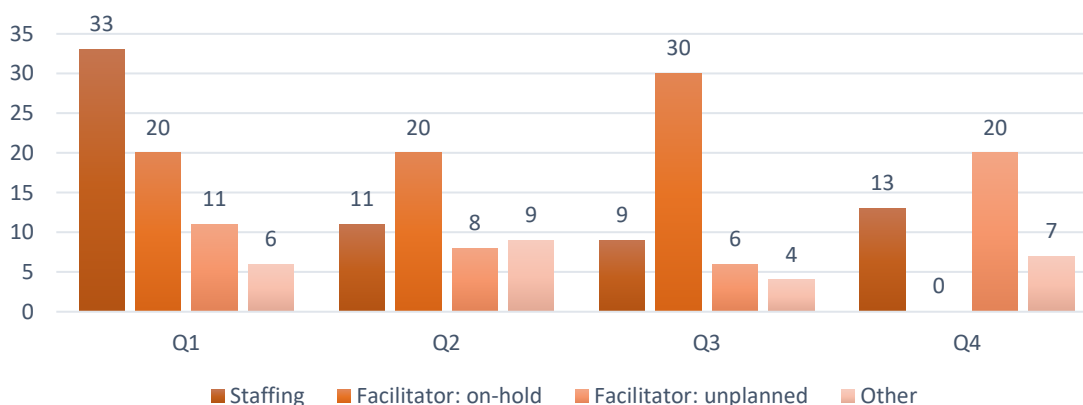
Program delivery in 2022-23 was significantly below the TCV's expectations of what is required to meet a young person's right to access rehabilitative programs (acknowledging the impact of Covid-19 on both the Centre and program facilitators). However, the TCV does acknowledge improvements in the final quarter (April to June 2023). This appears to be due predominately to a significant increase in programs scheduled, as well as a modest decrease in cancellations.

Figure 23: Number of programs scheduled and cancelled in 2022-23, by quarter



By the final quarter of 2023, there were no programs cancelled due to being 'on hold.' Between quarter 1 and quarter 4, the number cancelled due to Centre staff issues had more than halved.

Figure 24: Number of programs cancelled in 2022-23, by cancellation reason and quarter



The TCV will continue to monitor this space.

Behaviour Scores and Tiered Experiences

As discussed previously, the foundational principle of the BSF is a behaviour scoring program, which allocates 'phase' levels from one to three. This provides 'privileges' to young people who engage in 'positive' behaviours. Conversely, it also removes these 'privileges' when 'negative' behaviours are displayed.

Losing a phase

According to young people, loss of a phase level, and the associated privileges, is a deeply upsetting experience. They described staff attending their rooms to remove any items or clothing associated with their higher phase level being prevented from attending certain programs, and needing to go to bed earlier than their peers. This distress can create resentment between young people, their peers *and* staff, which could in turn further impact phase scores. Over the financial year, many incidents were tied to young people being told they would be going down a phase or onto a restricted routine. Regardless of the intent, it should be noted that young people experience this as a punishment.

Young people have consistently expressed frustration with the phases and phase progression/regression. Some of the most common complaints raised have included:

- **Not getting high phases quickly enough:** phase scores operate to a schedule – a young person is generally only eligible for phase 2 after two weeks continuous good behaviour, and for phase 3 only after about a month.
- **Loss of phases:** The length of time required to obtain phases may be particularly frustrating when young people drop phases and must begin the process again. Centre management do in some circumstances allow young people who experience brief lapses in behaviour to return to high phases after shorter periods, but generally these high phases remain difficult to obtain.
- **Belief that staff impact scores:** although theoretically designed to prevent issues with individual staff impacting phases, young people continue to report staff dislike resulting in slow progression, or scores not reflective of behavioural efforts. Young people occasionally report frustration with lower scores, particularly if they feel they had been trying to improve their behaviour. They occasionally attribute this to staff prejudice, with 11 of the requests for TCV support in 2022-23 related to phase scores and progressions.

"[Staff] affect over all our shit. Our scores... Literally everything they affect"

Young Person, aged 17

- **Impact of tiered system:** young people reported frustration with peers on higher phases, particularly given the 'baseline' phase one involves earlier bedtimes and access to fewer luxuries. It also brings into question whether base conditions may be artificially low simply to create an incentive.
- **Difficulty attaining good enough scores:** The BSF is designed to suit young people who do not struggle with emotional regulation – the baseline for 'good scores' and improvement uses a general standard outside young people's capacity. The difficulty of attaining these 'high scores' is clear when considering the small number of young people who achieve (and maintain) them.

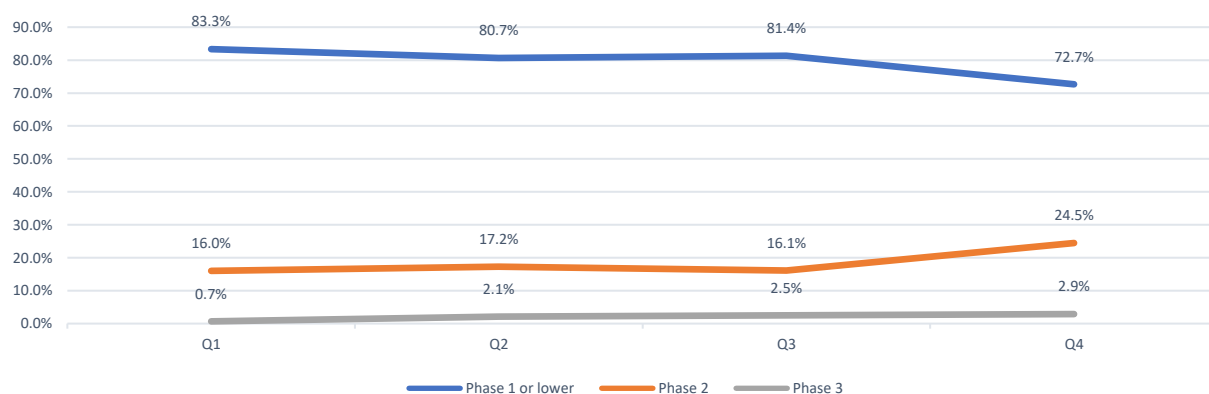


Image 26: Photo of the exercise equipment available to high phase levels

"...I struggle already, why can't you adjust my scores?... Coz they've been like trying to pick at the most littlest things and they've been scoring me right down for it too"

Young Person, aged 17.

Figure 25: Proportion of individual young people detained in 2022-23, by highest behaviour 'phase' score achieved during quarter



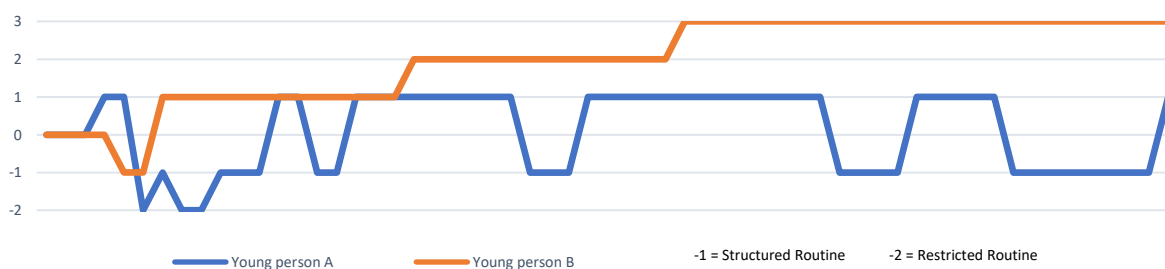
Phases are particularly difficult for young people with disability related needs. In fact, the TCV is of the opinion that as it currently stands the BSF does not adequately accommodate young people with neurodevelopmental disabilities. Staff may characterise behaviour symptomatic of mental ill-health, trauma or stress as “acting out,” impacting upon young people’s experiences and access to rehabilitative opportunities.

Hiram*

Hiram is 15 years old and neurodivergent. He doesn’t always understand staff jokes and gets frustrated when he feels consequences are unfair. He struggles with sensory issues, and the noise in the Centre makes him aggravated. His phase scores dip and soar on different days during his time in detention.

These concerns were raised by the then TCV in the 2019 *Pilot Inspection Report*, which questioned the evidence for the BSF’s responsiveness to the needs of young people with varying cognitive abilities, and recommended a review of the BSF.⁷⁹ This review has not occurred in the four years since.

Figure 26: Comparison – daily phase score for two young people in a 2 month period in 2022-23



As reflected in **Figure 27**, there can be significant variation between young people’s phase progressions even when they have been at the Centre for the same period of time. Young people’s phases may be impacted by the length of continual detention periods, age, disability status and peer relations. Anecdotally, the TCV notes of the two progressions reflected in **Figure 27**, young person A’s example is reflective of typical experiences.

To some extent, there is capacity for these differences to be mitigated if staff are encouraged to adjust scores based on young people effort and individual characteristics, rather than comparing their

⁷⁹ TCV, *Great Responsibility: Report on the 2019 Pilot Inspection of the Adelaide Youth Training Centre (Kurlana Tapa Youth Justice Centre)* (2020), recommendation 2.

behaviours to an idealised universal 'standard'. Some staff attempt to do this. However, ultimately, it is not standard practice.

Belief in Rehabilitation?

"I'm destined for the adult system anyway. I was born into institutions, I'll stay in institutions my whole life."

Young Person, aged 17

A young person's time in a youth justice detention setting should be different from the adult system, with a restorative and rehabilitative focus. This is clear in legislation, regulations and operational procedures. More importantly young people must know and believe that their time in detention serves this foundational rehabilitative purpose.

Some young people, particularly those who have had repeated admissions, struggle to see how the Centre fulfils this foundational purpose, or understand how it can be actualised though their time in or out of their rooms. The TCV has observed a sense of fatalism from some young people about their prospects (both in terms of their immediate circumstances, and future life journeys).

"They say 'we'll prepare you for release when you get out' which is bullshit. You're just doing time"

Young Person, aged 14.

When staffing issues seriously disrupted routines in 2022-23, some of those on the verge of turning 18 voiced wanting to go to the adult system rather than remain in the Centre. In discussion with the TCV, young people identified that youth detention was not focussing on them getting better or learning new life skills.

In some cases, DHS attributed young people's desire for transfer to the adult system to personal considerations (for example, peers or connections already in adult detention). However, young people's direct voice often identified multiple reasons, including their experiences in the Centre. The TCV acknowledges motivations and emotions are often heightened when transfer to the adult system is raised. Adding to the complexities, during 2022-23 the TCV is aware multiple requests from staff for transfer of young people to the adult systems. This is a concerning indicator of staff's perceptions of young people's capacity (and right) to rehabilitate.

Ages in the Centre

The Centre is legislatively required to be capable of accommodating young people up to the age of 21. Despite this, the TCV has noted recent, openly voiced staff opinions that young people should not be permitted to remain in the Centre after they turn 18. This has not yet become a standard approach from staff, but is prevalent.

For young people to be anticipating (and in fact, requesting) to be relocated to an adult prison may indicate their doubt about their prospects for rehabilitation in the Centre.

"I'd rather go [to the adult system] and get out of my room then sit here in one room and go mental."

Young Person, aged 17

On occasion, staff attempt to dispel the notion that the adult system is better equipped to support young people. However, this remains a prevalent request from young people aged 17 or older, particularly after incidents, or perceived conflict with staff. Equally, over the course of the financial year as staffing shortages placed the centre under increasing pressure, the TCV observed some staff express the opinion that they should not have to care for older young people in the Centre. One incident file the TCV reviewed in 2022-23 included the statement: “... we should not have had a [sic] 18 year old in the centre.” This was further evident in a spate of incident reports where staff had detailed young people’s physical attributes such as height, weight, and build, as though first considering them as threats, not young people.

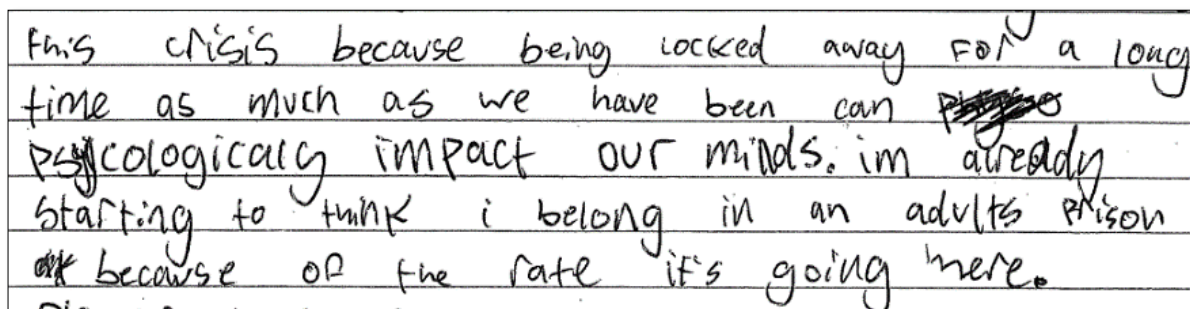
Some young people report feeling this shift in staff perception towards them, and a sense of anxiety as they turn 18 and face potential applications for transfer to the adult system. The TCV is most concerned about the impact this anxiety has on young people, and the toll this takes on their mental health while in the Centre.

Ethan*

Ethan is 17, and has been in and out of the Centre since he was 13. Many of the staff have watched him grow. Sometimes, while he is in community, Ethan calls the Centre and asks to speak to certain staff that he likes and knows well. He hasn’t done this as much recently, as he is starting to feel like the staff don’t like him anymore. Ethan has seen lots of his friends move to the adult system, he knows he’s nearly 18 and if he gets in any more trouble he’s likely to join them there. Sometimes, he feels like staff are goading him, and he worries they are trying to get him to start an incident so they can argue he should be moved. He says “[staff] are using the rules because they’re trying to get me pissed off.” He starts to ask if he should just go to the adult system.

In addition, this change can result in young people feeling reluctant to engage with staff, further isolating them from rehabilitative opportunities, and entrenching their own negative self-view.

Image 27: Excerpt from letter written to the TCV by young person



The rehabilitative performance of the Centre remains formally untested, though young people report a lack of faith in it, for themselves and others.

“They’re just going to make [young people] worse for the community.”

Young Person, aged 16.

Diverse Cultures

Charter of Rights *To practice your religion or express your culture and, whenever possible, to participate in cultural celebrations and see religious or spiritual advisors.*
To have enough good food (including food that is suitable for your culture or religion, or dietary requirements), and to have drinking water available whenever you need it.

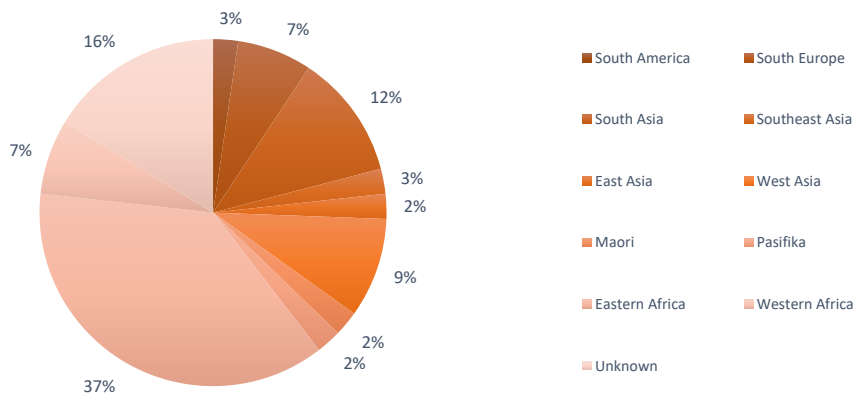


Figure 27: Representation of daily proportion of CALD young people in the Centre in 2022-23 (rounded to nearest whole number)

The Australian population is comprised of people from a multitude of different cultural, religious, ethnic and national backgrounds. This diversity is lauded by Government, but not always fully accommodated in services and facilities.

In recent years, the TCV has observed the culturally and linguistically diverse (CALD) population in the Centre increase. In 2022-23, 43 individual young people⁸⁰ detained at the Centre were reportedly CALD, across 17 national or ethnic backgrounds. The TCV has heard many of these young people express pride in their diverse heritage and identities.

Figure 28: Culturally and linguistically diverse young people detained in 2022-23, by ethnicity/geographical region



Over the financial year, 23.4% of young people seeking or requiring TCV support were from CALD backgrounds. Noting CALD young people made up 12.9% of young people in the Centre during the financial year, this is significant. Issues raised by this diverse cohort included:

- perceived differential treatment or racism by some peers, staff or the system
- lack of access to cultural programs
- a belief that their cultural needs were not understood, nor their views sought
- concern about the lack of cultural support, and limited or no cultural programs
- lack of access to peer cultural support.

⁸⁰ This number is based on a combination of DHS records, and the TCV’s knowledge from information about cultural identity disclosed directly by young people. This does not reflect young people whose cultural or ethnic background was not reflected in relevant DHS records, or otherwise did not provide any relevant information to the TCV.

Table 12: Top three issues raised by CALD young people in 2022-23

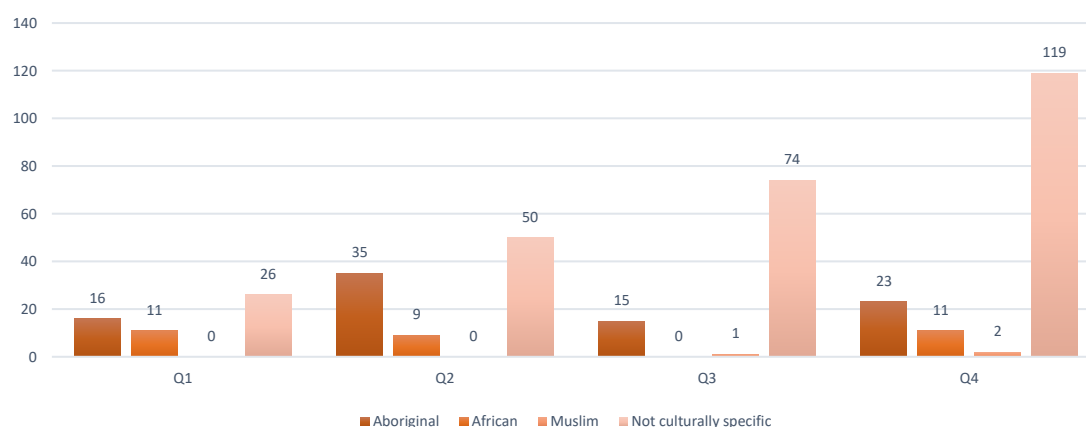
| | Issue | % |
|---|------------------|-------|
| 1 | Cultural Support | 22.6% |
| 2 | Discrimination | 16.3% |
| 3 | Staff | 12.9% |

Cultural Support

Ensuring cultural support for young people from diverse ethnic and cultural backgrounds is both challenging, and necessary. Since the Centre’s Cultural Advisor position was dedicated specifically to Aboriginal young people, CALD young people have been without a cultural support officer on site.

One way this has reportedly been addressed is through delivery of cultural programs. However, the TCV notes provision of such programs was limited to two broad categories: African (a continent) and Islamic (a religion).

