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Victorian Auditor-General's Office



Managing Rehabilitation Services in Youth Detention

August 2018



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Managing Rehabilitation Services in Youth Detention

Independent assurance report to Parliament

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Victorian Auditor-General's Office

The Hon Bruce Atkinson MLC
President
Legislative Council
Parliament House
Melbourne

The Hon Colin Brooks MP
Speaker
Legislative Assembly
Parliament House
Melbourne

Dear Presiding Officers

Under the provisions of section 16AB of the *Audit Act 1994*, I transmit my report
Managing Rehabilitation Services in Youth Detention.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'Andrew Greaves', is written over a faint, light blue circular watermark or seal.

Andrew Greaves
Auditor-General

8 August 2018

Contents

| | |
|---|-----------|
| Audit overview | 7 |
| Conclusion | 8 |
| Findings..... | 9 |
| Recommendations..... | 14 |
| Responses to recommendations | 15 |
| 1 Audit context | 17 |
| 1.1 Young people in detention | 17 |
| 1.2 Youth justice and residential centres | 17 |
| 1.3 Key concepts for effective rehabilitation | 20 |
| 1.4 Agency roles and responsibilities | 22 |
| 1.5 Legislation, standards, policies and procedures..... | 26 |
| 1.6 Relevant reviews and investigations | 30 |
| 1.7 Audit scope..... | 32 |
| 1.8 Why this audit is important | 32 |
| 1.9 What this audit examined and how | 32 |
| 1.10 Report structure | 33 |
| 2 Assessments of young people in youth detention | 35 |
| 2.1 Conclusion | 35 |
| 2.2 Admission to youth detention..... | 36 |
| 2.3 Identifying health and rehabilitation needs | 38 |
| 2.4 Mental health and forensic intervention assessments | 46 |
| 2.5 Education enrolment and assessment | 49 |
| 3 Services for incarcerated young people | 57 |
| 3.1 Conclusion | 57 |
| 3.2 Case management | 58 |
| 3.3 Culturally responsive services | 59 |
| 3.4 Health and rehabilitation services..... | 61 |
| 3.5 Mental health counselling | 65 |
| 3.6 Education..... | 67 |
| 3.7 Current facilities | 76 |
| 4 Planning and performance | 79 |
| 4.1 Conclusion | 79 |
| 4.2 Planning health and rehabilitation services | 80 |
| 4.3 Planning for the new Cherry Creek facility | 81 |
| 4.4 Planning education | 83 |
| 4.5 Evaluating youth justice..... | 83 |
| 4.6 External reporting requirements..... | 85 |
| 4.7 Evaluating education | 87 |
| Appendix A. Audit Act 1994 section 16—submissions and comments | 89 |

Acronyms and abbreviations

| | |
|---------|---|
| AOD | alcohol and other drugs |
| BP3 | <i>Budget Paper 3: Service Delivery</i> |
| CALD | culturally and linguistically diverse |
| CYF Act | <i>Children, Youth and Families Act 2005</i> |
| DET | Department of Education and Training |
| DHHS | Department of Health and Human Services |
| DIR | Department of Justice and Regulation |
| ETR Act | <i>Education and Training Reform Act 2006</i> |
| FTE | full-time equivalent |
| HCM | health case manager |
| JH | Justice Health |
| MAYSI-2 | Massachusetts Youth Screen Instrument |
| MER | Monthly Education Report |
| MOU | memorandum of understanding |
| PC | Parkville College |
| PRT | Psychological Rehabilitation Team |
| PSD | Program for Students with Disabilities |
| RMO | registered medical officer |
| RN | registered nurse |
| RPN | registered psychiatric nurse |
| SRP | Student Resource Package |
| VCAL | Victorian Certificate of Applied Learning |
| VCE | Victorian Certificate of Education |
| VET | Vocational Education and Training |
| YHaRS | Youth Health and Rehabilitation Service |
| YJ | Youth Justice |
| YJCS | Youth Justice Custodial Services |

Audit overview

At any time in Victoria, there are around 200 children and young people aged between 10 and 24 years old incarcerated in youth justice centres. Around 32 per cent are on remand and awaiting trial, and 68 per cent have been convicted of an offence. In 2017–18, 961 young people received a total of 1 332 sentences and 460 young people received 777 remand orders. Between 1 November 2017 and 31 January 2018, young people on remand spent an average of 25 days and young people sentenced spent an average of 58 days in youth detention.

Young people in youth detention have complex needs—they have often experienced socio-economic disadvantage, family breakdown, trauma, neglect, drug abuse and violence. Aboriginal and Torres Strait Islander young people are over-represented in this cohort, as are young people from culturally and linguistically diverse (CALD) backgrounds. According to the Youth Parole Board, around a quarter of young offenders have diagnosed intellectual impairments, and 40 per cent have mental health problems. Evidence from other jurisdictions, academic research and consultation with stakeholders suggests that these figures are likely understated.

A key aim of youth detention is reducing young people's risk of reoffending. Addressing the underlying causes of offending, ensuring good primary and mental health, and enabling education are all steps that can reduce reoffending.

Victoria's youth detention system operates two centres—the Parkville Youth Justice Precinct (Parkville), which accommodates boys aged 10–17 and girls and young women aged 10–24, and the Malmsbury Youth Justice Precinct (Malmsbury), which accommodates boys and young men aged 15–24. There are plans to open an additional facility, Cherry Creek, in Melbourne's west in 2021.

On 3 April 2017, responsibility for youth justice was transferred from the Department of Health and Human Services (DHHS) to the Department of Justice and Regulation (DJR). DJR now manages Victoria's two youth detention centres at Parkville and Malmsbury. Through Justice Health (JH), DJR also manages the contract with the Youth Health and Rehabilitation Service (YHaRS), a service provider of primary and mental health, health case management and offending behaviour services. This contract was transferred to DJR, under the same terms, conditions and reporting arrangements that DHHS established.

Following the July 2017 report by Ms Penny Armytage and Professor James Ogloff AM, *Youth Justice Review and Strategy: Meeting needs and reducing offending* (Youth Justice Review), the government invested \$50 million for reform.

The Department of Education and Training (DET) operates Parkville College (PC), a registered specialist government secondary school. PC operates at both Parkville and Malmsbury and offers classes six days a week, 52 weeks a year, to all young people in youth detention in Victoria. It also operates the Flexible Learning Centre for those recently released. PC aims to re-engage young people in education and help them to complete educational qualifications.

In this audit, we examined a sample of 40 young people incarcerated between 1 January 2017 and 30 June 2017. We examined how well the rehabilitation services, including educational services, provided by DJR, YHaRS and DET—including PC—are meeting the developmental needs of children and young people in the youth detention system, and reducing their risk of reoffending.

Conclusion

Young people in detention have not been receiving the rehabilitation services they are entitled to and that are necessary to meet their needs. As a result, youth detention has not been effectively promoting reduced reoffending.

There are several interrelated causes of this, including:

- inadequate service levels and facilities
- a focus on security that impairs access to education and health services
- a lack of complete and focused case management and needs assessment by DJR and YHaRS.

Failure to fully assess and provide for the needs of young people in detention misses a critical opportunity to positively intervene in the life of a young person who, given his or her situation, clearly needs support.

DJR is currently in the process of implementing necessary reforms. Substantial work has begun to strengthen performance reporting and data collection, increase service levels, develop new service delivery models, improve case planning, and respond to the recommendations of the Youth Justice Review.

DJR's significant changes and reform program in the youth justice system present an important opportunity to improve access to services that better meet the needs of young people and contribute to reduced reoffending.

Case planning and assessment of need

Incarcerated young people must have appropriate assessments and enrolments to help identify their needs. DJR is ultimately responsible for ensuring that young people can access education and health services. However, within the system, there is no central point of responsibility for ensuring that young people get the health services they need, attend school regularly, and have a plan in place for rehabilitation.

Case planning

DJR's case planning for young people aims to set out strategies and goals for them to achieve while in youth detention. Each young person should be assigned a unit coordinator to develop a case plan. However, a lack of unit coordinators and coordinators who are temporary and/or inexperienced, means that unit supervisors or unit managers—who are primarily responsible for running the units where the young people live—also undertake most of the case planning. This creates a very heavy workload for unit supervisors and managers, of up to 25 young people at a time, and makes it difficult for DJR to ensure that young people have robust case plans.

We examined the files of 40 young people in youth detention and found that, for those who required a case plan, 19 (51 per cent) did not have one. This limits DJR's understanding of individual needs and, subsequently, its ability to ensure that the health and education needs of those young people are met. DJR's case plan should be the central piece of documentation, with shared responsibilities for a young person's relevant goals. DJR advises that the unstable custodial environment that occurred in early 2017 is likely to have contributed to this low completion rate.

DJR's new case management framework and the new youth offending programs service delivery model addresses these issues by providing an integrated assessment process for young people.

Education assessments

PC understands the educational needs of incarcerated young people. PC enrolls all young people in the youth detention system and identifies needs through its enrolment and assessment practices. PC does not always use its diagnostic assessments to identify young people's literacy and numeracy needs. We found that over 56 per cent of young people did not have all their assessments completed or updated within two weeks of their enrolment. However, PC undertakes additional assessments in class that teachers use to individually tailor their teaching.

A neuropsychological assessment is a performance-based method to examine the consequences of brain damage, brain disease and severe mental illness.

Primary and mental health assessments

YHaRS assesses all young people on admission to youth detention for primary and mental health needs. However, YHaRS's initial and comprehensive health assessments are not always complete or accurately recorded, which makes it unclear whether young people always receive the services they need.

When YHaRS's contract ends in January 2019, DJR will introduce new screening and assessment processes for cognitive impairment and mental health. The introduction of these neuropsychological assessments will assist DJR to establish a baseline for needs such as trauma and impulse control or anger issues. They will also enable DJR, PC and future service providers to be more responsive to young people's mental health and neuropsychological needs, which is key to understanding and addressing reoffending.

Collaboration

Agencies do not collaborate to meet young people's needs. PC does not have any input into case planning or management. Education is not currently integrated into case planning and management, and increased collaboration is required to ensure that this occurs. DJR has increased collaboration with PC and DET, although further improvements are required to ensure positive outcomes for young people. In its work plan for June to December 2017, DJR identified the need for a strategy on the relationship between DJR and PC, and the need to consider a memorandum of understanding (MOU) between DET and DJR to ensure education is part of an integrated response to youth justice. To date, DJR has not developed the MOU.

Service delivery

The operating environment, lack of resources and inadequate record-keeping adversely impact PC and YHaRS's efforts to provide effective education and health services for incarcerated young people.

Operating environment

DJR's operational decisions prioritise the immediate risks to safety and security of the custodial centres. At times, this inhibits the provision of education and health services. While managing safety and security risks is important, DJR also needs to ensure that young people can access the education, rehabilitation and health services they need to provide long-term protective benefits.

When young people attend class, DJR escorts them one unit at a time, which is time consuming and reduces class time. Additionally, DJR staff must escort young people to the YHaRS Psychological Rehabilitation Team (PRT) for counselling in youth detention. DJR does not ensure that these escorts are provided routinely, which means that attendance at class and health appointments is poor.

PC's operating model provides capacity to meet student needs through small class sizes. However, PC's 66 per cent student absence rate is well above DET's averages of about 9 per cent for students in years 7–10, 8 per cent for students in years 11–12, and 17 per cent for Aboriginal and Torres Strait Islander young people. Over half of YHaRS's disruptions to counselling sessions were due to operational issues or a lack of DJR staff to escort or supervise young people.

DJR does not provide young people with access to the internet for education purposes. This means they miss out on important educational resources and life skills.

Despite these factors, PC teaches young people effectively and can demonstrate improvements in young people's literacy and numeracy.

YHaRS service levels

While all young people are assessed at intake to determine their needs, YHaRS is unable to provide young people with timely access to services. During the time of audit, there were operational disruptions, infrastructure issues and a lack of facilities which also impacted waiting times.

YHaRS's contract specifies that it must provide services equivalent to those available in the community. DJR agrees there is no 'community equivalent' benchmark for seeing a general practitioner. Subsequent to the initial medical screening and assessments on reception, young people are seen when they present to a nurse and triaged by a nurse before having follow-up appointments with a registered medical officer (RMO), who is a qualified general practitioner.

Additional resources have been provided to address YHaRS's resourcing issues. In 2017, DJR provided funding for additional psychiatry services at Malmsbury; an increased onsite nursing service over the weekend at Malmsbury; new special mental health services; and increased rehabilitation services. The 2017–18 Budget update provided \$8.8 million for new programs for young offenders and \$11.5 million to comprehensively assess all young offenders. In the 2018–19 Budget, DJR also received \$18.7 million to increase primary health and primary mental health services, including additional nurses, general practitioners and psychologists, and improve medication administration. However, due to the introduction of new, more extensive assessment tools, and lack of demand modelling to date, it is unclear whether the increase will meet demand.

Funding for Parkville College

From 2013 to 2016, DET's allocated budget for PC was 'insufficient to meet the school's operating costs', as acknowledged by DET in a ministerial brief in October 2016. At that time, PC's budget was \$22.85 million in total, provided through DET's Student Resource Package (SRP) funding model. This included \$100 000 annually in disability funding, in lieu of funding through the Program for Students with Disabilities (PSD). However, we found that DET had not considered PC's 52-week, six-days-per-week operation in its budget model. Rather it calculated the budget based on a 40-week, five-days-per-week model. PC's budget model did not provide for the multiple expansions DET approved between 2013 and 2016.

Between 2013 and 2016, DET calculated PC's PSD budget based on the average rating of student disability across the state. DET asserts that it did this because it did not have census information on PC students' specific needs. In 2016, DET obtained a snapshot of PC's specific student needs and consequently reviewed PC's PSD budget. However, DET could have carried out its own assessment of students' needs earlier than 2016.

The budget review resulted in PC students being deemed eligible for PSD Level 2 funding. However, it is not clear how DET arrived at the final figure for PSD funding. DET applies PSD Level 2 funding of \$15 726 per student funding, then arbitrarily provides an additional 27 per cent.

Had DET applied the 2016 budget model to PC from 2013–16 for all of its students, it would have received an additional \$20.5 million for PSD funding, and additional per-student base funding of \$6.9 million—a total of \$27.4 million.

From 2013 to 2016, PC continued to teach all the young people who attended and, consequently, it accrued a \$7.59 million deficit. In 2017, DET acknowledged that PC's budget was insufficient, rectified the \$7.59 million deficit, and scaled up its budget. In 2018, PC received \$16.47 million.

Since 2017, DET has made substantial improvements to PC's budget, including increasing it by 42 per cent on a per-student basis. However, DET can still improve the process by which it calculates funding. For example, it can clarify how it determines PC's total per-student PSD funding.

DET plans to undertake an internal review of PC's service model and funding.

While PC plans its teaching and delivery of education, it does not adequately consider resource requirements. Given DET has significantly improved certainty of funding for staffing, PC can improve its strategic planning to include resource requirements for its activities.

Parkville College's record-keeping

Monthly Education Reports provide an overview of a young person's:

- educational progress
- attitude to school
- achievements
- areas of growth
- recommendations for future learning.

PC's record-keeping requires improvement, which raises the risk that it cannot demonstrate that it is accurately identifying and meeting the needs of young people. PC does not store assessment information in a single location, and it does not have consistent naming conventions. This made it difficult to locate records for young people.

However, PC is making improvements, including hiring staff dedicated to enrolment and assessment activities. PC can also demonstrate that it uses the results of its assessment activities to meet the needs of young people, and continually tracks progress through its Monthly Education Reports (MER).

Equal educational access for girls and young women

Currently, according to DJR, the operational model at Parkville provides girls and young women with equal access to programs and facilities. In practice, however, the operational model does not guarantee this, and girls and young women do not have equal access.

DJR's operational requirements for Parkville specify that young women are not to move past boys' units, citing that doing this 'causes distractions and creates security issues'. This means girls and young women are prevented from accessing hospitality, engineering and woodworking facilities, and they are not getting the same educational opportunities as boys and young men.

At the new Cherry Creek facility, DJR plans to locate the girls' unit near central classrooms, to enable girls to use these facilities without travelling past boys' units. This should ensure girls and young women have equal access to available facilities.

However, housing both girls and boys at the facility may cause similar issues, despite having separate units. Along with the infrastructure design for Cherry Creek, DJR will rely on the operational model—which sets programming and timetabling, and is not yet complete—to support equal access to facilities.

Planning for the youth detention system

Service demand

Through JH, DJR is working to address the adequacy of service levels, but it has not yet established a comprehensive understanding of service demand. The next contract for the health, mental health and youth offending behaviour services provider will include additional data reporting requirements. Coupled with forensic mental health and neuropsychological assessments for young people as required, this will enable JH to establish a needs baseline and should also assist PC to tailor its teaching to individuals.

Facilities

DJR is currently managing a system under pressure, due to incidents at both sites in 2016 and 2017, which resulted in reduced accommodation and subsequent overcrowding.

DJR has considered young people's rehabilitative needs in its planning for the new Cherry Creek youth justice centre. DJR has included sufficient classroom and health space, and each unit has dedicated classrooms and health rooms, so that young people can use these facilities if they are unable to leave their unit. Currently, PC and YHaRS often use the open areas of units for classes or for conducting health assessments, which is not appropriate.

DJR has no plans at this time to install internet access at Cherry Creek. Cherry Creek will include high-, medium- and low-security units, which will provide incentives for good behaviour, and better prepare young people for release. The introduction of the classification and placement unit and the orientation unit for new admissions will enable staff full access to young people for educational, health, mental health and offending behaviour assessments in appropriately designed spaces. DJR is currently progressing a redesign for the admission arrangements at Parkville and Malmsbury.

Performance monitoring and measurement

DJR has not yet reported externally on its youth justice activities, but has a *Budget Paper 3: Service Delivery* (BP3) target for case plan completion rates. Given we identified deficiencies in case planning, this is an important measure for DJR. YHaRS does not have a documented evaluation policy. However, DJR is working to improve evaluation practices, and is in the process of developing an outcomes framework for youth justice as a whole, including youth detention, and specific outcomes for service providers.

DJR measures enrolment in education programs, but not attendance, which does not provide an accurate picture of young people's participation in educational opportunities.

PC can demonstrate progress through its internal MERs, which it completes for all students who are in youth detention for a month or more. PC can demonstrate improvements in students' educational outcomes, including increased rates of completion of the Victorian Certificate of Applied Learning (VCAL), and individual improvements to literacy and numeracy. However, there was a drop in VCAL completion rates in 2017, which PC attributes to the operational environment and its impact on attendance.

Recommendations

We recommend that the Department of Justice and Regulation:

1. always incorporate education and program needs into case planning (see Section 2.2)
2. monitor the development of case plans and the achievement of the goals outlined in these case plans for all young people in detention (see Section 2.2)
3. adopt a performance measure for school attendance that takes into consideration the complexity of the cohort and operating environment (see Section 3.6)
4. through Justice Health, monitor service levels and demand through new reporting requirements and the use of tier 1 and tier 2 assessments (see Section 3.5)
5. review and facilitate young women's equitable access to education and recreation activities in the context of recommendations on young women's accommodation in the *Youth Justice Review and Strategy: Meeting needs and reducing offending* (see Section 3.6).

We recommend that the Department of Education and Training:

6. complete its review of Parkville College's funding model to ensure it:
 - covers all of Parkville College's students to meet their individual educational needs, having regard to the complexity and vulnerability of the Parkville College cohort and the impacts of the custodial environment on Parkville College's operations
 - considers future capacity needs for the Cherry Creek facility
 - ensures that Parkville College's funding model is clearly documented to provide transparency on how it is funded (see Section 3.6)
7. improve record-keeping activities at Parkville College so that student records are stored centrally in a single authoritative file (see Section 2.5).

We recommend that the Department of Justice and Regulation and the Department of Education and Training:

8. develop a memorandum of understanding that establishes regular collaboration to coordinate the delivery of education and health services to young people, with reporting obligations to the Children's Services Coordination Board (see Section 3.6)
9. ensure young people access educational resources and facilities, including the internet, educational materials and fully equipped classrooms, at Parkville College (see Section 3.6).

Responses to recommendations

We have consulted with DJR, DET, YHaRS and PC, and we considered their views when reaching our audit conclusions. As required by section 16(3) of the *Audit Act 1994*, we gave a draft copy of this report to those agencies and asked for their submissions or comments. We also provided a copy of the report to the Department of Premier and Cabinet.