Figure 29: Number of delivered cultural programs in 2022-23, by quarter and relevant cultural background



Notably these programs are run on a unit basis, not a cohort basis – this means not all young people were able to participate in every session. Over the financial year, there have been at least two units housing African Australian young people at most times, but only one could engage in programs per term.⁸¹ Anecdotally, this was often managed by running programs in alternating units each term, resulting in sporadic access to that form of cultural support.

Within the Centre, responsibility, and accountability for delivering or seeking direct cultural advice or support for CALD young people is unclear, despite multiple legislative requirements. As a result, day-to-day cultural support is ad hoc, utilising two main, but informal, support elements:

- CALD staff members and DHS employees.
- other young people from the same (or similar) cultural backgrounds.

⁸¹ While this was the ‘status quo’ throughout 2022, it is acknowledged numbers likely improved in 2023.

Case Example: Haircuts

Despite advocacy having commenced in 2021-2022, at the time of this report, culturally appropriate haircuts have just become available to young people with African hair types. Until this point, most young people with this hair type chose to sit out scheduled hair stylist sessions due to lack of confidence that sufficiently specialist skills were available. This was a source of stress and potential shame for some young people, particularly in the lead up to Court or family visits. As one young person stated “... [other young people] can make their hair fresh but we can't. It's bullshit” Despite exploratory work by the Centre, the solution to this was only identified late in the financial year, when a staff member with appropriate hair care qualifications and experience stepped forward to provide the service to young people.

Reliance on circumstantial staff for cultural support is a disservice to the young people, as well as staff who may feel obliged to assume cultural support roles not within their job descriptions. In this context, peer support took on a more significant role. Young people were vocal about wanting to be in the same unit as others from their cultures and reported frustration when no-mixes or unit divisions prevented this. Young people spoke about feeling the loss of not being able to “*laugh and have fun and tell stories*” with cultural peers.

Reports of racial stereotyping and prejudice in the Centre

Some young people told the TCV they felt uncomfortable with staff discussions about Australian young people of African descent. No racial slurs were disclosed, however some staff reportedly used language implying a connection between young people from African backgrounds and alleged gang activity, including using words like “gangsta” to describe units housing African Australian young people, and perceptions of protective hair styles as being gang related. There were also reports of staff describing any African Australian young people as ‘Sudanese’ regardless of their background. There were also reports that young people felt staff comments and perceptions were connected to unfair treatment and experiences in the Centre, including when they were prevented from associating with other African Australian young people without clear explanations. Without a narrative or clarification, young people were often left to their own interpretation of attitudes and behaviours of the staff and Centre management.

Where possible, the Centre did seek to accommodate young people with cultural peers, however these efforts could be stymied, with young people from the same general continent being considered one cultural group. In this way, people from different cultures and language groups may be expected to serve as ‘peer support’ for each other, conflating ideas of culture, nationality and race.

For young people from ethnic/cultural groups beside broadly defined ‘African’ and ‘Islamic’ cohorts, the Centre struggled to provide any semblance of cultural support in an environment often lacking contact with peers. There were 10 young people who were each the only person of their culture detained, therefore removing any possibility of peer cultural support. These young people reported feeling lonely, and removed from their culture.

“I've been losing my [first language] while I'm here. I don't want to be not knowing my own language”.

Young Person, aged 14

Providing Cultural Foods

The Centre is responsive to food-related cultural needs (including dietary requirements, and hours where meals can be consumed during religious periods) However, for young people raised in households with culturally diverse cooking styles, Centre meals (already subject to significant criticism)⁸² can be unsettling.

"I never had food like this before"

Young Person, aged 16.

Miri*

Miri is 16 years old, and has grown up in a culture with a strong cooking tradition. Her family and community are close, and as a child she mostly ate food prepared by her mother, auntie or family friends. She has not lived at home in a while, but she has continued the cooking traditions she grew up with. In the Centre, she is perplexed by the food – she finds the vegetables difficult to eat, never having had boiled vegetables before, and constantly asks for more spices on her food. When asked what the meals are like, she says "I tape my nose because I don't want to taste the food."

"I just want my mum's cooking"

Young Person, aged 17

Health and Wellbeing

Charter of Rights *To see a doctor or nurse whenever you need to, have your health assessed soon after you arrive, and to receive proper healthcare.*

Improvement and maintenance of physical health is increasingly recognised as fundamental to all aspects of young people's emotional, physical and psychological development, and as such – for young people in the Centre - rehabilitation.

Vulnerable young people with complex health needs often fall through multiple service gaps. Young people often present to the Centre with existing health issues which may impact not only their risk of harm during their detention, but their capacity to engage meaningfully in rehabilitation. These can include:

- **Pre-existing conditions:** in addition to reported high rates of neurodevelopmental disabilities,⁸³ young people may have conditions like diabetes, allergies, asthma and other issues which impact their day-to-day interactions with Centre life. Alongside these pre-existing conditions may be prescriptions for medication which must be administered and monitored.
- **Untreated or healing injuries:** young people may present with physical injuries, which make them more vulnerable in restraints or assaults. Multiple young people in 2022-23 presented with potential concussions, or traumatic brain injuries.
- **Self-harm:** in the Centre, high rates of self-harm behaviours have been observed. These are discussed in the mental health section of this report.

⁸² See, eg, Simone Deegan, 'Appetite for destruction: Food-related experiences of incarcerated children and young people' (2022) 3 *Incarceration* 1.

⁸³ Government of South Australia, the Disability Screening Assessment Project (n 55).

- **Historical or recent drug use:** at times, young people 'coming down' off substances may be admitted. Young people were found with illicit substances inside the Centre, in some instances this required ambulance attendance.

While the Centre does not directly provide health care services to these vulnerable young people, it must ensure they have access to appropriate health care. However, the TCV has consistently voiced concerns that these young people are at risk of injury during their time in the Centre, and simultaneously have compromised access to both responsive and preventative health care (discussed below).

Risk of Injury and Illness

Although intended to be a place of rehabilitation, the Centre can be a volatile and uncertain environment. Frequent incidents and self-harm place young people at risk of injury from themselves, each other, and facilities. As DHS has acknowledged, young people detained in the Centre are far more likely to present to emergency departments than their peers.⁸⁴

As it is a custodial environment, centre staff can use physical force on young people as a 'last resort' to prevent harm to a young person, property damage or to maintain Centre order and security. Most uses of force do not cause serious injury, but any force carries the risk. This is recognised in legislative provisions requiring young people to be assessed by a suitably qualified medical professional after restraints.⁸⁵

The *Maybo Physical Risk Assessments* have listed key observations that "Holding a person prone on the ground may increase the risk of suffocation and should be done only as a last resort and for as short a time as possible. Keep the head facing sideways at all times to avoid suffocation and facial injury." Dr Stas Lifshitz

Over the financial year, of the individual young people involved in incidents:

- 72.4% were physically restrained.
- 40.8% expressed self-harm ideation or behaviours.
- 48.0% were restrained to prone

Health Assessments Post-Incident

Despite legislative requirements, there continues to be a demonstrative lack of records indicating health assessments occur post incident, restraint or safe room use. In 2022-23 the TCV could confirm health assessments in about a third of relevant incidents (33.4%) on records provided.

Use of Prone position

'Prone' is a restraint position used in the Centre (as well as medical and police settings) where a person is restrained face down on the floor. This is often a transitional position, where a turbulent young person is

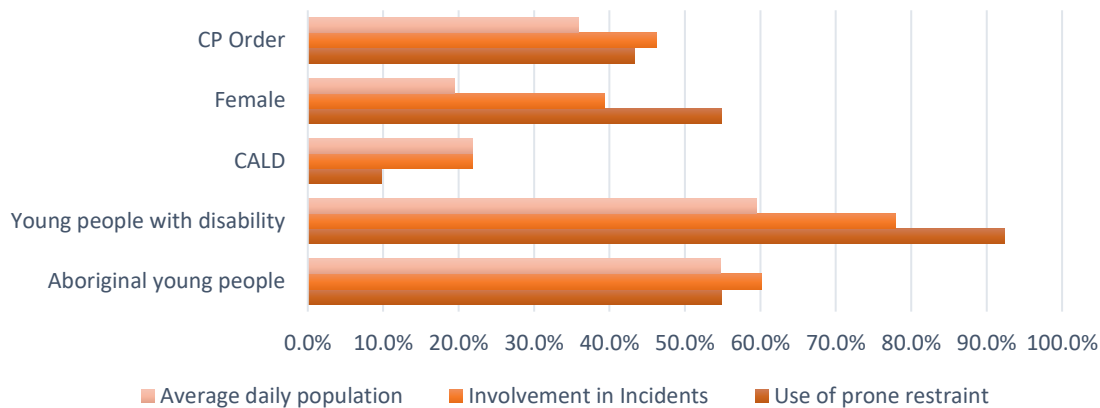
⁸⁴ Richards (n 30).

⁸⁵ *Youth Justice Administration Act 2016 (SA)*, s 33.

held for the shortest possible amount of time, before staff can support a young person to de-escalate, or move them to a different restraint position.

There are requirements to prevent this position being used excessively or incorrectly – the TCV understands current staff training focuses on use of restraint techniques to limit risk of injury to both young people and staff. However, prone remains a common technique in restraints. Per **Figure 30** below, it features disproportionately in incidents involving young women and young people with disabilities.

Figure 30: Comparison: Proportion of young people in the average daily population, involved in incidents and involved in prone restraints in 2022-23, by personal characteristic



Young people often speak to the TCV about being placed in prone – the TCV has heard allegations of staff pushing young people’s faces into mess on the floor, seen grazes and carpet burns sustained in a staff-initiated descent to prone, and heard reports of alleged head injuries (discussed below). In addition, prone position carries a risk of asphyxiation if improperly used and has been linked to multiple deaths in custody in recent years.⁸⁶

Through review of incidents, the TCV is aware of some instances of prone being used on young people for extended times. This may be due to young people presenting with significant unrest, but does carry risk.

Jesse*

Jesse is 17 years old, and in the process of being diagnosed with a disability. He struggles to regain control when he gets upset, and can often spiral into behaviour that is seen as aggressive, though when he calms down he engages well with staff. One day, when an incident escalates, he is restrained by staff and taken to prone. Jesse is tall, and although many staff have known him since he was little, they’ve been frightened of him since he hit his growth spurt. Jesse is elevated, and staff – frustrated with him for causing him an incident – cannot support him to regulate. Ultimately, Jesse is held in prone, on his stomach, for 10 minutes. When he is finally escorted to the safe room, Jesse is struggling to breath properly. He has two asthma attacks and requires medical support.

Young people may be restrained to prone multiple times within a single incident – this may occur during escort to a safe room, when putting on or removing cuffs, or due to perceived escalation from a young person who has recently been brought to their feet.

⁸⁶ See, eg, Alicia Bridges, ‘West Australian coroner makes recommendations around use of prone restraint for second time this year’, ABC (online), 24 October 2022 < <https://www.abc.net.au/news/2022-10-24/coroner-recommends-further-changes-to-prone-position-training/101429422>>.

Risk of Head Injuries

Over 2022-23, the TCV has observed with concern what appear to be high rates of self-reported head injuries from young people in the Centre. Involvement in incidents carry risk of head injuries, including:

- **Restraints to Prone:** 48% of individual young people involved in incidents were restrained to prone (discussed above). Any descent carries the risk a young person's head may make contact with the ground. Notably, standing restraints against walls also carry some risk.
- **Self-Harm:** self-harm via deliberate and repeated headbutting of floors, walls, toilets or bathroom sinks, is not uncommon. This can occur both during a restraint, and when a young person is alone in their room.
- **Assaults from other young people:** multiple reported assaults of young people involved head contact- including 'hammer kick,' 'stomping on head', 'punches to head'.
- **Pre-existing histories of head injuries:** head injuries may have a cumulative effect. Where young people have recent or previous head trauma, additional head injuries become more serious.

These factors may interact, for example a young person with a history of head injuries may be assaulted, or a young person engaging in self-harm via head banging could be restrained to prone.

A head injury may be 'moderate to severe' if a young person loses consciousness, is dazed or shocked, is confused, has memory loss or loss of orientation, experiences visual disturbances, has unequally sized pupils, has a large bump or bruise on their head, has a seizure, convulsion or fit, or vomits more than once. It is recommended an ambulance is called immediately if a young person has a moderate to severe head injury.⁸⁷ Anecdotally, the TCV has heard young people describe a combination of these symptoms on multiple occasions, occasionally in conjunction with not yet having had a health assessment.

Liam*

After a negative court outcome, Liam gets upset and begins causing property damage. Staff restrain him to prone, where he bangs his head into the concrete floor. Staff try to reduce the risk of injury by placing the closest nearby object - a shoe - under his head. He feels dizzy afterwards and has a sore head. Two days later, he has still not seen a nurse.

Noting that symptoms may develop anywhere between minutes and weeks after a head injury was sustained,⁸⁸ ongoing and consistent awareness and monitoring is essential.

Elton*

Elton is 15 years old. When he arrives at the Centre in the early hours of the morning, he tells staff he has been feeling a bit sick since he was punched to the back of the head in community. Staff issue him Panadol, and email the Nurse requesting an appointment. Elton goes back to sleep without any checks being performed.

Compounding these concerns is the fact that, regardless of whether a young person has sustained a recent head injury recently, the risk of subsequent injury does not reduce, placing them in danger of serious trauma. Without clear records or staff acknowledgement, as highlighted in [Lack of Accountability and Transparency](#) the TCV remains uncertain how young people are monitored in the wake of subsequent injuries.

⁸⁷ Government of South Australia, SA Health (Flinders Medical Centre, Paediatric Unit), *Head injury: Information for parents and/or caregivers* (reviewed January 2023).

⁸⁸ Ibid, p2

In many cases, young people reported not having received medical assessments following potential head injuries – on at least one occasion the TCV advocated for nursing staff to assess one young person who had not been seen to for over three days following what she worried was a head injury.

Young people report incidents to the TCV where they feel the restraint which might contribute to a head injury, providing descriptions including their heads being “*slammed*,” “*bounced*” and “*pushed*” into the ground. The staff who were involved in, or witnessed, restraints of young people may also be responsible for monitoring their wellbeing in the hours following. It should be noted that these staff may themselves have suffered injury in these incidents.

Head Injuries in the Centre, head injuries in sports

In recent years, the risk of concussion or Acquired Brain Injuries has garnered significant attention in professional sport. For example, Australian Football League players who have sustained a concussion are not allowed to return to play until 12 days have passed since the concussion was incurred. The TCV notes the protections afforded to adult professionals engaging in their chosen work, far outstrips that of young people in the care of the Centre.

Simon*

Simon is 16 years old and has an intellectual disability. During a visit, Visiting Advocates see he has scraped hands. He tells Visiting Advocates during a restraint to ground, he put his hand underneath his face to stop his head hitting the floor, scraping his nails and fingers.

“[staff] just kept on going, they kept on pushing my head into the ground”

Young Person, aged 16

The inconsistencies around both notification of incidents to the TCV, and documentation available for review, complicate oversight of this area. However, the TCV is committed to focussing on this moving forwards.

Health Care in the Centre

Being unwell can be distressing for young people – in the Centre, care ideally provided by parents, guardians or siblings is instead provided and facilitated by staff who are simultaneously managing the needs of multiple other young people in a unit.

Marcus*

Marcus is 17 years old and has come down with the flu. He is lethargic and struggles to get up in the morning to go to school. During class he sits with his head on the desk and does not speak. Staff tell him he can stay in bed for the rest of the school day, but due to staffing constraints would need to leave his own room and move to Protective Actions Unit. Marcus does not want to do this – he worries he would not be shifted back at the end of day. He instead continues going to school.

Professional health care in the Centre is provided by the MYHealth (A Women’s and Children’s Health Network service) on-site nursing program which operates a Community Health Service model. Young people have access to health care on admission, request, or referral. Referral will usually occur for care of minor injuries or illness, or to triage more serious matters. Either way, access occurs through Centre staff. There is no opportunity for direct contact by young people, which creates opportunities for miscommunication and may reduce young people’s opportunities to talk about their health matters private or in a discrete manner.

Emmy*

Emmy is 17 years old, and has been in the Centre for about a month. She has concerns about her contraception but does not want to ask staff to set up an appointment for her with the nurse.

Unlike the seven-day health care model available in adult detention,⁸⁹ nurses are present six days per week, and doctors thrice weekly.⁹⁰ However, this health support is facilitated by Centre staff. As a result, operational issues, staff shortages, human error and incidents can impact young people's access to these services.

Medical escorts and staffing

Over **20%** of shifts during the financial year required Centre staff to complete a medical escort for a young person, to either hospital (emergencies) or clinic appointments. These escorts require a minimum of two staff, and can contribute to modified routines.

Outside clinic hours, medical issues are triaged by non-medically qualified Centre staff, who may turn to locums, phone consultations, or in urgent situations, hospital attendance. The TCV sees the reliance on non-medical staff to make these assessments as unfair to staff. This also carries risk for young people and the Centre if medical needs and intervention are not identified appropriately, or within a timely manner.

Positive Practice: Ngangkari Healers

On occasion over the financial year, in response to the expressed needs of young people in the Centre, DHS sourced and facilitated the attendance of a Ngangkari healer, to provide complementary healthcare. TCV has noted that this has had a positive effect on respect for culture within the Centre and the engagement of young people.

Delays in Assessment

Young people entering the Centre may have either chronic health needs or immediate injury needs (as discussed above). Nonetheless, the Centre must care for the health and wellbeing of young people in their custody. Operational practice requires young people must be 'medically assessed by a MYHealth nurse as soon as practicable' after admission. While there is no specific time limit placed on when this occurs, operational orders notes that an assessment occurring more than 24 hours after admission is "an unlikely event" which would require senior Centre staff making an assessment on whether alternative care is required.⁹¹

Over the financial year the TCV heard reports of young people waiting for over seven days for assessment, impacted by factors like availability of clinic staff, movement being limited due to Protective Actions responses, and Centre staff shortages preventing young people being escorted to the health centre. The TCV is not aware of any occasions where a young person whose health assessment was delayed resulted in alternative assessment measures being taken.

⁸⁹ Government of South Australia, SA Health, *SA Prison Health Service*

<<https://www.sahealth.sa.gov.au/wps/wcm/connect/public/content/sa+health+internet/services/health+services+for/sa+prison+health+service/sa+prison+health+service>>. Accessed September 2023.

⁹⁰ There is regular attendance by services like dentists and physio therapists. Some x-rays can be booked in to occur at the Centre during the week.

⁹¹ Government of South Australia, *Adelaide Youth Training Centre – Security Order 20: Admission Transfer and Release* (v2.1, December 2016), para [3.4.9].

Chelsea*

Chelsea (17) is admitted to the Centre over the weekend – it is her first time in custody. She believes she fractured her wrist during her arrest, but she has communication challenges and struggles to express to staff that she needs pain medication, and to see a doctor. Her guardian contacted the Centre to raise these issues on her behalf .

The TCV understands there is not collated data tracking the average time between admission and health assessment partially because these two elements of a young person’s time in care are administratively managed by different organisations.

Other impacts of delayed health assessments:

Until young people have had their health assessment, they may be precluded from participating in aspects of Centre routines, including education. This has been raised by young people as a source of frustration over the financial year.

Centre Staff are Responsible for Monitoring Health Conditions

Young people in the Centre may need support managing their own conditions, ranging from disabilities requiring medication – such as diabetes – to withdrawal from substances.

Without fulltime medical care or interface, monitoring of these diverse needs falls to non-medically trained shift staff, in addition to their existing roles. This can be a source of great worry and stress for young people who would bear the consequences of poor medical care.

“What happens if I [have a medical episode] and can only press the Intercom once but they don't answer?”

Young Person, aged 17

Carly*

Carly is 16 years old. When she is admitted to the Centre, she is agitated and behaving erratically. She tells staff she is in pain, and experiencing “sweats”. Staff believe she is withdrawing from substances, and contact a locum, but they are unable to attend. Carly goes to sleep earlier than usual, but is restless. Staff continue to watch over Carly via CCTV. She wakes up and vomits a few times before settling for the night. No locum attends.

In addition to supporting young people to maintain good health, staff are also responsible for observing any decline in young people’s physical condition, including where young people have head injuries or other potential health issues.

Alfie*

Alfie is 17 years old and has a disability. He struggles to communicate and engage with staff, and is highly resistant to engaging with medical professionals. After an assessment, the nurse reports suspicion that Alfie may have a serious, undiagnosed condition related to organ functioning. He attended regular appointments for tests, but in between these appointments, monitoring his condition falls to staff. Alfie won't let staff get close to him, sleeps most of the day, and does not often want to leave his room. This makes observations very difficult.

The symptoms and indicators of serious injury – particularly Traumatic Brain Injury, spinal injury and internal injury – may not be immediately apparent to non-medical staff or may require regular observations for a medically determined monitoring period.

Staff Provide Medication to Young People

Young people often take prescribed medication outside MYHealth hours. Therefore, management of medication falls to staff. The TCV notes concerns regarding the risks inherent in this arrangement have been raised a number of times, including in the 2019 Pilot Inspection Report.

Impact on staff

Non-medically trained staff dispensing medication was a concern raised in the 2019 Pilot Inspection Report. The then TCV spoke to staff about their concerns regarding this arrangement. Their comments are set out in detail in that report, but the TCV notes the following relevant quotes:

- “we issue medication; we need training on that. In other places, it’s the nurses who issue it”
- “the other day a staff member issued the wrong medication to a [young person].”

In 2022-23 there have been reports of blister packs returned to nursing staff unopened, with no record of the reason medication was not provided. cursory review of shift reports, over a three-month period, revealed over 20 shifts where it appeared issues arose in provision or consumption of medication, for example:

- lack of medical chart available at the time medication was meant to be provided
- no medication present for night dosage
- young people hoarding medication, without staff realising
- reported ‘sharing’ of medications which young people have hoarded
- young people with language barriers refusing to take medication from staff.

Short remand times, coupled with low staffing and high numbers of young people per unit, means dispensing medication can be a complex task, with staff managing medication provision for a transient and variable population, with diverse health needs. The TCV acknowledge that this a dynamic environment and that the requirement to engage in technical and medical regimes is unfairly placed on operational Centre staff. The TCV has discussed her concerns about the Health Care model numerous times with DHS, who have committed to examining this model of care in more detail. The TCV looks forward to receiving advice about this progress and changes that uphold young people’s health care rights within the Centre and support their rehabilitation opportunities.

Schedule 8 Drugs are also called ‘drugs of dependence’ and have a much higher risk of potentially causing harm. The TCV has previously raised concerns that staff provide schedule 8 drugs to young people, while Hospitals have strict policies around issue of these substances.

Mental Health and Self-harm

Charter of Rights *To receive help for your mental health if you need it, and to be transferred to a mental health facility for treatment if required.*
To get help if you have problems with drugs or alcohol.
To have special care and protection if you are vulnerable or have special needs.

Research indicates that 1 in 7 young people between the ages of 4 and 17 in Australia have recently experienced a mental health disorder.⁹²

Kids need good mental health - not only to be able to deal with challenges and adapt to change, but so they can feel good about themselves, build healthy relationships with others and enjoy life

Health Direct, gov⁹³

Young people in the Centre have high risk of poor mental health – exposure to adverse childhood experiences, trauma symptoms, substance misuse, and behaviour dysregulation are prevalent.⁹⁴ Adverse childhood events can exacerbate or trigger mental illnesses including depression, anxiety, schizophrenia-type conditions, and psychosis.⁹⁵ In a linked data set study conducted by the University of Adelaide's BetterStart research team, over 89% of young people in contact with youth justice had backgrounds characterised by household dysfunction and maltreatment.⁹⁶ This is echoed in the prevalence of young people with mental health disorders in the Centre.

'Adverse Childhood Experiences' or ACEs are potentially traumatic, for example neglect and abuse, which occur between 0 and 18.

Some young people enter the Centre with diagnosed mental health disorders, but many are undiagnosed or currently undergoing assessment. These processes can stall during their time in detention. Simultaneously, young people's emotional wellbeing is impacted by the custodial environment, which may cause further trauma to young people.

Custodial Environments and Mental Health

Being detained in the Centre, for any period, is an inherently stressful event. Young people are being held in an institutional and often tumultuous environment – sometimes for the first time in their lives – away from family, friends and other supports. For those with experiences of childhood and adolescent trauma, this is also an environment where they are surrounded by potential 'triggers' – including frequent violence, isolation, restrictive practices and conflict (peer and adult)

"It is sometimes hard for my thoughts [in here]".

Young Person, aged 16.

⁹² HealthDirect, *Kids and mental health* <<https://www.healthdirect.gov.au/kids-mental-health>>. Accessed September 2023.

⁹³ Ibid.

⁹⁴ Malvaso et al, 'Adverse Childhood experiences and trauma among young people in the youth justice system' (2022) 651 *Trends & issues in crime and criminal justice* 1, p 12.

⁹⁵ Ibid.

⁹⁶ Ibid.

Sam*

Sam is 16 years old, and currently prescribed medication for her mental health condition. One morning, another young person in Sam's unit tells staff that she had stockpiled her medication from the night before, and consumed all of it with her morning dose. Staff speak to Sam, who appears drowsy but otherwise well. She confirms the amount of medication she has taken, but denies thoughts of self-harm. She tells staff the reason she took so much at once was because she didn't want to be awake during the day.

The stress the custodial environment can place on *staff* is very well recognised – following restraints or assaults, Centre staff have access to workplace provisions like debriefs, and EAP. Where trauma or injury (including mental health) is significant, there may be work cover available, or more commonly staff may be provided the opportunity to leave their shifts early if they are distressed following an incident.

Emphasis on any person's wellbeing in these circumstances is essential. However, it is concerning to note that in many circumstances this same care is not extended to the young people.

Over the financial year, the TCV has noted:

- **Young people may be subjected to periods of isolation:** discussed elsewhere in this report, there is established literature on the impact isolation can have on mental health for young people.
- **The primary source of support is also a source of stress:** Staff, who provide both care and control to young people, have a complicated role in the Centre. Young people may witness a favourite staff member restraining a peer, or themselves be restrained. Anecdotally, this can create cognitive dissonance, and may rupture trust. Unlike with conflicts between peers, resentment between young people and staff may not result in a reassignment and does not require mediation. Therefore, a young person may be provided food or first aid by a staff member who the recently restrained them.
- **Methods to manage behaviour and mitigate risk – including self-harm – may risk re-traumatisation:** staff responses to self-harm behaviours often include restraints, or risk-mitigation. Intended to prevent injury, these often-physical interventions may be triggering for young people who have trauma histories. This is discussed in more detail below.
- **Young people may experience sleep disturbance:** the TCV has commonly heard reports from young people having trouble sleeping, due to the unfamiliar environment, the proximity of other young people, or other factors. When young people cannot sleep, restrictions on radio and TV mean they are not able to distract themselves. This has resulted in unusual behaviours, including young people reportedly sleeping sitting upright and persistently contacting night staff via the intercom for interactions. A significant proportion of the population on any given day are reportedly taking melatonin.

Mitchell*

Mitchell is 14 years old. He has been in the Centre a few times before, but he is struggling in his unit this time. Arnie, who is in the room across from him, has recently been told distressing news about his court. Arnie cries and screams loudly for hours, and Mitchell can hear him from all parts of the unit. He finds it hard to engage with staff while Arnie is so distressed. He hopes Arnie stops when it's time to go to sleep.

Informal methods used by young people to seek emotional and mental health support, like phone or internet counselling,⁹⁷ are unavailable in the Centre. When they are secured in their rooms, young people

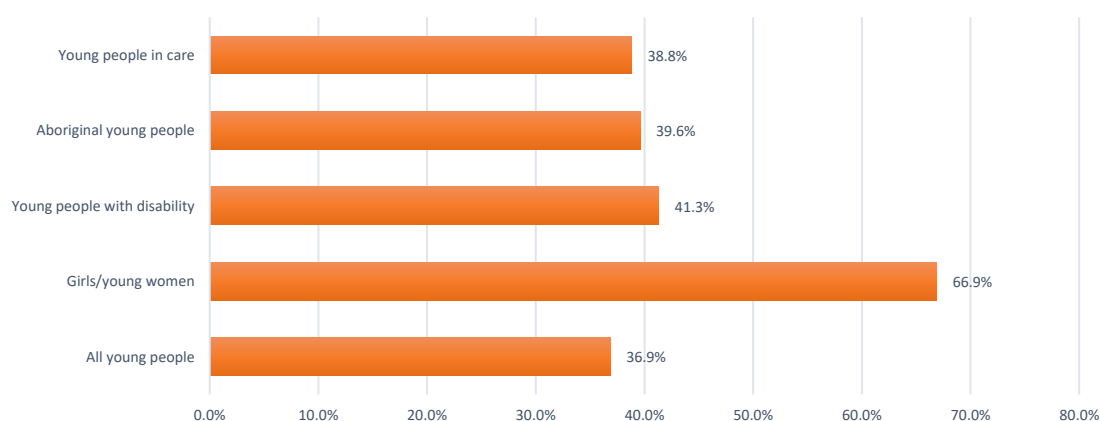
⁹⁷ See, eg, Headspace, *Online and phone support* <<https://headspace.org.au/online-and-phone-support/>>. Accessed September 2023.

are restricted to talking through doors, cuff traps, or intercoms – they are not assured of privacy in any of these cases.

Self-harm in the Centre

In the Centre, when a young person is heightened and distressed, it is not uncommon for those behaviours to spiral and be turned inward. In fact, 43% of incidents over the financial year involved a young person who either engaged in self-harm behaviour, or where the TCV identified a risk of self-harm through ideation and other factors.⁹⁸

Figure 31: Number of incidents in 2022-23 involving self-harm, as a proportion of all incidents for demographic⁹⁹



This figure does not account for the self-harm behaviours and ideation in the lead up to incidents, nor self-harm which staff have not formally recorded as an incident. On review of shift reports¹⁰⁰ the TCV identified 51 instances of self-harm over the financial year which were not recorded as incidents by staff (reasons unknown) including behaviours like tying ligatures, cutting, and head butting.

How is self-harm recorded by the TCV?

The TCV records incidents as related to self-harm in the following circumstances:

- deliberately inflicting harm to self, or attempting to (self-harm behaviours)
- expressing a desire or intention to inflict harm to self (self-harm ideation)
- deliberate exposure to a means of self-harm, in circumstances where there is a real risk of self-harm occurring. Relevant factors for identifying such a risk include whether the young person has a history of self-harm, Centre staff assessments as appear in the relevant records, and words and behaviours of the young person.

⁹⁸ The number of incidents identified by the TCV is higher than those identified by DHS for the entire financial year (64 incidents, at 21.1% of all incidents). The TCVU believes this discrepancy arises from DHS under-reporting of self-harming behaviour, ideation and risk due to incident recording practice. The TCV has raised concern about this underreporting with DHS through Review of Records reports.

⁹⁹ This figure is based on an overall count of the number of times that a young person with the relevant personal characteristic was involved in a self-harm related incident. The number of unique young people involved is lower, due to the prevalence of repeated self-harm behaviour.

¹⁰⁰ The TCV acknowledges shift reports are an imperfect source of information – while they provide an overview of shifts and routines, they vary depending on which staff member has completed the log, amongst other factors. The TCV relied on this information due to an absence of complete and accurate records, or consistent access to more comprehensive data sources including DORIS.

In the absence of incident files, there is an incomplete picture of a young person’s mental health. When this information is spread through multiple sources, rather than held in a centralised location like incident files, both the TCV and Centre Management face difficulty maintaining oversight of:

- a young person’s self-harm behaviours, including triggers
- declining mental health presentations
- escalating levels of self-harm over time
- whether adequate support was provided to a young person following self-harm. Including mental health referrals, parent notification
- whether legislative requirements were met for young people, including health assessments, and cultural support for CALD and Aboriginal young people
- staff practice in responding to self-harm
- how a young person felt about their treatment and current state of mind via RICS (discussed below)

Additionally, without such events being recorded as incidents, the TCV faces difficulty tracking the prevalence of and response to self-harm on a population level.

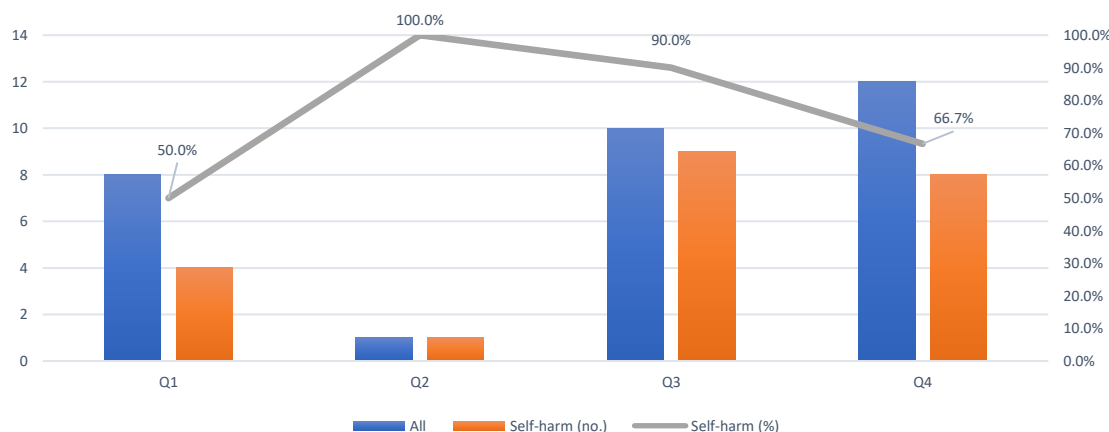
Alec*

Alec is 15 years old. After an unsettled day with ongoing modified routines, and incidents, Alec becomes distressed in his room. Staff observe him punching the wall several times, escalating to banging his head against the window repeatedly. Staff offer him ice packs and first aid, but he refuses. After staff persuade him, he allows them to see his head, and they confirm it is “just an abrasion”. While staff are present, Alec starts talking about how he is ‘losing it’ and saying if it he isn’t released he will hurt himself. Staff tend to Alec’s injury, but his behaviours are not recorded as an incident.

Over the financial year, these self-harm incidents were significant – the TCV is aware of multiple protracted self-harm incidents, where young people tied multiple ligatures or required restraint several times. Many of these caused significant risk and injury to young people: 71.0% of ambulance attendances to the Centre over the financial year were in response to self-harm incidents.

The TCV notes the efforts and concerns of staff during and after these self-harm incidents. It is difficult to see and repeatedly support young people going through such intense emotional distress, sometimes for hours at a time.

Figure 32: Number and proportion of ambulance attendances in 2022-23, related to self-harm



With the close living situation in the Centre, most incidents, including those involving or culminating in self-harm, occur within eyeshot and earshot of other young people. In the background of much incident footage young people can be seen watching through their room doors, or from the edge of the frame. The effects of regular unit unrest on young people have not been formally explored, however, young people disclose their concerns for their peers after such incidents.

Ligatures in the Centre

Between 1 April – 30 June 2023, **93 ligatures** were removed from young people. Sometimes these were loose enough to untie or remove with bare hands. Some were cut off using the 'life knife'

Kasey*

Kasey is 14 years old. After a visit with her family goes poorly, she engages in self-harm in her room through banging her head repeatedly against objects. Staff bring her out to sit on her bed, where she continues to self-harm. Staff try to prevent this without restraint by placing their hand between her head and the wall, and sitting with her while she regulates. There are two other young women in Kasey's unit at the time.

Responding to Mental Health Needs

Responsive and preventative mental health care available to young people in the Centre is essential to prevent serious injury or harm. This is recognised in both legislation and international conventions¹⁰¹ establishing young people in detention have a right to access high-standard treatment and mental health care.

Psychiatric staff do attend the Centre for this purpose, however their access to young people is determined by Centre operations. The TCV has been made aware of occasions where psychiatric support was provided through cuff traps (pictured below), or only available during a young person's mandated exercise routine, meaning young people's half hour of outdoor time was spent talking (in full view of staff) to their mental health support.

Complex relationships to Supports

Professionals engaged as therapists or psychiatric support for young people may also be required to complete assessments of them for Court or provide clinical information to staff to support young people's behaviour management. This creates a dynamic where young people are conscious that their disclosures may not be kept confidential and have raised concerns around boundaries. An example of this is when a young person engaged with a service provider and made some very personal disclosures believing them to be confidential, but the service provider reported these back to staff. This was necessary to facilitate operations, but not clarified with the young person, who stated: ***"we tell things to them in confidence and then they are off whispering to unit staff, talking about us"***.

¹⁰¹ Notably the YJA Act 2016; Mental Health Act 2009; Consent to Medical Treatment and Palliative Care Act 1995, the Convention on the Rights of the Child (Articles 17, 24, 25) and the Havana Rules (United Nations Rules for the Protection of Juveniles Deprived of their Liberty) – Part 4 (ss49-55).

Management of young people’s day-to-day mental health falls to Centre staff. While these staff have some mental health training, the tools at their disposal are blunt, focussed on containment of risk and reduction of physical harm. The custodial practices to neutralise behaviours may be distressing for young people with mental health issues or trauma backgrounds. Examples include:

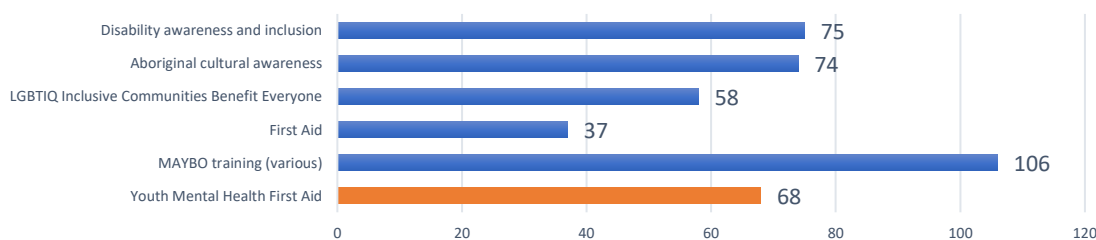
- use of mechanical restraints like handcuffs or leg-wraps
- restraint by staff, potentially including prone
- isolation of young people in their rooms or in padded “safe rooms”
- use of “canvas” – where clothing and underwear are replaced with a tunic, made of tough fabric, to prevent softer materials being ripped to make ligatures.



Image 28: View of a cuff trap from inside a young person’s room. People using this communication may bring a chair to the door, so they are at face level with the cuff trap.