The following is a summary of those responses. The full responses are included in Appendix A.

DJR and DET are both pleased that the report acknowledges the significant work, improvements and achievements already undertaken in the sector.

DJR notes the government's significant investment in the youth justice sector following the Youth Justice Review. DJR states that work is already underway to address many of the recommendations contained in our report.

DET's response notes that there was a misalignment between PC's budget and operating model and that this may have impacted PC's strategic planning. DET acknowledges that, since 2017, it has increased PC's budget by \$5 million per year to better support the complex needs of PC's students.

1

Audit context

1.1 Young people in detention

Young people in detention are some of the most disadvantaged in the state. Many have experienced socio-economic disadvantage, family breakdown and drug abuse. Trauma experienced by young people can harm their brain development and impair cognitive growth, creating long-lasting problems.

In 2016–17, the Youth Parole Board reported that many young people have complex needs. It found that:

- 71 per cent are victims of abuse, trauma and neglect
- 32 per cent were subject to a past child protection order, and 18 per cent are subject to a current order
- 26 per cent have intellectual impairments, and 40 per cent have mental health problems
- 11 per cent access disability services, compared with 7 per cent in the equivalent cohort not in contact with the justice system
- many have low educational attainment levels
- many have low rates of access to educational supports prior to incarceration.

These figures are likely understated because complex needs such as intellectual impairments and mental illness are often undiagnosed.

1.2 Youth justice and residential centres

Victoria operates a ‘dual track’ system that enables young people aged 18–20 to be sentenced to a youth justice facility. This option is used if the court believes that there are reasonable prospects for the rehabilitation of the young offender, or that the young offender is particularly impressionable, immature or likely to be subject to undesirable influences in an adult prison.

Victoria’s youth detention system operates two centres:

- Parkville Youth Justice Precinct has 125 beds and accommodates boys aged 10–17 and girls and young women aged 10–24.
- Malmsbury Youth Justice Precinct has 135 beds and accommodates boys and young men aged 15–24. Malmsbury has two sites—a secure site and a minimum-security ‘open’ site. The minimum-security site houses young men aged 18–24.

Each facility has rooms that DJR can use as accommodation in instances of overcrowding. DJR does not count these rooms in its operational capacity because it does not consider them to be part of each facility's regular residential accommodation. The additional rooms are outlined in Figure 1A.

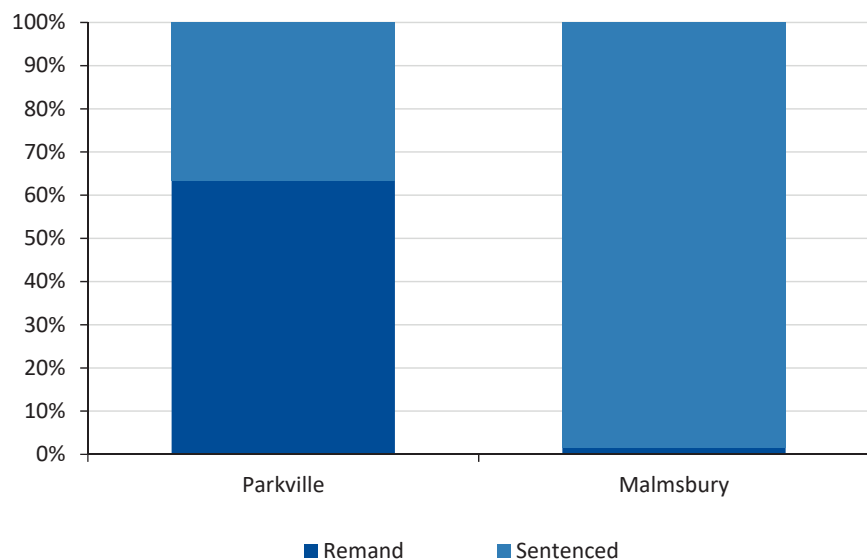
Figure 1A
Additional rooms at Parkville and Malmsbury

| Facility | Additional rooms |
|-----------|---|
| Parkville | <ul style="list-style-type: none"> • Four admissions cells • Eight isolation rooms • Two safe rooms in the girls' and young women's unit |
| Malmsbury | <ul style="list-style-type: none"> • Three holding cells • Five isolation rooms • One medical observation room • The Intensive Supervision Annexe—four rooms for young people requiring intensive supervision and support |

Source: VAGO.

Figure 1B shows the proportion of remand and sentenced young people held at each facility. Most young people on remand (about 95 per cent) are held at Parkville.

Figure 1B
Average proportion of remanded and sentenced young people at each facility, November 2017 to January 2018



Source: VAGO based on DJR weekly bed capacity reports, 8 November 2017 to 19 January 2018.

In 2021, DJR plans to open a new facility at Cherry Creek in Melbourne's west, at an estimated cost of \$288 million. This will include 224 beds for remand and sentenced young people, a 12-bed mental health unit and an eight-bed intensive supervision unit. DJR has also begun to expand Malmsbury and Parkville to meet anticipated accommodation shortages by 2019. While Malmsbury will continue to operate once Cherry Creek opens, the decision on whether Parkville will remain open once Cherry Creek is operational is yet to be made.

Population demographic

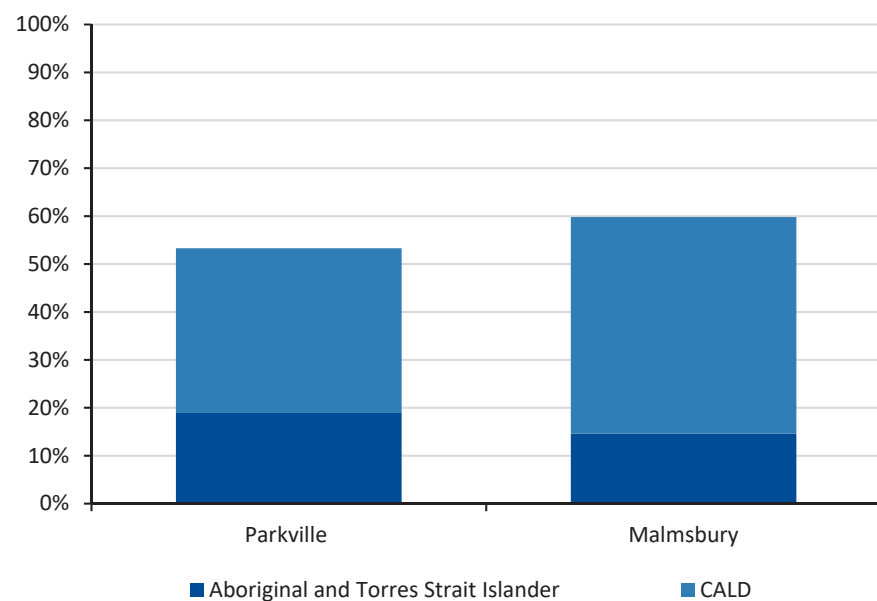
In the youth justice population, Aboriginal and Torres Strait Islander young people, and young people from CALD backgrounds are over-represented.

Aboriginal young people make up 16 per cent of the custodial population, and represent half of the 10–14-year-old cohort. Across the youth justice population, this 10–14-year-old cohort is particularly disadvantaged, more likely to be known to child protection, and more likely to reoffend and transition to the adult system.

Young people from CALD backgrounds account for 39 per cent of the overall custodial population.

Figure 1C shows the proportion of Aboriginal and Torres Strait Islander and CALD young people at each facility.

Figure 1C
Proportion of Aboriginal and Torres Strait Islander and CALD young people in youth justice facilities, November 2017 to January 2018



Note: Represented as a percentage of the overall youth justice population.

Source: VAGO based on DJR weekly bed capacity reports, 8 November 2017 to 19 January 2018.

Young women are a very small part of the overall youth justice population, making up about 4 per cent overall. While this amounts to eight young women at any one time on average, the number varies significantly—at times in 2017, there were more than 20 young women in detention.

Recent incidents in youth justice centres

In November 2016, an incident at Parkville resulted in damage to residential units and program space. This included damage to the YHaRS clinic and dental area, with only one medical room remaining usable and 60 beds being put out of use. Parkville's program space closed in November 2016 and reopened in August 2017.

Also in November 2016, an incident in the Latrobe Unit at Malmsbury resulted in damage to the facility's program space. Additional incidents in January 2017 caused further damage to accommodation and program space.

These incidents affected the entire system, as young people were moved between both centres to manage the reduced space. Additionally, there were widespread lockdowns in the two facilities. The Youth Justice Review noted that young people's movement was heavily restricted—for example, youth justice staff transported young people to classes and YHaRS medical appointments in handcuffs. The Youth Justice Review also found that these issues negatively impacted YHaRS's ability to deliver rehabilitative programs and the ability of PC to teach young people.

As a result, the government gazetted the Grevillea accommodation unit (Grevillea) at Barwon Prison as a youth justice centre on 17 November 2016. At Grevillea, PC and YHaRS did not have dedicated program space—YHaRS operated out of a cell, and PC taught young people in the open area of the unit. PC could not deliver VCAL or Victorian Certificate of Education (VCE) programs at Grevillea because it was not an accredited campus. Some of the learning undertaken at Grevillea may later be recognised under recognition of prior learning and credit transfer procedures.

1.3 Key concepts for effective rehabilitation

The Youth Justice Review found that punitive and negative behaviour management regimes do not support effective rehabilitation or reduce reoffending. To that end, policies and procedures in youth justice emphasise the need for rehabilitative services that address young people's needs, such as services founded on the risk-need-responsivity model.

Criminogenic needs are problems or characteristics of an individual that directly relate to the risk of reoffending.

Risk-need-responsivity model

The risk-need-responsivity model addresses both the young person's criminogenic needs and responsiveness to treatment. Risk-need-responsivity is used to assess the risk of reoffending and to plan rehabilitation. The model has three components:

- **Risk**—assessing and predicting a young person's reoffending risk and matching the rehabilitative intervention to the level of risk. This means that lower-risk young people attract less intensive intervention, while higher-risk young people attract more intensive intervention.
- **Needs**—treatment focused on the needs of the individual, including criminogenic needs. These include antisocial associates, antisocial cognitions, antisocial personality patterns, history of antisocial behaviour, substance abuse, family/relationship issues, school/work history and leisure/recreation activities. If treatment does not address an individual's criminogenic needs, the intervention may increase his or her risk of reoffending.
- **Responsivity**—factors that can affect a young person's response to interventions. These include internal factors, such as intellectual functioning and motivation, and external factors like environmental support, and program content and delivery.

Interventions that address these three issues and provide alternatives and opportunities to young people, in a safe, secure facility, will help reduce reoffending.

Benefits of education for young people in detention

Education can provide significant rehabilitative benefits, including better employment outcomes, improved literacy and numeracy skills, and other life skills that are important for young people.

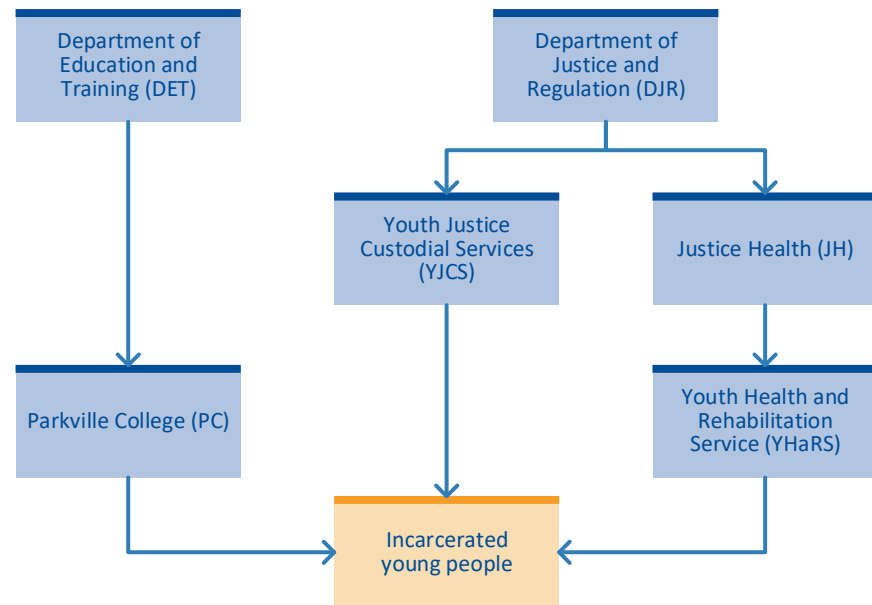
According to a 2015 report from the Organisation for Economic Cooperation and Development, young people with higher educational achievement during incarceration are more likely to return to school or other education on release, and have lower arrest rates.

Regardless of the impact of education on reoffending, incarcerated young people in Victoria are entitled to education under the *Education and Training Reform Act 2006* (ETR Act).

1.4 Agency roles and responsibilities

Figure 1D shows the different agencies involved in youth justice.

Figure 1D
Departments and service providers



Source: VAGO.

Department of Health and Human Services

In 2014, DHHS entered into the current service agreement with YHaRS, which outlined contract terms, performance reporting requirements and service levels through the service specification. The contract was based on a fixed price. The reporting requirements included the following:

- assessments on admission (within 24 hours for registered psychiatric nurses (RPN) and 72 hours for RMOs)
- referrals
- discharge plans
- at risk assessments (within two hours of identification of a risk)
- comprehensive healthcare plans (within four weeks of admission).

Under the YHaRS contract, rehabilitation services such as offence-specific programs in custody and in the community are monitored monthly and quarterly.

When responsibility for the service agreement passed to DJR on 3 April 2017, there was 15 months remaining on the contract.

All youth justice staff in DHHS transferred to DJR as part of the machinery-of-government changes on 3 April 2017.

Department of Justice and Regulation

Youth Justice Custodial Services

Since 3 April 2017, DJR, through Youth Justice Custodial Services (YJCS), has been responsible for the operation of youth justice centres and the delivery of rehabilitative services. YJCS is part of the broader Youth Justice service (YJ). The Secretary of DJR is the custodian of incarcerated young people.

YJ has five service objectives:

- where appropriate, support diversion of young people charged with an offence from the criminal justice system
- minimise the likelihood of young people reoffending and progressing further into the criminal justice system by using supervision that challenges offending behaviours and related attitudes and promotes pro-social behaviours
- provide supervision and rehabilitation through case management and other services to assist young people to address offending behaviour and support successful reintegration into the community
- work with other services to strengthen community-based options for young people, by providing integrated support that extends beyond the court order
- engender public support and confidence in the YJ service.

DJR has begun a major reform project in response to the Youth Justice Review, including fortification and expansion works at both centres and planning for the construction of the Cherry Creek facility.

Justice Health

JH, a business unit of DJR, took responsibility for the contract with YHaRS on 3 April 2017. JH is responsible for delivering:

- health services and offending behaviour programs for children and young people detained in Victorian youth justice centres
- offending behaviour programs for children and young people sentenced on community-based orders
- primary health, primary mental health, forensic mental health and alcohol and other drugs (AOD) treatment services for people detained in Victorian adult prisons.

JH provides advice to government on the performance and adequacy of these services. The current contract for services, which has been extended, concludes in January 2019. In early 2018, JH developed and released for tender service specifications and performance standards for future primary health services and mental health services, as well as a tender for youth offending programs.

Youth Health and Rehabilitation Service

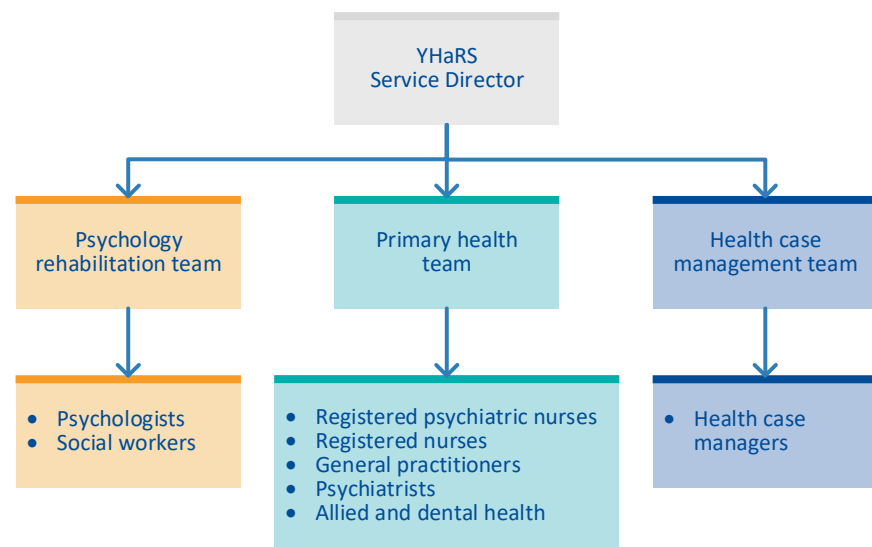
YHaRS is a consortium of:

- St Vincent's Hospital
- Caraniche, a private organisation
- the Youth Support and Advocacy Service, a community organisation.

YHaRS was established in 2014 in response to a request for tender by DHHS to deliver primary health and mental health services, and offending behaviour (psychological rehabilitation) services in youth justice centres, along with rehabilitation services in community settings. They also deliver primary health services at secure welfare. In this audit, we did not focus on YHaRS's services in community settings and secure welfare.

Figure 1E shows YHaRS's structure. The Service Director is responsible for managing the consortium, but does not hold clinical responsibility. This lies with the relevant executive within each organisation.

Figure 1E
YHaRS organisational structure



Source: VAGO.

YHaRS is contractually responsible for assessing and meeting young people's primary health and primary mental health needs, and providing offending behaviour programs for those young people assessed as eligible and suitable.

Young people in detention are entitled to the same health services they would receive in the community. This is detailed in the YHaRS contract, which requires services to be of a community standard.

Department of Education and Training

DET provides learning and development support services and resources for all Victorians, from birth through to adulthood. DET operates PC, a Victorian government school that provides education to incarcerated young people. PC was registered as a specialist school by the Victorian Curriculum and Assessment Authority in 2012.

PC delivers education across four campuses:

- Parkville Youth Justice Precinct, including the Flexible Learning Centre, which has 18 places for recently released young people to keep them engaged in education
- Malmsbury Youth Justice Precinct—DET provides funding for 142 places
- Ascot Vale Secure Welfare Campus—10 places for boys at substantial and immediate risk of harm (part of DHHS and not a focus of the audit)
- Maribyrnong Secure Welfare Campus—as above, with 10 places for girls (not a focus of this audit).

PC does not deliver rehabilitative services—it delivers education in line with legislative requirements under the ETR Act.

Figure 1F shows DET's operational structure and PC's reporting lines.

Figure 1F
PC reporting lines in DET



Source: VAGO.

PC has a school council, which includes representatives from DJR, DET (PC staff) and the Disability Services Commissioner, along with community members and a former student. Section 2.3.4 of the ETR Act and PC's establishing Ministerial Order (No. 634) set out objectives for the school council, including to:

- assist in the efficient governance of the school
- ensure that its decisions affecting the young people of the school consider the best interests of young people
- ensure the school and the council complies with any requirements of the ETR Act, the regulations, the Ministerial Order or direction, guidelines or policies issued under the ETR Act.

PC's school council is a public entity under the *Public Administration Act 2004*. Section 81.1(b) of the Act requires public entities to inform the minister responsible for the public entity and the relevant department head of known major risks to the effective operation of the entity.

While the *Children, Youth and Families Act 2005* (CYF Act) provides the legislative framework for youth justice, PC is primarily directed by and operates under the ETR Act. However, PC undertakes activities that schools outside of youth justice do not—for example, enrolling young people, which is usually the responsibility of a parent.

PC is a specialist government school. As it is located within the Parkville and Malmsbury youth justice precincts, it must operate within the operational boundaries set by DJR. PC staff are responsible for teaching and have a duty of care to young people while they are in class.

DJR has an overall duty of care for incarcerated young people and is responsible for the maintenance and repair of school buildings and equipment that are located in youth justice centres. Accordingly, DJR is responsible for balancing educational needs in its operational decision-making.

1.5 Legislation, standards, policies and procedures

International conventions and rules ratified by Australia set out a clear framework for rehabilitative services in youth detention. Young people have a different set of needs to adults and respond to the conditions of their incarceration differently. Victorian legislation includes human rights considerations and legislation for the management of youth detention and young people's entitlements when incarcerated.