Young people rarely comply with these measures, requiring staff to physically enforce them in some cases.¹⁰²

Figure 33: Staff training completion rates in 2022-23, by training type, highlighting Youth Mental Health First Aid



“Staff need to take mental health into consideration!”
 Young Person, aged 17

The safe room is a common tool employed when young people are exhibiting turbulent or self-harm related behaviours. They are almost always utilised after a heightened or traumatic incident – as a result they may be damaged, graffitied, or soiled during use.

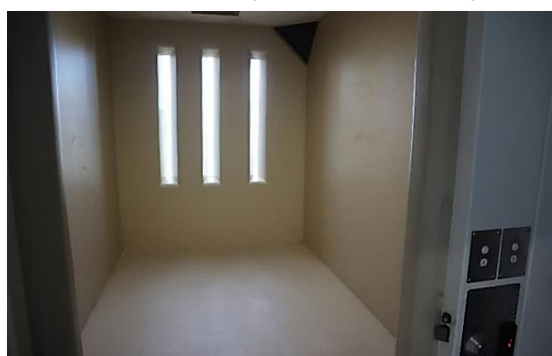


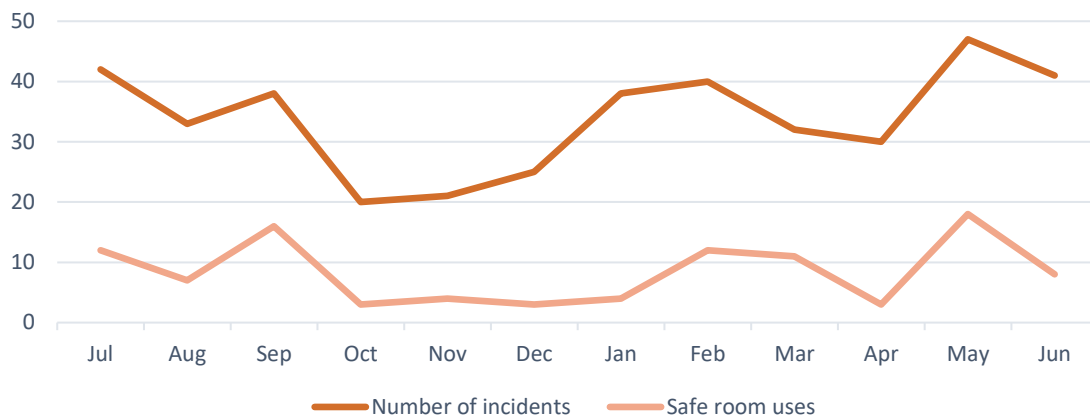
Image 29: A safe room at the Centre, where a young person who is heightened or self-harming may be held until they calm. Not visible in the photo is the graffiti on the walls and floor.

For a young person who has been contained in a safe room previously, subsequent use may trigger past and current traumas. Some young people do enter the safe room of their own volition – particularly young people who are concerned about their own self-harm ideation or behaviour. However, this is not common. Relevantly, these rooms are located near the entrance of each unit, meaning young people walk past them multiple times a day during their periods of detention.

¹⁰² This does not occur with canvas – because of the nature of canvas clothing (that is, it requires removal of other clothing) staff will not physically force a young person to change into canvas. However, refusing to do so may result in assessment of a higher risk, longer periods in rooms or safe rooms, and other unofficial consequences.

The longest reported period a young person spent in the safe room was over 7 hours – more than 10 ligatures were removed from that young person during that period.

Figure 34: Number of incidents and safe room uses in 2022-23,¹⁰³ by month



It is not uncommon for young people involved in incidents (for example, property damage or stand offs) to also engage in self-harm before, during or after. These incidents are often classed as ‘behavioural’ by staff, leading staff to take a security response rather than prioritising the preservation of a young person’s mental state.

Leah*

After a stand-off in her unit escalated, Leah inflicted self-harm injuries severe enough that an ambulance is called. In the early morning, after doctors determine she does not require inpatient care, she is discharged.

Leah is placed on a Behaviour Plan to reduce risk to herself and others. Under this plan: she isn’t allowed to see any young people, or attend school

she is confined to her room for most of the day (excepting half hour exercise periods in the unit courtyard)

her toiletries and toilet paper are restricted

she can only eat finger food since she is no longer permitted cutlery

she was provided ‘minimal issue clothing’ to prevent her making ligatures

she can watch TV in her room, but isn’t allowed a remote (the plastic and batteries are dangerous for self-harm).

Alone in her room, Leah is on constant observations meaning, staff watch her on CCTV at all times. She is acutely aware someone is looking at her constantly, she knows it is for her safety, but it still unsettles her.

Centre staff manage an array of complex needs and varied mental health presentations, which may be both pre-existing and exacerbated by the very nature of detention. At any given time, multiple young people in a unit may be in the midst of mental health issues and engaging in self-harm. This can lead to

¹⁰³ As reflected in incident files provided to the TCV. This does not include other incidents identified through shift reports and other DHS records.

circumstances where the limited resourcing available to address such behaviours (including safe rooms and staff time) must be divided between multiple young people in distress.

Acute Mental Health Presentations and Mallee Ward

The TCV is aware of at least three young people who, over the course of the year, were discharged directly to the Centre from the Mallee Ward, or who were admitted to the Mallee Ward from the Centre during a period of remand. One young person was admitted to Mallee Ward multiple times over the course of their time in the Centre.

The TCV is concerned for both the young people and the staffing cohort that are required to navigate this complex area. The Centre is simply not equipped to manage these situations, in the broader context of limited community youth mental health services within the general community. This requires urgent and meaningful investment by State Government. This requires urgent and meaningful investment by State Government, beyond measures proposed in the State Mental Health Plan.¹⁰⁴

Gender and Sexuality

Charter of Rights *To be treated equally, and not treated unfairly because of your sex, sexuality, race, religion, disability or other status.*
To be treated with respect and dignity by staff and to be kept safe while you are in the youth justice centre

Note: case studies are not utilised in this section. While there are human stories behind the statistics presented, the privacy of this small cohort should be preserved.

While society is increasingly diverse, the Centre continues to operate in a gendered binary system, entrenching normative gender roles and characteristics. The TCV observes, for example:

- centre-issued clothing differs based on gender
- biological (binary) sex is the initial basis for dividing cohorts after remand
- the girls' unit is designed to be obscured from view of units housing young men. All other units are visible to each other
- interactions between 'girls' and 'boys' is reduced to certain education classes for those on high phases, and participation in monthly YAC meetings.

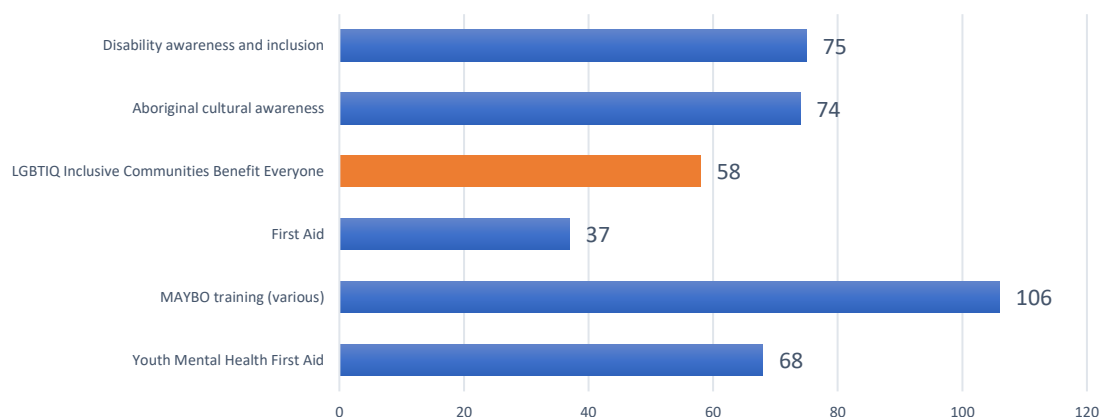
"All the workers say 'you got to be more lady-like' but what if you don't want to be a lady?"

Young Person, aged 15

Gender becomes a key distinction in this space, not only a reality which divides 'boys' and 'girls' but a self-fulfilling cycle which may reinforce stereotypes for both young men and women at the Centre.

¹⁰⁴ Government of South Australia, SA Health, *Mental Health Services Plan 2020-2025* (2020).

Figure 35: Staff training completion rates in 2022-23, by training type, highlighting provision of LGBTQI+ training



Trans and Gender Diverse Young People

Despite this, the Centre has been called to care for young people who identified as trans or gender diverse. Over the financial year 1.2% of the individuals detained to the Centre identified as trans or gender diverse – the TCV acknowledges this figure does not include young people who were not openly gender diverse or trans. However, the proportion is loosely in line with research indicating about 2.3% of older secondary students surveyed identified as trans or gender diverse.¹⁰⁵

Supporting these young people, and their peers, is key, particularly in an environment which has not been constructed to take their identity into account.

Gender diverse or trans young people may face the following issues in the Centre:

- **Bullying and harassment:** openly gender diverse and trans young people have anecdotally faced isolation and, at times, harassment from their peers. Staff efforts to curtail this are sporadically successful.
- **Isolation:** Staffing shortages meant these young people were sometimes secured separately in rooms, games rooms or in courtyards while others socialised.
- **Deprivation from Education:** As a result of these no-mixes, trans or gender diverse young people may face barriers joining education. Given the lack of existing education opportunities,¹⁰⁶ this is significant.
- **Misgendering:** attempting to support gender-diverse or trans young people in a binary environment creates complexities for staff. Young people whose gender identities have developed over time may encounter staff or young people who knew them prior to their transition. Management of this dynamic is complex. As a result, there may be regular misgendering of young people by both staff and peers.

The above is significant, noting recent studies have indicated transgender young people aged 14-25 are fifteen times more likely to attempt suicide than the general population.¹⁰⁷

¹⁰⁵ La Trobe University and Australian Research Centre in Sex, Health and Society, *National survey of secondary students and sexual health 2018: Results of the 6th National Survey of Australian Secondary Students and Sexual Health* (2019), p 16.

¹⁰⁶ Discussed above at [Education in Detention](#).

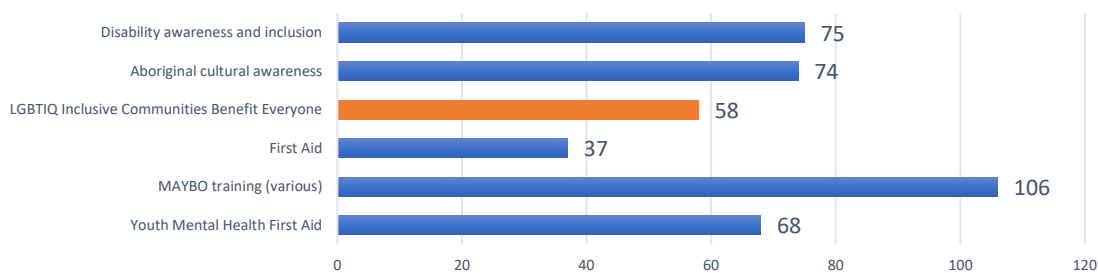
¹⁰⁷ LGBTQI+ Health Australia, *Snapshot of mental health and suicide prevention statistics for LGBTQI+ people* (2021), p 12.

Positive Practice: Support for expression of gender identity

The Centre did take steps to support the trans and gender diverse young people in their care, including provision of gender-affirming clothing, flexibility of unit placement, and all-staff communiques affirming young people's pronouns. The TCV commends these steps.

However, this flexibility can only go so far when the system exists in a strict binary and where not all staff were adequately prepared to have complicated discussions regarding gender identity and curbing discrimination.

Figure 36: Staff training completion rates in 2022-23, by training type, highlighting provision of LGBTQI+ training



As demonstrated in Figure 36 above, training in LGBTQI+ inclusive practice was delivered to half the number of people who completed MAYBO training – in this way there may not yet be sufficient emphasis on supporting LGBTQI+ young people in the Centre.

Queer Young People

There is no known data on queer young people in the Centre, a deficit unlikely to be remedied because it is not clear whether the Centre is perceived as a 'safe' environment for young people to explore their sexual identities.

Statistically, 3-4% of people surveyed in Australia and internationally identified as gay, lesbian or bisexual, with an increase in figures for those under 25.¹⁰⁸ There is limited access to queer support in the Centre. In Fact, it is reported to the TCV that homophobic language and comments are still common from young people (and on occasion, staff).

DHS is live to this absence – discussions continued between the Centre and the Catalyst Foundation about delivering a program relating to LGBTQI+ youth in detention. The Foundation's program goals included promotion of acceptance and respect, regardless of individual sexual orientation or gender identity, and aimed to facilitate access to information about positive personal and social development. The TCV understands that no program was ultimately delivered over the 2022-23 financial year.

¹⁰⁸ Ibid, pp 16-17.

Girls and Young Women

Charter of Rights *To be treated equally, and not treated unfairly because of your sex, sexuality, race, religion, disability or other status.*
To be treated with respect and dignity by staff and to be kept safe while you are in the youth justice centre

Girls and young women experience unique challenges in youth detention settings, related to characteristics such as physical size, childhood experiences of gendered violence and living in an environment where they constitute a minority population.



Figure 37: Representation of daily proportion of female young people in the Centre in 2022-23 (rounded to the nearest whole number)

In this context, the Centre must treat girls and young women as a priority cohort for targeted therapeutic (rehabilitative) intervention, rather than an ‘add-on’ to male-centric structures and programming. The TCV observed that their needs were instead often secondary to the general Centre population.

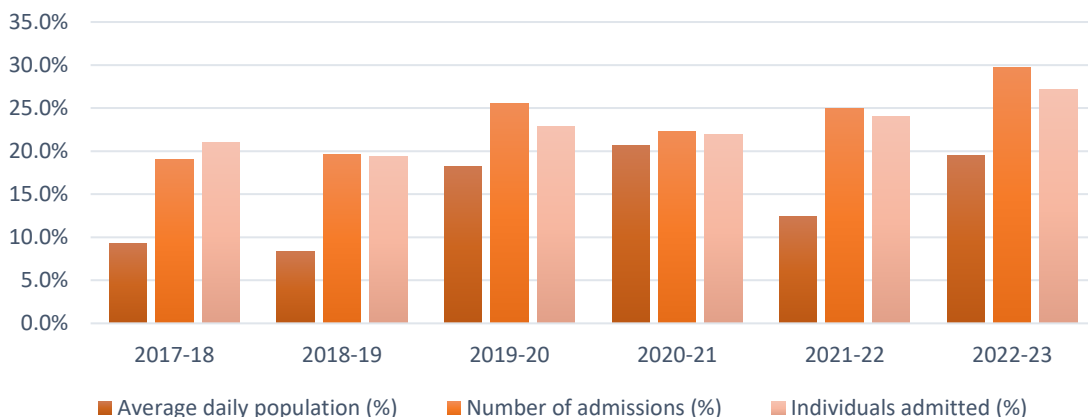
This is despite the fact that, since the TCV commenced reporting in 2017-18, there has been a significant increase in the proportion of the average daily population who are girls and young women.¹⁰⁹

In 2022-23, nearly one in five young people on an average day were girls or young women – double the ratio in 2017-2018.

Girls and Young Women in the Centre: Population

In 2022-23, a total of 88 young people (26.2%) who identified as female were detained at the Centre, with an average of 2.5 admissions over the financial year. On an average day, 6.3 girls and young women (19.5%) were detained.

Figure 38: Girls and young women as a proportion of key population indicators, 2017-18 to 2022-23



¹⁰⁹ There has been a more moderate increase in the number of admissions and individuals admitted to the centre: see Figure 38.

Unit Dynamics

Unlike male young people, girls and young women are housed together, regardless of age or phase level. There is no Protective Actions Unit equivalent for girls on Restricted Routines. This places girls at a distinct disadvantage – while young men can move units if there is conflict or tension, or they require additional behavioural management, girls have no such option.

Regardless of age, phase, and inter-personal relationships, girls are predominately housed in one 12 bed unit.

Mira* and Bianca*

Mira (aged 16) and Bianca (17) are in an increasingly heated fight. After Bianca assaults Mira, they are prevented from mixing (that is – sharing unit space). Mira is still stressed whenever Bianca passes her room, and if Bianca is upset she shouts threats and abuse at Mira across the unit. Mira stops leaving her room – she says she does not trust staff can keep her safe.

The smaller proportion of girls and young women can result in fewer freedoms and benefits. An analysis of modified routines in the second half of 2022-23 indicates that of all standard cohorts,¹¹⁰ girls had the greatest number of days 'modified' or where time 'out of rooms' was reduced (albeit by a slim margin).

Girls and women are conscious of this discrepancy, and based on data appear frustrated with the status quo. Notably, 94% of relevant girls and young women¹¹¹ were involved in incidents related to modified routines and/or isolation.¹¹² This included refusing to return to rooms, group 'stand offs' and becoming distressed after exercise periods came to an end.

Access to Rehabilitation

The *Youth Justice State Plan* acknowledged 'girls and young women have different programmatic needs to help them make positive choices'.¹¹³

"We need more stuff to do."

Young Person, aged 15

However, barriers to programs and education (discussed earlier) are compounded for young women.

All eligible girls and young women in the Centre generally attend education together. This means young women in year 12 may be in the same school lessons and programs as girls in year 5 (10 years old), despite markedly different needs and maturity levels.

This has far-reaching impacts, including on social development and peer dynamics. The young women in the Centre on any given day have an equal right to programs to support them and aid rehabilitation, despite their smaller proportion of the population. Instead, they report significant underrepresentation in programs delivered, and faced 84% cancellations of the programs that were scheduled.

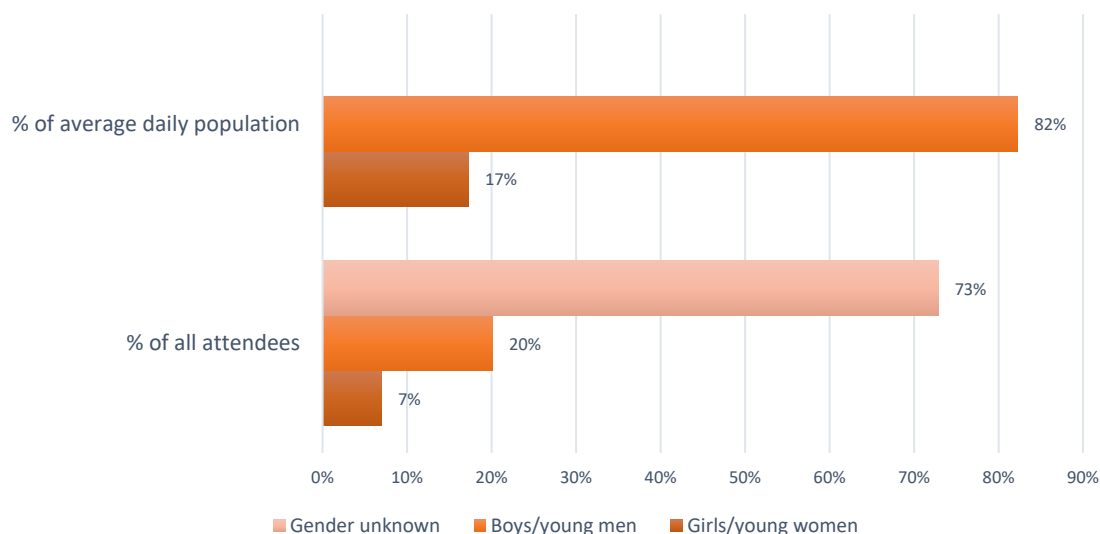
¹¹⁰ This does not include Protective Actions Unit or Police Custody Unit, noting both these cohorts are often operating to a different regime because of the differing management of the relevant cohorts.

¹¹¹ i.e. those girls and young women who were recorded as being involved in incidents.

¹¹² This statistic is obtained by considering incident reports, RICs, and other documentation to determine whether reduced staff was attributed by staff to their management of the incident, or by young people as the rationale for the incident. A common way this statistic is ticked off is when young people reportedly commence an incident by refusing to return to their rooms, during a modified routine.

¹¹³ Government of South Australia, DHS, *Youth Justice State Plan* (n 53), p 11.

Figure 39: Program attendees in 2022-23, by gender



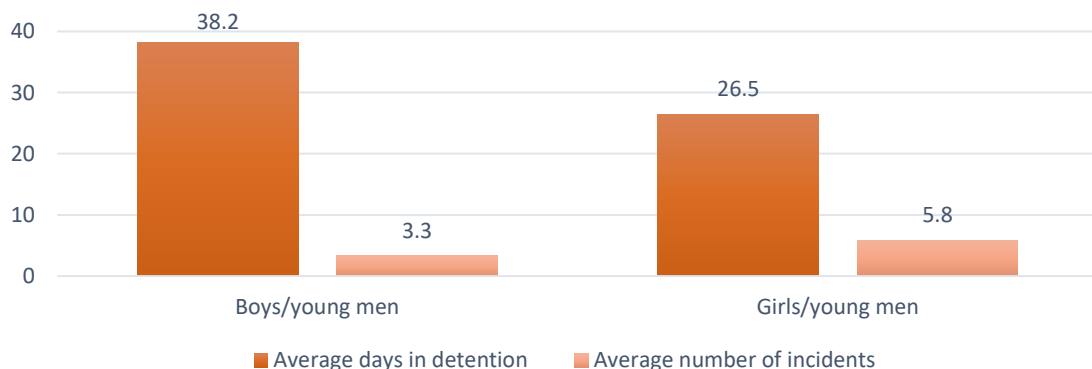
Aboriginal Girls – cultural support

The Aboriginal female population had access to one cultural program (Respect Sista Girls 2) and one cultural activity (Yarning Circle) during the year. It was reported by young people that these programs, while good, do not happen enough. Visiting Advocates noted that the interactions the young women had with Aboriginal program and activity facilitators were positive, and solid rapport was observed. However, for operational reasons these sessions were anecdotally often cancelled. The Aboriginal female young people (and program facilitators) continue to seek greater access to cultural support, programs and services, and broader programs and activities within the centre.

Involvement in Incidents

On average, girls and young women were involved in 5.8 incidents over the course of the year – this is significant noting the total number of average days spent in detention was 26.5. By contrast, young men were on average detained for longer but involved fewer incidents.¹¹⁴

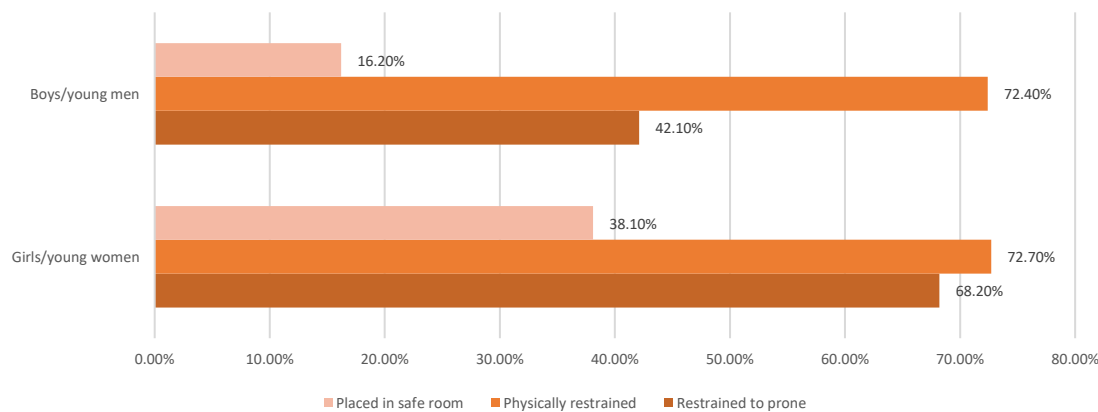
Figure 40: Comparison of average days in detention and number of incidents involved in during 2022-23, by gender



¹¹⁴ Young men were detained on average for 38.2 days, and were involved in 3.3 incidents.

More concerning, for girls, this higher involvement in incidents carries a disproportionate risk of restraint. The reasons for this are not immediately obvious, but the trend is clear - 66.7% of young women involved in incidents were restrained to prone. This is more than 20 percentage points higher than the same figure for young men and boys (at 46.6%).

Figure 41: Comparison of individual young people involved in incidents in 2022-23 who are restrained to prone, by gender



Beyond the impacts of prone and restraints outlined earlier in this report (injuries and mental health concerns), the TCV highlights there are additional impacts for girls and young women – namely, that a male-dominated workforce is responsible for their management. This workforce composition means that young women are invariably subject to restraints (including to prone) by men. Even when these restraints occur in line with protocol, for young women who have childhood trauma associated with experiencing or witnessing gendered violence, they may be triggering and distressing and have ramifications for their trauma recovery.

Rosalie*

Rosalie is 16 years old and struggles with body image and disordered eating – she is very self-conscious and often complains about feeling uncomfortable in the Centre-issued clothing. One day, she refuses to return to her room because she has not yet called her dad, who she tries to speak to every afternoon. She is escorted to her room. During the escort, her shirt is accidentally caught under her arm, exposing her stomach to the other girls and staff. This stresses her out more. She resists staff and is restrained to prone in her room. To avoid injury, staff restrain her on her mattress. Rosalie has survived sexual violence in the community, and this triggers her.

The TCV acknowledges staff are conscious of this, and are trained to ‘preserve dignity’ of young people. This can include by ensuring pat down searches are performed by staff of the same gender, or ensuring that where clothing is pulled aside and young people exposed during a restraint, it is rectified as soon as possible. However, these efforts do not always feel sufficient to young women, who may be embarrassed or triggered even by brief exposure, and often raise if this occurs during an incident.

Being a Girl in a Male-dominated Space

As a minority in the Centre, young women and girls face a different level of scrutiny, and experience detention in a different way than their male peers. Particularly when noting that Centre infrastructure, both physical and social, focuses on typically heteronormative male needs and experiences.

This discomfort around male staff may extend to seeking health support. Young women feeling uncertain about contraception, pregnancy, menstruation or other sex-specific issues often have male staff as a first point of contact. This can be distressing for girls who may be experiencing these concerns for the first time.

Girls and young women anecdotally report dual expectations from staff that they present as stereotypically female, while conforming to requirements derived from the male-centric infrastructure. Young women spoke to the TCV of staff directing them to be “ladylike” or “act like a lady” when they were boisterous in the unit space, and having staff critique hair or hygiene in ways they found “*embarrassing*”.

Simultaneously, they felt unable to present as female, frustrated at the clothing provided to them, and limited access to hygiene and female-oriented products available based on phase level. This was particularly significant for young women prevented access to razors – usually due to self-harm concerns – who were unable to shave their legs and armpits.

“We are being forced to wear boy clothes”

Young Person, aged 16.

Handwritten text in colorful markers: "you can't tell us to act like a lady when some don't wanna be a lady/girl". The text is written in a casual, slightly slanted font with various colors for each word.

Image 30: Words written by young person in the Centre

Clothing in the Centre

Clothing for young women was initially raised as a concern in the Pilot Inspection Report. Over the financial year, the following have been raised:

- young people are provided clothing in pre-prepared ‘packs’ of tops and bottoms based on size. Anecdotally, this can be frustrating for young women, who have diverse body shapes may wear different sizes top and bottom.
- bras cannot have underwire (due to self-harm and property damage risks) so young women may not be properly supported.
- underwear styles may not suit the varied shapes of young women, resulting in underwear that “cuts in” to their bodies in different areas. Some young women reported ripping the leg holes of their underwear to reduce discomfort.

Female centre management are responsive to these concerns when raised.

As a point of cognitive dissonance, while wearing clothes they consider shapeless or unflattering, girls had the constant experience of sexualised during their time in the Centre.

“It’s all because we have boobs!”

Young Person, aged 15.

The Centre makes a point of segregating 'girls' and 'boys', ostensibly to prevent harassment. In some cases, if not managed appropriately this segregation can result in heightened behaviours from both cohorts. Staff and young people reported that moving the girls across the yard to school, programs or the gym, can often result in harassment and calling out from the various boys' units. While some girls reportedly reciprocate this behaviour, anecdotally, this generally impacts their sense of comfort within the Centre.

"You don't want to be stared at..."

Young Person aged 15

Case Example: The Long Sleeved T-shirts

Several young women suggested introducing long sleeved, high-necked, grey t-shirts to wear in winter. These were approved and provided by management, however within a week of their delivery, the girls had been told the tops were not appropriate to wear outside the unit, as they were too "revealing" as they were somewhat fitted. They reported staff telling them "nobody wants to see that", which the girls said felt like "body shaming". They pointed out that while they had been prevented from wearing long sleeved tops, the boys and young men often took their shirts off entirely when walking back from the gym. Young women argued that young men can walk around half naked, and they can't even wear a long sleeve shirt. This has since been rectified, and the Centre has confirmed young women can wear the long-sleeved shirts issued to them.

Seeking Magic Mike

Towards the end of the financial year, girls began taking issue with the high prevalence of sexualised female characters in the action films favoured by the Centre. They suggested, tongue-in-cheek, movies like Magic Mike be included on the rota, out of fairness.

"We can't be as free as [the boys] because we don't have boy bodies."

Young person, aged 16

Very Young People in the Centre

Charter of Rights *Not to have force used against you, or restraints used on you, unless absolutely necessary, and never as a punishment.*

The age of criminal responsibility in South Australia is 10 years old, a child typically in year 5 at school. This means on any given day there may be primary school students detained in the Centre.

In 2022-23, 39 young people under the age of 14 years were detained at the Centre. The average daily population for this age bracket was 0.8 young people (2.5%),¹¹⁵ with an average of 8 days in detention. The age of criminal responsibility in South Australia is 10 years old, a child typically in year 5 at



Figure 42: Representation of daily proportion of young people under 14 years in the Centre in 2022-23 (rounded to nearest whole number)

¹¹⁵ Average daily population information may not be directly comparable to other publicly available youth justice data sets. See n 10 for detailed explanation.

school. This means on any given day there may be primary school students detained in the Centre.

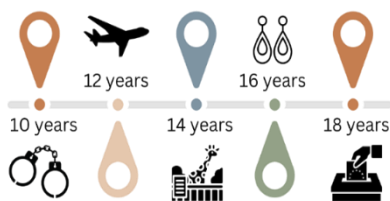


Figure 43: Timeline of (example) age-based limitations on social participation for young people

For the first time since 2019-20, there were 10-year-olds detained in the Centre.¹¹⁶ While these two young people were deemed old enough to be sent to jail (albeit for short periods) they are not old enough to:

- catch a flight alone (without registration as an unaccompanied minor) until they are 12
- go to Adelaide Zoo without an adult until they are 14
- get a piercing without guardian permission until they are 16
- vote in a local council or other election until they are 18

Life in the Centre for Young People 14 years & Under

Between 10-14 years of age young people experience a period of significant transition across many life domains, including the shift from primary school to high school, and puberty.

For many, admission during this time period will also constitute their first detention in a youth justice facility. Unfortunately, data on the rates of recidivism for those who come into contact with youth detention at young ages suggest it will not be their last. However, this population is also one likely to be in the centre for short periods of time.¹¹⁷

The TCV opens monitoring files for all young people under the age of 14.

Sara*

Sara is 12 years old and has never been in the Centre before. When staff tell her she can make her first ever phone call, she gets confused by the pre-set numbers in the phone booth. She presses random numbers and calls the TCV by mistake. When Visiting Advocates ask how they can help, she says she just wants to talk to her grandma.

Involvement in Incidents

There were no recorded incidents for young people between the ages of 10 and 12 over the financial year. However, after a young person's 13th birthday, this shifted.

There were 16 incidents occurring for 13-year-olds over the financial year, and physical restraint was used in 100% of these. This can create issues, as MAYBO Restraint techniques utilised by staff are not always effective against smaller bodies. The TCV noted a trend of resorting to non-Maybo techniques when trying to guide or restrain young teens.

"Pre-pubescent children have additional vulnerabilities in terms of an increased risk of falls, increased risk of head injury and increased risk of damage to bony growth plates." Maybo¹¹⁸

¹¹⁶ It is acknowledged that the two relevant individuals were released within one day.

¹¹⁷ There was a 25.0% reduction in the number of children under 14 years admitted to the centre (from 52 in 2021-22 to 39 in 2022-23) and a 47.5% reduction in the number of admissions for a child under 14 years admitted to the centre (from 179 in 2021-22 to 94 in 2022-23).

¹¹⁸ Maybo (n 60).

Incidents or periods of unrest are not uncommon in the young boys' unit, as anecdotally remarked upon by other young people in the Centre.

"There's little kids in here, they can't help it"

Young person, aged 17.

Over the financial year, prone was used against those 14 years and under in 32.5% of incidents, despite it not being considered an appropriate restraint position for their age group. One 14-year-old Aboriginal young person, detained for a total of 105 days, was restrained to prone at least 15 times across 21 incidents. The young person may also have been restrained to prone multiple times within a single incident.

Figure 44: Comparison: Number of individual young men detained and number of incidents in 2022-23, by age¹¹⁹



In the above Chart, there is a spike in incidents occurring at 14 years (i.e., the last year a young person is considered a part of the 'young boys' cohort). Potential drivers of this overrepresentation are discussed below.

Growing up in the Centre

In the Centre, prepubescent and young male teens are usually housed together until they turn 15 and move across to the older boys' cohort.¹²⁰

For pre-teens struggling with their sense of self, belonging to this cohort (called 'young boys') with children as young as 10 can be frustrating, particularly as they watch older peers move across to the general population. Over the financial year, the TCV observed young people advocating strongly to join 'the older boys' at younger ages (beginning from 14), despite the rehabilitative support and leeway they may be afforded as 'young boys.' These shifts were often watched with trepidation by case workers and staff, nervous about how young people would cope with the sudden change in environment. On several occasions, young people were accommodated in the Protective Actions Unit as an interim measure, resulting in isolation.

¹¹⁹ Because young women do not experience the same transition in cohort (and therefore staff approach and treatment) they are not included in this chart.

¹²⁰ This is not the case for young girls, who (as discussed prior) are detained in the same unit space as girls of all ages.

Jace*

Jace is a 14-year-old Aboriginal young person, frustrated with being held in young boys, while his friends from community (aged 15) are in an older unit. When his requests to move are not successful, he damages his room in Young Boys, advocating to move units, and continues this pattern until he has placed several rooms in the unit out of use. Despite his young age, he is moved to the Protective Actions Unit due to the rooms there being able to withstand a higher degree of attempted property damage. In Protective Actions Unit, Jace continued to ask to move to the older boys' units. Overall, Jace was kept in conditions of solitary confinement for a period of 6 days, before re-joining the Young Boys cohort.

The TCV considers this an indication of the flaws of detaining young children – rather than the system disincentivising offending, it establishes a clear trajectory, and then promotes this to young people as a rite of passage or sign of maturity and growing up.

Positive Practice: Family Support

Visiting Advocates noted on one occasion, where two brothers were detained in the Centre, the elder was housed in young boys, so he could provide emotional support to his younger brother, who had never been in custody before.

Raising the Age

Subjecting children as young as 10 to criminal legal processes and periods of is extremely damaging and has long lasting impacts. The evidence overwhelmingly shows that this negative exposure during a critical period of brain development adversely impacts the health, wellbeing and long-term outcomes for young people. It has a particularly harmful impact on children with developmental delay, disabilities and those that have experienced complex developmental trauma.

This is reflected in the following statement, appearing in an open letter that a coalition of 32 Australian health and medical organisations, which called on all Australian governments to raise the age of criminal responsibility to at least 14 years:

“Many children aged 12 are still in primary school and many 13-year-old children are just entering high school. Neurodevelopmental evidence demonstrates that adolescence is a unique, defining stage of human development. It is characterised by rapid brain development, increased impulsivity and sensation-seeking behaviour, coupled with a heightened vulnerability to peer influence which affects decision making capacity. Documented evidence in the fields of child development and neuroscience indicates clearly that maturity and the capacity for abstract reasoning are still evolving in children aged 12 to 13 years, due to the fact that their frontal cortex is still developing”¹²¹

The TCV strongly advocates for the South Australian government to raise the minimum age of criminal responsibility to at least 14 years old. This is a fundamental matter of human rights for young people in Australia, as reflected in the fact that the UN Committee on the Rights of the Child has repeatedly called on Australia to raise the minimum age of criminal responsibility to at least 14 years.

During 2022-23, the Standing Council of Attorneys-General released the 2020 report of the Age of Criminal Responsibility Working Group. This report undertook a comprehensive review of legal and social

¹²¹ The letter is available at

<https://static1.squarespace.com/static/626a302c86867e538989f657/t/626b2ac137caa619cddb5306/1651190466548/Open%2Bletter%2B-%2Bhealth%2Bevidence%2Bfor%2Braising%2Bthe%2Bage%2Bto%2B14%2B%281%29.pdf>.

conditions across Australia. In line with comments made by the UN Committee on the Rights of the Child,¹²² the Working Group recommended that all State and Territory governments raise the minimum age of criminal responsibility to 14 years of age, without exception.

Despite arguments that the falling detention population for children under 14 years removes the need for legislative reform in South Australia, the TCV firmly asserts that one child under 14 detained is too many. Over 2022-23, there were 39.

This is too many young people potentially facing long-term negative life outcomes, however it is a small enough cohort that the South Australian government could find and fund alternative service responses for them.

Access to Justice

Charter of Rights *To get help to see a lawyer, and to talk to them privately.
To have an interpreter for formal meetings or medical examinations if you are not fluent in English.*

Court is the unseen vehicle governing young people's time in custody. Of the 32.3 young people detained in the Centre on any given day, 90.4% of them have not been sentenced. That is, they have not yet been found guilty of a crime and are still going through their criminal matters in Court.

Uncertain remands, due to placement fall-through or new charges, can be distressing. The TCV often monitors young people unexpectedly remanded despite hopes of release, due to their increased vulnerability and agitation.

The progress of matters (theirs, and others) is meaningful to those detained. Young people discuss Court openly with staff and each other, comparing notes on lawyers and magistrates. While this can provide a sense of solidarity, it has downsides. Others' court outcomes may make young people apprehensive for their own matters.

"No one's been released from this unit in three weeks. I'm meant to be out tomorrow but who knows anymore? I'll probably never get out."

Young Person, aged 17

The anxiety Court can produce is compounded by its inaccessibility. The complexities of legal arguments and processes can confuse young people. Likelihood of in-person contact with legal representation is limited, particularly for young people awaiting the duty lawyer service. This makes a process which will determine a young person's future even more difficult to understand in real time.