Convention on the Rights of the Child

The United Nations General Assembly adopted the *Convention on the Rights of the Child* in 1989, recognising that children are physically and mentally immature and need special safeguards and care, including appropriate legal protection. Australia ratified the convention in 1990.

Article 37(c) states, 'Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age'.

Beijing, Havana and Bangkok Rules

Australia adopted the Beijing Rules in 1980, the Havana Rules in 1990 and the Bangkok Rules in 2011. These rules provide for the administration of youth justice, the protection of incarcerated young people, and the treatment of women prisoners (including juvenile women). The rules outline requirements for youth detention:

- All legal, medical, educational and other relevant documents must be stored in an individual file for each young person.
- Incarcerated young people have the right to facilities and services that meet all the requirements of health and human dignity.

- The design of detention facilities should be in keeping with the rehabilitative aim of residential treatment, including opportunities for association with peers and participation in sports, physical exercise and leisure time activities.
- Juvenile female prisoners shall have equal access to education and vocational training that are available to juvenile male prisoners.
- Juvenile female prisoners deserve special attention as to their personal needs and problems, and they shall not receive less care, protection, assistance, treatment and training than young male offenders. Their fair treatment shall be ensured.
- Education shall be provided to all children regardless of whether they are of compulsory school age. Education will be suited to children's needs and abilities, and designed to prepare them for return to society.

The Beijing Rules note that the particular requirements for girls and young women were developed in the context of the *Convention on the Elimination of All Forms of Discrimination against Women*.

Children, Youth and Families Act 2005

The CYF Act is the primary legislation for management of young people in youth detention. Section 482 sets out entitlements for young people in detention:

- The Secretary of DJR must determine the form of care, custody or treatment that he or she considers to be in the best interests of each person detained in a remand centre, youth residential centre or youth justice centre.
- The Secretary must separate persons who are on remand from those in detention unless they consent or they have previously served a period of detention, it is in their best interests to be accommodated with sentenced persons, or it is reasonably necessary.
- Persons detained in youth detention are entitled to have their developmental needs—physical, social, emotional, intellectual, spiritual and cultural—catered for.
- Persons detained in youth detention are entitled to have reasonable efforts made to meet their medical, religious and cultural needs, including, in the case of Aboriginal children, their needs as members of the Aboriginal community.
- Incarcerated young people are entitled to be advised of their entitlements under this subsection.

Section 488(b) establishes DJR as the manager of youth justice facilities and states that the officer in charge of the youth justice facility may give to a visitor such orders as are necessary for the management and good order and security of the youth justice facility.

Education and Training Reform Act 2006

The ETR Act provides for education for all Victorians and sets out principles underlying education in Victoria. Under section 1.2.1(b) of the ETR Act, all Victorians, irrespective of the education and training institution they attend, where they live or their social or economic status, should have access to a high-quality education.

All young people aged 10–17 must attend school. Young people in year 12 or equivalent who are older than 17 but younger than 21 on 1 January are entitled to free education. The Minister for Education may also allow a person aged 18–21 to complete year 10 exempt from the normal requirements:

- due to a special circumstance, including a period of imprisonment
- if the exemption will enable the person to participate in a specific course or program approved by the minister
- if it would be unreasonable in the particular circumstances not to grant the exemption.

Under section 1.2.2(2)(e)(ii), a student has a guaranteed vocational education and training (VET) place for a government-subsidised course if the student is 20 years of age or older on 1 January in the year the study is undertaken, and the study leads to a higher VET qualification than the highest such qualification already obtained by the student.

Charter of Human Rights and Responsibilities Act 2006

The *Charter of Human Rights and Responsibilities Act 2006* (the Charter) sets out the basic rights, freedoms and responsibilities of all people in Victoria. The Charter requires public authorities, including people delivering services on behalf of the government, to act consistently with the human rights described in the Charter.

The Charter sets out requirements for humane treatment of individuals deprived of liberty:

- All persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person.
- An accused person who is detained or a person detained without charge must be segregated from persons who have been convicted of offences, except where reasonably necessary.
- A child who has been convicted of an offence must be treated in a way that is appropriate for his or her age.

Australasian Juvenile Justice Administrators

Australian Juvenile Justice Administrators is the peak body in youth justice. It has developed a set of principles to guide the development and implementation of policies, including cross-sector collaboration, evidence-based service responses, addressing individuals' development, health and mental health needs, and individualised, culturally sensitive support. DJR considers these principles as part of its policy development.

Youth Justice Custodial Practice Manual and case management

The *Youth Justice Custodial Practice Manual* is the key policy document governing the operations of YJCS staff, including case management. The manual highlights the importance of case management and details case management objectives, which include:

- addressing young people's offending behaviours
- building on their identified strengths
- providing them with opportunities to develop positive and non-offending lives
- maintaining relationships with their family and significant others
- establishing achievable plans for their future.

YJCS staff will achieve these goals by:

- engaging and building rapport with the young person
- ensuring consistent face-to-face contact
- building a dynamic and supportive relationship between the key worker and the young person
- advocating on behalf of the young person to help him or her access services
- setting realistic and achievable goals in collaboration with the young person.

The *Youth Justice Custodial Practice Manual* assigns responsibility for case management and case planning to key workers, under supervision from unit managers and unit supervisors.

In 2017, DJR established a Case Management Review Working Group to develop a new case management framework and plan, and include placement and risk assessment as key components of case management for young people. While this work is in progress, case management operates according to the current manual. Community youth justice case managers also continue to work with young people in youth detention. This case management is driven by the community case management framework, and is excluded from the audit.

1.6 Relevant reviews and investigations

Inquiry into youth justice centres in Victoria (2018)

The Legal and Social Issues Committee of Parliament completed its *Inquiry into youth justice centres in Victoria* (the Inquiry) in March 2018. It was prompted by incidents in Victoria's youth justice system as well as the changing profile of incarcerated young people.

The Inquiry reported that a high proportion of remandees and custodial staff issues—including a high turnover of experienced staff and reliance on temporary staff—have contributed to a challenging and unstable custodial environment. Key issues include inadequate initial assessments, lack of professional relationships with young people, insufficient managerial oversight and inappropriate use of lockdowns and isolation. All these issues inhibit the effective rehabilitation of young people in the youth justice system.

The Inquiry made 39 recommendations, and the Victorian Government's response to the report is due September 2018. Key recommendations include:

- developing and implementing rehabilitation programs suitable for young people on remand
- establishing a youth forensic mental health precinct and periodic evaluation of mental health services to ensure services meet ongoing needs
- strengthening screening and assessment procedures
- considering whether PC's education methods should be adapted to provide assistance to at-risk students in mainstream schools.

Youth Justice Review and Strategy: Meeting needs and reducing offending (2017)

The July 2017 Youth Justice Review made 126 recommendations about Victoria's youth detention system. The government accepted or accepted in principle these recommendations.

Broadly, the Youth Justice Review recommended:

- improving the way that criminogenic needs are assessed and addressed according to individual risk profiles of young people
- linking young people with disability, health, education and employment services to reduce reoffending
- developing appropriate interventions that reflect young people's cognitive abilities, gender and cultural background
- ensuring education and primary and mental health needs are central to any interventions that occur.

An initial investment of \$50 million will respond to the Youth Justice Review's priority recommendations. This investment provides:

- \$8.8 million for new programs for young offenders to directly address their offending behaviour, including programs that target violence and drug and alcohol issues—these programs will be delivered in both custody and the community
- \$11.5 million for assessments for young offenders in custody and in community supervision to assess their risk of reoffending, violent behaviour and, where appropriate, identify acquired brain injuries
- \$1.3 million to improve Aboriginal support and investment, including developing a strategy for young Aboriginal people in custody, an additional Aboriginal liaison officer and an Aboriginal leadership program for young men in custody
- an increase in nursing services over the weekend at Malmsbury and additional psychiatry hours.

The Youth Justice Review found that the Victorian Offending Needs Indicator for Youth—the key tool for assessing offending behaviour needs—is not effective and that offending behaviour programs are inadequate. We did not assess this tool or offending behaviour programs in this audit.

The same four walls: Inquiry into the use of isolation, separation and lockdowns in the Victorian youth justice system (2017)

The Commissioner for Children and Young People published a report in 2017 that reviewed the use of isolation, separation and lockdowns in youth justice centres. Young people who are put in isolation or lockdown, or are separated, miss vital rehabilitative activities including education, mental health and offending behaviour supports, and access to fresh air and exercise. The review found widespread use of these practices in youth detention, which constitute cruel, inhuman or degrading treatment under the *Convention on the Rights of the Child*. This treatment can hinder rehabilitation.

Review of the Parkville Youth Justice Precinct: An independent review by Neil Comrie AO APM (2017)

The *Review of the Parkville Youth Justice Precinct: An independent review by Neil Comrie AO APM* examined:

- the overall adequacy of the Parkville precinct for its intended purpose
- the circumstances leading up to November 2016 incidents in which children and young people caused damage to Parkville's facilities.

The review found that Parkville was not adequate for its intended purpose and, particularly, for the safety and security of all young people. Parkville's inadequacy limits incarcerated young people's ability to benefit from rehabilitation services and education. The review recommended the construction of a new youth justice precinct.

1.7 Audit scope

For the purposes of this audit, we define rehabilitation services as the assessments, education and services provided by PC, DJR and YHaRS that are designed to address offending behaviour, primary and mental health, and the education needs of children and young people in youth detention. This includes developmental needs and needs specific to Aboriginal and Torres Strait Islander children and young people as defined in the CYF Act.

1.8 Why this audit is important

Youth justice has been subject to multiple recent reviews. However, none of these comprehensively focused on DJR's and YHaRS's ability to deliver effective rehabilitation services to incarcerated children and young people.

PC has never been subject to a performance audit. While PC does not deliver rehabilitative services, education is a protective factor that can reduce reoffending. As such, it is a key component in a child or young person's ability to rehabilitate.

Incarcerated children and young people have highly complex needs—they require quality, well-coordinated rehabilitation services that address all these needs holistically.

1.9 What this audit examined and how

This audit examined how well the rehabilitation services provided to children and young people in youth detention meet developmental needs and reduce reoffending. We examined:

- whether DJR, YHaRS—as the service provider—and PC understand the primary, mental and educational needs of children and young people so they can appropriately design and plan for rehabilitation services to prevent future offending
- whether DJR, YHaRS—as the service provider—and PC deliver rehabilitation services to directly address children and young people's developmental needs
- whether rehabilitation services reduce reoffending in children and young people.

We analysed all initial health screens conducted by YHaRS between 1 January 2017 and 30 June 2017. We selected a sample of 40 young people during this period across all age groups, as well as specific cohorts including girls and young women and young people from Aboriginal and Torres Strait Islander and CALD backgrounds, across all facilities. During the testing period, there were three youth justice sites—Parkville, Malmsbury and Grevillea. Three young people in our sample of 40 were incarcerated at Grevillea.

The sample included 13 referrals for assessment of suitability for offending behaviour treatment, five for mental health treatment and 20 referrals for both.

We also analysed forensic mental health assessments and treatments using a forensic psychologist as subject-matter expert. We examined PC's enrolment and assessment processes. We also conducted two consultations at Malmsbury with one group of five young men and one group of 16 young men. Both of these groups were made up of men over 18 years of age.

We conducted our audit in accordance with section 15 of the *Audit Act 1994* and ASAE 3500 *Performance Engagements*. We complied with the independence and other relevant ethical requirements related to assurance engagements. In this audit, we used our follow-the-dollar powers, directly engaging and requesting information from YHaRS. YHaRS cooperated with all our requests.

In accordance with section 20(3) of the *Audit Act 1994*, unless otherwise indicated, any persons named in this report are not the subject of adverse comment or opinion.

The cost of this audit was \$690 000.

1.10 Report structure

The remainder of this report is structured as follows:

- Part 2 examines admission to youth detention, including the roles of DJR, PC and YHaRS in admission processes
- Part 3 examines services that young people receive in youth detention
- Part 4 examines planning and performance measurement.

2

Assessments of young people in youth detention

When young people enter youth detention, they undergo primary health, mental health and education assessments to establish their individual needs. YJ case managers begin case planning based on the young person's needs and enrol them at PC. Some young people may also receive forensic mental health assessments and drug and alcohol assessments.

These assessments form the basis for health services and education that meet the requirements of the CYF Act. Effective assessments capture developmental needs and enable PC, DJR and YHaRS to tailor services to individual young people.

Incarcerated young people have the same health and education entitlements as young people in the community, but they often have higher needs, requiring robust, timely assessments to ensure that their stay in youth detention addresses their developmental needs and reduces reoffending.

In this part of the report, we examine whether PC, DJR and YHaRS identify and understand the primary, mental and educational needs of young people.

2.1 Conclusion

Youth detention presents a critical opportunity to positively intervene in the lives of exceptionally disadvantaged young people. Thorough assessment to identify and start addressing needs, set up a path for community reintegration and reduce reoffending risks should therefore be a strong priority.

Following an initial screening when entering youth detention, some young people require follow-up assessments. However, none of the agencies provided follow-up screening or assessments to young people in a consistent, timely or comprehensive manner.

We saw variation in the availability of assessment information between agencies, with PC demonstrating a better understanding of needs. These gaps mean that young people's needs may go unidentified and therefore remain unmet.

Recent steps by DJR to introduce additional assessments and clinical governance oversight arrangements and to reform case planning will assist in addressing these issues.

2.2 Admission to youth detention

To ensure incarcerated young people can benefit from rehabilitation services, we examined whether:

- DJR developed case plans for young people entering youth detention
- PC used assessment processes that meet legislative requirements and enable educational services to meet young people's needs
- YHaRS used assessment processes that meet service specification requirements and enabled rehabilitation services to meet young people's needs.

Case planning

DJR cannot assure itself that all young people are receiving high-quality rehabilitation services in line with case management requirements in the *Youth Justice Custodial Practice Manual*.

On arrival at the youth justice facility, each young person is sent to a residential unit, and the unit supervisor assigns a YJCS unit staff member as the young person's unit coordinator. In line with the *Youth Justice Custodial Practice Manual*, the unit coordinator's role is to actively engage with young people, and develop and implement the overall case plan under supervision from the unit supervisor.

Case plans include goals for the young person while in youth detention and activities that will help to achieve those goals. Examples include 'improving education by attending PC' or 'managing emotions more effectively'. According to the *Youth Justice Custodial Practice Manual*, case plans should also include referrals to relevant services, so that DJR can track referrals to ensure they occur.

The *Youth Justice Custodial Practice Manual* sets out the required time frames for case planning:

- For sentenced young people, DJR must complete a case plan within six weeks of admission.
- For remanded young people, DJR must complete a remand care plan within five days.

We analysed a sample of 40 young people—and their remand care plans and case plans—and identified a lack of consistent case planning. There were instances where young people did not have a remand care plan or case plan. We classified these as 'not applicable' if:

- the young person was in remand for less than five working days
- the young person was in youth detention for less than six weeks
- the young person was in youth detention under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

In these instances, a case plan is not required.

Figure 2A shows that, where applicable, 30 per cent of the young people in our sample did not have a remand care plan and 51 per cent did not have a case plan.

Figure 2A
Remand care plans and case plans

| Status | Remand care plan | Case plan |
|----------------|------------------|-----------|
| Yes | 19 | 18 |
| No | 8 | 19 |
| Not applicable | 13 | 3 |
| Total | 40 | 40 |

Note: Assessment was based on the most recent remand order or custodial sentence.
Source: VAGO.

According to DJR, the absence of case plans reflects the need to improve the workforce's skills in case management. DJR stated that significant disruptions, such as staff shortages, lockdowns and restricted movement following incidents at Parkville and Malmsbury in late 2016 and early 2017, had impacted YJ staff's ability to undertake case planning.

DJR recognises that operational challenges will always exist in youth detention and is working to ensure that key essential services can be provided without disruption. DJR believes this will be achieved through the design of Cherry Creek, DJR's custodial operating model, and appropriate contingency planning.

Case management model

DJR will address case management issues through its new case management model, developed through the Case Management and Custodial Operating Model Working Group, which was established as part of the Youth Justice Reform Program, funded through the 2017–18 Budget.

The working group includes senior representatives from DJR, DHHS, DET (PC staff) and YHaRS, as well as an external independent expert.

With the working group, DJR has developed a draft case management framework, which includes new requirements for intake, assessment and planning. The framework's intake and assessment activities are based on risk-needs-responsivity principles, and it requires YJ staff to engage with the young person and gather information to complete both initial screening tools and a comprehensive risk assessment. On completion of the tier 1 screening and the comprehensive risk assessment, YJ can then refer young people for further assessments if required and develop a case plan.

The framework establishes a dedicated assessment and case coordination function within a new classification and placement unit, which will operate independently of custodial operations. The classification and placement unit will assess each young person's risk of reoffending and needs, security risk, drug and alcohol use, and transitional needs, and aim to ensure the stability and rehabilitative function of custodial environments and well-coordinated, ongoing case planning.

It also provides clear lines of responsibility and a centralised assessment and case coordination function in youth detention. This should improve the level and rigour of case management provided to young people. Additionally, the new youth offending programs service delivery model requires information sharing and integration between service providers and YJ staff.

DJR's draft case management framework also requires services to be culturally responsive, engage with key support people such as the young person's family and cultural support workers, and integrate cultural responsiveness into case plans. It will be important for DJR to monitor this and ensure that staff and service providers follow these requirements.

This work is a direct response to recommendations from the Youth Justice Review and represents a more structured approach to intake, assessment and case planning than currently exists in youth detention.

2.3 Identifying health and rehabilitation needs

Primary and mental health assessments

YHaRS is responsible for conducting primary and mental health assessments for all young people admitted to youth detention. A young person has the right to refuse these assessments. YHaRS is also required to carry out health assessments when a young person transfers between the Malmsbury and Parkville centres. Additionally, YHaRS staff are required to assess young people at risk of suicide or self-harm within two hours of identifying the need.

Qualified staff who carry out these assessments are:

- RPNs, who have qualifications in mental health—for example, in assessing suicide risk—as well as in general nursing
- RMOs, who are qualified general practitioners.

The initial assessment occurs in two parts:

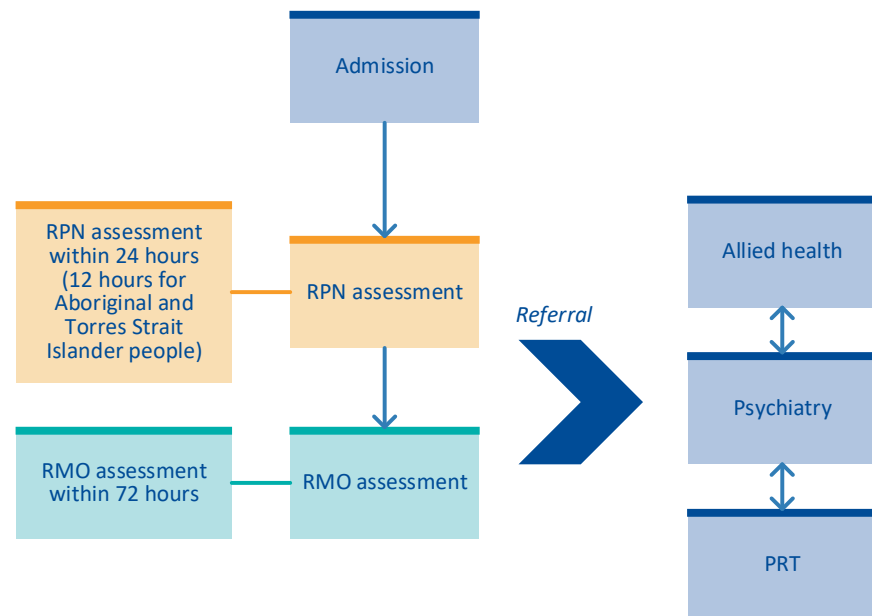
- An RPN is required to conduct an initial health and mental health assessment—known as the RPN assessment—within 12 hours for Aboriginal and Torres Strait Islander young people or within 24 hours for all other young people.
- An RMO is required to conduct a comprehensive health assessment—known as the RMO assessment—within 72 hours.

YHaRS staff conducting RPN and RMO assessments may refer young people to:

- the PRT for offence-specific and offence-related interventions, including individual interventions to manage mental health issues that may affect the young person's responsiveness to PRT treatment
- allied health services
- psychiatric services
- testing for blood-borne viruses
- other diagnostic testing such as X-rays or blood tests.

Figure 2B shows YHaRS's assessment processes.

Figure 2B
YHaRS assessment processes



Source: VAGO.