"[Judges] all just talk and talk and talk and I don't know why."

Young Person, aged 15

¹²² UN Committee on the Rights of the Child, *General comment No. 24 on children's rights in the child justice system*, UN Doc CRC/C/GC/24, 18 September 2019, para [22].

Of additional anxiety to young people is the Court's perception of them. In an already confusing process, young people who have faced racism or prejudice in the community, may attribute poor or unclear court outcomes to those same prejudices. For Aboriginal young people, this was reported as a source of stress.

"I shouldn't be treated any differently just because I'm black. But ... they look at my last name and they know I'm different."

Young Person, aged 15

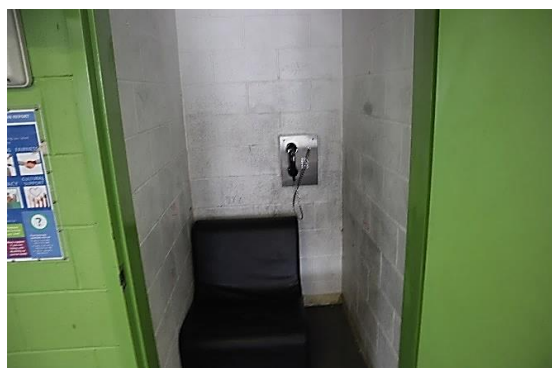


Image 31: Phone booth in the Centre, where young people will often have first contact with their lawyer, before court

Virtual Court

The distance young people may feel from their own court proceedings was exacerbated by Covid-19 measures, which included a near-total shift from in-person appearances at court, to virtual court. In South Australia this has continued, and during the 2022-23 financial year it was announced that the Youth Court Cells would be closed. As a result, young people detained at the Centre are not escorted to appear in person at the youth court like their peers in the community. Rather, they appear via video link from a room within the Centre.

There are positives about appearing by video link. If young people appear in person, they are transported by external private staff, spend the day in the cells below the Youth Court, and are searched on their return to the Centre. The environment may be unfamiliar, and many young people express shame at wearing handcuffs in public for medical or court appointments. Some young people, given the choice, would opt for virtual court. This was discussed in the SADI report, where a young person stated *"...when you go off in court, so say, for example, if [I got] like ten months, you know, and you go off, you get like, you'll get like tackled. So, if you're [at the Centre, via virtual court] if you go off, like they'll just turn the video link off and you'll sit there and just cry, you know."*¹²³

However, the TCV has a responsibility to consider not just preference but best interests for young people. In this context the following are noted as concerns arising from the Virtual Court default:

Giving Instructions to Lawyers

Beyond providing legal advice, lawyers act as young people's mouthpiece, making their case to the court. Without rapport or understanding, a young person's story may not be told properly to the courts which can impact their chances of being bailed, and the severity of their sentence. This was raised as a concern in a recent study of interstate Youth Court proceeding, which reported lawyers were "concerned about the need to obtain clear instructions from young persons before and during hearings" when Virtual Court is utilised.¹²⁴

Ability to Understand Proceedings

Without easy capacity to speak to a lawyer before, during or after Court, the role of explaining outcomes can fall to staff or case workers. As one stakeholder noted, *"A lot of [young people] don't comprehend what is going on. They say 'what's happened?'"* These views are echoed by young people, who often express

¹²³ OGCYP, *The Final SADI Report* (n 5), 69.

¹²⁴ Terry Hutchinson, 'Court appearances via video link for young people in detention in Queensland' (2021) 631 *Trends & issues in crime and criminal justice* 1, p 9.

incomprehension of their own matters. One told a Visiting Advocate *"I didn't know I had to make a bail."* This may be compounded for young people with disabilities.

Blurred Lines: Court and detention

In the community, it is inherently clear to young people when their matters are before the Magistrate. In the Centre, these lines become blurred, as Court occurs in the same location as their detention. To some extent, this may reduce young people's perception of the significance of court. The TCV has heard reports that young people, feeling separate from proceedings on the screen, may behave in ways which the Court perceives as disrespectful, such as asking questions of nearby staff, getting distracted by surrounding noises, or fidgeting. It is unclear how much of this is related to the above-referenced issues with understanding proceedings. Regardless of the reason, this can negatively impact the Court's opinion of young people.

Confidentiality

Children's criminal matters occur in 'closed court,' meaning members of the public and most stakeholders are not permitted to attend without approval. Young people reported feeling self-conscious about court matters, occasionally raising embarrassment or shame when unknown persons were present for their Court mentions because it made them *"look really bad."* Despite efforts to keep virtual court equally private, its presence at the Centre means the centre remains responsible for safety of those on site. The constant monitoring of young people's behaviours means that staff will pay attention to the progress of court matters, and may therefore be exposed to private information. Shift reports indicated occasions when, if it was anticipated the outcome of a matter would be upsetting to a young person, Staff would be placed in the vicinity, and even in earshot.

"Staff sit in the room and hear all your personal shit... then they use that against me to set me off."

Young Person aged 17

Sense of Connection to Proceedings

Virtual Court means that young people participate in their own criminal matters through a screen. At a base level, this is subject to all the standard technological barriers which can impact online communication (the picture or sound might not be clear, the camera angle may be askew, the available screen might be small). Further, the young person is not a physical presence in the court room and as such is held apart from their own legal proceedings. Young people's lawyers appear, not with the young person they represent, but in Court, prioritising access to magistrates over young people's connections to their legal representation. While understandable, this can be alienating.

Time to Emotionally Prepare for Court, and Debrief Afterwards

Court has the potential to be extremely distressing. Young people must remain calm and silent as they hear adults make submissions about their lives, behaviour, and futures. It may involve re-living details of alleged offending, as well as delving into past trauma, disabilities, or family situations. All of this, even when raised in a young person's defence, may be highly distressing. For young people who struggle with emotional regulation, this can be difficult. TCV understands prior to Virtual Court, the drive to Court served as a liminal period in which young people could emotionally prepare and regulate prior to their return if the outcome was not positive. There is no such opportunity when a young person appears via Virtual Court. Shift logs are full of references to heightened or distressed behaviour following court mentions.

That this occurs in a space where young people will be scored on interactions and may be restrained, elevates potential ramifications.

Impact on Centre Operations and Admissions

In addition to the burden on young people, there is impact on the Centre. For video link appearances, Centre staff must facilitate movements. These escorts, although from one building to another, take at least two staff to complete and supervise. These staff are pulled from other duties on the floor. In a centre managing staffing shortages, this is a significant use of resources which may equally affect other young people's time 'out of rooms'.

Additional Time in Police Cells

The Centre accepts all admissions for a young person remanded or detained following a Youth Court hearing. However, operational rules dictate that Centre staff will not accept admissions from police custody (following arrest) between 6:00am and 5:00pm, Monday to Friday. In past years, if a young person missed the 'cut-off', they would remain in police cells until the Adelaide Youth Court cells opened for the day, after which they would be transferred to court to wait for their first hearing. In 2022-23, the decision was made by the CAA to close the Adelaide Youth Court cells, and move all hearings for young people in custody to videoconference facilities. As a result, young people are spending increased time in police custody.

The TCV has voiced her concerns and disagrees with the permanent and ongoing use of AVL for court hearings. This has been raised in stakeholder groups and the courts. The TCV sees this as a violation of young people's rights and will continue to advocate for the Courts to improve their facilities to enable young people to attend court in person. The TCV intends to continue her advocacy at a state, national and international level.

The TCV will observe this, noting developing research on the efficacy of Virtual Court.

Warehousing of Young People

Hand-in-hand with this perceived lack of access to justice is an increasing trend of young people being remanded. While 40.4% of young people on an average day in 2021-22 were held on sentenced detention, in 2022-23 this fell to 9.6%.

Young people must be afforded every opportunity for fair legal proceedings, which may involve reasonable and unavoidable delays in court proceedings. However, where court sittings or legal aid resourcing limitations are drivers of delay, this is a matter that seriously impacts young people's experiences of detention, and their legal and human rights.

Compounding experiences of engaging with court proceedings, extended periods in unsentenced detention can lead to negative outcomes associated for transition planning to return to the community – including ensuring support services and housing are in place.

Reportedly, some young people face extended remands not because they are considered an inherent threat to the community, but because no appropriate placement has been sourced.

Birthdays in detention

Over the financial year, 27 children and young people spent their birthday in the Centre. The youngest was 13 years when first admitted and turned 14 while detained.

The TCV has observed this occurring across three clear areas:

- **Residential Care placement shortages:** The TCV has raised the issue of DCP relying on the Centre to house young people, due to a lack of alternative suitable placements. Per the SADI report, young people have alleged DCP representatives directly advocated for their detention,¹²⁵ and over the financial year there were reports of DCP caseworkers stating they would seek an adjournment (therefore, continued remand) of a young person's matter due to a lack of placement. Residential care placements are in high demand – when a young person's placement has broken down, sourcing another can create a delay. The TCV received multiple referrals from Youth Justice for young people remanded for this reason.

Celeste*

Celeste has been in the Centre for months, but she is expecting to get bail on her next court mention. Celeste's caseworker tells Celeste that because she's been in the Centre so long, she no longer has a room at her old placement. They need to find her somewhere else to live. As Celeste's court date approaches, her caseworker decides to ask the magistrate 'to extend her time in [the Centre]' until they can find her a placement.

- **Lack of Housing Options:** Young people not supported by their parents but not under guardianship exist in a grey area, where their predominant case management is Youth Justice, and no guardian is participating in sourcing their placement. Anecdotally, many young people not under guardianship raise frustration with lack of placement impacting their release. Of the 73.8% of young people admitted to the Centre not under guardianship orders, an unknown number are dealing with transience. More broadly, however, 23% of those experiencing homelessness on the night of the 2021 census were between 12 and 24 years old.¹²⁶ Anecdotally, Visiting Advocates are aware of young people whose sentencing has been delayed until housing has been sourced or whose workers have repeatedly called Youth Homelessness services, unable to source one who would accept them a young person with onerous bail or home detention orders.
- **Mental Health:** there is no long-term facility to care for young people in South Australia experiencing chronic mental health presentations. When young people's mental health conditions present in ways which involve offending behaviour, this can mean they face remand despite minor charges. Visiting Advocates note one young person on a 71 day remand was admitted to Mallee Ward 3 times.
- **Drug and alcohol use:** Coming into effect in 2021 the YTO scheme¹²⁷ contemplates detention and forced treatment of a young person with substance dependency issues.

The Centre – with its guarantee of shelter, clothing, food and supervision – can feel like an attractive option for stakeholders to manage young people struggling in the community. However, this presupposes the Centre is a benign environment, and appropriate place for young people whose complexities are barriers to their engagement. In reality, operational barriers mean young people in the Centre may not be more likely to have access to school or supports than they would in the community.

These two issues – the pivot to virtual court and the apparent increased warehousing of young people – could be linked. When young people appear at their court matters, already dressed in prison uniforms

¹²⁵ OGCYP, *The Final SADI Report* (n 5), p 72.

¹²⁶ Australian Bureau of Statistics, *Estimating Homelessness: Census: Estimates of people who were experiencing homelessness or marginally housed as calculated from the Census of Population and Housing (2023)*, 'Key statistics'.

¹²⁷ See, OGCYP, *YTO Visitor 2022-23 Annual Report* (2023).

and with an assigned cell metres away, does this reduce the Court's sense of the significance of a further remand?

Hearing Young People

Charter of Rights *To be given a copy of and have explained to you the rules of the centre, and rights and responsibilities, in a language that you can understand.*
To make a complaint about your treatment to an independent person (like an official visitor) and to be told what happens with your complaint.
To have a say in decisions about your rehabilitation and other issues that affect you.

The TCV advocates for the rights of young people in the Centre, regarding matters of their care, treatment and control. However, it is in young people's best interests that they are supported to speak up, for themselves and others within all aspects of the Centre operations.

To that end, and in line with young people's charter rights, the TCV continues to focus on advocating for the improvement of mechanisms through which young people can self-advocate.

Currently, the primary means for doing so within the Centre are:

- completing 'Feedback Forms' at a young person's discretion and instigation
- completing Resident Impact Comment Sheets following involvement in an incident
- participation in the Youth Advisory Committee.

Young People's Feedback and Complaints

Complaints are an important way for the management within the Centre to be accountable to individual young people, as well as provide valuable insight for purposes of reviewing Centre operations and the conduct of people that work within it. An effective complaint handling system provides three key benefits:

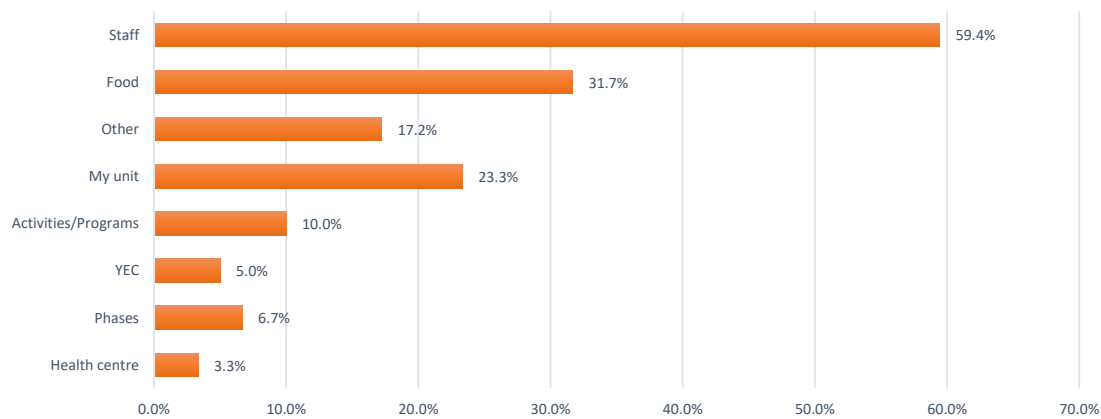
- it resolves issues raised by a young person
- it provides information that can lead to improvements in service delivery
- where complaints are handled properly, a good system can improve whole of centre operations and strengthen the young people's confidence in the care they receive and the relationships that are meant to support rehabilitation opportunities for them.

At present *Feedback Forms* remain the only mechanism available for them to raise an internal complaint themselves.¹²⁸ Despite this, Feedback Forms remain underutilised by young people, and seemingly unprioritized by the Centre.

Upon analysis, there were a number of key themes highlighted in the 2022-23 feedback forms: staffing, food and unit conditions were the highest areas of concern for young people. This is not too dissimilar to the matters that young people raise with the TCV.

Figure 45: Subject of Feedback Forms in 2022-23

¹²⁸ It is acknowledged that, in conjunction with the TCVU, the Centre is in the process of implementing a phone line to facilitate contact for young people with literacy deficits or other barriers to using feedback forms.



Complaints about Staff

As staff author most Centre records, their perspectives take primacy and often precedence over the experience of young people. The Feedback process is a key opportunity for the Centre to gain insights into young people's perspectives around the staff employed to care for them, and their detention more broadly. The TCV believes that the Centre often misses opportunities for genuine engagement, service improvement and reinforcement of operational orders when they do not prioritise complaints and feedback from young people. Consistently, most feedback forms relate to staff.

The TCV has observed a systemic failure to treat young people's Feedback Forms seriously, on the basis that their 'allegations' are unable to be verified, often such feedback is met with defensiveness and individual personalisation of these matters. This is not only to the detriment of the young person, but the Centre more broadly, which could use individual experiences to make systemic improvements.

Young People's Solutions to Isolation

As highlighted in Table 13 below, young people raised serious about modified routines in 2022-23. Through Feedback Forms, young people have 'suggested' the following solutions for staffing shortages and modified routines:

- more staff in their units,
- more time out of cells,
- new movies to watch to help them cope with lockdowns,
- realistic routines that staff could keep to
- cuff traps for their room doors so that staff could feed them during lockdowns.

Table 13: Examples of Complaints (via Feedback Forms) from young people regarding modified routines and isolation in 2022-23

| Subject matter of young person's complaint | Recorded response |
|--|--|
| Request for more staff, so that young people could spend more time out of their cells | I mentioned that we were actively attempting to recruit more staff |
| Young person wanted more time 'out of rooms' to go to the gym for exercise | I explained that the last few nights we had been very short staffed (which [the young person] understood). I did mention the staffing is getting better this week so we can look to have more access to the gym |
| Complaint that unit had been 'running modified' for a week, and young people had not been allowed out to call their family | Resident understands that short staffing, operational pressures and incident management all take a toll on how shifts and modified routines are run. |
| Complaint that adult prisoners are entitled to more time 'out of rooms' than young people. Included statement that young people barely have one hour out of cells | Resident understands that short staffing, operational pressures and incident management all take a toll on how shifts and modified routines are run. |
| When young person complained about being placed in his cell, he was told to call the TCV if he had concerns. Young person requested to call the TCV and staff refused to let him out to make the call. | Spoke with staff member involved who had to think back to this event and believed that the resident was secured due to operational pressures and/or as part of a modified routine. ... Staff member advised that he would never not allow a resident the right to call the TCVU but stated that at the time the resident was probably unable to access the phone due to all residents needing to be secured. |
| Resident complained about being secured in his room at 7:00 – 7:30, when his phase bedtime was meant to be 8:30. | Resident appears to be confusing bedtime with modified routines. When speaking with the resident he appeared to be venting frustrations about constantly having to be placed in his room on PM shifts for modified routines due to short staffing. |
| Request for TV to be on for a longer time period, because young people in their unit were not able to go to school | [Staff member] advised that every effort had been made to ensure that all units had equal opportunity to attend Education. This did vary based on Dynamic Risk Management Plan status, daily risk assessment and operational and teaching staffing levels |
| Complaint about late unlocks | There has been a number of modified routines with young people late to leave rooms, with the recruitment of 10 new staff ready to start soon we are hopeful this will improve |
| Young people on Restricted Routines receiving more time 'out of rooms' than 'phase level' residents | Resident is aware that staffing shortages, operational pressures and incident management affect the way that shifts and modified routines are run. Assured resident that operations Supervisors are expected to run routines that allow all residents equal and as much time as possible 'out of rooms'. Unfortunately, however Restricted Routines do take precedence |

The Centre is required by its own procedure to provide written outcome responses to young people who have raised concerns.¹²⁹ Over the financial year, there was not one written response provided to Feedback Forms (these are requested for viewing by the TCV upon review of records, none were provided), regardless of the severity of the complaint or the young person's indicated desire for a response.

Many young people in the Centre struggle with reading and writing. This should not preclude them from being able to provide feedback or make a complaint. The TCV has witnessed, through review of forms, that on occasion young people have attempted to complete them. Often, forms contain spelling errors, pleas for help, and highly emotive language. These are a true and vulnerable example of young people's feelings – when young people take the time to complete them, they should be acknowledged.

Young people report a lack of faith in the Centre's capacity to support them, due in part to what they consider insufficient responses to the concerns they raise. This may disincentivise them from providing Feedback (positive or negative) in the future.

Just over 30% of young people who complained appear to have been notified of the outcome,¹³⁰ and only ever verbally. This also removes any capacity to confirm how a young person felt about the outcome.