RPN and RMO assessment methodology

As required by the service specifications, YHaRS has based the RPN and RMO assessments on established methodology, including relevant parts of the HEADSS assessment—an established psychosocial assessment tool specifically for young people. Sections of the RPN form, specifically on asthma, diabetes, sexual health and immunisation, align with the HEADSS approach of using structured interview questions.

The high prevalence of mental health problems among young people in detention underpins the RPN assessment's screening for suicide and mental health risks. These sections of the RPN form reflect better practice methodology for examining an individual's mental state, but focus on how the young person is at presentation rather than targeted questions to pick up broader mental health issues.

HEADSS assessment provides a framework for considering:

- Home
- Education and employment
- Activities
- Drugs and alcohol
- Sexuality
- Suicide risk / depression.

To design and deliver services for detained young people YHaRS uses information collected, through its assessments, about six developmental needs. Figure 2C shows these six needs and the relevant information collected via RPN and RMO assessments.

Figure 2C
Information about young people's developmental needs collected through RPN and RMO assessments

| Assessment section | Developmental needs | | | | | |
|-----------------------------|---------------------|--------|-----------|--------------|----------|-----------|
| | Physical | Social | Emotional | Intellectual | Cultural | Spiritual |
| Aboriginal status | | • | • | • | • | • |
| Acute medical illness | • | | | | | |
| Allergies | • | | | | | |
| Asthma and diabetes history | • | | | | | |
| Country of birth | | • | • | • | • | • |
| Demographics | • | • | | | | |
| Disability | • | • | • | • | | |
| General history | • | • | • | • | | |
| Language | | • | • | • | • | |
| Medication record | • | • | | | | |
| Mental state examination | | | • | • | • | • |
| Religion | | | • | | • | • |
| Sexual health | • | | | | | |
| Suicide risk | • | • | • | • | • | • |

Source: VAGO.

RPN assessments

Timeliness

In the sample of 40 young people we examined, YHaRS had completed 95 per cent (38 RPN assessments). Of these:

- 35 had RPN assessments offered and completed within 24 hours of admission
- one was offered within 24 hours from admission, but refused, resulting in an assessment completed after this time
- one was offered and completed more than 24 hours after admission
- one assessment did not record the RPN notification time, so it is unclear if it was completed within 24 hours of admission.

For the remaining two cases, YHaRS could not locate the required RPN assessments.

Adequacy

In line with its service specification, YHaRS uses qualified RPNs for initial risk assessments rather than registered nurses (RN).

However, 68 per cent of admissions occur after hours when only one RPN is available at Parkville. This RPN is responsible for:

- providing assessments for Parkville admissions
- calling the RPN rostered to cover Malmsbury, to attend after-hours admissions there
- providing advice to YJ staff on the healthcare needs of incarcerated young people
- providing support via telephone for Secure Welfare Services and the Disability Forensic Assessment and Treatment Service—which are run by DHHS and are not part of this audit.

YHaRS advised us that this places a high level of pressure on the RPN to complete assessments quickly.

We observed an RPN conducting initial and transfer assessments and managing healthcare needs at Parkville overnight. Sometimes, multiple young people are admitted at the same time, which puts the RPN under further pressure to rush assessments.

Additionally, there is a lack of privacy and confidentiality—the admissions area is open and often RPNs must carry out assessments in common areas. This impacts the RPN's ability to conduct a thorough assessment, which ultimately impacts YHaRS's ability to identify young people's primary and mental health needs.

DJR increased RPN service levels at Malmsbury to provide an RPN service on weekends in July 2017. DJR has received additional funds to increase service coverage across the week.

Completeness of information

We examined RPN assessments and found that only 12 of the 552 finalised assessments were complete. Figure 2D shows the lack of completeness of documentation in RPN assessments.

Figure 2D
Completeness of RPN assessments

| Assessment section | Fully completed (per cent) | Partial or not completed (per cent) |
|-----------------------------------|-------------------------------|--|
| Assessment introduction checklist | 70 | 30 |
| Physical signs ^(a) | 5 | 95 |
| Acute medical illness | 53 | 47 |
| Medication records | 52 | 48 |
| General history ^{(b)(c)} | 93 | 7 |
| Mental state examination | 98 | 2 |
| Suicide risk | 92 | 8 |

(a) This specifically includes temperature, respiration, pulse, blood pressure, height and weight.

(b) This specifically includes allergy, asthma, diabetes, epilepsy, sleep problems and any other specified.

(c) This excludes transfer screens.

Source: VAGO based on a sample of RPN assessments from 1 January to 30 June 2017.

While the mental state examination and suicide risk sections were complete in almost all instances, the medication records and acute medical illness sections were only complete in around 50 per cent of the assessments we examined.

YHaRS advised that the low level of completion for the medication records field can be due to young people being unaware or unwilling to disclose this information when asked. YHaRS also advised that not all young people carry their medications when they are admitted. For those who do, RPNs document it in the assessment form.

The lowest completion rate was for the physical signs section, which documents the young person's temperature, breathing, pulse, blood pressure, height and weight. This lack of completeness raises the risk that staff may not identify developmental or medical issues. YHaRS advised that a low completion rate can be due to operational challenges that make it difficult for RPNs to undertake a young person's examination. When RPNs have to see a young person outside of admissions, they often do not have access to the equipment required to complete baseline health observations. In these cases, they perform this assessment visually or rely on self-reported information from the young person, which limits the information that can be recorded in this section.

RMO assessment

The RMO assessment gathers detailed information on the young person's current and past medical conditions, conducts a physical and dental examination, and takes a history on blood-borne viral infections and immunisations.

The RMO assessment also gathers information on mental health and suicide risk, although the assessment questions are significantly less extensive than those on the RPN's assessment form.

Timeliness

YHaRS's RMOs complete an assessment within 72 hours of a young person's arrival. From the sample of 40 we examined, YHaRS completed 90 per cent (36 assessments). These assessments occurred on average within 45 hours of admission. Of these:

- 31 young people had RMO assessments offered and completed within 72 hours of admission
- three were offered an assessment within 72 hours from admission, but assessments were completed after this time frame due to refusals and lockdown
- two were offered and completed more than 72 hours from admission, one of which was due to YHaRS staffing issues.

Completeness of information

Figure 2E shows RMO assessment completeness.

Figure 2E
RMO assessment completeness

| Assessment section | Fully completed (per cent) | Partial or not completed (per cent) |
|--|-------------------------------|--|
| Allergies | 88 | 12 |
| Current medical conditions | 81 | 19 |
| Past medical problems and operations | 79 | 21 |
| Blood-borne viral infections, sexually transmitted infections and immunisation | 74 | 26 |
| Current medications | 54 | 46 |
| Opioid replacement therapy | 76 | 24 |
| Drug, alcohol and smoking history | 75 | 25 |
| Mental health | 77 | 23 |
| Self-harm and attempted suicide risk | 79 | 21 |
| Physical signs and symptoms ^(a) | 77 | 23 |
| Dental health | 81 | 19 |

(a) This specifically includes physical examination, vital signs (weight, pulse and blood pressure), and respiratory, cardiovascular, abdomen and ear-nose-throat.

Source: VAGO based on a sample of RMO assessments from 1 January to 30 June 2017.

Overall, only 108 of the 380 RMO assessments undertaken between 1 January and 30 June 2017 were complete. Significantly, information on the young person's current medication was incomplete for 46 per cent of records—for example, while YHaRS records what medication is being used, it does not record dosage information. YHaRS advised that this can be because young people have to self-report this information and may not be aware of the precise dosage. YHaRS advised that for young people who have indicated that they are on prescribed medication, health case managers (HCM) will investigate further and gather full prescription details from the community.

DJR and YHaRS advised that, instead of using the medication section of the assessment form, RMOs usually document medication and dosage information directly into the young person's electronic medical record.

Testing RMO referrals

Our analysis of 380 RMO assessments from 1 January to 30 June 2017 showed that 60 young people raised concerns about blood-borne viruses and sexually transmitted infections, but RMOs documented only 20 referrals for testing in these assessment forms. YHaRS has advised that RMOs offer all young people testing, but this is not always documented in the assessment form—the majority of these offers are documented in case notes.

For the remaining 40 young people, YHaRS verified that 38 were offered blood-borne virus testing. Of the two where testing was not offered, one was due to ongoing aggressive behaviour. This example demonstrates why it is important for records to be complete—DJR needs to be able to assure itself that it is meeting young people's health needs and there are clear, documented reasons when services have not been provided.

Incomplete RPN and RMO assessments

Significant operational issues have limited YHaRS's ability to engage with and effectively assess young people in detention. RPNs have a heavy workload, and lockdowns and other disruptions limit YHaRS's effectiveness.

Staff submit assessments through YHaRS's Mastercare system to enable reporting against key performance indicators. However, the system allows staff to submit incomplete assessments and, once they are marked finalised, staff can only add further information through file notes. This means health information is scattered across case notes, rather than in one easily identifiable file.

YHaRS tracks whether assessment forms have been completed, but does not record whether they are incomplete and just include the minimum, most critical information.

Failure to complete RPN and RMO assessments on time and in full can be due to a range of factors such as a young person's refusal. However, we also found that a lack of resources and adequate space affects YHaRS's ability to undertake these assessments.

Refusals

While YHaRS will offer assessments more than once, a young person has the right to refuse an assessment. In the six-month period that we looked at, 14 of the total 398 incarcerated young people refused the RPN assessment, and 115 refused the RMO assessment. YHaRS records attempts and refusals—if a young person refuses, assessments cannot be completed.

Service improvements

DJR, through JH, is working to address the completeness of RPN and RMO assessments. Following a 2017 external review of YHaRS, which also identified completeness issues, JH developed an action plan to improve YHaRS's primary health services. JH's new service specifications beginning in 2019 also set out a regular audit regime.

JH has also improved YHaRS's ability to keep records by providing all YHaRS staff with full access to the Client Relationship Information System, which is the main database for youth justice. JH is also in the process of gaining access to Mastercare so that it can undertake routine file audits.

Alcohol and other drug assessments by RPNs and RMOs

AOD assessments are crucial as approximately 46 per cent of young people in contact with youth justice have substance abuse problems.

All three YHaRS teams—Primary Health, HCMs and PRT—undertake AOD assessments but with differing approaches and purposes.

RPNs and RMOs collect basic information about young people's AOD use through their assessments. These can trigger referrals for acute withdrawal management, the pharmacotherapy program or further AOD assessments by RPNs, an HCM or PRT.

YHaRS's RPNs undertook 109 AOD assessments between 1 January and 30 June 2017. However, only 38 per cent of these were complete. Of the incomplete assessments, YHaRS advised that 33 assessments—30 per cent—did not include information on immediate management plans because the RPN had assessed that there was no need for such plans.

YHaRS could not verify reasons for the lack of information on average daily use and advised it may have been due to refusals to provide information, or due to operational issues. However, this was not clear from our examination of assessments, which frequently contained blank fields with no documented rationale.

DJR has acknowledged that this is a result of RPNs historically not completing sections that did not apply. To address this issue, YHaRS has since communicated to all RPNs that where an area of the AOD assessment form is not relevant to that particular young person, it must be marked as not applicable. YHaRS also requires staff to document in the assessment when a young person is unable to answer assessment questions or refuses.

There were 35 RPN assessments where the young person had reported an AOD history but no subsequent AOD assessment was undertaken. In only one case, this was because the young person refused the assessment.

The incompleteness of these AOD assessments means that YHaRS and DJR do not know if they are identifying the extent of young people's AOD issues and responding appropriately.

To address this issue, assessments for drug and alcohol treatment will be integrated with the new tier 1 and tier 2 assessment and the health assessments. The health assessment will identify any alcohol and other drug related misuse and/or withdrawals.

2.4 Mental health and forensic intervention assessments

There are five main types of mental health and forensic intervention assessments. Different parts of YHaRS have responsibility for these assessments:

- RPNs and RMOs (primary health) assess mental health and suicide risk as part of the RPN and RMO assessment process during admission—see Section 2.3.
- RPNs conduct a self-harm and suicide risk screen within two hours of identifying a young person as being at risk of self-harm or suicide. YHaRS's RPNs need to ensure they immediately manage an at-risk young person, and that a risk management plan is in place.
- Following the initial self-harm and suicide risk screen, young people are referred to the psychiatry team (part of primary health), which conducts further assessment.
- YHaRS's PRT undertakes forensic intervention assessments upon receiving referrals from another YHaRS service area, DJR staff or PC, or advice from friends and family in the community. The purpose of these forensic intervention assessments is to better understand a referred young person's needs.

PRT also undertakes individual counselling for young people who need this service or cannot participate in group offending behaviour programs. We did not assess this aspect of PRT's work.

Suicide and mental health risk incidence

In our sample of 40 young people, 21 cases involved acute mental health referrals to the primary health team. Of these, 10 cases were crisis referrals, such as young people at risk of attempted suicide or serious self-harm. In these situations, RPNs were the first to respond in line with YHaRS's service specification. RPNs refer these young people to a psychiatric registrar or consultant psychiatrist from the primary health team.

Resourcing forensic mental health

Across YHaRS, there is a lack of dedicated mental health counselling services.

The initial service specification required PRT to deliver offending behaviour programs rather than forensic mental health. PRT treats forensic mental health issues in the context of managing offending behaviour. PRT does this through counselling to ensure the young person is responsive to the offending behaviour program.

DJR and DHHS acknowledged the unmet demand for services, and obtained funds through the 2017–18 Budget to implement a custodial forensic youth mental health service, which includes a psychiatrist and other treatment professionals if required. DJR also obtained funding for psychologists at Parkville and Malmsbury, to provide immediate counselling for distressed young people and to assist the custodial forensic mental health service to implement treatment plans. Section 3.5 provides more information on this initiative.

Responsivity

When PRT receives a referral, it assesses the young person using a range of tools to determine an appropriate offender behaviour treatment pathway. This may include a mental health screen to identify any mental health risk that may affect a young person's responsiveness to offending behaviour treatment. However, PRT has not conducted these assessments of incarcerated young people in a timely manner.

PRT saw or attempted to see young people on average within 29 days from referral, with the total wait time ranging from one to 103 days. One young person saw a clinician for individual counselling 151 days after PRT received a referral for this service. YHaRS advised that this delay was due to the young person refusing treatment for a separate referral and the riots in Malmsbury. Young people at Malmsbury experienced longer wait times, with an average of 37 days, compared to those at Parkville, with an average 20 days.

Figure 2F shows the top three types of disruptions to counselling sessions on average over a three-month period. At both centres, DJR operational issues such as lockdowns and staff shortages account for the majority of disruptions.

Figure 2F
Reasons for disruptions to PRT sessions on average, 1 May to 30 August 2017

| Reason | Percentage |
|--------------------------------|------------|
| Malmsbury | |
| Operational issues | 42 |
| No escort | 26 |
| Interruption by young person | 12 |
| Other ^(a) | 20 |
| Total | 100 |
| Parkville | |
| Operational issues | 54 |
| Young person taken to programs | 9 |
| No DJR staff for line of sight | 8 |
| Other ^(b) | 29 |
| Total | 100 |

(a) This includes conflicting appointments and delays in DJR bringing the young person to the sessions.

(b) This includes sessions cancelled due to lack of escorts, sessions delayed or cancelled due to no rooms being available, interruption by DJR staff, and the young person declining the session.

Note: PRT has different disruption codings for Parkville and Malmsbury.

Source: VAGO based on YHaRS information.

PRT's assessments do not have a defined time period for completion. The average duration to complete assessments was 68 days, with a range of 13 to 360 days. Given the average length of stay for young people is 35 days, this does not meet the needs of the cohort.

Assessment consistency

PRT received referrals for 38 of the young people—95 per cent—in our sample of 40.

PRT uses a range of externally sourced and validated tools to conduct sub-acute mental health and reoffending risk assessments, such as:

- Structured Assessment of Violence Risk in Youth—assesses reoffending risk
- Youth Level of Service Inventories/Case Management Inventory—assesses reoffending risk
- MAYSI-2—identifies special mental health needs for incarcerated young people aged 12–17 years old
- Beck Youth Inventory—assesses child and adolescent social and emotional impairment
- Depression Anxiety Stress Scale—measures the negative emotional states of depression, anxiety and stress
- State-Trait Anger Expression Inventory—assesses anger intensity, frequency of angry feelings, and expression of angry feelings towards other people or objects.

MAYSI-2 is a paper-based self-reporting inventory for mental health screening and assessment. It comprises 52 questions.

YHaRS advised that the assessment pathway is based on the nature of the young person's offence. Young people are assessed for the:

- Adolescent Violence Intervention Program if they have committed a violent offence
- Male Adolescent Program for Positive Sexuality if they received a court order to undertake the program.

YHaRS advised that clinicians may use other tools during the assessment process.

We found that PRT had not fully complied with its assessment protocol. Of the 38 young people referred, 53 per cent were assessed against MAYSI-2 and 47 per cent (18 young people) were not. For those young people not assessed, two were due to administrative error, while for four cases there was no clear reason. The remaining 12 cases were due to the young person refusing the assessment, being on a short sentence or having low cognitive functioning.

From the sample, nine young people (24 per cent) did not receive any psychometric assessment. In all cases except one, YHaRS advised a range of reasons—such as a young person being on a short sentence and another young person having low cognitive functioning. Of these, four were due to the young person refusing to complete the assessment or disengaging from assessment sessions.

PRT does not consistently assess reoffending risk or criminogenic need. Of the 38 young people, 50 per cent received structured offending risk assessments. In some cases, YHaRS did not follow its process.

DJR is introducing a new assessment process for assessing reoffending risk or criminogenic need.

YHaRS's information collection practices

During the admission and assessment process—from initial screening through to more comprehensive assessments—multiple clinicians collect assessment information multiple times. In some circumstances, clinicians need to gather the same information but from a different perspective relevant to their area of work with the young person. However, we also observed duplication in relatively static areas of the assessment, contributing to delays in finalising the assessment process.

JH is taking steps to address this issue. The new youth offending programs service delivery model establishes a referral pathway from initial screening to an integrated assessment for offender behaviour programs to reduce duplication in information gathering. JH is also making improvements to record management practices to ensure more appropriate data entry and recording.

New assessment processes

JH's future service delivery model sets out new requirements for assessment processes and time lines. This includes the requirement that all assessment tools are validated and have clear commencement and completion time frames. These requirements apply to the initial and comprehensive screenings (RPN and RMO assessments) as well as the suicide and self-harm risk assessments, as is the current practice.

In addition, DJR staff will undertake a more integrated assessment process that includes a two-tiered screening and assessment process for sentenced young people. It will include screening young people for intellectual disabilities, cognitive functioning and neglect at home.

DJR's new assessment process means that young people will be comprehensively and consistently assessed when entering youth detention.

Young people will also receive tier 2 assessments delivered by Youth Offending Programs (DJR's service provider) that are offence specific or are determined by the DJR case manager, based on the outcome of assessments. JH's new service delivery model for youth offending programs includes additional requirements for neuropsychological assessments in some cases.

2.5 Education enrolment and assessment

PC enrolls every young person in detention. While PC fulfils DET's enrolment requirements, it also sets its own enrolment and assessment policies and procedures that are above DET's minimum requirements. Given the custodial operating environment is different to a mainstream school setting, it is appropriate that PC has higher standards for enrolment and assessment.

The average PC student spends 35 days in youth detention—this limits PC's ability to identify educational needs for young people on short stays.

Enrolments and diagnostic assessments are not always completed to the time frames PC sets. However, PC has strategies to mitigate these issues. These include taking into account young people's previous education and assessment experiences, mental state and engagement with teachers, and adapting classroom practices to meet individual student needs.

PC's ability to teach young people, deliver classes in the appropriate setting, and award VCAL accreditation has been impacted by the operational environment. Ongoing lockdowns and DJR's inability to escort young people to class to ensure attendance have impacted young people's ability to learn.

VCAL and VCE enrolment requirements

The Victorian Curriculum and Assessment Authority's VCE and VCAL handbook sets out information on entry to VCAL and VCE. There are no formal entry requirements for VCAL. Young people must be at least 15 years of age to enrol in VCE.

Section 2.1.1 of the ETR Act requires parents to enrol their child at a registered school. The ETR Act defines a parent as a guardian and every person who has parental responsibility for the child. DJR is the custodian of young people in detention and is responsible for ensuring that young people attend PC, but it is not involved in the enrolment process. There is no requirement for PC to undertake enrolments, but it does so to collect information about each young person in order to identify his or her needs.

We found that PC staff did not input into case plans, and information on case plans was not always shared with PC staff. DJR's draft case management framework emphasises the need for YJ staff to support PC, to ensure a consistent response for the young person and to share information collaboratively. Given DJR is in the process of introducing new case management practices, this is an ideal opportunity for YJ staff to work with PC when enrolling new young people.

Information gathering

PC collects information from a range of sources to help it identify young people's needs, including:

- previous schools and the Victorian Curriculum and Assessment Authority—with the young person's consent
- youth justice workers and case managers
- Koorie workers
- YHaRS
- parents or other supportive adults.

DET has two central databases—CASES21 and the Student Online Case System—that staff at public schools can use to check whether a young person has been tested for learning disabilities. However, to protect young people’s privacy, PC does not use these databases for this purpose because it would flag that the young person has been incarcerated. Another reason for PC’s limited access to CASES21 is that adding information to a student’s record would un-enrol the student from his or her previous school, which could create problems on release.

Having full access to these databases could assist PC to identify cognitive functioning issues more efficiently and understand young people’s developmental needs. However, this would need to occur in a way that does not compromise the young person’s privacy.

Operational model and needs assessments

PC’s operational model was set out and approved by the Minister for Education in a brief formally establishing the school in July 2012 and was accompanied by an operational model. The operational model included clear requirements for assessments of young people’s health, cultural background, education and skills to best meet the needs of young people enrolled at PC. The operational model also established an information-sharing protocol with the health service provider to develop a holistic picture of each young person’s needs.

DET designed this approach to help it develop a profile of each student that would inform teaching and learning. DET also established requirements for PC to monitor student progress over time, to enable students to transition to other schools when they are released.

However, DET did not provide PC with the 2012 operational model, and PC instead developed a system of enrolment and assessment without this information. As a result, PC’s assessments do not include health assessments, although the enrolment form asks for some health information. Education, skills and cultural assessments are included. PC also uses MERs to monitor student progress over time.

Enrolment policy

PC’s Student Enrolment Guiding Principles (the Principles) and Enrolment and Transition Checklist inform the enrolment and assessment of young people. These documents set out PC’s approach for enrolling young people who are usually disengaged from education. The Principles emphasise the importance of the enrolment process as a chance for teachers to:

- understand a young person’s past educational experiences and aspirations
- develop an understanding of cultural and community connections
- develop a strength-based approach to planning education based on the young person’s strengths
- identify potential triggers or areas of concern for the student
- give the student a sense of ownership over their learning.

The enrolment process is the key opportunity for teachers to form respectful relationships before young people enter the classroom. An appropriate enrolment process underpins PC's therapeutic approach and is important for student and teacher safety.

Enrolments are completed by one of the unit's qualified teachers. PC aims to enrol young people before their first class, which is on the first morning after their admission. Where this is not possible, PC aims to have the enrolment form done within two weeks of admission, which is consistent with the time frames set out in the Principles. To facilitate this process, DJR gives PC a list of all young people in each unit daily. This enables PC to identify new arrivals and begin collecting basic information to help understand students' developmental needs.

In 2017, PC improved its enrolments process, transitioning from a paper-based to an online system.

Enrolment information

Through the enrolment process, PC collects a broad range of information about young people's health, ethnicity, family, preferred learning style and any other factors that assist it to tailor education for each young person.

However, the enrolment form does not request information that might assist in identifying neuropsychological or cognitive functioning issues or intellectual needs that require a different approach to teaching. Given the higher rates of neuropsychological and cognitive functioning issues in the youth justice cohort, this is a concern. PC has acknowledged that this is a gap, but funding limitations until 2016 hindered its ability to address the issue. During this period, PC had to focus on ensuring it had enough staff to teach all incarcerated young people.

PC is in the process of hiring allied health professionals in 2018 to expand its capability in this area. PC has hired a speech pathologist to do trial work with young people with particularly complex needs. DJR's planned introduction of the Child and Adolescent Intellectual Disability Screening Questionnaire should assist PC in this area. Given that the draft case management framework emphasises the importance of collaboration with PC staff, this is a key opportunity.

The Child and Adolescent Intellectual Disability Screening Questionnaire is a tool to identify whether a child or adolescent has an intellectual disability. It can be completed by the individual or by someone who knows them.

Enrolment timeliness

PC needs an effective enrolment process to help it make decisions about the interventions that young people require, and to assist it to meet their developmental needs. PC advised that the enrolment process needs flexibility to be effective. For some students, it can be completed in one sitting, while others may require assistance over the course of several weeks.

Across our sample, PC had an enrolment on file for each young person. Despite this, PC could not demonstrate that it completes all enrolments before young people attend their first class, in line with its Principles. We found only one instance in the sample of 40 where this occurred.

A young person may refuse to be enrolled, but PC still allows all young people to attend class regardless of their enrolment status. For example, a young person may not engage in school immediately on entering youth detention due to self-isolation or withdrawal from alcohol or drugs. We found that PC teachers do not record attempts to enrol students or reasons for failing to complete enrolment. As a result, we are unable to determine if PC is making sufficient attempts to enrol young people, in line with the Principles.

PC's enrolment activities are above the standard required of government schools, as it takes on responsibilities that a parent or guardian normally would. DJR does not take on the parent/guardian role.

PC is addressing this issue through employing additional staff, one each at Parkville and Malmsbury, to support teaching teams with enrolments. Although we identified some gaps in the information PC collected, its enrolment activities effectively enable it to understand the rehabilitation needs of young people entering the school.

DJR should work with PC to enrol young people. This would enable DJR staff to understand the learning needs and progress of young people and support them to attend PC, in line with DJR's role as custodian.

Educational assessments

Like other schools, PC relies on several assessment approaches to build an understanding of the needs of each young person, such as:

- diagnostic assessment conducted through formalised, paper-based assessment
- formative assessment which occurs on an ongoing basis during classes—PC assesses teachers' formative assessment processes to improve their ability to respond to students' needs
- summative assessment which evaluates students' learning at the end of a course unit.

As a registered government school, PC is required to assess young people in VCAL and VCE against accredited curriculum. Qualified teachers carry out PC's assessments, which are externally developed using sound methodology.

When a young person enters youth detention, PC teachers must make a judgement about when and how often to assess them. According to PC, using fixed time lines for assessment rather than teacher judgement can undermine the assessment process—particularly for young people who may have had negative experiences with education in the past. To best manage this process, PC uses mainly formative assessment, monitoring progress on an ongoing basis during class.

PC's planning and leadership supervision documents clearly demonstrate that this formative assessment occurs. However, PC's diagnostic assessments are not timely, and a lack of record-keeping means that we were unable to determine why this was the case. While diagnostic assessments were completed for 89 per cent of our sample, less than half of these were done within PC's better practice time frames.

Diagnostic assessments

PC's diagnostic assessment tools clearly identify young people's educational needs and enable PC to track progress over time in literacy, numeracy and reading. However, these assessments do not identify other needs that would help PC to tailor education to each young person.

According to PC's diagnostic assessment requirements, young people complete three diagnostic assessments at the time of enrolment:

- a literacy assessment, with progression assessments completed every six to nine months thereafter
- a numeracy assessment, with progression assessments completed every six to nine months thereafter
- a reading fluency and comprehension assessment, with progression assessments completed every three to four months thereafter.

PC's reading and numeracy assessments are specifically designed for young people at risk of educational disengagement, while PC's literacy assessment is a mainstream tool, which PC has adapted by creating age-appropriate and culturally relevant reading materials.

We used our sample of 40 files to understand the effectiveness of PC's diagnostic assessment process. We examined whether PC conducts initial diagnostic assessments within its two-week prescribed time frame following a young person's admission, and whether progression assessments occurred. While PC has advised that these time frames are not mandatory, it sets them out in its Assessment, Recording and Reporting Policy.

From our sample, one young person was only in youth detention for one night. Of the remaining 39:

- 44 per cent completed all three diagnostic assessments within two weeks of admission, or had already been assessed during a previous enrolment
- 20 per cent completed some or all diagnostic assessments more than two weeks after admission
- 31 per cent had only one or two diagnostic assessments completed from a previous enrolment
- 5 per cent had not completed any diagnostic assessments.

This means that PC is not maximising its diagnostic assessment process to assist it to identify the educational needs of young people or track their progress. PC has hired two full-time staff to support teachers in the enrolment and assessment process, which should help it to meet this requirement.

Formative and summative assessment

PC undertakes formative and summative assessment on an ongoing basis in class. For PC, formative assessment is the main means of identifying developmental needs. PC also undertakes summative assessment, which is assessment in class of work that young people have completed—for example, artwork or writing activities, or VCAL and VCE accreditation.

PC uses its leadership supervision system to support formative and summative assessment. PC does this by ensuring that leading teachers can observe classroom teachers and provide feedback that teachers can use to better identify and meet student needs. We examined this process and found that it provides valuable assistance to teachers.

DET's 2017 peer review of PC highlighted the use of formative assessment and found that these assessment practices were effective.

Monthly Education Reports

PC's MERs are prepared for each young person and provide information on diagnostic, formative and summative assessments for young people and their families. Teachers also use MERs to meet with the relevant young person to discuss their progress. These reports also show the extent of progress for young people across all areas, provide goals for young people and enable PC to determine whether its teaching methods are getting results.

PC completes MERs for all young people, except those on very short stays. Of our sample of 40 young people, 39 had MERs, while the remaining young person was only in youth detention overnight.

3

Services for incarcerated young people

Following admission to youth detention, young people need comprehensive health and offending behaviour services to enable them to rehabilitate, and to reduce reoffending. In addition, young people are entitled to education, but they often need specialist educational assistance and teaching that meets their developmental needs, including their cultural needs.

DJR is responsible for case management of all incarcerated young people. The aim of case management is to ensure that each young person in youth detention receives services targeted to his or her individual needs and offending behaviours. In addition to case management, DJR has a responsibility, as the custodian of young people in detention, to ensure that they attend PC and use YHaRS services.

In this part of the report, we examine DJR's case management, the provision of rehabilitation services by YHaRS, and PC's processes for educating young people in detention.

3.1 Conclusion

Young people in detention have not always received high-quality services that meet all their needs. This is due to a combination of inadequate service levels, inadequate facilities, and an operational risk management approach that focuses too heavily on security to the detriment of access to education, health and rehabilitation services.

The result of this is that it is unlikely that youth detention is promoting reduced reoffending. Young people are not better equipped when they leave detention with the important life skills they need to become productive members of the community.

DJR has recognised these issues and started to address them by increasing staffing to improve case management and providing additional health services.

3.2 Case management

DJR is responsible for case managing young people in residential units at Malmsbury and Parkville. Within residential units, DJR delivers case planning and management to ensure care and services meet young people's developmental needs and assist in reducing reoffending. In youth justice, intensively engaging young people through assertive case management is a key element in reducing reoffending.

However, as discussed in Part 2, under DJR's approach, there is no central point of responsibility for each young person's case planning, and we found that 19 young people in our sample of 40 did not have case plans. Effective case management cannot occur without case plans that outline needs and goals.

DJR's case management also does not focus on longer-term goals for rehabilitation. Instead, case notes focus on individual behaviour in the unit and any incidents occurring each day involving that young person, rather than planning and tracking case plan goals. DJR does not effectively use case management to plan referrals. Where referrals are made, there is no process to ensure that referrals are actioned by YHaRS or cultural support services.

DJR's draft case management framework also seeks to remedy some of these case management issues.

Key worker model

In line with the *Youth Justice Custodial Practice Manual*, young people should be assigned a key worker to undertake case management and implement the overall case plan. This includes helping a young person with day-to-day needs and supervision.

Each unit has a senior practice leader—a qualified social worker or psychologist—who is responsible for enhancing practice consistency, practice development and quality assurance. In addition, each precinct has a team of practice leaders that provide targeted support to unit staff. Senior practice leaders work with young people directly—for example, to develop their self-care skills to improve their mental health and wellbeing. However, senior practice leaders do not have the authority to delegate tasks to unit staff, which limits their ability to direct case management activities.

DJR advised that senior practice leaders play a key role in improving the effectiveness of case management on the units by working with unit staff to plan for a young person's needs. However, given the absence of case plans for more than half of the sample we examined, it is not clear how this takes place.

3.3 Culturally responsive services

Cultural support workers assist YJ floor staff and unit coordinators to meet CALD and Aboriginal and Torres Strait Islander needs, which can include communicating with family, providing advice to other staff, assisting with case planning and case management, and escorting young people on leave. Apart from cultural support workers, culturally appropriate treatment and support is not embedded in youth justice centres.

Aboriginal and Torres Strait Islander and CALD cultural support services are not adequate. The Youth Justice Review found a lack of culturally appropriate programs for young people from Aboriginal and Torres Strait Islander and CALD backgrounds. DJR accepted the recommendation to factor cultural sensitivity and appropriateness into its programs and services. DJR allocated \$1.32 million over four years from 2017–18 to increase numbers of Aboriginal and Torres Strait Islander staff, review infrastructure and services in youth detention, and deliver a cultural leadership program for young people. DJR is also in the process of expanding the Aboriginal and Torres Strait Islander cultural support team.

Additionally, the new Youth Offending Programs Service Delivery Model includes cultural responsiveness as a core component, and DJR is developing a youth mentoring in-reach program. DJR is also expanding the CALD cultural support team across youth detention from 3.5 full-time equivalent (FTE) staff to four FTE. In response to the Youth Justice Review, DJR committed to developing a strategy to reduce CALD over-representation in youth detention.

These initiatives should assist DJR to make youth justice centres culturally safe. However, DJR needs to embed cultural responsiveness across all aspects of youth detention, rather than concentrating it in the cultural support team. DJR developed its draft case management framework in an attempt to address these issues. It considers cultural elements when designing interventions to prevent reoffending and promote programs and activities to strengthen cultural and family ties. DJR, through JH, has also developed additional requirements, such as ensuring interventions for young people consider cultural needs and consider whether cultural factors may preclude some young people from primary health or youth offending services.

Aboriginal and Torres Strait Islander cultural support workers

Aboriginal and Torres Strait Islander young people meet with the Aboriginal and Torres Strait Islander cultural support worker to develop a cultural support plan, although this is not compulsory and there is no time frame specified for its development.

Of our sample of 40 young people, 12 identified as an Aboriginal and/or Torres Strait Islander person. Seven had a cultural support plan in place. According to the Aboriginal and Torres Strait Islander cultural support team, while they encourage young people to develop a plan, not all choose to do so.

Cultural support plans include detailed identification information, including family and community information, contact details to verify Aboriginal and Torres Strait Islander status, relevant Elder contact details, a genogram and community organisation information. The genogram collects information about a young person's family background to help Aboriginal and Torres Strait Islander cultural support workers understand what support the young person needs.

Although cultural support plans function mainly as a tool for gathering background information, there is a section on establishing and maintaining links with family and community, which should assist DJR to meet the cultural needs of young people from Aboriginal and Torres Strait Islander backgrounds. Cultural support workers assist young people to stay in contact with family, and they also contact family and friends directly to provide updates on the young person or assist the family if needed. However, YJ staff do not use cultural support plans or embed them in case planning or management.

DJR has received funding from the 2017–18 Budget to hire an additional Aboriginal liaison officer. DJR received \$10.8 million in 2018–19 to address the over-representation of Aboriginal young people. This included funding for an additional Aboriginal liaison officer, an in-reach Elders program to strengthen cultural protective factors for young people in custody, and delivery of an Aboriginal leadership program for young women in custody.

Culturally and linguistically diverse cultural support workers

CALD young people do not have the option to develop a cultural support plan. However, CALD cultural support workers assist with contacting family, attending care team meetings, assisting with leave, escorting young people to attend family events and providing advice to unit staff on cultural support. Cultural workers also report that their role includes informal work, including explaining the custodial system and providing support to families, not just to incarcerated young people. However, there is no integration of CALD needs into case planning or management.

Cultural support worker resourcing

While there is a higher number of Aboriginal and Torres Strait Islander cultural support workers in proportion to the Aboriginal and Torres Strait Islander population—two FTE at Parkville and two FTE staff at Malmsbury—there is only 1.5 FTE to provide cultural support to African young people, and two FTE to provide support to Maori and Pasifika young people, across both sites. Aboriginal and Torres Strait Islander young people make up about 16 per cent of the population. CALD young people make up the following proportions:

- Maori and/or Pasifika—11 per cent
- African—12 per cent
- other nationalities—8 per cent.

DJR increased the number of Aboriginal and Torres Strait Islander FTE staff in 2017 and is increasing the CALD FTE to two staff at both Parkville and Malmsbury in 2018. According to cultural support workers, low staffing levels affect their ability to influence other YJ staff and support young people to meet their cultural needs.

The 2018–19 Budget provided \$15 million over two years to support a whole-of-government approach to target youth offending at its source. As part of this initiative, DJR is strengthening its response to the over-representation of young people from CALD backgrounds in YJ with a particular focus on those from African and Pasifika communities. This includes establishing an additional four new multicultural liaison positions at each youth justice precinct. The funding also provides for extending existing programs and developing new services to increase engagement of CALD young people in custody.

Additionally, giving cultural support workers responsibility for a range of different cultural backgrounds makes the role complex—for example, a Pasifika cultural support worker must be familiar with and respond to different needs for young people from Samoan backgrounds compared to Tongan backgrounds.

3.4 Health and rehabilitation services

Our examination of waiting lists and consultation with community organisations, YHaRS staff, young people and PC indicate that there is unmet demand for services.

Staffing levels

YHaRS has different staffing profiles for primary health across Parkville and Malmsbury, as shown in Figure 3A.

Figure 3A
Staff profiles for primary health at Parkville and Malmsbury

| Parkville | Malmsbury |
|---|---|
| <ul style="list-style-type: none">• An RN Monday to Friday during business hours• An RPN 24 hours a day, seven days per week• An RMO four days per week during business hours• A psychiatrist two days per week during business hours• A dentist eight hours per week | <ul style="list-style-type: none">• An RN Monday to Friday during business hours• An RPN seven days per week during business hours and extended to 10 pm on Friday• An RMO three afternoons per week• A psychiatrist two days per week during business hours• A dentist eight hours per fortnight |

Source: VAGO based on DJR.

These hours include breaks and reporting time. The initial service specification included on-call RPNs overnight at Parkville rather than 24 hours a day, seven days a week, and psychiatry for one day per week at Parkville, and no psychiatry at Malmsbury. These services were increased in response to requests from YHaRS. YHaRS successfully obtained \$611 000 in additional annual funding from DHHS in 2016 to establish remand programs and expand Parkville's RPN services to 24 hours a day, seven days a week.

As the above schedule shows, Malmsbury receives fewer onsite services than Parkville. This staffing is in line with the YHaRS service specification. The service specification was developed using the service level from the previous provider and it does not match current service demand.

The use of only one RPN 24 hours a day, seven days a week, at Parkville, particularly after hours, limits YHaRS's ability to respond to changes in custodial operational requirements and its effectiveness in meeting needs, as 68 per cent of new admissions occur overnight, when only the RPN is rostered. Additionally, the RPN is responsible for providing health care to Parkville young people and on phone duty for any health issues for Malmsbury.

JH was successful in receiving funding for additional nurses, general practitioners and psychologists through the 2018–19 Budget.

Primary health

DJR contracts YHaRS to provide services that are equal to those that young people would receive in the community. YHaRS's contract specifies it must provide services equivalent to those available in the community. DJR agrees there is no 'community equivalent' benchmark for seeing a general practitioner. Subsequent to the initial medical screening and assessments on reception, young people are seen when they present to a nurse and triaged by a nurse before having follow-up appointments with an RMO, who is a qualified general practitioner. Figure 3B shows YHaRS's indicative waiting times for its primary health service as at December 2017.

Figure 3B
Primary health waiting times, December 2017

| Service | Malmsbury | Parkville |
|----------------------|------------------|---------------|
| RN | Three days | Three days |
| General practitioner | One week | Three days |
| RPN | One week | Three days |
| Psychiatrist | Four weeks | Two weeks |
| Dental | Eight weeks | Eight weeks |
| Optometry | No time given | No time given |
| Physiotherapist | External service | Two weeks |

Note: For RPN/RN/general practitioner appointments, indicative wait times are based on an average number of young people that would be seen in a day. These wait times do not include acute primary health or mental health events. At Malmsbury, an external physiotherapist provides services, and YHaRS does not hold data. Optometry is provided onsite on a monthly basis.