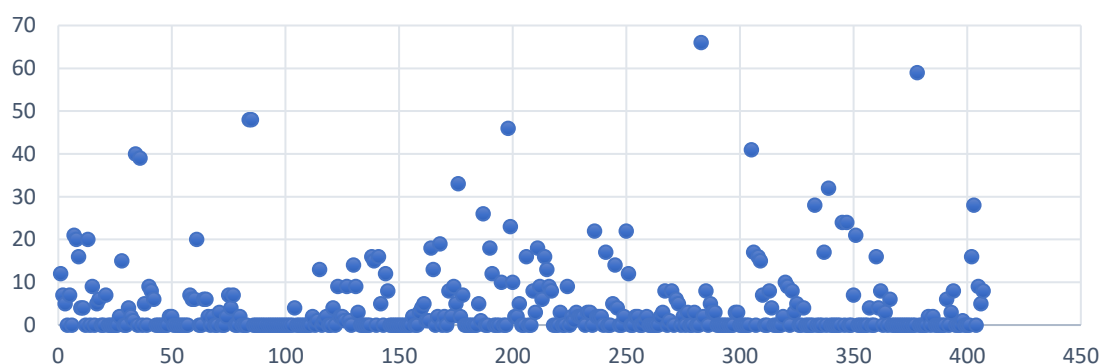
After an Incident: Young People's Chance to be Heard

Beyond Feedback forms, the other avenue for young people to raise their voice is via Resident Incident Comment Sheets ('RICS'). These sheets are provided to young people to complete after their involvement in an incident, and ultimately form part of the formal record of that incident. They should be considered by management and independent bodies when reviewing staff conduct and practice. In addition, completion of these forms is legislatively required where a young person has been physically restrained.¹³¹

For many young people, a RICS will be their only opportunity to voice concerns regarding staff conduct, injuries they sustained, or triggers for an incident.

Via Review of Records, Visiting Advocates reviewed 193 different RICS forms – while substantial, this amounts to fewer than one in two (47.4%) of the RICS which the Centre should have supported young people to complete following incidents.

Figure 46: Number of days to complete RICS in 2022-23



¹²⁹ Feedback must be 'responded to in writing by the relevant Manager within 30 days': Government of South Australia, DHS, *Adelaide Youth Training Centre – Operational Order 32 Client Feedback*, para [3.1.3], p 4.

¹³⁰ 31.3%, or 56 forms.

¹³¹ *Youth Justice Administration Act 2016 (SA)*, s33(3). This provision also requires that the young person write, sign and date the form unless they cannot write, in which case they can nominate a person to do so for them. Importantly, this person must not be an employee of the Centre, or have been present during the relevant incident that lead to the use of force.

For those young people who were supported to complete a RICS form, the time frame ranged between 1 and 66 days after their incident – the average time for completion was 9.5 days. In this time, young people may have been involved in any number of subsequent incidents. The quality of the RICS, and of young people’s engagement in the process, remains variable.

Joe*

Joe is 16 years old. When he is admitted to the Centre he is coming down off substances. He is involved in two incidents, occurring within about a day of each other. The following week, his case worker asks him to complete RICS for both incidents at once. Joe struggles to remember the incidents. It’s been nearly a week since they occurred, and he was under the influence at the time. He doesn’t know which RICS is for which incident. On both he simply writes “I don’t remember I was high”

Nonetheless, these are an incredibly valuable sources of information – while some young people decline to participate (often not understanding the purpose) others provide significant detail about the lead-up to an incident, as well as means to prevent such escalation in future.

Unfortunately, young people who complete these detailed RICS are not spoken to after the fact. Many young people raised with the TCV that there was “no point” in completing RICS, often referencing that they had done so in the past, but never heard back from the Centre. Concerningly, some young people equated the RICS with the Feedback process, believing they had made a formal complaint about staff conduct, and being distressed at not hearing an outcome.

Through her Review of Records reports, the TCV has recommended that whenever young people do complete RICS and raise issue, it should be considered a complaint and handled accordingly.

‘Capable’ of Providing Feedback

The TCV noted a trend over the financial year where case workers did not support young people to complete RICS, ostensibly based on advice from mental health professionals. This is a complex matter – young people with mental health conditions are highly vulnerable and their perspective is valuable. However, minimising the potential re-traumatisation is important. The TCV noted the medical advice quoted as the justification for these decisions never seemed to be attached to the incident file.

Youth Advisory Committee

To push for positive change, young people should have access to Youth Advisory Committee (YAC)s, wherein representatives of each unit attend a meeting with management, to discuss issues and opportunities for improvement.

The YAC is scheduled to take place monthly and is chaired by the General Manager of the Centre, or a member of the management team. In this way, it gives certain young people the opportunity to have contact directly with Management.

The meetings are formal, run to an agenda and minuted. To ensure a representative sample of attendees, one young person from each unit cohort attends. In addition to these young people (usually numbering 5) the following staff are present:

- Accommodation Managers,
- Supervisor Assessment and
- Case Coordination,

- Senior Programs Practitioner,
- Training Compliance & Welfare Manager,
- Senior Aboriginal Cultural Advisor

Unlike the other measures named, this is not an avenue for personal advocacy, but systemic. Young people make comment regarding general issues like food availability, time 'out of rooms', programming and the like. However, it has limitations.

- **Too many adults:** The TCV hears feedback from young people that meetings are crowded, and usually dominated by adults. In this setting, despite good intentions young people become a minority in a process that is enabled to allow their voices to be heard. For this reason, while, a Visiting Advocate occasionally attends to provide oversight, the process is best supported from the outside.
- **Overly formal environments:** The formalities can also be a challenge for young people. For those unused to meeting settings, the agenda, action items, and stilted environment can be a barrier to speaking.
- **Male dominated meetings:** for young women, it can be distressing to be a lone female in a space full of male peers and adults. Young women reported feeling uncomfortable or "*silly*" raising matters specific to their cohort in this space. Reportedly, young women can attend in pairs, but this does not frequently occur, likely due to a lack of knowledge.
- **Lack of organisation:** young people expressed frustration at YAC meetings being irregular or postponed due to other issues. Some noted that, although they should be provided meeting minutes and agendas ahead of monthly meetings, this does not reliably occur. As a result, young people may have fewer discussions in their units ahead of meetings, limited utility.

Duck Pond

One recent process through the YAC was a proposal for a duck pond to be constructed at the Centre, to house the steady duckling population.



Image 32: Picture of duck and ducklings

At the end of the financial year, young people had raised 73 matters raised through the YAC which were on the Actions List for further exploration or consideration from management.

Emerging Themes

Parents in the Centre

Over the financial year, there have been a number of young mums and dads in detention, who feel an immense responsibility to ensure a good childhood for young children. Young people have reported anxiety about detention meaning they would miss their child's birthday, or concern that their baby may be removed while they are in the Centre.

"I don't want my daughter growing up like how I grew up"

Young person, aged 16

The TCV intends to monitor section 34 applications, and advocate for their broader use for young parents.

Section 63 Applications

Since the current TCV commenced her mandate in August 2022, there have been increased discussion in the Centre staff and management, regarding applying for young people to be transferred to Adult Custody. Two such applications were made to the Court. Thus far, all young people discussed have been 18 years old, however Visiting Advocates have heard discussion from staff regarding the desire to push applications for 17-year-olds seen as 'too difficult'. This has begun colouring interactions between young people and staff, as young people feel they are being set up to be involved in incidents, so that staff can justify an application for transfer being made.

"[Staff] hate me, they hate me I know"

Young Person, aged 18

Centre Management and DHS have thus far been moderate in the number of applications they have supported, but the TCV remains concerned about young people's capacity to have their views heard when discussions about applications are occurring. The TCV also notes concern about the impact on relationships between staff and young people.

Regional Courts and Remands

The TCV has no remit over court proceedings, however anecdotally over the financial year she witnessed many young children be remanded to the Centre for over-long periods, often by Country Magistrates. Often, at next mention these young people are bailed returned to their communities.

Media Coverage

Often noted under her Guardian mandate, the TCV has a keen interest in how the media chooses to represent young people – particularly those youth justice-involved. High profile alleged crimes are often reported on, and while faces may be blurred out, other identifying details may be visible. The small Centre population means that allegations against a young person may be commonly known by staff and young people.

Recommendations

Pilot Inspection

The Government accepted all ten recommendations of the Kurlana Tapa Pilot Inspection Report (June 2020). In doing so, it noted the crossover between the recommendations and elements of the Youth Justice State Plan 2020-23.

A table indicating progress with implementation of the recommendations in 2021-22 is appended as Attachment 1 to this report, presented in three columns –

- Column 1 – Pilot Inspection Report recommendations
- Column 2 – DHS update about 2022-23 implementation
- Column 3 - TCV comments about DHS commentary

While previously DHS has self-reported on implementation of the recommendations as either ongoing, in progress, not commenced or complete,¹³² the 2022-23 version does not include this.

The TCV has therefore made her own assessments regarding recommendation progress.

The TCV notes that in the four years since the Recommendations were made to DHS, only two have been completed, with 40% not yet commenced, and many more barely progressing in the years since DHS accepted them. This does not mean there has not been positive change and development in the Centre, but it does indicate a lack of commitment by DHS to the recommendations and the feedback provided by the TCV as an oversight body.

The specifics of these, including DHS' summary of their work on each, are discussed in detail in **Attachment 1**.

Table 14: Pilot Inspection recommendations

| Recommendation | TCV Assessment |
|--|----------------|
| 1 Review of the Centre model, protective and developmental policies, and practices | In Progress |
| 2 Evaluation of the BSF | Not Commenced |
| 3 Development of formal grievance procedure and feedback mechanism | Not Commenced |
| 4 Assessment of consolidated campus impact on detainees | In Progress |
| 5 Improve data collection and analysis | In Progress |
| 6 Publish an annual public report on Aboriginal and Torres Strait Islander Youth Justice Principle | In Progress |
| 7 Provision of broader range of programs and services | In Progress |
| 8 Improve assessment/diagnosis of young people with suspected disabilities | In Progress |
| 9 DHS review end-to-end case management to consider post custody needs | Complete |
| 10 Liaise to maintain accurate record of 'dual involved young people | Complete |

¹³² Government of South Australia, DHS, *State Justice Youth Plan* (n 53).

South Australian Dual Involved Report

Noting the high rate of young people from residential care backgrounds who are in youth detention, the OGCYP's *Final Report of the South Australian Dual Involved Project* explored features of residential care that may exacerbate those vulnerabilities and support needs, increasing the risk of youth detention through intersectionality phenomenon.¹³³

Consistent with research across several Australian and international jurisdictions, the Guardian/TCV identified, among other features:

- the impacts of placement instability, with dual involved young people commonly reporting that they experience a high number of placements with unstable care teams
- young people experiencing traumatic events in residential care environments, associated with peer behaviours, relationships and dynamics
- challenges in accessing mental health and other therapeutic support needs
- strong criminal justice responses to verbal threats and property damage that would be less likely to occur in a family home environment
- young people being held on remand in response to placement availability issues
- non-therapeutic aspects of youth detention which may contribute to experiences of cumulative harm
- gaps in case planning, particularly transitioning from detention and from care, which set young people up to fail.

To develop concrete guidance and recommendations to reduce the potential for care criminalisation in residential care, the Guardian engaged in extensive interviews with more than 1 in 5 of the dual involved young people identified during the period of (half of whom were Aboriginal), as well as frontline youth justice and child protection staff and other key stakeholder. The Guardian's final recommendations were focused on reducing risk factors for youth offending in residential care, including measures aimed at:

- improving safety in residential care units
- improving early assessment and interventions for disability support needs, including for young people who are not (or would not be) eligible for NDIS services
- ensuring that cultural support needs are identified, implemented into case planning are enacted in practice
- changing both DCP and police responses to behavioural incidents for young people in residential care, to reduce criminal justice responses
- ensuring specialist support is available within DCP for highly vulnerable dual involved young people
- bolstering independent oversight and advocacy, including for places of detention
- improving transition planning from youth detention back to DCP care, and for young people who are transitioning out of care.

It is disappointing that, more than 12 months after the report was submitted to the Minister for Child Protection and the Minister Human Services, the Guardian/TCV has not received a formal response from the South Australian government indicating whether these recommendations are accepted. In this

¹³³ OGCYP, *The Final SADI Report* (n 5), p 8-9. For a literature review including relevant evidence from other jurisdictions, see OGCYP, *A Perfect Storm? Dual status young people in South Australia's child protection and youth justice systems – Report 1* (2019).

context, the Guardian/TCV is currently preparing a report with an updated status regarding key circumstances related to these recommendations.

Review of Records

While the Review of Records is conducted under the TCV's 'Inspection' function, it draws on many of her responsibilities – it is intended that the observations and recommendations herein serve to promote the best interests of young people, and advocate individually and collectively for their rights.

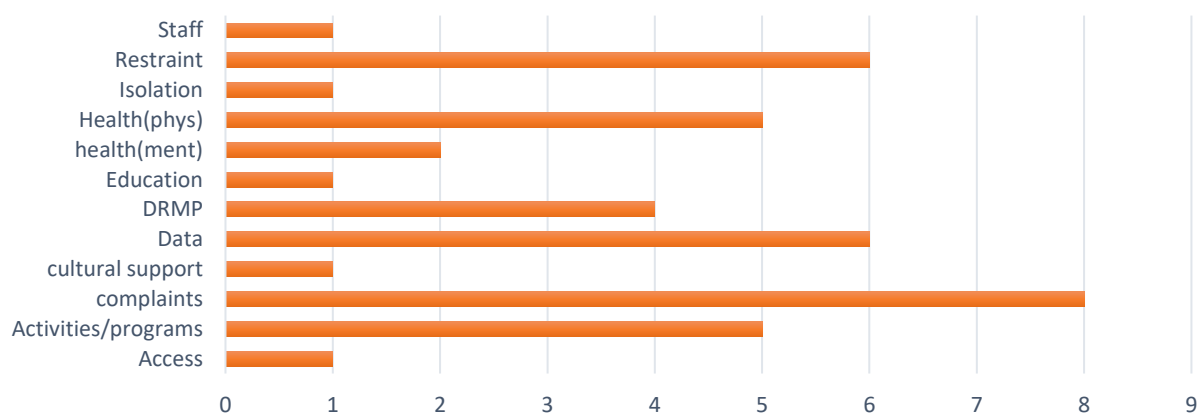
The TCV made 41 recommendations in response to issues identified in the Reviews of Records for Terms 3 2021 – Term 1 2022 that emphasised:

- young people as the focus of complaints, incident, and other processes
- the need for recorded referrals to health and cultural support following use of restraints or safe rooms
- more thorough and consistent application of existing Centre policies, and
- prioritising data collation on topics including –
 - the intellectual, physical and psychological abilities/disabilities that impact on the lives of detained young people
 - management of movement to the Youth Education Centre to be able to attend school as required
 - the ability to attend on and offsite health appointments
 - the critical relationship between staffing and imposition of modified routines, and
 - the associated impact of prolonged isolation on young people.

The most recent of these reports was provided to DHS and the Centre in January 2023.

Much like the Inspection Report and the SADI report, DHS has not provided any update to the TCV regarding the acceptance or implementation of these recommendations.

Figure 48: Topic of recommendations made to the Centre via the three Review of Records reports



About the Office

Finances 2022-23

Financial Summary of expenditure 2021-2022 ('000)

Table 15: Expenditure (Project 973): Training Centre Visitor

| Item | Budget ('000) | Actual ('000) | Variation ('00) |
|---------------------------|---------------|---------------|-----------------|
| Salaries | 401 | 410 | -9 |
| Goods and services | 34 | 37 | -3 |
| Total | 435 | 447 | -12 |
| Revenue (DHS) | 435 | 435 | |
| Net | 0 | -12 | |

Strategic Committees

- Australian and New Zealand Children's Commissioners, Guardians and Advocates group (ANZCCGA)
- National Custodial Inspectors' Group
- National Youth Justice Detention Officers' Group
- OPCAT stakeholders' group (convened by Laura Grenfell, University of Adelaide)
- Meetings between TCVU, DHS Youth Justice Directorate and management of the Centre.

Work Health and Safety

There were no work health and safety claims during 2022-23.

Complaints

There were no formal complaints in 2022-23.

Freedom of Information

The TCV received no freedom of information requests in 2022-23.

Legislation exempts information about individual cases from disclosure under s.20 of the Youth Justice Administration Act 2016. The TCV exemption is not listed with the Guardian for Children and Young People under Schedule 2 of the Freedom of Information Act 1991.