Source: VAGO based on indicative wait times provided by YHaRS on 13 December 2017.

YHaRS and DJR commented that the waiting list times in Figure 3B were taken during an unusual period in youth detention, with riots at Malmsbury, damage to dental rooms at both sites, and the resignation of a psychiatrist who worked across both sites. Consequently, there were factors such as limited psychiatric and dental services during that time. However, as YHaRS does not keep regular waiting lists, we cannot verify whether the waiting list times above are longer than usual.

YHaRS is aware that resource levels are inadequate, and it must triage cases to determine highest priority. However, YHaRS does not have any documented guidance on triaging young people and advises that it relies on the experience of its staff to make these decisions. This means that there is no assurance that services are prioritised appropriately or consistently.

We consulted with young people at the Malmsbury Senior Site, who advised that they found it difficult to access YHaRS services and did not always feel their health concerns were addressed.

Health care plans

YHaRS assigns HCMs to specific units, so case loads depend on the number of young people in the unit. There are four FTE HCMs at Parkville, three FTE HCMs at Malmsbury and an overall manager for HCMs at both sites. This means that HCM to young person ratios are 1:30 at Parkville and 1:45 at Malmsbury.

HCMs develop health care plans for young people within one month of admission and review them after three months. These plans include health goals and strategies to achieve them. According to YHaRS, HCMs check in with young people almost daily and ensure that health care plans are client centred. However, high ratios indicate that there is insufficient time for this to take place.

We assessed the available 38 health care plans in our sample of 40 young people. HCMs had developed all the health plans we examined within the required time frame, and the plans focused on primary health and referrals. Direct substance use education and harm minimisation were present in about 63 per cent of the plans. HCMs ensure plans are person centred by consulting with the young person as they are developing the plan, to get their 'buy-in' and encourage them to take ownership of health needs.

We found inconsistencies in the quality of health care plans across the 38 plans. Rather than simply including outcomes, goals in the plans were a mix of actions and outcomes. Typical examples of action-based goals include:

- 'attend primary health clinic'
- 'continue taking medication'.

In contrast, examples of outcome-based goals include:

- 'maintain positive mental health'
- 'more stable and settled mood'.

Actions underlying the goals in the plans vary, and focus on establishing and maintaining links between the young person and the supports available—such as taking up referrals to services or motivating the young person to attend appointments or to follow their medication regime. As some of these actions are generic, it is unclear how they directly contribute to achieving the individual young person’s stated health goals.

YHaRS advised that variation in goals and actions are because they directly reflect the conversations HCMs had with the young person, and are expressed in the young person’s own words as much as possible. This aligns with YHaRS’s client-centred approach, and is important to encourage them to take ownership of their health needs.

YHaRS’s guidelines require HCMs to review health care plans after three months to assess if the young person has achieved the goals and if a new care plan is required. We found that YHaRS has not fully complied with this requirement. Of the 38 young people that had a health care plan, 20 were still in youth detention three months after completion of that plan. Of these, HCMs had reviewed and closed 13 health care plans as the goals were completed. From these 13 plans, we found that the review process focused on completing actions rather than demonstrating achievement of goals. The remaining seven plans did not have any documented reviews or updates, and no evidence that they were implemented.

Health care goals could change during a young person’s stay in detention, especially as new health needs are identified. YHaRS reported that young people often disclose health issues later during their time in detention. YHaRS is not currently resourced to develop new health care plans every time a new health need arises for a young person. We found that YHaRS does not consistently vary plans when a young person identifies new health needs. According to YHaRS, HCMs action them as soon as practicable and document this in case notes.

HCMs can determine if a new care plan is required at the three-month review stage. In our sample of 40 young people, we found that one young person at the review stage identified new health concerns. However, YHaRS advised that a new care plan was not developed as the young person was already engaging with established supports and accessing services as required. This is reasonable given health care plans aim to engage young people with health care services.

Funding health and rehabilitation services

DJR is attempting to address inadequate service levels in both the short and long term. In the short term, DJR provided funding to YHaRS to establish weekend RPN staff. DJR also secured funding to double psychiatry services at Malmsbury from one day per week to two. To improve service levels over the long term, DJR received \$18.7 million in funding in 2018–19 to increase primary health and mental health services for both Malmsbury and Parkville.

YHaRS has encountered problems retaining psychiatrists and currently uses a locum service. DJR is working with DHHS to establish its custodial forensic youth mental health service model to provide direct services to young people who require specialist mental health assessment and treatment. The model uses a multidisciplinary team established through an existing community service provider to provide onsite services. JH also received funding in the 2018–19 Budget for mental health counselling services through additional psychology services, which will establish a partnership with the specialist forensic mental health services.

However, while these changes are a positive step towards meeting unmet need, DJR does not understand actual demand levels because it has not yet been able to obtain the required data from YHaRS. DJR needs to regularly analyse demand and monitor service levels to determine whether they are appropriate.

To enable this, DJR has incorporated information access and data sharing into the new contract specifications. DJR is also intending to provide an electronic medical record system to the new service provider to ensure DJR remains the custodian of health records and to secure health records for the future.

Service delivery requirements for the new provider will enable DJR to gather and monitor activity data to analyse demand for mental health services. DJR has also included a suite of quality standards and a performance reporting framework in the new contract specifications to enable it to monitor the service provider's performance and assist in providing high-quality services.

The DJR quality framework outlines 30 primary healthcare standards, and the reporting framework outlines reporting requirements against these standards. DJR is in the process of developing key performance indicators to measure achievement of the standards.

These reporting requirements under the new contract are monthly. DJR also included the requirement that it has full access to data when required. Using the results of reporting to obtain assessments and other data should enable DJR to establish a baseline for service demand—by analysing assessments, DJR will have the opportunity to better understand the extent of health, mental health and neuropsychological issues in the overall population and better match resourcing to need.

3.5 Mental health counselling

YHaRS's PRT delivers individual counselling to address issues such as emotional regulation, distress, trauma, grief and some mental health issues. This work aims to settle young people in preparation to address offending behaviour treatment goals. Offending behaviour programs are run at Parkville and Malmsbury. The team consists of 3.4 FTE clinicians—psychologists or social workers—at Parkville and 6.4 FTE at Malmsbury. YHaRS also offers some services in community youth justice, which means that sometimes clinicians from community youth justice—6.8 FTE—will visit young people in youth detention.

YHaRS tries to ensure continuity of care if a young person has an established relationship with a community psychologist. If the young person is on a sentence shorter than six months, that clinician will continue working with the young person. The focus on service continuity is positive, but makes the adequacy of PRT's resourcing less clear. In addition, YHaRS advised that most young people would benefit from some kind of intervention, but YHaRS estimates that resources are only adequate for 30 per cent of the overall population to receive care.

PRT maintains a waiting list of young people to be assessed by PRT clinicians. PRT provided us with a list of young people waiting to be seen and the referral date. As at 15 December 2017, there were 19 young people at Malmsbury on the waiting list, with the earliest young person referred on 26 September 2017—the average time each young person on the list had been waiting was 26 calendar days. At Parkville on 15 December 2017, there were six young people on the list, with the earliest referral on 15 November 2017—the average time each young person had been waiting was 20 calendar days. YHaRS noted that waiting list times in May were much shorter, and this demonstrated the fluctuations in demand and YHaRS's ability to respond at different points in time. Under JH's new service specifications, service providers must record waiting times, and there are performance standards for commencement, and completion time frames for both assessments and interventions.

Given average stays in youth detention are 35 days, PRT assessment and treatment services are not timely for ensuring that all young people receive the treatment they need while in youth detention. YHaRS can demonstrate that all young people referred to PRT receive the service, as long as their appointment date is before their release date. However, in one case, we observed a young person informally requesting and being denied counselling support because the young person was scheduled for release in a fortnight's time and no clinician would be available to see the young person before then. In another example, a young person we consulted requested support from YHaRS, but YHaRS denied the request for the same reason. YHaRS has advised that it is unable to meet these requests due to resourcing issues. Contracted service level requirements support YHaRS's contention.

It is unclear how often staff are unable to meet young people's requests. Despite this, the examples we examined indicate that waiting times for PRT services prevent young people on short stays from receiving support. Additionally, our consultation with young people at the Malmsbury Senior Site indicated that there is unmet need for PRT services.

JH's new service delivery model for youth offending programs requires all young people to receive a mental health screen at the beginning of their period of incarceration. This is part of the tier 1 screening process, where classification and placement unit staff will administer MAYSI-2 to identify if a young person is high risk, and make referrals to psychiatrists or psychologists for comprehensive mental health assessments. Additionally, the introduction of the Custodial Forensic Mental Health Service will improve access to counselling support.

Mental health treatment and referrals

Crisis referrals occur when young people attempt suicide or self-harm, or when they experience other acute mental health events. In our sample of 40 young people, 21 received a crisis referral.

Responsibility for mental health is split across several areas in YHaRS. The primary health team manages the acute phases of mental illness and provides ongoing support as required. The psychiatrist and psychiatric registrar in the primary health team provide medication management and monitor the young person's mental state.

YHaRS has a centralised patient file that records a young person's interactions with services. However, it is difficult to locate the latest assessments and treatment status because they are recorded inconsistently. They are found in either reports or case notes. It makes it difficult to see the information on the mental health issue and its status. In addition, not all teams can access all information due to professional and legal restrictions. To overcome this, YHaRS reports that there are clinical review meetings, individual case conferences and informal discussions as required.

A more integrated delivery of acute and sub-acute mental health services, using universal documentation and treatment planning, would avoid duplication, improve coordination, and enhance efficiency. It may also improve the effectiveness of the treatment and support that young people receive.

DJR's new primary healthcare service delivery model and the Youth Justice Primary Healthcare Quality Framework require the primary mental health service to develop and maintain a recovery-oriented service model for service delivery consistent with *Victoria's 10-year mental health plan*.

3.6 Education

Parkville College's teaching methods

PC embeds recognised concepts into its teaching. These include:

- the attachment model—which aims to provide a positive therapeutic environment that enables young people to form relationships with teachers to develop their trust
- trauma-informed teaching practice—which recognises that past traumas impact on students' functional capabilities and social development, and considers how current student behaviour is influenced by past trauma
- outreach—which requires teachers to spend time with young people outside of class to develop relationships.

PC also aims to provide predictable, consistent classes with relevant content that engages young people. PC has developed its own set of materials for literacy and numeracy in recognition that young people in detention may need learning materials that are for lower age groups but with more sophisticated content given their age and life experiences. Appropriate materials also reflect cultural and gender diversity, including reading materials with Aboriginal and Torres Strait Islander and CALD themes, and a class delivered with lesbian, gay, bisexual, transgender, queer and intersex content.

PC has a higher teacher–student ratio than mainstream schools. This is to provide high-quality education to a disadvantaged cohort. PC’s average literacy and numeracy results show progress that is almost four times higher than expected progression under the Australian Core Skills Framework learning continuum. These results demonstrate that PC’s materials and teaching methods are effectively engaging young people.

Delivery of classes

PC’s ability to deliver high-quality rehabilitation services is limited by operational practices and DJR’s decision-making. Young people attend classes on a unit basis, rather than according to their developmental stage. This limits PC’s ability to tailor education to the needs of individual young people. PC has raised this issue with DJR, and it was also raised by the Commission for Children and Young People in a September 2017 meeting. At that meeting, DJR committed to mixing groups of young people for classes in the longer term, although there is no set time frame to implement this.

Attendance

PC began collecting attendance data at the beginning of 2017 to enable it to examine ongoing low attendance. In term three of 2017, for both Malmsbury and Parkville centres, the average attendance rate in classes was 34 per cent. This excludes young people who may receive education on the unit. Given the custodial environment, PC is uniquely placed to engage young people who have histories of disengagement, but low rates of attendance inhibit this opportunity.

Under the ETR Act, parents are responsible for ensuring young people attend school. As custodian, DJR assumes this responsibility for attendance within Malmsbury and Parkville. PC’s executive principal has not approved any exemptions from school attendance for its young people.

DET has BP3 measures relating to secondary school attendance. The measure for average days lost per year due to absence for all students is 19 days for years 7–10 and 16 days for years 11–12—and the measure for average days lost due to absence for Aboriginal students is 35 days. DJR should monitor attendance and ensure that young people attend class.

Record-keeping and results

PC uses MERs to monitor young people's progress in literacy and numeracy and their attitudes to school and teachers. However, PC does not store assessment information in a single, authoritative location, which impedes its ability to comprehensively assess the success of its programs.

During the audit, we accessed PC's systems and found it difficult to locate records for each young person. Files were not stored centrally and did not have consistent naming conventions.

Improving its record-keeping would help PC to measure its performance and manage student information effectively.

Teaching structure and contingencies

PC has contingencies built into its operational model that assist it to deliver classes to young people who do not attend classes, or when classes are split due to security issues. These include:

- lower face-to-face teaching hours—16 hours per teacher at PC compared to a maximum of 20 hours at other government schools
- leading teachers and team leaders who have no permanently assigned teaching hours and can teach classes or perform outreach activities when needed.

PC has a student–teacher ratio of approximately 8:1 across its two campuses to support high-quality education and the higher needs of PC students. DET originally intended this model to enable small class sizes and extra support for young people through outreach.

Materials and equipment

PC's ability to deliver high-quality education is compromised by a lack of adequate facilities and materials.

PC has consistently lobbied DJR to resolve the inadequacy of materials and facilities.

Malmsbury classrooms

When the Malmsbury Secure Site opened in 2015, it included rooms for hospitality and engineering VET classes. In line with standard procedures in secure settings, classrooms were fitted with rings to tether knives. PC has had the knives since the site opened and repeatedly requested that DJR approve their use. However, DJR operations did not approve the installation of the knives, for use by young people assessed as suitable, until late April 2018.

Internet access

PC teachers and young people do not have access to the internet in classrooms. No internet access creates inefficiencies for teachers and limits the ability of young people to participate in education.

DJR advised that there is currently no policy for internet use. PC has lobbied DJR for internet access for individual young people, and has included internet access for all young people as a goal in its 2018–21 strategic plan.

Access for girls and young women

DJR operational requirements mean that girls and young women have limited access to some specialist facilities at PC due to restrictions on escorting young women past boys' units. This means young women have missed out on using the engineering and hospitality facilities.

DJR's plans for the new Cherry Creek facility, due to open in 2021, aim to prevent this occurring by locating the girls' unit near the central classroom site. However, in the meantime, girls and young women at PC need to have the same educational access as boys and young men.

Culturally responsive teaching

The high proportion of incarcerated young people from Aboriginal and Torres Strait Islander and CALD backgrounds means that PC's teaching practices need to respond to students' cultural needs.

PC's work to implement culturally responsive teaching has helped it to provide a high-quality education. PC identified cultural responsiveness as an area for development in its 2014–17 strategic plan, establishing the Koorie Cultural Education Program at Parkville in 2015 and at Malmsbury in 2016, to ensure that Aboriginal and Torres Strait Islander young people have access to cultural education.

PC's 2018–21 draft strategic plan incorporates culturally responsive training into its four-year goals, including targets to increase staff cultural diversity, expanding its culturally responsive curriculum to all VCAL and VET subjects, and cultural safety training for all teachers.

Although PC collects information on young people as part of its enrolment and assessment process, it could use MERs and other assessments to understand whether culturally responsive teaching is meeting students' needs and assisting PC to deliver high-quality rehabilitation services.

Collaboration

DJR has increased collaboration with PC and DET, although further improvements are required to ensure positive outcomes for young people.

DJR identifies working with DET to ensure access to education, training and employment opportunities as a priority in its Youth Justice and Justice Strategic Priorities 2018–19. In its work plan for June to December 2017, DJR identified the need to consider a MOU between DET and DJR to ensure education is part of an integrated response to youth justice. To date, DJR has not developed the MOU.

While PC entered into an MOU with DHHS in January 2016, a new MOU was required when responsibility for youth justice transitioned to DJR in 2017. However, this has not yet occurred. Instead, DJR and PC agreed on a governance model that consists of a series of formalised, regular meetings. PC and DJR collaboration has achieved positive outcomes—in particular, the PC school council has raised issues relating to library access with the DJR executive through the YJCS executive director—and has been able to progress the provision of libraries at an executive level, although work to install libraries at Parkville and Malmsbury is slow.

Operational model

When PC was established, the Minister for Education approved an operational model that included:

- a mix of school and vocational options
- holistic support programs designed to meet wellbeing needs and rehabilitative goals of incarcerated young people
- education over a 52-week school year, with classes and activities available after hours and on Saturdays.

PC's operational model enables capacity to meet student needs through lower class sizes. DET anticipated that this model would lead to reduced reoffending.

Funding for Parkville College

The establishing brief also outlined the basis for PC's funding, which included:

- a deemed enrolment based on the maximum capacity of the Parkville Youth Justice Precinct
- additional funding, adjusted annually, based on the average number of young people at Malmsbury Youth Justice Precinct who are 20 on 1 January
- funding through the SRP, which is the main means of school funding, calculated on the highest level of equity funding (including a 1.75 per cent weighting)
- PSD funding provided as a grant allocation of \$100 000 to fund a disability coordinator position to upskill teaching staff so they can differentiate learning and make necessary adjustments to support students with disabilities
- lower teacher–student ratios than mainstream schools.

These requirements were intended as an interim funding solution.

PC's student cohort are some of the most disadvantaged in the state, and PC has different operational requirements to mainstream schools. However, its budget did not sufficiently recognise this. Despite this, PC continued to deliver services to all students which resulted in it accruing a \$7.59 million deficit.

Since 2016, DET has made substantial improvements to better reflect the educational and support needs of PC's students. This includes increasing PC's budget by 42 per cent per student and removing the \$7.59 million accumulated deficit.

These improvements have enabled PC to better meet student needs through increased resources for materials, additional teachers and support staff, and more certain employment for PC's staff. However, we identified elements of the funding model that DET needs to more fully review and consider to ensure PC is appropriately funded, given its unique cohort and operating model.

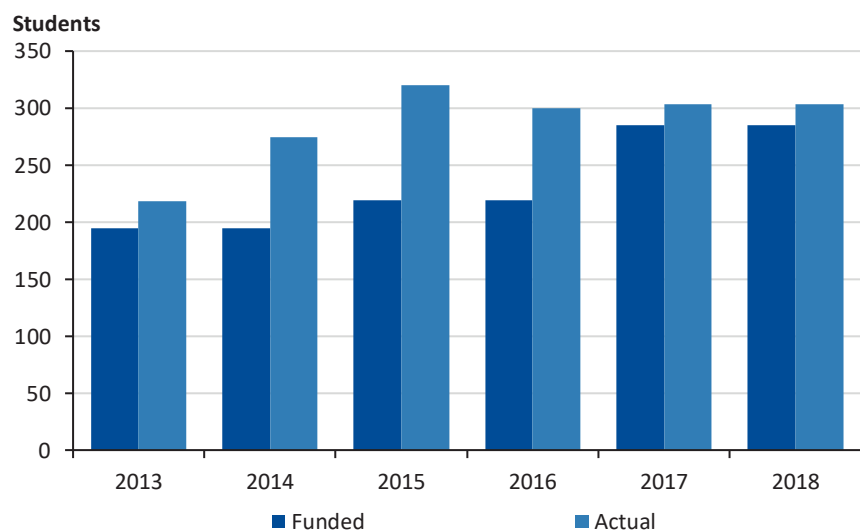
Deemed versus average enrolments

Under the ETR Act, principals have discretion to enrol young people up to the age of 20 where they have not had the opportunity to complete year 10.

At PC, all young women are funded through the deemed enrolment based on maximum bed numbers at Parkville. Until 2017, not all eligible young men at Malmsbury received funding because funding was based on average enrolment numbers rather than actual numbers. In 2013, funding for Malmsbury was calculated based on the previous three years' average numbers of 72 incarcerated young people. However, at 1 January 2013, 95 young men were eligible for funding.

Figure 3C shows this difference between the number of funded student places and actual students between 2013 and 2018.

Figure 3C
PC funded student numbers versus actual student numbers, 2013 to 2018



Note: From 2015, student numbers include Secure Welfare and the Disability Forensic and Treatment Service. DET directed PC to deliver education at these sites which are operated by DHHS and are not part of the audit. As at 1 January 2018, PC no longer provides educational services to the Disability Forensic and Treatment Service.

Note: The figures for 2017 and 2018 include 18 positions in PC's Flexible Learning Centre which are not funded by DET.

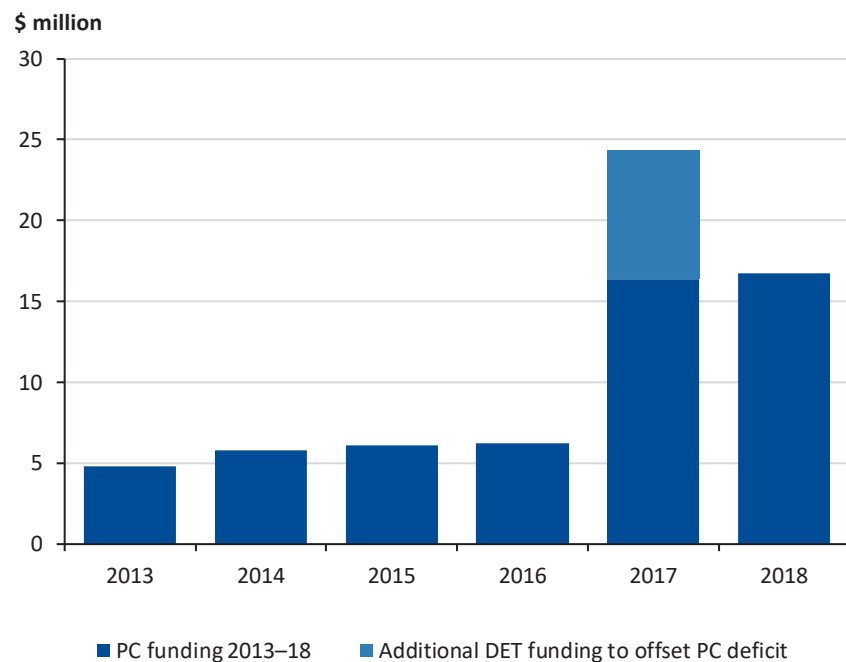
Source: VAGO based on PC.

Disability support funding and equity funding

The SRP represents the main funding source for schools. The SRP consists of 48 reference points that are applied to create an individual budget for each Victorian government school. Not all of these reference points apply to each school—for example, there is specific funding for rural schools, funding for social disadvantage, and funding for small schools.

From 2013 to 2016, DET's budget did not recognise that PC operated on a 52-week-a-year, six-day-a-week model. DET did provide additional funding to recognise disadvantage. As a result, given PC's budget did not recognise PC's additional operating days and weeks, it had to use equity funding to make up the shortfall. Figure 3D below shows PC's total funding from 2013 to 2018.

Figure 3D
PC funding, 2013 to 2018



Note: Funding amounts are SRP totals plus \$100 000 for a PSD coordinator each year until 2016, and an additional \$2 900 provided for 'strategic programs' in 2013.

Source: VAGO based on DET.

Between 2013 and 2016, DET calculated PC's PSD funding based on the average rating of student disability across the state. DET asserts that it did this because it did not have information on PC students' specific needs. In 2016, DET reviewed PC's PSD funding and obtained a snapshot of PC's specific student need and consequently reviewed PC's PSD budget.

This budget review resulted in PC students being deemed eligible for PSD Level 2 funding. However, it is not clear how DET arrived at the final PSD figure. DET applied PSD Level 2 funding of \$15 726 per student funding, then arbitrarily provides an additional 27 percent.

In late 2016, DET approved an interim funding model for PC and, from 2017, DET increased PC's funding, which included acknowledgement of increased teaching hours due to PC's 52-week model. For 2017, DET's funding to PC was \$16.34 million while, in 2018, it received \$16.74 million.

For the 2017 and 2018 school years, DET changed PC's PSD funding from an original grant of \$100 000 to funding of \$20 000 per student based on the deemed and average enrolments.

In an August 2017 brief to DET's Budget and Financial Management Committee, DET noted the risk that increased funding might not result in improved outcomes for PC's young people and suggested a two-year evaluation of funding.

It is important that PC continues to receive funding that reflects its student cohort needs and numbers, to ensure that young people receive their educational entitlements under the ETR Act and international treaties and conventions, regardless of outcomes, in line with funding for other Victorian government schools.

Funding deficit

To ensure that young people received their educational entitlements, PC operated at a deficit from 2013 to 2016, totalling \$7.59 million by the end of September 2016. The deficit was in part the result of misalignment of PC's budget to the multiple expansions between 2013 and 2016. DET instructed PC to expand on each occasion, as shown in Figure 3E.

Figure 3E
Approval and commencement dates for PC to deliver education at youth detention sites

| Site | PC approved to provide education | PC begins providing education |
|--|---|-------------------------------|
| Parkville Youth Justice Precinct | July 2012, as part of establishment brief | January 2013 |
| Malmsbury Youth Justice Precinct Senior Site | July 2012, as part of establishment brief | January 2013 |
| Malmsbury Youth Justice Precinct Secure Site | 24 February 2015 | July 2015 |
| Flexible Learning Centre ^(a) | 17 February 2014 | 2014 |

(a) DET allocated PC funding of \$286 000 under 'specialisation' for 18 deemed places or two full-time teachers for the Flexible Learning Centre from 2014 to 2016.

Source: VAGO based on correspondence between DET and PC.

In 2014, PC became responsible for providing education to young people located in:

- Secure Welfare, which is a DHHS facility with 20 beds
- the Disability Forensic Assessment and Treatment Service, with 17 beds as of 2016 (PC no longer provides education for this facility).

Despite the increased workload of providing education at these facilities, DET did not immediately increase PC's funding. For example, while PC's expansion to the Malmsbury Secure Site was approved in February 2015 and PC began teaching young people in July 2015, DET did not approve funding for PC until 24 November 2016 as part of an interim funding model. Funding was then provided to PC in January 2017. DET was unable to provide an adequate explanation for funding delays.

If PC were funded to 2017 levels from 2013–16 for all of its students, it would have received an additional \$20.5 million for PSD funding, and additional per-student base funding of \$6.9 million—a total of \$27.4 million. Instead, PC incurred a deficit of \$7.59 million, much less than the funding it would have received annually based on its 2017 budget. Figure 3F shows the changes in PC student numbers and funding over time.

Figure 3F
SRP and PSD budget, budget per student and deficit offset funding 2013–17

| Year | Total funding received (excluding back-dated deficit funds) (\$) | Number of students funded under SRP | Actual student numbers | Actual SRP funding per student (\$) | Deficit offset funding (\$) |
|------|--|-------------------------------------|------------------------|-------------------------------------|-----------------------------|
| 2013 | 4 797 282 | 195 | 218 | 22 006 | n.a. |
| 2014 | 5 769 254 | 195 | 274 | 21 056 | 427 131 |
| 2015 | 6 083 967 | 219 | 320 | 19 012 | 2 590 155 |
| 2016 | 6 200 217 | 219 | 300 | 20 667 | 5 073 928 |
| 2017 | 16 348 943 | 285 | 303 | 53 957 | n.a. |
| 2018 | 16 748 821 | 285 | 303 | 55 277 | n.a. |

Note: For 2017 and 2018, the total figure includes 18 Flexible Learning Centre places, which are funded from PC's budget and do not attract separate SRP funding. Additional funding for the 2014 deficit was provided in 2015, separate to funding for 2015 and 2016, which was provided to remove PC's deficit in 2017. Funding amounts are SRP totals plus \$100 000 for PSD funding each year until 2016, and an additional \$2 900 provided for 'strategic programs' in 2013.

Source: VAGO based on DET.

PC contacted DET frequently from 2013 to discuss the shortfall and to request a resolution. DET made the decision to rectify the \$7.59 million deficit in November 2016, and advised PC of this in January 2017 via correspondence, when the deficit was rectified.

DET is in the process of developing a new funding formula for PC based on a census of young people and an assessment of their learning needs, to inform a business case for the 2019–20 Budget. Until then, DET will retain the current funding model.

Impacts on Parkville College

PC's funding uncertainty has affected its operations. In 2015, for example, 75 per cent of its teachers were on contract. By October 2015, staff still had no employment certainty for 2016 because of the funding arrangement at that time.

The lack of funding certainty impeded PC's strategic planning particularly because of its inability to determine the number of staff it could retain and what programs it could deliver as a result.

PC delivers education in small classes in line with government requirements. Additionally, PC must teach on a unit basis rather than in classes based on learning level, because DJR does not mix young people on different units. This creates additional complexity for PC.

PC's 2014–17 strategic plan contained an improvement strategy, *Application of DET Funding Model*. PC could not complete this strategy because the budgets that DET provides do not clearly set out PC's funding. DET's school funding calculations lack transparency and therefore hinder a school's ability to determine the level and purpose of specific funding. This includes the proportion needed for school improvement, equity funding and disability funding.

3.7 Current facilities

The environment in youth justice centres affects incarcerated young people's behaviour and rehabilitation. An appropriate environment includes quality design, clean facilities and appropriate physical space.

DJR's Custodial Assets Service Plan 2017–18 to 2020–21 (Assets Plan) sets out requirements for youth justice facilities to support DJR's objective of providing young offenders with safe and stable environments that support and encourage pro-social behaviour and reduce reoffending. However, current physical facilities do not support the delivery of rehabilitation services.

Incidents in 2016 and 2017 led to damage to the facilities at Parkville and Malmsbury. DJR began a rolling program of repairs in June 2017 to address damage and fortify facilities to prevent future damage. As part of this program, DJR began staged closures of accommodation units at both sites for repairs.

Unit closures place pressure on available beds and have led to overcrowding across the system and use of isolation and admission cells as bedrooms. For example, on 23 November 2017, Remand North at Parkville had 20 young people, with only 13 bedrooms available. In this instance, young people were required to share single bedrooms, sleep in isolation cells and be transferred to and from other units to sleep. Larger numbers of young people in a reduced number of units is also placing pressure on floor staff and unit coordinators.



A holding and admission cell at Malmsbury that is sometimes used as a temporary bedroom.

We examined the accommodation arrangements and observed that cells intended for isolation, medical observation and intake were stark, containing only a toilet and basin (above). Young people sleep on a mattress on the concrete floor. At times, young people sleep in these cells for up to two weeks.

Figure 3G shows the range of rooms used by DJR to manage overcrowding from 8 November 2017 to 19 January 2018.

Figure 3G

Use of rooms other than bedrooms for accommodation

| Week beginning | Isolation / medical observation / safe room | Sharing rooms | Admission cells |
|----------------|---|---------------|-----------------|
| 6 November | 8 | 0 | 2 |
| 13 November | 2 | 0 | 1 |
| 20 November | 5 | 0 | 0 |
| 27 November | 4 | 0 | 0 |
| 4 December | Not provided | Not provided | Not provided |
| 11 December | 4 | 2 | 0 |
| 18 December | 5 | 5 | 0 |
| 25 December | 2 | 6 | 0 |
| 1 January | 4 | 9 | 0 |
| 8 January | 6 | 14 | 0 |
| 15 January | 6 | 15 | 1 |
| Total | 46 | 51 | 4 |

Note: Sharing rooms refers to the practice of housing more young people in a bedroom than there are beds—usually two in a single bedroom or three in a double bedroom. In one instance, across this period, DJR housed three young people in a single bedroom. The increased incidence of room sharing during December and January is directly related to individual units being taken offline for strengthening works. These were completed in January.

Source: VAGO based on DJR's bed capacity reports at Parkville and Malmsbury, 8 November 2017 to 19 January 2018.

Planned expansion and fortification works

DJR forecast a shortfall of six beds at June 2017, increasing to 32 beds by June 2018 and 68 by June 2019 if it made no changes. To address this, the Assets Plan outlines steps to expand capacity at both sites, adding 36 beds at Parkville and 32 at Malmsbury. DJR is making improvements alongside its planned bed expansion, increasing programs and classroom spaces and space for medical consultations and interviews.

Existing facilities and rehabilitative needs

While DJR has undertaken fortification and strengthening works at Parkville, it advised that the design and organisation of accommodation spaces do not provide optimal conditions for the delivery of therapeutic services for young people. The Youth Justice Review strongly supported the future redevelopment of Parkville as a centralised assessment point, transition facility and location for the proposed intensive intervention unit.

Parkville College

The physical infrastructure for PC's education facilities at Parkville and Malmsbury is inadequate. Fortification activities have caused acoustic problems in classrooms (below right). At times, PC also teaches young people in open areas of units, which are not appropriate for learning (below left).



Above: A typical example of the unit's open area where Parkville is required to deliver classes at times.



Right: A typical classroom at Parkville College.

4

Planning and performance

To meet the needs of incarcerated young people, DJR and PC need to undertake robust planning to ensure they deliver enough services of sufficient quality. Their planning should be based on evidence and analysis of demand to determine service levels and design that meet the needs of all young people. DJR's planning for the new Cherry Creek facility needs to incorporate rehabilitative concepts to ensure that it can be a tool to reduce reoffending and promote positive behaviour.

Performance measurement helps the agencies to understand whether their services are effective and where they can improve them. For DJR, this means understanding the effectiveness of its own services and those delivered by YHaRS. For PC, it means examining its performance to ensure that it can tailor its teaching to meet young people's needs and determine whether it is improving student outcomes.

In this part of the report, we examine the planning and performance measurement undertaken by DJR and by DET at PC. We also consider whether DJR's current plans for Cherry Creek meet rehabilitative needs.

4.1 Conclusion

While DJR has made improvements in the short time it has been responsible for youth justice, it does not currently understand future service demand and needs, or whether outcomes are being achieved. DJR has incorporated positive rehabilitation concepts into the design of Cherry Creek, and it is likely that the design will improve access to services. However, if service levels for health, mental health and offending behaviour are not adequate, outcomes are unlikely to improve.

DJR intends to develop an operational model for Cherry Creek that supports equal access to facilities for girls and young women. However, such a policy is already in place at Parkville but not occurring in practice. It will be important for DJR to closely monitor equal access to ensure that girls and young women are not disadvantaged.

In light of its increased budget, PC needs to now ensure that its strategic plan fully considers the resources it needs to deliver its planned activities.

4.2 Planning health and rehabilitation services

Service planning should be based on an analysis of demand and an understanding of future resource needs to ensure the right interventions are developed. Planning for Cherry Creek and improvements to Parkville and Malmsbury should include sufficient space for education and health services and design that meets rehabilitative needs.

The Youth Justice Review found successful practice models in custodial youth justice tend to be small groups, with an intensive focus on child and adolescent development and education.

Planning health services and psychological rehabilitative programs to meet demand

To date, DJR has not strategically planned for supply and delivery of sufficient rehabilitation services to address young people's identified needs. This is because YHaRS was not required to keep data as part of its service agreement.

DJR's planned expansion may be insufficient and further resources may be required. This is because the extent of need is currently unknown. DJR did not receive any data or other information when youth justice was transferred from DHHS, which could have assisted it to analyse service demand. Further, as outlined in Part 2, there are gaps in the breadth of assessments completed, meaning some needs may not have been identified.

DJR's introduction of forensic mental health and cognitive impairment screenings for all young people, an enhanced referral process for special assessments of forensic mental health and cognitive functioning, and increased staff to support timely and complete assessments will assist it to establish need in the future. Further, JH has begun to improve its understanding of demand to inform its new service delivery model by:

- collecting service level data from YHaRS
- using ethnicity, gender and custodial status to calculate future assessment level requirements
- pricing staff pay rates and classifications using indexing and future enterprise bargaining agreement changes.

JH also provided datasets as part of its public tender for services to assist potential providers to develop proposals based on service level data and future demand for beds.

Planning for future service delivery

In June 2017, DJR accessed funding set aside by government to implement immediate reforms arising from the Youth Justice Review. This funding included:

- \$11.54 million to develop a risk and needs assessment framework to help ensure services better meet young people's rehabilitation needs
- \$14.97 million to increase delivery of offence-specific services and programs.

The development of the risk and needs assessment framework aims to enhance screening and assessment in line with the development and introduction of the classification and placement unit. DJR will use an empirical tool—the Youth Level of Service Inventory—to better assess young people’s risk of reoffending, criminogenic needs and rate of acquired brain injuries. DJR has committed to reviewing YHaRS service levels to understand service demand over time. This review should include consultation with young people to help DJR understand whether services are meeting their needs.

DJR’s draft youth reform framework proposes increasing the supply of offending behaviour programs in custody. This increase will require DJR to develop appropriate systems to support program delivery at this scale. DJR has established governance committees to oversee the implementation of youth offending behaviour programs. DJR will also establish an evaluation and accreditation panel to accredit any new offending behaviour programs. JH has also established a group with YJ and YHaRS to address existing service delivery issues in an attempt to implement the Adolescent Violence Intervention Program and other offence-specific programs in the community.

4.3 Planning for the new Cherry Creek facility

In 2017, the Victorian Government announced the construction of a new youth justice centre at Cherry Creek, west of Melbourne, opening in 2021. The Cherry Creek centre will have 224 beds, with a further 12 mental health beds and eight intensive supervision beds (with the potential to expand capacity to 300 beds if required).

The planned number of beds at Cherry Creek was decided prior to DJR taking over management of youth justice. DJR has since undertaken demand modelling to ensure that bed numbers will match demand. Some improvements are evident, such as an increase of 12 mental health beds and the introduction of two general medical beds, where currently there are none.

DJR has developed a brief setting out the requirements for Cherry Creek to function as a tool for rehabilitation. The Cherry Creek project has six objectives, including:

- the control and supervision of young people in the least restrictive level of security considered appropriate
- the personal safety of young people, staff and visitors by providing an environment which aims to protect the physical and emotional wellbeing of individuals
- a humane system of detention by seeking to normalise the lives of young people consistent with community standards
- a graduated restriction of liberty that has degrees of security scaled according to the needs of individual young people and that emulates community standards for young people in the final stages of their sentence
- an environment that is normal and as non-institutional as possible
- the involvement of both the family and community in the rehabilitation and transition of young people from the facility to the community.

Education and recreation facilities at Cherry Creek

Medium- and low-security and transition male communities will access the education programs area, which has space for 232 students, with other communities undertaking education and programs in their own areas.

Classrooms will be equipped with computers to assist with learning, and a recreation centre will operate from 8.30 am to 8.30 pm daily.

Facilities for boys and young men

To help meet the rehabilitative needs of incarcerated young men, plans for Cherry Creek include:

- a 16-bed orientation unit to process, assess and classify incoming young people
- a 14-bed healthcare unit, comprising 12 beds for mental illness and two general medical beds—for pre- or post-procedure care or observation, rather than as an alternative for hospital beds
- an eight-bed intensive supervision unit providing a low-stimulus environment aimed at reducing the use of isolation.

The introduction of units specifically for healthcare, orientation and intensive supervision for young people with more complex needs is positive—currently, there are no specific facilities for these functions at Parkville and Malmsbury.

For boys and young men, the design is positive and will provide incentives for good behaviour in line with the recommendations from the Youth Justice Review. Looking forward, JH should improve its understanding of mental health demand to ensure there are sufficient beds.

Facilities for girls and young women

The Youth Justice Review recommended that DJR develop a separate operating model for girls and young women. DJR also accepted the Youth Justice Review's recommendation to undertake a feasibility study investigating the advantages and disadvantages of constructing a separate, purpose-built facility for girls and young women. The government also accepted these recommendations in full or in principle. At least in the medium term, DJR is planning to accommodate girls and young women in a standalone accommodation unit inside the Cherry Creek facility.

According to the Youth Justice Review, keeping girls and young women separated from all others, while still effectively delivering health, education and rehabilitation services, is very challenging.

DJR advised that the new operational model, which is not yet complete, should ensure equal access for girls and young women. DJR will provide education, health and rehabilitative programs for girls in their residential unit—including orientation, intensive supervision and healthcare. Two classrooms will be fitted out for vocational classes. Compared to the current Parkville girls' unit, this is a substantial improvement—however, effectively implementing equal access to centralised education and recreation facilities may be difficult.

DJR's planned Cherry Creek facility includes improved facilities for girls and young women, including expanded programs space, the ability to transition to lower-security units, and a mother-and-baby unit.

It will be important for DJR to monitor access to shared facilities within the central unit to ensure that girls and young women are not disadvantaged.

4.4 Planning education

Following its establishment in 2013, PC developed its strategic plan 2013–17, which aimed to address students' needs through:

- lobbying DET for funding in line with mainstream government schools and student need
- developing its model and recruiting staff
- implementing the Koorie Cultural Education Program
- lobbying DJR to improve access to education programs and supports
- implementing a monitoring system to measure student progress to determine whether programs are addressing need
- collecting attendance data to support forward planning and liaison with DJR over student needs.