Attachment 1: Implementation of Pilot Inspection Recommendations

| Recommendation | DHS Progress Update | TCV Commentary |
|---|---|--|
| <p>1. That the model and associated custodial, protective and developmental policies and practices applied at the AYTC be reviewed to:</p> <ul style="list-style-type: none"> a. assess their application and effectiveness in: <ul style="list-style-type: none"> i. meeting the objects of the Youth Justice Administration Act 2016 (SA), with particular regard to those objects that seek to promote the rehabilitation and reintegration of youths with the community; and ii. providing detainees with the capacity to enjoy the rights expressed in section 22 of the Charter; and b. Develop recommendations to ensure a balance between meeting the objects of security and correction on one hand and rehabilitation and reintegration on the other. | <p>Communities and Justice continues to monitor and enhance practice at Kurlana Tapa Youth Justice Centre to meet the objects of and statutory responsibilities under the Youth Justice Administration Act 2016 (SA). This includes ongoing facilitation of the Charter of Rights of Children and Young People Detained in Youth Justice Facilities (the Charter).</p> <p>The standards and expectations set out in the Charter inform the ethos of the centre and underpins service delivery and centre life.</p> <p>The rights outlined in the Charter are invoked in various ways including through daily interactions between youth workers and children and young people, therapeutic interventions, individualised cultural support, behaviour support approaches, case planning, program allocation, routine structure, menu planning, complaints and feedback processes, design features, policy development, incident review, systems improvements and administrative arrangements with co-located agencies and external partners (in particular education and health services).</p> | <p>In progress</p> <p>The DHS update asserts that it implements the Act and Charter through standard practices, in the context of an existing 'ethos'. It does not therefore address the essence of this recommendation which is that the application and effectiveness of the model and policies/practices should <u>be reviewed and recommendations for improvement be made to respond to the findings of such a review.</u></p> <p>While the TCV is pleased to hear that DHS invokes the Charter through daily Centre operations, this does not speak to part (a)(i) – namely, meeting the objects of the Act.</p> <p>It is notable that the two measures raised by DHS in the previous year as furthering implementation of this recommendation (partnership with Adelaide University to help develop an improved operating model and practice framework, and the review of Operational, Security and Emergency Orders, policies and procedures) have not been mentioned again.</p> <p>DHS has not identified any specific processes by which the TCV can consider their implementation of this recommendation.</p> |

| | | | |
|------------------|--|---|---|
| <p>2.</p> | <p>a. That DHS conduct an independent evaluation of the effectiveness of the AYTC Behaviour Support Framework (BSF) since its inauguration, including the extent to which it:</p> <ul style="list-style-type: none"> i. supports the optimal achievement of the objects of the Youth Justice Administration Act 2016 (SA); and ii. responds to the needs of children and young people with varying cognitive abilities. <p>b. That the reviewer should consult directly with detainees, staff and appropriate community members as a core review activity.</p> | <p>In line with our commitment to enhance and further embed a therapeutic and trauma-informed approach at Kurlana Tapa, Communities and Justice is prioritising the development of a Youth Justice Practice Framework and service model for the new 12-bed accommodation unit, which will be an Enhanced Support Unit (ESU). Both of these key initiatives will have a focus on improving service responses to young people in custody with complex and disability related needs.</p> <p>These key pieces of work will set out the theoretical underpinnings and practice principles that inform service delivery at Kurlana Tapa. This will provide the foundation upon which other key documents, such as the Behaviour Support Framework, are subsequently reviewed and updated.</p> | <p>Not Commenced</p> <p>This response establishes that consideration of the BSF is contingent on the completion of other types of work – the Youth Justice Practice Framework and service model. As such, this is marked ‘not commenced’.</p> <p>It is acknowledged that this work will underpin the BSF, however it implies that the review will therefore respond largely to that foundational work, without having necessarily included the consultation with young people, staff and community members required per part (b).</p> <p>DHS has still not conducted an independent evaluation of the effectiveness of the Behaviour Support Framework (BSF)</p> |
| <p>3.</p> | <p>That AYTC take immediate action to provide detainees, including those with specific communication support needs, with the following processes to seek formal responses to matters of concern to them:</p> <ul style="list-style-type: none"> i. a formal grievance procedure supported by independent advocacy and oversight; and ii. a separate feedback mechanism through which detained children and young people can initiate consideration of general concerns and make suggestions about their lives in detention. | <p>The important role of feedback in fostering a culture of continuous improvement is acknowledged. Listening to the voices of young people through genuine processes is also recognised as a key component of effective service delivery.</p> <p>A project has commenced to develop a Communities and Justice Youth Engagement model in line with best practice engagement approaches and child rights principles. Development of the framework will include engagement with children and young people with lived experience. Initially, the framework will focus on feedback processes at Kurlana Tapa, including the Youth Advisory Committee.</p> <p>A range of child and young person focussed complaints and feedback processes are already in place at Kurlana Tapa Youth Justice Centre. Communities and Justice is committed to continually reviewing and improving these processes to ensure they meet the needs of children and young people. For example, children and young people recently indicated a preference for making complaints verbally rather than in writing. In response, work is being</p> | <p>Not Commenced</p> <p>The potential application of the proposed ‘Communities and Justice Youth Engagement model’ to address the ongoing lack of a coherent Grievance process is not clear. The recommendation remains unaddressed.</p> <p>Changes to a pro forma for the existing complaints mechanisms are not a solution to the substantive lack of a coherent grievance process (and associated requirements such as independent oversight) and the continuing confusion of <u>feedback</u> and <u>complaints</u> mechanisms.</p> <p>The TCV appreciates that her feedback about the need for a verbal complaints system for young people not comfortable or capable of filling out complaints forms has been heard.</p> <p>However, it is relevant that these measures aim only to entrench the existing Feedback process, and do not serve to fulfil the TCV’s recommendation regarding development of a formal, independent and child-focused grievance process.</p> |

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| | | <p>undertaken to provide a dedicated phone line to management via the resident phone system.</p> <p>Changes have also been made to the feedback and complaints form so it is more engaging and child friendly. Input on the design was led by Speech Pathologists in consultation with children and young people and the Training Centre Visitor Unit.</p> <p>Communities and Justice is also committed to improving processes to close the feedback loop by ensuring children and young people are appropriately informed about the resolution of their complaint once it has been finalised.</p> <p>Communities and Justice value the role the Training Centre Visitor Unit plays in providing independent oversight at Kurlana Tapa, and the additional avenue they offer for children and young people to confidentially raise their concerns.</p> | |
| <p>4.</p> | <p>That DHS conduct an assessment of the ongoing consolidated AYTC operations at the Goldsborough Road Campus, in order to –</p> <ul style="list-style-type: none"> a) establish clear expectations with respect to the following: <ul style="list-style-type: none"> i. operational demands and resources; ii. necessary staffing across work and functional competency areas; iii. the capacity of the facility and associated amenities to meet current and anticipated demands; iv. accommodation and facilities that meet the needs of individual and specific groups of detainees (including those identified in this report such as girls and young women); v. access to core services at all times; vi. minimal impediments to enjoyment of rights [under the Charter], including through access | <p>Communities and Justice is continually reviewing and improving service delivery in line with best practice standards and in response to the dynamic nature of a consolidated custodial facility.</p> <p>The Youth Justice Recruitment, Training and Retention (RTR) Strategy includes investment in workforce development and training which will support ongoing efforts to strengthen and further embed a therapeutic and trauma-informed approach to service delivery.</p> <p>This strategy responds to the breadth of workforce requirements to not only meet operational demands, but also to ensure that the workforce is retained and responsive to the unique needs of the young people within the centre. A stable and secure workforce at Kurlana Tapa is critical to ensuring children and young people have access to core services such as health and education, and opportunities for recreation and socialising, all in support of upholding the Charter of Rights. Building the workforce and staffing capability at Kurlana Tapa is a primary focus for Communities and</p> | <p>In Progress</p> <p>The Youth Justice Recruitment, Training and Retention (RTR) Strategy took shape late in 2022-23 and is likely to address various issues identified in the recommendation. An assessment of to what degree it addresses those specific matters will be a focus for the next TCV Annual Report.</p> <p>As things stand, several physical facility concerns (e.g. visitor spaces and the education centre) have been responded to, with less clarity available about identified service delivery and policy imperatives, especially with regard to certain population groups.</p> <p>The TCV notes that girls and young women continue to experience comparative disadvantage in the consolidated Centre, and continue to have access to only one unit space (except in rare examples).</p> |

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| <p>to appropriate recreational, health, educational and socialising opportunities;</p> <p>vii. the suitability of the current blanket gender 'no-mix' rule for detainees;</p> <p>b) consider the impact of facility deficiencies identified in this report, including the following:</p> <p>i. the need for a second accommodation unit for girls and young women that – allows for separate living environments for detainees by age, as is currently the case for males; provides access to operational features, such as regression space</p> <p>ii. educational/training spaces and opportunities;</p> <p>iii. recreational and outdoor spaces and opportunities;</p> <p>iv. cultural safety and appropriateness;</p> <p>v. Visitor Centre spaces;</p> <p>vi. appropriateness for different status detainees: for example, those in police custody; those on remand (and presumptively innocent); and potentially new classes of children and young people being placed in secure care (such as those detained under Youth Treatment Orders);</p> <p>vii. provision of a step-down transition unit for long-term residents scheduled to return to the community; and</p> <p>c. obtain the views of detainees and staff through a consultation process.</p> | <p>Justice. Larger front-end intakes of potential candidates and increased frequency of rolling recruitment (4-weekly) is a key feature of the RTR Strategy. As a result, recruitment is the highest and most consistent it has ever been at Kurlana Tapa, outstripping attrition over the past three-month period. In the past 12 months, 57 youth workers and youth support workers were recruited to Kurlana Tapa, including 40 recruited in 2023 to date. Other positive outcomes resulting from the RTR Strategy include:</p> <ul style="list-style-type: none"> • Roster shortages continue to trend down with the number of day-shift (AM and PM) staff available to be deployed to the floor increasing by 28% since 12 May 2023, with a 24% increase for overall staffing numbers (inclusive of night shift). • Impact on normal Centre routines has reduced from 48% in May 2023 to less than 10% during the latter half of August 2023. • An increase to an average rate of 90% of 'education sessions run' and 'attended by children and young people'; this has occurred over a 2.5 month period. <p>The capital works project at Kurlana Tapa to enable permanent consolidation of youth custodial services to one campus at Goldsborough Road is well underway. Construction is expected to be complete in late 2023 and includes:</p> <ul style="list-style-type: none"> • A 12-bed accommodation unit with counselling and sensory rooms to better support children and young people with complex needs • An 8-bed accommodation unit to ensure that children and young people who are not granted bail are accommodated separately to those on remand and sentenced mandates while awaiting their initial court appearance • New classroom space to better meet the learning needs of a diverse and dynamic population • Extended visiting space for family and professional visits | |
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| <p>5.</p> | <p>That data and information collection, analysis, sharing and public reporting about children and young people in youth justice detention be improved, through –</p> <p>a) DHS seeking advice from the Office of Data Analytics to identify relevant information held across government agencies and the best way to develop a child-focused, quality information system that enables extraction, analysis and exchange of information (with appropriate safeguards, particularly with respect to privacy); and</p> <p>b) DHS initiating a collaborative process across government agencies to improve the collection, sharing, analysis and public reporting about children and young people in youth justice detention.</p> | <p>Communities and Justice is continually improving data information collection processes and reporting capabilities. These improvements often occur in collaboration with the Training Centre Visitor Unit. This continual improvement constitutes business as usual. Communities and Justice contributes annual data to the Australian Institute of Health and Welfare and the Australian Productivity Commission. This data is used for public reporting on Youth Justice populations and outcomes in Australia. Communities and Justice works with other jurisdictions and the relevant Commonwealth agencies to improve public Youth Justice data reporting each year. Where necessary for case planning and intervention, DHS Youth Justice staff seek information from other agencies in line with standard information sharing processes. It is acknowledged that there is always room for improvement in the sharing of information between agencies and we are committed to continually enhancing this in the interests of children and young people.</p> | <p>In progress</p> <p>The TCV notes DHS’ commitment to continuous improvement in data collection processes and reporting capabilities.</p> <p>However, as detailed in ‘Barriers to undertaking TCV Functions’, the TCV has ongoing concerns about a lack of accountability and transparency with record keeping in the Centre, including data collection and reporting on young people in detention. This includes disability and health information, reportable incidents and time ‘out of rooms’.</p> |
| <p>6.</p> | <p>a) That DHS publish an annual public report on its implementation of the Aboriginal and Torres Strait Islander Youth Justice Principle (reg.5 of the Youth Justice Administration Regulations 2016 (SA)); and</p> <p>b) That the first such report pay specific attention to:</p> <ul style="list-style-type: none"> i. the views of detained Aboriginal children and young people and the broader Aboriginal community; ii. the needs of detained Aboriginal girls and young women at the AYTC; iii. the roles of Aboriginal staff at all levels of the AYTC and DHS Youth Justice; iv. how detainees’ access to Aboriginal staff (DHS) is ensured; | <p>DHS is committed to publishing an annual report on the Aboriginal and Torres Strait Islander Youth Justice Principle. The initial reporting format and content is expected to be completed by 30 November 2023, with the expectation that this reporting will then form part of DHS Annual Reporting from the 2023-24 reporting period.</p> <p>In 2022 DHS, Communities and Justice recruited a General Manager, Aboriginal Practice and Services to lead the newly formed Aboriginal Practice and Services team. The role is designed to:</p> <ul style="list-style-type: none"> • Develop culturally responsive policies and services to drive knowledge and awareness and support culturally responsive client work across Communities and Justice. | <p>In Progress</p> <p>The TCV welcomes significant progress underway to develop the template for an Annual Report on implementation of the Aboriginal and Torres Strait Islander Youth Justice Principle. The TCV looks forward to reviewing this and providing feedback.</p> <p>Other reported 2022-23 initiatives indicate significant ongoing structural and systemic changes aimed to better support Aboriginal young people in detention. These matters will inform assessment against the recommendation for the next Annual Report.</p> |

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| | <p>v. whether and how detainees are enabled to maintain meaningful connection with families and community</p> | <ul style="list-style-type: none"> • Establish strong partnerships with Aboriginal people, communities, and organisations to support culturally responsive services. • Identify, design, and deliver innovative solutions and programs that improve outcomes for Aboriginal families and communities. <p>In 2023, DHS’ Metropolitan Aboriginal Youth and Family Services (MAYFS) were transferred into the Community and Family Services portfolio, reporting to the General Manager, Aboriginal Practice and Services, to strengthen MAYFS’ focus on diverting Aboriginal children and young people from the youth justice system.</p> <p>In 2022-23, the Child Diversion Program (CDP) was expanded and can now be activated on any day of the week across the state. The program diverts Aboriginal children aged between 10-13 who have been charged with a minor offence away from a custodial environment with appropriate supports. Funding for the CDP was extended in the 2022-23 State Budget for another two years (2023-24 and 2024-25).</p> <p>A female Senior Aboriginal Advisor employed through the Aboriginal Practice and Services team is now providing dedicated supports for Aboriginal young women at Kurlana Tapa, complementing the work of the male Senior Aboriginal Advisor recruited to Kurlana Tapa in 2022. One initial benefit has been the establishment of a fortnightly girls’ yarning circle which commenced in August 2023. DHS is progressing the establishing of an Aboriginal Elders visiting program and is engaging relevant groups to scope how to best deliver such a program at Kurlana Tapa, and in a community setting for Aboriginal children and young people placed on community orders.</p> | |
| <p>7.</p> | <p>That AYTC (and other government agencies with a responsibility for detainees including Education, Child Protection and Health) provide a broader range of programs and services to meet detainees’ needs and</p> | <p>The Kurlana Tapa Youth Justice Centre offers programs to children and young people across a range of life domains and areas of need. The Training Centre Visitor Unit receive a comprehensive list of programs available</p> | <p>In Progress</p> <p>The initiatives identified by DHS are welcomed. It is difficult, however, to distinguish what precisely was formal ‘Program’ delivery as opposed to ad hoc activities,</p> |

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| <p>aspirations, taking account of their individual capacities, developmental age, disabilities and/ or psychosocial characteristics, including in the following areas:</p> <ul style="list-style-type: none"> i. opportunities for girls and young women; ii. engagement with culture and community (including as provided for through the Aboriginal and Torres Strait Islander Youth Justice Principle); iii. personal development and self-identification across life domains [including "SOGIE"2] iv. drug and alcohol misuse and rehabilitation; v. independent living skills, including cooking and budgeting; vi. increased access to on and off-site educational, community and cultural opportunities; vii. anti-bullying and peer support viii. planned transition to post-detention life. | <p>to children and young people through the quarterly Review of Records process. In January 2023, a joint initiative commenced between DHS, SARAH Constructions, Total space Design and the Kurlana Tapa Youth Education Centre. The Construction Pathways Program aims to support children and young people to gain an introduction to the construction industry and practical experience working on the Kurlana Tapa building upgrade construction site. A number of young people have participated in the program, with outcomes including enrolment in Certificate II in Construction, work experience on site, offers of employment and a potential apprenticeship. Work has commenced to embed work and employment programs in partnership with key Aboriginal led companies and organisations into the routine program offering at Kurlana Tapa. In 2022-23, the average length of stay at Kurlana Tapa was 13.95 days (with the median being 3.3 days). This creates challenges for the delivery of programs that aim to respond to more entrenched problems such as drug and alcohol rehabilitation. Programs offered at Kurlana Tapa often provide the foundation upon which more long-term programmatic interventions can be provided post-release as part of a young person's case management response. All programs offered at Kurlana Tapa Youth Justice Centre are initially assessed to ensure they are informed by evidence and suitable to meet the identified needs of the Kurlana Tapa population. All newly offered programs undergo an informal evaluation process conducted by the Kurlana Tapa Programs team. The Kurlana Tapa Programs Team run a wide range of programs to:</p> <ul style="list-style-type: none"> - support engagement by children and young people, including young Aboriginal women, in culture and community; - practically engage young people about alcohol and other drug misuse; - build self-esteem; - support young people to build independent living skills and other post-release life skills; - support sexual health and wellbeing; - build understandings of sexual orientation, gender identity and expression; | <p>case work or other support service interventions. The TCV has previously articulated a position regarding minimal expectations that should apply for an activity to be considered a 'program'.</p> <p>As noted elsewhere in this Annual Report, deficits remain in several areas highlighted in the original recommendation. These include provision of appropriate programs for specific groups such as culturally and linguistically diverse young people and girls/young women.</p> <p>The extent to which all young people could participate in meaningful programs or activities in 2022-23 (including in the context of frequent session cancellations) is difficult to establish.</p> <p>It remains to be seen whether the evident commitment to improving access to Programs will develop to the point where it is possible to talk about a systemic approach to meeting the Centre's core rehabilitative purpose.</p> |
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| | | <p>support the development of emotional tools such as self-regulation, meditation and resilience; - develop young people's peer-relationship skills including teamwork; and - support engagement in physical and recreational activity.</p> | |
| <p>8.</p> | <p>That the AYTC and other responsible government agencies improve the assessment/diagnosis and support for detainees with diagnosed or suspected disabilities and unmet psychosocial or developmental needs, with specific consideration of:</p> <ol style="list-style-type: none"> i. regular and ongoing staff training; ii. providing a physical environment that accommodates differing sensory needs; iii. greater access to disability supports across life domains; iv. collaboration and information-sharing across systems to enable a more consistent and therapeutic environment for detainees in and out of the Centre; v. collection and analysis of appropriate disability-related data for public reporting | <p>Action to improve service responses to young people with disability-related needs continues, with many initiatives now embedded as business as usual. REFRAME training for Kurlana Tapa operational staff continues to be rolled out to front line youth justice staff both in custodial and community settings. REFRAME is an evidence-based staff training program for youth justice staff working with children and young people with Foetal Alcohol Spectrum Disorder (FASD) and other neuro-disabilities. The training aims to educate and upskill workers to appropriately recognise and understand neuro-disability, reframe behaviours and response appropriately to children and young people's needs.</p> <p>In December 2022, the Enhanced Support Team (EST) was endorsed for ongoing service delivery at Kurlana Tapa. EST operates within a Positive Behaviour Support model, working closely with operational staff to provide clinical consultation, behaviour support planning, training and practice improvement, enabling staff to better understand and respond to young people with complex and disability-related needs. Staff within EST also work directly with young people to assist them in developing strategies such as emotional regulation, distress tolerance and prosocial communication. The Kurlana Tapa Capital Works Program includes a new 12-bed accommodation unit that will be run as an Enhanced Support Unit to better support children and young people with complex needs, including disability related needs. The new unit will include counselling and sensory rooms. A service model for the new Enhanced Support Unit is under development with the EST to be collocated</p> | <p>In Progress</p> <p>The circumstances of young people with disabilities have been discussed at length in this report, both with regards to the insufficient diagnosis, and the lack of appropriate supports.</p> <p>The TCV welcomes the REFRAME training, and any training aimed at increasing the skills, and the intended improvements brought about by EST and the Sensory Environmental Framework, but notes:</p> <ul style="list-style-type: none"> • There are still significant barriers to assessments occurring at the Centre; • Even so, the proportion of young people with disability related needs on any given day outstrips the current capacity of the Enhanced Support Unit. • It is unclear how this disparity will be managed by the Centre. <p>The TCV looks forward to reviewing the Sensory and Environmental Framework, and further assessing how these developments will address the significant needs amongst the vulnerable Centre population.</p> |

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| | | in the new unit. In 2022-23, the Sensory and Environmental Framework was finalised and planning is underway to support implementation. The Framework aims to promote a custodial environment that identifies, understands and proactively responds to the sensory-related disability needs of young people. | |
| 9. | That DHS review end-to-end case management to consider the post-custody needs of detainees in order to reduce reoffending and maximise opportunities for post-release success and community reintegration. | Complete | Complete |
| 10. | That DHS and DCP liaise to maintain an accurate record of 'dual involved' detainees who are under the Guardianship of the Chief Executive of DCP and that their status is recorded in the Daily Population Spreadsheet. | Complete | Complete |