PC implemented these activities as planned, despite not attaching resource requirements to them. PC did not measure whether activities achieved outcomes or track spending for each initiative, which DET requires as part of schools' strategic planning.

Planning future education and teaching

Recent improvements to funding certainty have enabled PC to better plan improvements to education.

PC undertook a detailed strategic planning process in 2017, including consultation with staff and students, and a review of its vision, values, practice and performance, and used its peer review process to develop priorities for its 2018–21 plan. Despite this work, PC's 2018–21 strategic plan does not contain resource requirements for individual activities. PC needs to ensure it resources each activity sufficiently to enable their achievement.

4.5 Evaluating youth justice

Performance monitoring and measurement should consider the need for services to promote reduced reoffending, incorporating performance monitoring and reporting to understand progress and determine where to make changes. However, the Youth Justice Review found a lack of systematic measurement of the performance of the youth justice system prior to 2017.

As DJR has only had responsibility for youth justice since April 2017, it has not evaluated youth justice programs and services to understand the outcomes—but it has begun making improvements to embed outcomes-focused evaluation in its approach.

DJR is developing an outcomes and performance framework and developing a new performance measurement framework for youth justice. DJR expects this work to be completed in 2018.

Evaluating YHaRS services

According to the service specification, YHaRS should have a documented monitoring and evaluation process to maintain program integrity and inform continuous quality improvement. YHaRS does not have a documented process but advised that monitoring and evaluation occurs in consultation with DJR rather than through an internal YHaRS process.

YHaRS conducted an evaluation of its remand programs between June and December 2016. It used participant feedback, attendance data and clinician focus groups to determine:

- whether programs were suitably designed and delivered
- whether clinicians felt equipped to deliver the programs
- whether participants felt the programs improved their wellbeing and engagement.

The evaluation found that young people were highly satisfied—95 per cent reported that the group and facilitators were useful and helpful. Clinicians reported that operational issues such as lockdowns and lack of sufficient program space limited effective delivery.

During this time, there were no evaluations of offending behaviour programs.

Currently, DJR, through JH, is developing a Youth Justice Accreditation and Evaluation Panel to undertake evaluations of all youth offending programs. Service providers will be required to evaluate their services under JH's new service specifications.

Reporting to DJR

YHaRS reports a range of service output data to JH under service specification performance reporting requirements. However, this data is output based. YHaRS does not have a contractual obligation to report on waiting times.

The data YHaRS reports includes completion of health assessments and health care plans, provision of immediate or urgent health responses within stated time frames, and the number of medication errors. For rehabilitation programs, YHaRS reports the number of sessions or programs delivered or the number of young people seen.

YHaRS has kept waiting lists, but these do not capture waiting times, which can demonstrate demand for services. Collecting this data will provide JH with important evidence on the accessibility of programs and enable it to raise issues with YJ staff.

New contractual requirements

JH is developing a new performance framework and service specifications for the new contract. These are more detailed than the current service specifications. It provides more meaningful performance measures.

To inform these specifications, JH has developed:

- primary and mental health quality frameworks
- a new Youth Offending Programs Service Delivery Model
- a reporting framework
- a notifiable incidents framework
- a complaints handling framework.

These frameworks ensure regular audits by both the service provider and JH, and are structured to provide both qualitative and quantitative data, which will enable JH to understand performance. The provider will also be required to comply with JH's Notifiable Incident Reporting Guidelines and the complaints handling framework. JH's new service specifications also change reporting from current output-based reporting on performance to measures that more accurately reflect the effectiveness and timeliness of activities.

4.6 External reporting requirements

Compliance

DJR must report to the Minister for Youth Affairs at least once annually on compliance with section 482(3) of the CYF Act. This includes whether:

- young people's developmental needs are catered for
- visits from family and friends occur
- medical, religious and cultural needs including Aboriginal and Torres Strait Islander needs are catered for
- DJR advised young people of their entitlements under the CYF Act.

DJR has not yet reported on compliance with the CYF Act. DJR intends to report on this at the end of the 2017–18 financial year, in line with its financial and performance reporting requirements. It is important that this reporting considers DJR's performance in ensuring that incarcerated young people's developmental needs are met.

Budget Paper 3: Service Delivery

DJR has a range of BP3 measures for youth justice, and the objective 'Effective supervision of young offenders through the provision of youth justice services promoting rehabilitation'. Figure 4A shows DJR's BP3 measures for youth justice.

Figure 4A

Youth Justice BP3 Measures 2014–18

| Performance measures | 2014–15 | | 2015–16 | | 2016–17 | | 2017–18 | |
|---|---------|-------------|---------|-------------|---------|--------------|--------------|--------------|
| | Actual | Target | Actual | Target | Actual | Target | Expected | Target |
| Annual daily average number of young people in custody: male (under 15 years) and females | 18.6 | 15.0–25.0 | 17.9 | 15.0–25.0 | 20.0 | 15.0–25.0 | 22 | 15.0–25.0 |
| Annual daily average number of young people in custody: males (15 years plus) | 123.7 | 140.0–190.0 | 146.5 | 140.0–190.0 | 150.0 | 140.0–190.0 | 185 | 140.0–190.0 |
| Average daily custodial centre utilisation rate: males (15 years plus) (%) | 67.6 | 40.0–65.0 | 64.0 | 90.0–95.0 | 76.0 | 90.0–95.0 | 90 | 90.0–95.0 |
| Average daily custodial centre utilisation rate: males (under 15 years) and females (%) | 62.0 | 40.0–65.0 | 60.0 | 40.0–65.0 | 66.0 | 40.0–65.0 | 73 | 40.0–65.0 |
| Young people participating in community reintegration activities (%) | 70.0 | 65.0 | 59.0 | 65.0 | 65.0 | 65.0 | 75 | 65.0 |
| Percentage of case plans completed within six weeks of admission (%) | 98.3 | 95.0 | 98.0 | 95.00 | 95.0 | 95.0 | 95 | 95.0 |
| Total output cost (\$ million) | | 72.9 | | 85.7 | | 100.7 | 103.2 | 103.4 |

Note: DHHS had responsibility for youth justice until 3 April 2017.

Source: VAGO based on BP3 (2014–15, 2015–16, 2016–17, 2017–18).

In line with BP3 reporting requirements under the Department of Treasury and Finance’s *Performance Management Framework*, targets for numbers and utilisation rates are output based. The BP3 measures act as a delivery contract between the government and DJR, rather than helping government to understand whether DJR and YJ services are promoting reduced reoffending.

Report on Government Services

The Productivity Commission's Report on Government Services collects youth justice data from each state and benchmarks it annually. Data includes:

- the number of offence-specific programs completed—this is a new indicator, and data is not yet available
- the extent of education and training attendance—the proportion of incarcerated young people attending an education course, divided into compulsory and non-compulsory school age (Victoria reported 100 per cent for both these measures).

While Report on Government Services data reports education attendance, this is not strictly attendance, rather it reflects enrolment. As noted in Section 3.6, attendance is 34 per cent—this is a better indicator of participation in education.

4.7 Evaluating education

To understand whether PC is achieving intended outcomes, we examined PC's literacy and numeracy assessment results and its MERs. We also examined PC's data on VCAL and VCE completion.

PC's interim and longer-term outcomes for young people have improved, particularly rates of VCAL and VCE completion. There have also been improvements in the literacy and numeracy results of individual young people. These include:

- incremental improvements in literacy and numeracy as measured in MERs and aggregate data and assessment summaries for each unit
- increased numbers of young people completing their secondary education, or completing components of VCAL towards this goal
- improved educational outcomes for young people leaving youth detention due to expanded access to education across all levels.

These results demonstrate that PC's model for educating young people is effective. PC's system of MERs clearly shows young people making progress. Improvements in educational attainment are key to reducing reoffending.

Figure 4B shows PC completion rates for VCAL and VET.

Figure 4B
PC VCAL and VET completion

| Year | VCAL units | VCAL certificates | VET units of competency |
|------|------------|-------------------|-------------------------|
| 2016 | 510 | 13 | 291 |
| 2017 | 302 | 13 | 237 |

Source: DET at PC.

Figure 4B shows a drop in VCAL units and VET units in 2017. PC attributes these decreased rates of completion to a drop in attendance in 2016 and security constraints following incidents at Parkville and Malmsbury in January and May.

PC can improve the way that it collects and uses information to strengthen its understanding of student outcomes and ensure it is maximising opportunities to meet rehabilitative needs.

PC uses a range of mechanisms to monitor, measure and report its progress, beginning from the baseline that it establishes with its initial assessments. These mechanisms include:

- reporting to the school council on progress against its strategic plan, which it began in 2017
- surveying departmental operational staff
- measuring student progress through reassessments
- reporting student progress to parents and other supportive adults through MERs
- surveying young people using DET's 'Attitudes to Teaching' survey
- reporting to parents or other supportive adults on any progress made by incarcerated young people
- reporting to the public in its annual report.

PC's monitoring and reporting mechanisms are useful and enable it to understand whether it is improving education levels and ultimately contributing to reduced reoffending.

PC uses information that it collects from surveys of young people and YJCS staff to improve its activities, and compares its progress to results from previous years. In 2016, survey results gave feedback on academic needs, subject choice, and operational planning. In response to the feedback, PC developed relevant unit-level goals. This demonstrates PC's willingness to use feedback to identify development areas and strategies for improvement.

Appendix A

Audit Act 1994 section 16— submissions and comments

We have consulted with DJR, DET, YHaRS and PC, and we considered their views when reaching our audit conclusions. As required by section 16(3) of the *Audit Act 1994*, we gave a draft copy of this report, or relevant extracts, to those agencies and asked for their submissions and comments. We also provided a copy of the report to the Department of Premier and Cabinet.

Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

| | |
|-----------|----|
| DET | 90 |
| DJR | 93 |

RESPONSE provided by the Secretary, DET



Department of
Education & Training
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BRI020160

Mr Andrew Greaves
Auditor-General
Victorian Auditor-General's Office
Level 31, 35 Collins Street
MELBOURNE 3000

Dear Mr Greaves

Proposed report: Managing Rehabilitation Services in Youth Detention

Thank you for your letter of 5 July 2018, and the opportunity to comment on the proposed report for the *Managing Rehabilitation Services in Youth Detention* performance audit.

As you are aware, Parkville College is a unique education setting within the Victorian government education system, delivering a mix of school and vocational education programs fundamentally informed by trauma-informed practice. It is designed to meet the educational and wellbeing needs of young people in custody, taking into account their complex and challenging needs that include lower cognitive functioning, exposure to trauma and neglect, behaviour disorders, and the need for individualised learning plans due to gaps in education continuity.

The Department is dedicated to the delivery of high-quality education across multiple youth justice sites and secure welfare facilities, as a central part of the rehabilitation of our most vulnerable young people. The Department is committed to supporting these young people to transition into appropriate education or employment pathways, to reduce recidivism and produce better outcomes for the Victorian community.

It is pleasing to see that the report recognises a number of improvements and achievements the College has made, including:

- enrolment and assessment practices over and above the requirements
- effective teaching practice and demonstrated improvements in literacy and numeracy outcomes, and VCAL completion
- commitment to resourcing record-keeping efficiencies
- tracking and reporting on student progress and use of assessment results to meet the individual needs of its students
- commitment to a responsive and inclusive teaching practice.

Parkville College can continue to build upon its strengths, and more can be done to ensure that education and training provision remains at the centre of the joint operating model (with the Department of Justice and Regulation and the Department of Health and Human Services). The Department is committed to ensuring that all young people in custody are attending school or VET programs unless exempted for medical or legal reasons, or other required programs.



RESPONSE provided by the Secretary, DET—continued

It is also pleasing that the report notes the considerable improvements made to the funding model for the College. Parkville College students attract higher than average per student funding, commensurate with the resources needed to appropriately address their unique needs. This model has set the standard as an Australian first.

Whilst from 2013 the College has received full funding to provide the required services to all enrolled students, the Department acknowledges that a misalignment between the budget and operating model, resolved in 2017, may have affected Parkville College's strategic planning. Despite this, as noted in the report, the College continued to deliver services to all students - no student has been unfunded or received insufficient educational service over this period. From 2017, the College's budget has been further increased by more than \$5 million per annum to better support the complex needs of students.

The Department welcomes your recommendations and work has already started to implement actions in the attached action plan.

Should you wish to discuss the Department's response, please contact Jonathan Kaplan, Executive Director, Integrity and Assurance Division, Department of Education and Training, on 7022 0119 or by email: kaplan.jonathan.e@edumail.vic.gov.au.

Yours sincerely



Gill Callister
Secretary
31/7/2018

RESPONSE provided by the Secretary, DET—continued

| Department of Education and Training (DET) action plan to address VAGO recommendations Managing Rehabilitation Services in Youth Detention | | | | | |
|---|---|--------|-----|---|---------------|
| # | Recommendations That DET: | | # | Actions that address the recommendation | By |
| 6 | Completes its review of Parkville College's funding model to ensure it: <ul style="list-style-type: none">covers all of Parkville College's students to meet their individual educational needs, having regard to the complexity and vulnerability of the Parkville College cohort and the impacts of the custodial environment on Parkville College's operationsconsiders future capacity needs for the Cherry Creek facilityensures that Parkville College's funding model is clearly documented to provide transparency on how it is funded. | Accept | 6.1 | Complete an internal review to map Parkville College's education provision, and review and assess the resourcing model required to support high-quality education service delivery that references: <ul style="list-style-type: none">funding to meet the needs of the College's complex and vulnerable cohortthe new Cherry Creek Justice facility. Scope into the review, consideration of current coordination of service delivery between the departments of Justice and Regulation, and Education and Training. Assist Parkville College to understand a clear and transparent breakdown of its funding model. | April 2019 |
| 7 | Improves record-keeping activities at Parkville College so that student records are stored centrally in a single authoritative file. | Accept | 7.1 | As a part of the 2018 internal review (action 6.1), consult with Parkville College through the Parkville Governance Group to review current record-keeping activities. | April 2019 |
| | | | 7.2 | Design a project plan and implement improved storage of student records in a single authoritative file through appropriate software. | February 2019 |
| | | | 7.3 | Work with Parkville College to implement its student records project. | December 2019 |
| # | That DET and the Department of Justice and Regulation (DJR): | | # | Actions that address the recommendation | By |
| 8 | Develop a memorandum of understanding that establishes regular collaboration to coordinate the delivery of education and health services to young people, with reporting obligations to the Children Services Coordination Board. | Accept | 8.1 | Work with DJR (through the Parkville Governance Group) to develop a memorandum of understanding that: <ul style="list-style-type: none">clarifies roles and responsibilities for, and identifies barriers to, delivery of education and health services to Parkville College studentsestablishes appropriate joint governance with regular reporting responsibilities to the Children Services Coordination Board. | February 2019 |
| 9 | Ensure young people access educational resources and facilities, including the internet, educational materials and fully equipped classrooms, at Parkville College. | Accept | 9.1 | Work with Parkville College and DJR (through the Parkville Governance Group) to agree on requirements for internet access and other educational facilities at Parkville College. | April 2019 |

RESPONSE provided by the Acting Secretary, DJR



Department of Justice and Regulation

Secretary

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31 JUL 2018

Our ref: CD/18/487750

Mr Andrew Greaves
Auditor-General
Victorian Auditor-General's Office
Level 31, 35 Collins Street
MELBOURNE VIC 3000

Dear Mr Greaves

Proposed Report - *Managing Rehabilitation Services in Youth Detention*

Thank you for your letter dated 5 July 2018 regarding your Proposed Report *Managing Rehabilitation Services in Youth Detention* (the report), and the invitation to provide a formal response.

The Department of Justice and Regulation (the department) is committed to providing children and young people in youth detention with rehabilitation services that are responsive to their developmental needs and offending behaviour.

I am pleased that the report acknowledges the significant reform work that has been underway since the responsibility for the management of the youth justice system transferred to the department in April 2017, and appropriately references the relevant service improvements throughout the report.

It is of note that the audit's focus of rehabilitation service provision occurred during a period of transition, during which the department was focussed on stabilising operating arrangements, strengthening the workforce and related infrastructure.

Since this time, the government has accepted or accepted in principle all 126 recommendations from the *Youth justice review and strategy: Meeting needs and reducing offending* by Ms Penny Armytage and Professor James Ogloff AM, which has provided the department with a clear, evidenced based roadmap for systemic reform of the youth justice system. The Government has also provided investment in 2017-18 of \$50 million over four years to respond to the Review's priority recommendations, with a further investment in 2018-19 of \$10.8 million to address Aboriginal overrepresentation, and \$18.7 million to provide additional health and mental health services to young offenders in custody, to support their health and rehabilitation.

Supported by this investment, the department has already commenced addressing many of the recommendations from your report through the reform activity currently underway. I am confident



RESPONSE provided by the Acting Secretary, DJR—continued

that this work will lead to improvements in the delivery of rehabilitation services to young people in youth justice custody, reduce youth offending and promote rehabilitation to improve community safety.

A proposed action plan addressing each of the recommendations is attached (Attachment 1).

Once again, I thank you again for the opportunity to provide comment.

Yours sincerely



Julia Griffith
Acting Secretary

Encl. Proposed Action Plan – Managing Rehabilitation Services in Youth Detention

TRIM ID: CD/18/487750

RESPONSE provided by the Acting Secretary, DJR—continued

Managing Rehabilitation Services in Youth Detention

Department of Justice and Regulation response to VAGO recommendations

| Recommendation | Proposed Action | Completion Date |
|--|--|---|
| Recommendation 1 We recommend that the Department of Justice and Regulation always incorporate education and program needs into case planning | <u>Accept</u> DJR is implementing a new assessment and case management framework which will identify the risks and needs of young people, including education and required program interventions. These education and program needs will continue to be included in the case plan. | Mid 2019 (new assessment and case management system in place) |
| Recommendation 2 We recommend that the Department of Justice and Regulation monitor the development of case plans and the achievement of the goals outlined in these case plans for all young people in detention | <u>Accept</u> Along with the implementation of the new case management framework, DJR will monitor the development of case plans and the achievement of case plan goals. | Mid 2019 |
| Recommendation 3 We recommend that the Department of Justice and Regulation adopt a performance measure for school attendance that takes into consideration the complexity of the cohort and operating environment | <u>Accept</u> DJR is developing an outcomes and performance framework for Youth Justice which will include a performance measure for school attendance for young people taking into consideration the unique circumstance of a custodial environment that impact on attendance. | Mid 2019 |
| Recommendation 4 We recommend that the Department of Justice and Regulation through Justice Health, monitor service levels and demand through new reporting requirements and the use of tier 1 and tier 2 assessments. | <u>Accept</u> The new youth offending program requirements include a robust reporting framework which will enable DJR to monitor service levels and demand. This will include monitoring of new tier 1 assessments and monitoring of the current tier 2 assessment data. | Mid 2019 |
| Recommendation 5 We recommend that the Department of Justice and Regulation review and facilitate young women's equitable access to education and recreation activities in the context of recommendations on young women's accommodation in the <i>Youth Justice Review and Strategy: Meeting needs and reducing offending</i> . | <u>Accept</u> The Government has accepted or accepted in principle all of the recommendations from the <i>Youth Justice Review and Strategy: Meeting needs and reducing offending</i> . DJR is developing a distinct operating model for girls and young women in custody supporting their equal access to services. | Mid 2019 |
| Recommendation 8 We recommend that the Department of Justice and Regulation and the Department of Education and Training develop a memorandum of understanding that establishes regular collaboration to coordinate the delivery of education and health services to young people, with reporting obligations to the Children Services Coordination Board. | <u>Accept</u> DJR will develop a new memorandum of understanding with DET for the provision and coordination of education and other services to young people in custody. DJR will continue to provide regular updates to the Children Services Coordination Board. | December 2018 |
| Recommendation 9 We recommend that the Department of Justice and Regulation and the Department of Education and Training ensure young people access educational resources and facilities, including the internet, educational materials and fully equipped classrooms, at Parkville College. | <u>Accept</u> DJR will ensure that all young people are supported and encouraged to attend school, and are provided with educational resources to optimise learning. | December 2018 |

Auditor-General's reports tabled during 2018–19

| Report title | Date tabled |
|---|-------------|
| Local Government Insurance Risks (2018–19:1) | July 2018 |
| Managing the Municipal and Industrial Landfill Levy (2018–19:2) | July 2018 |
| School Councils in Government Schools (2018–19:3) | July 2018 |

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